

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

---

**Official Report  
of Debates  
(Hansard)**

M-4

**Journal  
des débats  
(Hansard)**

M-4

**Standing Committee on  
the Legislative Assembly**

Providing More Care,  
Protecting Seniors,  
and Building More Beds Act, 2021

2<sup>nd</sup> Session  
42<sup>nd</sup> Parliament

Tuesday 23 November 2021

**Comité permanent de  
l'Assemblée législative**

Loi de 2021 visant  
à offrir davantage de soins,  
à protéger les personnes âgées  
et à ouvrir plus de lits

2<sup>e</sup> session  
42<sup>e</sup> législature

Mardi 23 novembre 2021

---

Chair: Laurie Scott  
Clerk: Valerie Quioc Lim

Présidente : Laurie Scott  
Greffière : Valerie Quioc Lim

### **Hansard on the Internet**

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<https://www.ola.org/>

### **Index inquiries**

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7400.

### **Le Journal des débats sur Internet**

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

### **Renseignements sur l'index**

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7400.

---

House Publications and Language Services  
Room 500, West Wing, Legislative Building  
111 Wellesley Street West, Queen's Park  
Toronto ON M7A 1A2  
Telephone 416-325-7400; fax 416-325-7430  
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires  
Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400; télécopieur, 416-325-7430  
Publié par l'Assemblée législative de l'Ontario

ISSN 1180-436X

## CONTENTS

Tuesday 23 November 2021

Providing More Care, Protecting Seniors, and Building More Beds Act, 2021, Bill 37, Mr. Phillips / Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits, projet de loi 37, M. Phillips .....	M-7
Ministry of Long-Term Care; Ministry for Seniors and Accessibility .....	M-7
Hon. Rod Phillips	
Hon. Raymond Sung Joon Cho	
Ms. Nancy Matthews	



LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
THE LEGISLATIVE ASSEMBLY**

**COMITÉ PERMANENT DE  
L'ASSEMBLÉE LÉGISLATIVE**

Tuesday 23 November 2021

Mardi 23 novembre 2021

*The committee met at 0901 in room 151 and by video conference.*

**PROVIDING MORE CARE,  
PROTECTING SENIORS,  
AND BUILDING MORE BEDS ACT, 2021  
LOI DE 2021 VISANT  
À OFFRIR DAVANTAGE DE SOINS,  
À PROTÉGER LES PERSONNES ÂGÉES  
ET À OUVRIR PLUS DE LITS**

Consideration of the following bill:

Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts / Projet de loi 37, Loi visant à édicter la Loi de 2021 sur le redressement des soins de longue durée et à modifier ou à abroger diverses lois.

**The Chair (Ms. Laurie Scott):** I'm going to call the meeting to order. We're meeting today for public hearings on Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts. Are there any questions before we begin?

**MINISTRY OF LONG-TERM CARE  
MINISTRY FOR SENIORS  
AND ACCESSIBILITY**

**The Chair (Ms. Laurie Scott):** I will now call on the Honourable Rod Phillips, MPP, Minister of Long-Term Care, and the Honourable Raymond Cho, MPP, Minister for Seniors and Accessibility. You will have 20 minutes for your joint presentation, followed by 40 minutes of questioning divided into two rounds of seven and a half minutes and one round of five minutes for the government members, as well as two rounds of seven and a half minutes and one round of five minutes for the official opposition members.

Please state your name for Hansard, and you may begin, Minister Phillips.

**Hon. Rod Phillips:** My name is Rod Phillips. I am the MPP for Ajax and Ontario's Minister of Long-Term Care. It's a pleasure to be here today to speak to the committee on the proposed Providing More Care, Protecting Seniors, and Building More Beds Act, 2021.

I am joined by my colleague Minister Cho, with whom I will be sharing my time, Deputy Minister Matthews and other officials from my ministry.

The mission of long-term care across Ontario is to give our seniors the highest quality of care so that they can experience the best quality of life. The legislation that we are proposing and that I am speaking to today supports that mission.

As you study the legislation, I know that you will be hearing from many residents, family members, their representatives and many stakeholders in long-term care across Ontario. In my just under five months as minister, I've had the opportunity to speak with these same representatives, and although we may not agree on everything, I do want to let you know that we share a common cause, which is to fix long-term care so that residents receive the best quality of care and the best quality of life.

After decades of neglect, our government continues to take action to fix Ontario's long-term-care sector. For years, not enough beds were being built, not enough staff were being trained, and not enough attention was being paid to the concerns of the people who live and work in long-term-care homes. Our government has a plan that we're executing to fix long-term care and to ensure that Ontario's seniors get the quality of care they need and deserve, both now and in the future. An important part of this plan is the Providing More Care, Protecting Seniors, and Building More Beds Act, 2021. If passed, the bill would repeal the Long-Term Care Homes Act, 2007, and replace it with a new act, the Fixing Long-Term Care Act, 2021. This legislation, if passed, would help to restore public trust through measures that improve resident care, transparency and accountability.

Our plan to fix long-term care, under the leadership of Premier Ford, is built on three pillars: staffing and care; accountability, enforcement and transparency; and building modern, safe, comfortable homes for our seniors. With the time I have today, I want to detail how the legislation we have introduced would, if passed, support each of these pillars and the work that is already under way.

The first pillar is improving staffing and care. The proposed legislation would make our government's commitment to increasing the hours of direct care provided to residents by registered nurses, registered practical nurses and personal support workers to an average of four hours per resident per day by March 31, 2025, the law in Ontario. This would make Ontario the leader in quality long-term care in Canada.

The legislation would also set out targets we need to hit on our way to this four-hour goal. The Minister of Long-

Term Care would be required to assess and publicly report on the progress towards achieving these targets on an annual basis. If the targets were not achieved, the minister would be required to publicly identify the reasons why they were not achieved and present a plan to ensure that targets are met.

The legislation supports the staffing plan our government released last December. This plan is the largest long-term-care staffing recruitment and training drive in our country's history. In our government's fall economic statement, we committed almost \$58 million, beginning in 2022, to hire 225 new nurse practitioners. This is in addition to the \$270-million investment we announced in October to support 4,050 new long-term-care staff this year.

We have also committed \$342 million to add and upskill 5,000 new nurses and 8,000 personal support workers, and we're investing \$12 million over two years to expand mental health and addictions supports for front-line health and long-term-care workers. This is on top of the \$194 million of funding for mental health support that the province provided at the start of the pandemic. Given the toll that working on the front lines through the pandemic has had on our health care workers, this expanded mental health support is crucial.

In total, we've committed to invest an unprecedented \$5 billion over four years to hire more than 27,000 new front-line care staff.

The second pillar of our plan to fix long-term care is protecting residents through better accountability, enforcement and transparency. The proposed legislation includes a number of items that would support this pillar. It would update the residents' bill of rights to address recommendations we've received from many third-party reviews and the long-term-care commission. Residents will have the right to be supported by a caregiver and the right to be provided with care and services based on a palliative care philosophy.

To build a truly resident-centred to system, a palliative care philosophy is needed as Ontario's aging population grows and their care needs become more complex. The proposed legislation would align the language of the residents' bill of rights with the grounds for discrimination in the Ontario Human Rights Code and make the residents' bill of rights easier for residents and family members to understand. If passed, it would allow the government to establish new requirements for resident and caregiver experience surveys and establish emergency planning provisions to be included in planning for pandemics. It would also enable the Minister of Long-Term Care to create a long-term-care quality centre.

Of course, these new measures will only be effective if they are combined with effective enforcement. That is why strengthening enforcement is a key part of our proposed legislation. If passed, fines will be increased: for individuals, up 100% to \$200,000 for a first offence and \$400,000 for a second offence; and for corporations, up 150% to \$500,000 for first offences and \$1 million for second offences. If passed, Ontario will have the toughest, highest fines in Canada.

If passed, the legislation would also give a ministry director or the Minister of Long-Term Care the authority to suspend a licence and take over the running of a long-term-care home without having to revoke a licence and close that long-term-care home. This change would allow the province to appoint a long-term-care-home supervisor, a similar tool that we have seen used effectively in hospitals and school boards. The ministry could retain control of the home until the suspension is lifted, or the licence expires or is revoked, or another solution is found.

In addition, if passed, the legislation will prohibit a licensee to hire staff or accept volunteers who have been convicted of an offence or found guilty of professional misconduct, as provided for in regulations.

The legislation complements the investments that we announced last month to more than double the number of inspectors in Ontario. We are investing \$72.3 million over three years to increase the enforcement capacity in long-term care. This includes hiring close to 200 new inspectors and inspection staff by the fall of 2022. To put that in context, last year, there were 156 long-term-care inspectors in Ontario. At the end of our hiring blitz, there will be 344 on-the-ground inspectors. And our hiring, I'm happy to assure the committee, is already well under way. This will make Ontario's inspector-to-home ratio the best in Canada. It will also allow us to conduct proactive inspections so that inspectors can identify problems in our long-term-care homes earlier, so that they can be resolved earlier. This change in our inspection regime has been recommended by a number of experts, including the long-term-care commission.

#### **0910**

To increase transparency in the sector, we are launching a user-friendly Web portal in the coming weeks that will provide residents, families and the public with comprehensive information on long-term-care homes in Ontario. And in this fall's economic statement, we committed \$22 million to implement an Ontario-made technology that will integrate the clinical information between hospitals and the long-term-care sector. In addition to streamlining admissions to hospitals and readmissions to homes, this sharing of information has been shown to avoid unneeded transfers of residents to hospitals. These actions, combined with the proposed legislation, would make more enforcement, more accountability and more transparency the norm in Ontario.

The third and final pillar of our plan is building modern, safe and comfortable homes for our seniors. In every sector of the province, our government is committed to building in Ontario, and long-term care is no exception. In this year's fall economic statement, we made an unprecedented investment in building long-term-care homes for seniors. We committed to invest \$3.4 billion to build an additional 10,000 new long-term-care beds and update over 12,000 existing beds. This brings our total funding commitment to \$6.4 billion and will lead to more than 30,000 net new beds and about 28,000 upgraded long-term-care beds across the province. We are already well

on our way, with 220 construction and development projects that represent 20,000 new and 15,000 upgraded beds in our pipeline. This is the biggest long-term care development in Canada. To put these numbers into perspective, between 2011 and 2018, only 611 net new bed were built in the province—and this, while the percentage of seniors over 75 in the province grew by 20%.

I've been able to visit many of the developments and redevelopment projects under way and have seen firsthand the amazing progress that is being made and the excitement in communities across Ontario as these new developments are under way. Just in the last couple of months, I've visited a 320-bed home being built in Ajax, a 160-bed home being built in North Bay, a 160-bed redevelopment in Brampton, a 256-bed home being built in Vaughan, a 256-bed home being built in Ottawa, two new homes in Mississauga with a total of 362 new beds, and the largest long-term-care development happening in Canada at this time: two new homes in Oakville, with a total of 640 beds.

We need more beds, and we need more care. That is also why our government has committed, in the recent fall economic statement, \$549 million in funding for the home and community care sector. It is also why we are investing an additional \$82.5 million to expand the existing Community Paramedicine for Long-Term Care Program to an additional 22 communities, now making that program the standard for all eligible Ontarians. This program provides additional care for seniors while they wait for admission to long-term care.

When we, as parliamentarians, speak to Ontarians, we know that all of them have some connection to long-term care, whether they are a resident living in a home, a worker providing care, or a family member who is trusting a home with their loved one. If passed, the long-term care act would benefit each of these people.

The official opposition will, of course, find faults with our plan, and that is their role—to oppose and suggest improvements. But I would ask the committee members to look to things like our commitment to four hours of care and the legislated four hours of care which they have requested, or their requests for greater enforcement and greater transparency. These are all things that are in our plan. I hope that while being critical and looking for areas of improvement, they will also acknowledge that many of these are areas that they have requested in the past and that this legislation responds to.

This legislation, if passed, will help us achieve tangible progress under the three pillars that we've identified to fix long-term care: improving staffing and care; protecting residents through better accountability, enforcement and transparency; building more modern, safe and comfortable homes for our seniors. Strengthening these pillars will lead Ontario to providing residents with the highest number of hours of care on average per day in Canada—the best in Canada. It will lead Ontario to having the best ratio of inspectors per home and the toughest, highest long-term-care fines in Canada, and will lead to Ontario having the largest and most successful redevelopment of new beds in

Canada. In short, it will make Ontario the leader in Canada when it comes to the delivery of the critical service of long-term care. Our plan will create a system where every resident receives high-quality care and is able to maintain an optimal quality of life.

To make these transformative changes requires big investments and bold legislation. We are making those investments. In fact, we have committed \$11.6 billion to fixing long-term care, and the Fixing Long-Term Care Act, 2021, is the bold legislation needed to replace the outdated Long-Term Care Homes Act. Through this legislation and other actions we have under way, and with the dedication of the caring people who work every day on the front lines in long-term care, I'm confident that we can fix long-term care and provide a better quality of life and quality of care for residents.

Before I hand it over to my colleague Minister Cho—as we all do in our ridings, last night I attended a visitation for a long-time Ajax resident, Lorna Hocking. She's someone I mentioned in my speech on second reading. Lorna was one of the people I talked about who was looking for long-term care, and she died the day after she received it. She died in a hospital, waiting for that long-term care. So as we reflect on the various choices that we have to fix this problem and all the solutions that are out there—and we're open to listening to them—we should also reflect on people like Lorna and the families who are waiting for long-term care. Any solutions that we provide should make sure that we're building beds now so that people like Lorna can spend their final days in long-term care—not waiting for it.

With that, I'm pleased to pass the speaking time that is remaining over to my honourable colleague the Minister for Seniors and Accessibility, Minister Cho.

Minister?

**The Chair (Ms. Laurie Scott):** Minister Cho.

**Hon. Raymond Sung Joon Cho:** Good morning. I'm here today to speak about our proposed amendments to the Retirement Homes Act, 2010. They are part of the broader suite of legislative changes within the proposed Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021. My colleague Minister Phillips has already outlined how the proposed bill will help seniors living in long-term-care homes. I would now like to focus on the benefits of our proposed amendments for retirement home residents and their families.

We have all seen the devastating impact of COVID-19 on seniors in this province. It has reinforced the importance of ensuring that retirement home residents have access to quality care, timely access to relevant information, and that they are treated with the dignity and respect they deserve.

Our proposed changes are informed by the lessons learned during the COVID-19 pandemic. They incorporate feedback from the Auditor General's value-for-money audit of the Retirement Homes Regulatory Authority. They take into consideration and respond to the feedback received through consultation with stakeholders, seniors and their families all across our province. Our government

has also looked for feedback from the last review of the RHRA to further inform our actions.

Our proposed amendments will promote better quality of care for both current and future residents. They will help to empower our residents and their families with timely access to important information about the care they are receiving. We are creating a much stronger Retirement Homes Act by improving care and protection for seniors in unlicensed homes by allowing the Retirement Homes Regulatory Authority, or RHRA, to impose requirements on those homes during the licence application period; strengthening the RHRA with new compliance and enforcement tools, including enhanced order-making powers that would allow it to be a more agile and effective regulator; enhancing consumer protection by providing easier access to pricing information on accommodations in some homes and the care services earlier in the decision-making process; providing greater alignment of abuse provisions across the sector through enabling regulations that would protect against violence or abuse by preventing homes or staff from borrowing money from residents.

**0920**

Our proposed amendments would also complement many other ways our government is actively strengthening the protections and supports for Ontario's seniors.

I am asking for your support to pass Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021. Together we can strengthen the retirement homes sector, ensuring that seniors all across Ontario can live with the dignity they deserve.

Thank you for your time and consideration.

**The Chair (Ms. Laurie Scott):** Thank you very much, Minister Phillips and Minister Cho, for your presentation.

This round of questions will start with the official opposition. MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Thank you, Minister Cho, and thank you, Minister Phillips, for your opening comments.

I will start in the same order that you spoke, so I will start with the changes to long-term care. The first thing I want to talk about is the changes in the bill that will bring us to four hours of hands-on care. Yes, this is something that the NDP have been pushing for for a long time. We would like it to come sooner, but it is coming, and this is a step in the right direction.

At this point in time, I'm curious to see, have you started measuring hours of care in our long-term-care homes? How often do they report to you? What formulas do they use? I'll start with this, and then I'll have a follow-up on that.

**Hon. Rod Phillips:** Excellent question.

The data that was used as the baseline was 2018 data, so the ministry has undertaken now what I consider a more rigorous approach to ongoing review. One of the areas that we will be looking for more transparency in as well—and I mentioned the Web portal that will be launched in the weeks ahead, and it will evolve over time—will be the publication of that information, again over time, so that people can see the progress, using that baseline of 2018, which was the last available data. I believe the number of

the average there was 2.75 hours of care. We will be now measuring on a home-by-home basis and aggregating it.

It's worth noting that the four hours of care will be an average across the system. Again, there are different choices different homes make, and as the member knows, because I know she's well informed on this, there are some homes that already gave higher levels of care and some have lower levels of care. We made a decision to make the investments universally across the board, so we didn't differentiate when we put out the first \$270 million. We did that differentially across the board.

I have struck a committee that's chaired by my deputy and by my parliamentary assistant, working with industry stakeholders, including labour. One of the areas for consideration is going to be how we roll out the additional funding. Obviously, what we'd like to do is see the lower-level homes come up, but the priority now is getting dollars into the system.

**M<sup>me</sup> France Gélinas:** Does that mean that we have clear directives that homes have to follow when they do their calculations of the hands-on care?

**Hon. Rod Phillips:** Yes, it's a clear and consistent calculation, and it's across three—I guess there's also the allied care commitment we made, which I can talk about. But it's around nurses, nurse practitioners and PSWs. So it's very much oriented to front-line care and a common calculation.

There's also the commitment we made around the increase of allied care, dietitians, therapists. We've added clinical social workers to that category—and a 20% increase there, again, using a common approach.

**M<sup>me</sup> France Gélinas:** So the four hours would include nurse practitioners, nurses, RPNs, PSWs, the new category of helpers—as well as social workers, therapists, dietitians?

**Hon. Rod Phillips:** The social workers, therapists and the allied are not included. That's separate—so it is very distinctly to the registered professions plus the PSWs.

You mentioned the nurse practitioners. We've made the commitment to 75 new nurse practitioners per year for the next three years. So there's an additional layer of funding that's on top of—that's funded in addition to the funding. That will actually be an additional way for us to reach the four hours of care.

**M<sup>me</sup> France Gélinas:** But they will be counted in the four hours of care?

**Hon. Rod Phillips:** That's correct.

**M<sup>me</sup> France Gélinas:** How often do you expect them to report on those clearly defined ways of calculating?

**Hon. Rod Phillips:** I'm going to ask the deputy to talk about the progress they've been making at the committee in terms of how we measure all of these.

The frequency of previous measurement was an issue. As I said, there was a gap, so 2018 was the last data that we could use. Again, we're working in consultation not just with operators but with representatives of labour, family, and community representatives, to make sure that the measurements are clear and, most importantly, easily understood.



**The Chair (Ms. Laurie Scott):** Deputy, please introduce yourself.

**Ms. Nancy Matthews:** I'm Nancy Matthews, Deputy Minister of Long-Term Care.

Thank you for the question.

At this point, we are asking for quarterly reporting with respect to the staffing, and that, of course, is going to help in a very consistent way. Again, we've got a consistent methodology. On a regular basis, we make sure that we're communicating with the homes through the portal, frankly, that we use to communicate with them on a regular basis.

We've also instituted a very regular following-up with the sector so that if there are any questions or ambiguity or concerns in terms of the reporting, we've got that direct line with them.

As the minister mentioned, through our advisory table, we're going to be talking further in terms of how we roll this out in a more routinized way.

**M<sup>me</sup> France Gélinas:** Just to be clear: Quarterly means every three months?

**Ms. Nancy Matthews:** Yes.

**M<sup>me</sup> France Gélinas:** And I understand that the minister says that the four hours is an average across the system.

**Ms. Nancy Matthews:** Correct.

**M<sup>me</sup> France Gélinas:** Will the individual reporting of each of the 626 homes be available to the public?

**Ms. Nancy Matthews:** That is what we're currently working through, in terms of our public reporting.

**M<sup>me</sup> France Gélinas:** Way before, every three months I would have to file an FOI so that I could see the levels of care in every one of the homes. I won't have to do that anymore? It will be available publicly to people who know where to look?

**Ms. Nancy Matthews:** We're working very actively in terms of ensuring that our public reporting includes the maximum transparency, so that families and residents or people seeking care are able to get the information they need in a publicly accessible way.

**The Chair (Ms. Laurie Scott):** One minute left.

**M<sup>me</sup> France Gélinas:** Oh, it goes by fast.

How confident are you that the hours of care will be agreed upon as something that needs to be made available in that transparent way?

**Ms. Nancy Matthews:** We've been working very actively with the sector, and I believe that this is very welcome to the sector in terms of the level of commitment, so I'm strongly confident, actually. We're working very well with respect to this.

**The Chair (Ms. Laurie Scott):** We'll move to the government side. MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** Thank you, Minister, for being with us today.

Minister Phillips, you have discussed increasing accountability and enforcement in long-term care. How will you measure this increased accountability over the next several months and years?

**Hon. Rod Phillips:** Thanks very much for the question.

One of the important changes will be the addition now of proactive inspections. The ministry already does quite

a bit of work in terms of measuring of inspections and responses from inspections, but working in collaboration with the stakeholders in the ministry, with the doubling of inspections, one of the priorities we've set is that we want to make sure that that information is clear, what homes are going to be measured on, and that it's clear how often those measurements are going to happen. And then, of course, we introduced the more randomized element so that we have inspectors who are going into homes unannounced.

**0930**

So the key is, first, going to be hiring up the additional staff. I've added, as well, that there will be some additional capacity in terms of investigations that will be added to that staff, so that in the cases—and they are not frequent—where a deeper type of inspection is required, that can be handled. Then, as the deputy said, inspection reports are currently available and posted in homes, but they're quite voluminous, and I would say in general the information that's provided to family members and residents isn't easy to consume.

Whether it's hours of care, which I don't expect, which will be part of it—as the deputy said, I think it's a matter of when, so that we get the averages up; I think it's the right answer. It will be part of the measurement. But also, results from inspections will be available through that transparent, Web-based process.

The objective is going to be that people can understand what's happening in a long-term-care home where their family member is. Many, many family members aren't close by—they aren't able to be in the community where their loved one is—so we want them to be able to get that information, whether it's inspection-related information or performance-related information, on a regular basis.

The earlier question pointed to an issue, which is that the quality of information historically across the system has not been at the level it should have been, so that's why we're working so closely to make sure it gets to a standard and gets to a way that people can understand.

**Ms. Effie J. Triantafilopoulos:** Chair, I'm sharing my time with MPP Wai.

**The Chair (Ms. Laurie Scott):** MPP Wai, you have four and a half minutes.

**Mrs. Daisy Wai:** I just want to say thank you to Minister Phillips and thank you to Minister Cho for your presentations. I understand that protecting the health and well-being of our seniors is our government's top priority.

I would like to ask Minister Cho a question. Why are you proposing changes to how residents access information on our retirement homes?

**Hon. Raymond Sung Joon Cho:** Thank you for the question.

As you said, protecting the health and well-being of our seniors is our government's top priority. We know that seniors want to be able to live in their communities as long as possible.

Two years ago, our ministry had a survey with seniors, their families and caregivers. We got over 8,000 responses, and 80% of seniors wanted to live in their home

and their community as long as possible. After this outbreak of the COVID-19 pandemic, 91% want to stay in their own home, in the community as long as possible, but they want a choice in where they will live.

This is why it's so important to have a vibrant retirement homes sector that provides a multitude of quality options for our seniors. It is also why we are actually strengthening the protections for our retirement home residents. A key piece of providing these protections is to empower our seniors and their families with information related to the cost of care earlier in their decision-making process. When potential residents and their families have the data, they can make an informed choice, being able to proactively plan for this next stage in their lives.

When you dig into it, this change makes intuitive sense. Our seniors are more digitally literate than ever before. As a senior myself, I see first-hand how technologies like Zoom help me to stay connected with my grandchildren, even though they are far away. If I'm able to access information about hotel room pricing just about anywhere in our province, then it makes sense that I should also be able to see what price a retirement home will be.

Our Premier, Doug Ford, has emphasized that our government is for the people. Among other things, this includes exceptional customer service.

**Mrs. Daisy Wai:** Madam Chair, I'll share my time with PA Triantafilopoulos.

**The Chair (Ms. Laurie Scott):** One and a half minutes left.

**Ms. Effie J. Triantafilopoulos:** Minister Phillips, the long-term-care commission report highlighted the need for enhanced resident protections. In this proposed legislation, there is an updated residents' bill of rights.

Can you elaborate on the proposed changes to the residents' bill of rights and how they will improve protections?

**Hon. Rod Phillips:** The residents' bill of rights is an important component of the new legislation, and the revision of that. In addition to aligning it with the human rights requirements, it provides additional provisions around caregiver support and the important role that they play, that we think was made very clear during the pandemic.

Very important, from my perspective, is the reference both in the bill of rights and also in the legislation to the palliative care requirement. We're integrating and requiring an integration of palliative care into the care plan for each individual. One third of the residents of our homes, on average, in any given year pass each year, so palliative care is an important part of what happens. Many, many homes provide exceptional care in this regard, but we want to make sure, both through the bill of rights and through provisions in the act, that there's a requirement for that consideration from the outset as soon as someone has their care plan established.

**The Chair (Ms. Laurie Scott):** Over to MPP Gélinas and the official opposition.

**M<sup>me</sup> France Gélinas:** I have two parts for my seven and a half minutes, so I'll try to be brief.

First, the proactive inspection: I'm really familiar with the RQI. I'm really familiar with "complaint-driven."

What will be included in the proactive inspection, and where can I find the definition of "proactive inspection" written up someplace?

**Hon. Rod Phillips:** The proactive inspection will be further defined as we work through the regulatory process, and is largely a function of the culture change in terms of our inspection regime. The vision for it and the expectation of it is that—the problems that we are finding often are things that could have been prevented if there had been earlier work done. So while we need to make sure that we are following up on complaints—which, as you know, is another portion of the inspection regime—we need to also be looking proactively for each individual home, at what steps could be taken to get ahead of problems.

For example, the legislation now requires dedicated infection prevention and control staff be there and that those staff will have to be certified and qualified. So that is an example of the kind of work that could be done during a proactive inspection. There may not be a problem per se with infection prevention and control that's self-evident to an inspector—but it's, "Is that person in place? Is the training in place? Are the steps being taken?", as an example.

Those will be further defined both in the operating procedures of the ministry and in the regulatory process that will follow the passing of the legislation.

**M<sup>me</sup> France Gélinas:** Does that mean that the RQIs are no more?

**Hon. Rod Phillips:** Well, the proactive inspection will now be the standard that will be established.

**M<sup>me</sup> France Gélinas:** Okay. Thank you.

I'd like to go on to the palliative care philosophy. There are quite a few people who are worried about how this philosophy will be—we all understand that palliative care means more life in your days rather than days in your life, but they are worried that this philosophy will be used to deny care to their loved ones.

**0940**

For many families, it has been hard to get the homes to transfer their loved ones to a hospital after they took sick, after they fell, after they got an infection. They're most afraid now that with this palliative care philosophy, the homes won't have the staff there to really meet their needs, and now they will be denied the right to transfer their loved ones to a hospital. How do you reassure them?

**Hon. Rod Phillips:** That's a very, very important question.

Of course, on the staffing side, we are committing to a 42% increase to make sure that staff are available. In the context of that, it seemed very reasonable to me that we enforce a requirement around palliative care plans being part of the care plan. As you know, every resident has a care plan. That fundamentally will come down to ensuring there is a discussion and a constructive conversation with the family members and with the individual, so that there is an understanding of not just the individual's needs, but also how the individual wants to address end of life.

I think this speaks to a broader discussion that's happening in our society about end of life and greater comfort with that conversation.

I should say, I've been asked, working with Minister Cho and our other colleague Minister Elliott, to look as well at how this integrates across the broader system.

One concern—and you've raised it, and I've heard it from people—is people not being transferred to hospital when they needed to be. The other, which I hear more frequently, is people being transferred to hospital unnecessarily, so that people are spending the final weeks and months of their life moving from facility to facility, when that wouldn't be the best care.

We want to make sure that both the training and staffing are in place to have a proper approach. I've seen some wonderful, wonderful approaches across the sector, so I think there are great models to build on, and—

**M<sup>me</sup> France Gélinas:** Can you name me one?

**Hon. Rod Phillips:** Effie, the home in Oakville we went to?

**Ms. Effie J. Triantafilopoulos:** That was Northridge.

**Hon. Rod Phillips:** Northridge in Oakville. If I can use a moment to talk about them, their philosophy is embodied in a quilt that they put in the lobby. Their philosophy—and this is just the underpinnings of it—speaks to how every resident comes in through the front door and will leave, when it's time, through the front door, honouring the resident. The quilts are made by volunteers who work with the home, so that every resident has this quilt. It was really quite moving, and it was something that one of the residents I spoke to talked to me about, quite proactively, as something that helped her feel comfortable and her family feel comfortable.

Of course, there is a much deeper-embedded care philosophy underneath that. As you know, the front-line folks in long-term care are exceptionally compassionate. They need the number of staff available to provide the support, but the operators also need to make sure that that's embedded from the outset.

So I respect the concerns, and we'll make sure they're addressed, but this conversation about why has to be about what's best for the resident.

**M<sup>me</sup> France Gélinas:** How much time?

**The Chair (Ms. Laurie Scott):** You've got two minutes.

**M<sup>me</sup> France Gélinas:** My next question will have to do with this idea of enforcement of a financial penalty on homes. This is something that does not exist in any other part of our health care system. Other parts of our health care system fail every now and again. When they do, we put a team in place, we help them, we show best practice, we make sure that they build up so that they continue to offer quality care and they learn from their mistakes, learn from the best, borrow best practice; and we make sure that they continue, whether it be a hospital or a hospice or primary care.

This philosophy that—how do you equate taking money away from a not-for-profit long-term-care home? How is this going to improve care in any way, shape or

form? It doesn't matter the size of the money you take away from them in the penalty. What's the link to quality care?

**Hon. Rod Phillips:** Across a variety of regulated sectors—and I differ; there are parts of our health care sector that do have monetary penalties as it relates to the provision of care up to standard. Across a diversified sector that has partners that are private sector, partners that are municipal and partners that are not-for-profit, it's important that we take advantage of all of the tools we have. Frankly, the previous government put tools like that in place but did not proclaim them into legislation.

Obviously, the structure of these tools will not affect the quality of care. The provision of those fines where necessary or administrative penalties—because we're introducing an AMPs portion as well—will not impact anything that relates to resident care. But I think it's important that those sanctions be in place when you're dealing with a diversified sector where the delivery of the service is done by a variety of providers.

**The Chair (Ms. Laurie Scott):** That ends the official opposition's time.

I'll go to the government side. MPP Ghamari, you have seven and a half minutes for this round, so please proceed.

**Ms. Goldie Ghamari:** Thank you, Minister Phillips and Minister Cho, for the presentation. It was very informative.

Minister Phillips, my first question is for you. I want to, first of all, thank you for all the work that you're doing to support seniors in long-term care across the province.

As you know, the previous government left a legacy of only building 611 beds in 11 years of power, whereas in the past three and a half years, we built more beds in one year alone than the Liberals did in the past 15 years.

Just a few weeks ago, you were in my riding with me, in Carleton, in Stittsville, where we were announcing the building of the new long-term-care facility. That one building alone is going to bring approximately 250 new long-term-care beds to residents of Stittsville—and that doesn't even include the Osgoode Care Centre in Metcalfe, which had also been trying, under the previous Liberal government, to get new beds and to get approval for redeveloping their existing space. There was too much administrative red tape. There was too much bureaucracy. This is something that the Osgoode Care Centre had been struggling with for years. One of the things that I spoke to them about was the fact that a lot of smaller long-term-care homes, especially non-profit ones like the Osgoode Care Centre, may not have the resources to apply for all the various grants or programs that the previous government put in place, just because there was so much red tape and it was so daunting. They felt left out. Since getting elected—that was approved as well.

Having said that, Minister Phillips, I was hoping you could speak a little bit about how this proposed legislation is not only strengthening protections for long-term-care residents but is also looking at streamlining some of the processes that long-term-care facilities, whether non-profit or for-profit—they were required to jump through

hoops prior to this, making it very difficult to build long-term-care homes so that we can protect our most vulnerable seniors and citizens.

**Hon. Rod Phillips:** Thanks very much to the member from Carleton. It was a pleasure to join her. I look forward, as well, to joining her as we talk about the 60 new beds and 70 upgraded beds at the Osgoode Care Centre. The question is a very good one.

Our government is looking in innovative ways at how to expedite the building of these now-30,000 beds that are funded. We do so in partnership with municipalities.

As I remember, when we were in Stittsville announcing the 256 beds, we were joined by Mayor Watson. He was complimented by ourselves as well as the operator on the speed with which the city of Ottawa had moved on approvals.

I remember our visit to Oakville, with Mayor Burton, with 640 beds in two hospitals—so working very closely with the town of Oakville to be able to make sure that beds are approved.

In my own community of Ajax, we have one of our rapid-build projects, which will be, I believe, a record when it's completed—and I touch wood, because it's not completed yet. Some 340 beds will be available, we hope, by the early spring, meaning that the time from announcement to occupancy would be 18 months, which is a remarkable accomplishment. Again, I commend the region of Durham and Mayor Collier in Ajax for facilitating that, as well as great work by many others, including Lakeridge Health.

With Trillium, which I visited in Mississauga, those beds will come online in half the time that has been done before. That's, again, in partnership with the city of Mississauga.

We are using government land as an incentive, in the case of Vaughan—and I already mentioned Oakville. I remembered meeting with Mayor Bevilacqua as we announced the 200-plus beds that will have a culturally specific Italian focus in Vaughan.

To the member's question, I think this is largely going to be about, yes, our own administrative processes, but also working closely with municipal partners. Municipalities know there's a need for these beds.

**0950**

Across the province—I could talk about mayors in Kingston, in Toronto, across the GTA, in Ottawa and London—there's enthusiasm, and we have to marshal that enthusiasm to make sure that some of the challenges that are part of municipal zoning processes don't get in the way of getting these beds up and operating.

One final point: We're looking, and the deputy, with proposals—when you think about 30,000 beds coming online and you think about the average stay of a resident being 18 months per bed, even weeks make a huge difference in terms of once beds are able to be made available. So we have a very specific project looking at how we can fund and staff beds up a month earlier than we normally would. That means that they will be staffed up slightly ahead of residents joining, but that also means that we can

take two weeks or three weeks off of the wait time for people. Two or three weeks is a very long time for people who are waiting for a long-term-care bed. So we're trying to not only build the beds but also look for ways to make sure that, with strategic investments, the homes are ready a week, two weeks, three weeks, a month earlier. That will help literally thousands and thousands of people over the course of the next 10 years.

**Ms. Goldie Ghamari:** Thank you very much for that response, Minister. I appreciate everything that you and the government are doing to support seniors.

**The Chair (Ms. Laurie Scott):** One minute left.

**Ms. Goldie Ghamari:** Thank you.

One of the criticisms that we hear quite often from opposing parties, Minister, is that we are expediting results at the sake of residents or safety and security.

I was hoping you could expand a little bit on what we are doing to, in fact, enhance accountability and enforcement in long-term-care homes—and if you could touch on the updated bill of rights in the legislation as well.

**Hon. Rod Phillips:** Well, very quickly—more than doubling the fines to the highest and toughest in Canada, doubling the number of inspectors, and as I mentioned, the provisions around caregivers' responsibilities and rights.

I will say the biggest change, however, is going to come in the additional staffing. Additional staffing will make it much easier for the homes to meet the objectives that they have. I believe the homes, by and large, and certainly the staff, want to deliver the quality of—

**The Chair (Ms. Laurie Scott):** Thank you, Minister.

This is a five-minute round to the official opposition. MPP Gélinas.

**M<sup>me</sup> France Gélinas:** In the allocation that is being done, what kind of equity lens do you have? I represent a rural northern riding—how do we make sure that if there isn't a proposal coming quickly, because we are in the north, because of the reality of who I serve, that those 30,000 beds won't be gone?

And after you answer this, I have a question: Would you be open to other models of care? Rather than multiples of 32-bed units, would you be open to a model of care that has eight beds, that looks like a home?

But let's start with: What is the equity lens?

**Hon. Rod Phillips:** We are open to looking at whatever models, including different scales.

In terms of the distribution, the ministry has an allocation model that looks at the relative need. However, I think you raise a good point; it's very important. Even before the allocation was finalized and announced in terms of the dollars, almost a month before that, we put out to the sector and the public the fact that we were going to be looking for more allocations. So it is very important that communities, through their representatives and otherwise, bring forward those opportunities, because we are trying to move quickly. We always look, from a regional perspective, at the wait-lists, at the demographic trends. But I would very much encourage communities to bring forward those opportunities as quickly as they can. I'm very

encouraged by the number and diversity of opportunities—not just in terms of geography, but also in terms of the various provisions of care: for-profit, not-for-profit and municipal.

**M<sup>me</sup> France Gélinas:** And the democratic lens that you're talking about—is this a tool that is written up someplace, or is this the good work of the people who work in your ministry?

**Hon. Rod Phillips:** It is the good work of the people who work in the ministry, but it is based on a series of analytics that really reflect demand and the requirement for demand. Increasingly, as well, we look to other factors like the provision of home care and other things that affect it. Until recently, as you know, community paramedicine wasn't offered across the province. So those are factors.

This is an area where we need to look more broadly at the other parts of the system—the acute-care system, the home care system. As you know, it has knock-on effects on the provision of long-term care in your own community.

There was an opportunity, just in the last week, where the long-term-care sector was able to support the acute sector with some of the challenges that were going on. So we want to see that co-operation increasingly.

**M<sup>me</sup> France Gélinas:** You said that you are open to different models. So if somebody was to come forward with models that exist mainly in western Europe, of small homes included in a community, you would be open to that?

**Hon. Rod Phillips:** This is a case where we will take every good idea and look to it, and look to the way it can work in the best interests of the residents. There are aspects of scale that do affect, it seems, the viability of certain proposals. But we are open to all the good ideas that we can get right now. We need everybody's help.

**M<sup>me</sup> France Gélinas:** When we talk about the increases in PSWs—the Financial Accountability Officer told us that because there would be 30,000 new beds, those come with the demand for staff, versus staffing up to four hours in the existing 628 homes. The numbers don't jibe. So the numbers that you use would not be enough to staff up to four hours and to 30,000 new beds.

**Hon. Rod Phillips:** That's a great question.

You would have heard me recently stop saying “27,000” and say “over 27,000” staff. The calculation is closer to 29,000 staff. I know there were different calculations. It will, of course, depend on the distribution of PSWs versus nurses versus registered practical nurses. That is why it is so critical that this is in this legislation. Of the many important things, the legislating four hours of care means that that requirement will increase as the requirement increases. As beds are built, as redeveloped homes add additional beds, then that four-hours-of-care standard will mean that the number of PSWs—and so we'll continue to work very hard to make sure that they're trained and available.

**The Chair (Ms. Laurie Scott):** Twenty-five seconds left.

**M<sup>me</sup> France Gélinas:** The Financial Accountability Officer talks about 37,000 PSWs, not 27,000.

**Hon. Rod Phillips:** Yes. You'd have to speak to him about that calculation—but our 27,000 looks closer to 29,000, because, now, doing an estimate, we're talking about 220 development projects right now. That will probably go to over 300, with the additional 10,000 beds that we've already spoken about. So that will be a measurement that will be ongoing and part of the ministry's reporting.

**The Chair (Ms. Laurie Scott):** Over to the government side: MPP Oosterhoff. This is a five-minute round.

**Mr. Sam Oosterhoff:** My thanks to Minister Phillips for coming before the committee and speaking to this important legislation. I want to thank Minister Cho, as well, for the work that he does. I listened very intently.

One of the major issues that I have heard about so many times in my community with regard to long-term care and the need for changes in this sector comes down to staffing. So I was really pleased to see that emphasis on staffing, as well, and the changes that are being made, specifically around nurse practitioners and PSWs. This is an area that I've heard about since first coming to office over five years ago, and it seems that, really, only in our government have we been able to see the types of investment that will make a change in the space.

I'm wondering if you can speak a little bit about, specifically, the nurse practitioner piece—what that means, what that looks like, how a nurse practitioner would differ from an RN in what they're able to do, and how that's going to improve the quality and access to care for residents here in Ontario.

**Hon. Rod Phillips:** Thanks very much for the question.

I would want to give credit for this—the first conversation I had was with Doris Grinspun from RNAO, who pointed to an initiative begun, actually, when Dalton McGuinty was Premier, in a commitment that the previous government made to add 75 nurse practitioners. She made two points about it. It took, actually, five years for that commitment to be completed, for the 75 to be added. She also pointed to the benefits that nurse practitioners brought, particularly because of the higher level of care they're able to deliver. She was aware of my particular interest as it relates to palliative care in particular, and how nurse practitioners could be very effective and helpful in terms of their greater understanding in that regard.

So we've moved now with that commitment of 75 a year. I've met with maybe half a dozen nurse practitioners at homes that I've visited with, I've spoken to physicians, I've spoken to operators, and universally they've indicated that the presence of a nurse practitioner on a regular basis increases the standard of care, provides support to the other registered and non-registered staff, and provides a level of support—of course, in addition to the medical director.

You will know that during the pandemic we also made some temporary provisions to allow medical directors to be nurse practitioners. That's not the intention of this—we have other reviews that we're doing as relates to medical directors.

But I see this as quite exciting, and I hope over time this can become a standard across homes, because clearly it delivers a higher level of care. It did so in the pilot that was set up by the previous government. Unlike that, it's not going to take us five years to get the first 75.

I did make Doris promise me that she would help me make sure that I could find all those nurse practitioners, because we know that there's a shortage of them. She promised me she would, so I'm now putting that on the record, because I'd like to see them in the homes and I'd like to see it expanded beyond the 75 a year for the next three years. I think that's probably something we should look to.

**Mr. Sam Oosterhoff:** I completely agree.

People, when they hear "nurses," might not understand some of the differentiation between a nurse practitioner, an RN or an RPN. They want to see bodies in long-term-care homes helping and providing support, but they might not—at least, I know, in some of the conversations that I have had—understand that differentiation between those various types of nurses and the important work they do. So I'm wondering if you could just lay out how important it is to have nurse practitioners, and specifically some of their qualifications and some of the things they're able to do in providing care that perhaps might not be possible from having—adding 75 RPNs a year would have a very different type of result than adding 75 nurse practitioners. I'm hoping you can explain this a little bit for the committee and for the sake of those watching.

**The Chair (Ms. Laurie Scott):** You have 50 seconds.

**Hon. Rod Phillips:** A nurse practitioner has received additional education above a standard registered nurse, and has a broader scope of practice that includes things like the ability to prescribe, not just administer, medication, and other areas where they can essentially provide a higher standard or level of care, and can also, in an oversight role, support those who are doing that, which is so important. They provide leverage across a system of other registered personnel where they can provide guidance and direction that those staff can deliver.

It's not particular to this area, but I think this is an area—the scope of practice and opportunity for nurse

practitioners is something that more broadly in our health care system could be valuable.

One of the key elements that the nursing sector pointed out to me and that the nursing unions pointed out is that by creating this path where nurses can look to a future where they know there are going to be jobs as nurse practitioners, we expect that more people will pursue it, because it has been challenging sometimes for them to see the trajectory.

**The Chair (Ms. Laurie Scott):** Thank you.

**Hon. Rod Phillips:** So one of the objectives more broadly is to make it more obvious—

**The Chair (Ms. Laurie Scott):** Thank you.

*Interjection.*

**The Chair (Ms. Laurie Scott):** Thank you, Minister. We just wanted to get that answer completely out there. As a nurse, I'm liking to hear that information.

**Hon. Rod Phillips:** And as a fan of nurse practitioners and of nurses in general.

**The Chair (Ms. Laurie Scott):** Yes. Thank you very much.

Just a couple of reminders: The deadline for written submissions on Bill 37 is 7 p.m. on Thursday, November 25, 2021, and the deadline for filing amendments to Bill 37 is 12 p.m., Friday, November 26, 2021.

This concludes our business today. Thank you, everyone. The committee is now adjourned until tomorrow at 9 a.m.—

*Interjection.*

**The Chair (Ms. Laurie Scott):** And I will not hit the gavel; I will recognize MPP Triantafilopoulos. Sorry.

**Ms. Effie J. Triantafilopoulos:** Thank you, Chair. I appreciate being able to get your attention. I just wanted to make one point of clarification.

**The Chair (Ms. Laurie Scott):** Of course.

**Ms. Effie J. Triantafilopoulos:** The long-term-care home that Minister Phillips visited with me was in Burlington, and it was Creek Way Village.

**The Chair (Ms. Laurie Scott):** We appreciate that clarification. The record will be corrected.

This meeting stands adjourned. Thank you, everyone.

*The committee adjourned at 1004.*



**STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY**

**Chair / Présidente**

Ms. Laurie Scott (Haliburton–Kawartha Lakes–Brock PC)

**Vice-Chair / Vice-Présidente**

M<sup>me</sup> France Gélinas (Nickel Belt ND)

Ms. Rima Berns-McGown (Beaches–East York ND)

M<sup>me</sup> France Gélinas (Nickel Belt ND)

Ms. Goldie Ghamari (Carleton PC)

Mr. Faisal Hassan (York South–Weston / York-Sud–Weston ND)

Mr. Jim McDonell (Stormont–Dundas–South Glengarry PC)

Mr. Sam Oosterhoff (Niagara West / Niagara-Ouest PC)

Ms. Laurie Scott (Haliburton–Kawartha Lakes–Brock PC)

Mr. Vijay Thanigasalam (Scarborough–Rouge Park PC)

Mr. Jeff Yurek (Elgin–Middlesex–London PC)

**Substitutions / Membres remplaçants**

Ms. Effie J. Triantafilopoulos (Oakville North–Burlington / Oakville-Nord–Burlington PC)

Mrs. Daisy Wai (Richmond Hill PC)

**Clerk / Greffière**

Ms. Valerie Quioc Lim

**Staff / Personnel**

Ms. Sandra Lopes, research officer,  
Research Services