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Monday 10 May 2010

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Lundi 10 mai 2010

Standing Committee on Social Policy

Comité permanent de la politique sociale

Retirement Homes Act, 2010

Loi de 2010 sur les maisons de retraite

Chair: Shafiq Qaadri
Clerk: Katch Koch

Président : Shafiq Qaadri
Greffier : Katch Koch

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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

Monday 10 May 2010

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Lundi 10 mai 2010

The committee met at 1400 in committee room 1.

The Chair (Mr. Shafiq Qaadri): I call this meeting of the Standing Committee on Social Policy to order. As you know, we're here to consider Bill 21, An Act to regulate retirement homes.

SUBCOMMITTEE REPORT

The Chair (Mr. Shafiq Qaadri): As our very first order of business, I now introduce to the committee a recess for voting. We may have some time for the report of the subcommittee. Actually, it's a bit long. Mr. Johnson, please proceed rapidement.

Mr. Rick Johnson: I would like to move the report of the subcommittee. Do you want me to read the whole thing?

The Clerk of the Committee (Mr. Katch Koch): Yes, please.

Mr. Rick Johnson: Your subcommittee on committee business met on Monday, April 26, 2010, to consider the method of proceeding on Bill 21, An Act to regulate retirement homes, and recommends the following:

(1) That the committee hold two days of public hearings at Queen's Park, on Monday, May 10, and Tuesday, May 11, 2010.

(2) That the committee clerk, with the authority of the Chair, post information regarding the committee's business one day in the following publications: the Globe and Mail, the Toronto Star, L'Express, the Hamilton Spectator, and in a weekly publications in the following locations: Mississauga, Orillia, Oakville, Huntsville and Niagara Falls.

(3) That the committee clerk post a notice regarding the committee's business on the Ontario parliamentary channel and the committee's website.

(4) That interested people who wish to be considered to make an oral presentation on Bill 21 should contact the committee clerk by 12 noon, Thursday, May 6, 2010.

(5) That on Thursday, May 6, 2010, the committee clerk provide the subcommittee members with an electronic list of all requests to appear.

(6) That groups and individuals be offered 10 minutes in which to make a presentation.

(7) That if all groups and individuals can be scheduled, the committee clerk, in consultation with the Chair, be authorized to schedule all interested parties.

(8) That if all groups and individuals cannot be scheduled, each of the subcommittee members provide the committee clerk with a prioritized list of names of groups and individuals they would like to hear from by 5 p.m., May 6, 2010, and that these names must be selected from the original list distributed by the committee clerk to the subcommittee members.

(9) That if there are presentation times available, late requests be handled on a first-come, first-served basis.

(10) That the deadline, for administrative purposes, for filing amendments be 5 p.m., Thursday, May 13, 2010.

(11) That the deadline for written submissions be 5 p.m., Friday, May 14, 2010.

(12) That the research officer provide the committee with a summary of witness testimony prior to clause-by-clause consideration of Bill 21.

(13) That the committee begin clause-by-clause consideration of Bill 21 on Monday, May 17, 2010.

(14) That the committee clerk, in consultation with the Chair, be authorized, prior to the passage of the report of the subcommittee, to commence making any preliminary arrangements necessary to facilitate the committee's proceedings.

The Chair (Mr. Shafiq Qaadri): As per protocol, I would usually invite members to comment, but I will defer that because we have a vote in four minutes and 51 seconds. The committee is now in recess.

The committee recessed from 1403 to 1424.

Le Président (M. Shafiq Qaadri): Chers collègues, j'appelle à l'ordre cette séance du Comité permanent de la politique sociale. Nous commençons. Y a-t-il des questions sur le rapport?

Ladies and gentlemen and colleagues, we call to order once again the committee on social policy in order to consider Bill 21, An Act to regulate retirement homes.

As you've seen, just previous to the break for the vote, we had the subcommittee report read into the record. Are there any questions or comments, of an urgent nature only, regarding that subcommittee report?

Those in favour of adopting the subcommittee report as read? Those opposed? The subcommittee report is carried.

RETIREMENT HOMES ACT, 2010

LOI DE 2010 SUR LES MAISONS DE RETRAITE

Consideration of Bill 21, An Act to regulate retirement homes / Projet de loi 21, Loi réglementant les maisons de retraite.

ADVOCACY CENTRE FOR THE ELDERLY

The Chair (Mr. Shafiq Qaadri): I'd now invite our presenters to please begin. Just in terms of protocol, as all committee presenters will know, you have 10 minutes in which to make your presentation. Any remaining time within those 10 minutes will be divided evenly amongst the parties for questions. The timing will be enforced with polite but military precision.

I would now invite Ms. Wahl and Ms. Romano, on behalf of the Advocacy Centre for the Elderly, to please begin. Welcome, ladies.

Ms. Judith Wahl: I'm Judith Wahl. This is my colleague Lisa Romano. We're both lawyers at the Advocacy Centre for the Elderly, which is a legal clinic. We've had extensive experience acting on behalf of tenants in retirement homes. In fact, we were counsel to the tenants of The Grenadier, which was the case that resulted in retirement homes being confirmed as being subject to tenancy legislation and rent control legislation, and that led to amendments to the Residential Tenancies Act.

It's based on this extensive experience on a one-to-one basis with our clients that we do see the need for retirement home regulation that addresses care services, so it would complement what's already in the Residential Tenancies Act, but with all due respect, we're extremely disappointed with this bill.

We submit that this bill will be a major step backwards. It will give too much control to the retirement home industry; it will do little to protect retirement home tenants; it's not transparent; it will create two-tier medicine, requiring seniors to pay for their own health care and for services that otherwise are publicly funded through the long-term-care homes system; and instead of a continuum of services, of retirement homes being part of the continuum of housing—a very important part of the continuum of housing for seniors—it's creating a direct parallel system to the long-term-care homes, without the regulatory structure and without the controls.

We've given you a detailed brief. I'm just going to hit on some of the highlights in that.

First of all, this point about the bill setting up retirement homes as a parallel system to long-term care to deliver exactly the same services that long-term-care homes deliver with public funding: This bill will recognize that the authority of retirement homes is the same as long-term-care homes, but with significant differences. First of all, seniors will be paying for their health care on a private-pay basis. I think this is the thin edge of the wedge. You're creating a precedent that will only lead to other problems down the line in health care.

Also, the protections for seniors in retirement homes will be much less than in a long-term-care home setting. We find it totally illogical that the government would regulate long-term-care homes to such an extent, under the Long-Term Care Homes Act, and then allow retirement homes to provide the same care without that degree of regulation. Surely there was seen to be a need for that regulation if we're talking about the same people—a vulnerable population—living in both oversights. This bill leaves regulation to be light, much less rigorous and under the control of the retirement home authority, which we predict, from the structure that's set out in the bill, will be industry-dominated, industry-controlled and industry self-regulation. To use the phrase, it's the fox guarding the henhouse, and I think that's a problem, based on our experience already, acting for retirement home tenants, many of whom do not know their rights in that setting now—in fact, we find that some of the operators seem to actively not provide people with the information so that they understand their rights.

What's particularly ironic to me about this is, if you look at what has been happening with the ALC patients, the alternate-level-of-care patients, some of the hospitals were trying to discharge people into retirement homes. We were one of the many groups that advocated with the Ministry of Health to step in. The Ministry of Health did step in to ensure that if any retirement home beds were used as long-term-care beds, they had to be authorized by the Ministry of Health and come under the purview of the Ministry of Health for that purpose and under their regulation in order to be used. These were certainly recommendations that came out of the coroner's office. It was one of our clients, who had been moved to a retirement home from a hospital and should have remained in the long-term-care system, who died.

1430

Our second point is that the retirement home authority is industry-dominated. There are no requirements that there be any consumers or other public representatives on that board. The government could actually appoint industry reps if the government chose to do that. As well, after the two-year period, it will be electing itself. To put it bluntly, I find this to be a rather incestuous structure. Although the bill tries to set up this authority as though it is going to be some kind of accountable body, we see very little accountability built into the act.

Another point about residents' rights: Although the bill sets out some residents' rights, which, for the most part, are a reiteration of rights in other legislation—and that's fair enough; you articulate it to make it plainer—the list of residents' rights is not complete. What I find interestingly absent is the right of advocacy or rights advice.

The bill would also allow retirement homes to apply restraints and detain tenants in secure units. They would also have much fewer rights. If you look at the restraints provisions in the long-term-care homes legislation, they're quite rigorous. This is quite the lite version of that. Again, it seems illogical that you'd have in one system a very complex system and in another a very simplistic one.

The complaints officer, where tenants can make complaints: They would complain to the complaints officer, who is under the control of the regulatory authority, which, again, we're saying is going to be industry-dominated. So complaints by the tenants will be heard

only by that complaints officer. There's no right of review or appeal to an external body like a court or tribunal. I also find it interesting that the retirement home licensees, if they're refused a licence, get to go to an external body for a review—both a tribunal and a court—and the tenants' complaints will end up stopping at the complaints officer.

If the bill goes through as at present, there are going to be two major pieces of legislation that apply to retirement home tenancies: the Retirement Homes Act and the Residential Tenancies Act. In one, people are called "residents"; in the other, they're called "tenants." This is going to cause all kinds of confusion. We've been starting to plot how the two acts match up. There will be retirement homes that are not care homes, as defined by the Residential Tenancies Act. So some of the retirement home tenants will not have the coverage of the tenancy legislation; others will. It's going to be incredibly confusing. It's just been poorly drafted in that respect.

We have some concerns about the fees and the system of regulation. The authority is to be paid for by the retirement home industry itself through licensing fees, but unless it's properly funded, it's going to have no teeth. The tenants will really be at risk at that point. There may not be sufficient funding to do this from the fees that will be charged.

This is an important sector that provides housing to low-income people with supports. We can't see how the low-income retirement homes would continue to exist unless people are subsidized to pay the fees of the retirement homes. You'll see our comments about fees and the need to provide subsidies to low-income tenants.

This bill does not require retirement homes to have sprinklers. I'll leave it to other people to give more details on that, but we would support the inclusion of requirements for sprinklers. We were counsel on a major inquest into deaths in a retirement home that directly resulted from the lack of fire protections.

In conclusion, what we would say in summary is that this bill requires too many amendments to be done at committee. It should be referred back to the powers that be within the system for extensive revision. If this bill passes, I think you're going to be losing a great opportunity to do it right this time. There needs to be regulation. There have been frequent hearings and inquests that have called for regulation. It's going to put retirement home tenants at risk. We're going to create an industry-dominated system. We need oversight by the Ministry of Health and Long-Term Care, because this is care.

I'll end at that, and I'm open for any questions.

The Chair (Mr. Shafiq Qaadri): Thank you. We have 30 seconds per side, beginning with the PC caucus. Ms. Jones.

Ms. Sylvia Jones: With 30 seconds, I will say thank you for your presentation.

The Chair (Mr. Shafiq Qaadri): Mr. Miller.

Mr. Paul Miller: In 30 seconds, I concur in everything you said. As you know, I have also been pushing for sprinkler systems for all homes, even homes built before 1990. I don't think there should be any distinction between before and after 1990; they're all elderly people who have to be protected.

Also, I haven't seen anyone comment on protection for seniors when it comes to financial control of their estates. I don't see that anywhere.

The Chair (Mr. Shafiq Qaadri): Mr. Dhillon.

Mr. Vic Dhillon: Thank you very much for your presentation. You mentioned that retirement homes would be dominated by the operators. Don't you feel that the competencies, as assigned by the minister, are important for the people who will be running the retirement homes?

The Chair (Mr. Shafiq Qaadri): I'm afraid that question will have to remain rhetorical.

On behalf of the committee, I thank Ms. Wahl and Ms. Romano for their presentation on behalf of the Advocacy Centre for the Elderly.

ONTARIO ASSOCIATION OF NON-PROFIT HOMES AND SERVICES FOR SENIORS

The Chair (Mr. Shafiq Qaadri): I now invite our next presenter to please come forward: Ms. Rubin, of the Ontario Association of Non-Profit Homes and Services for Seniors, and colleague.

Mr. Gerry Martiniuk: Chair?

The Chair (Mr. Shafiq Qaadri): Mr. Martiniuk.

Mr. Gerry Martiniuk: Are we to receive a précis of the presentations?

The Chair (Mr. Shafiq Qaadri): You are most welcome to receive—I think you have official authorization to legislative research.

Mr. Gerry Martiniuk: Thank you.

The Chair (Mr. Shafiq Qaadri): Welcome. Please introduce yourselves and begin.

Ms. Donna Rubin: My name is Donna Rubin, CEO of the Ontario Association of Non-Profit Homes and Services for Seniors. With me today is Paul Dowling, a senior housing consultant with OANHSS.

We've given you a document containing the main points of our presentation. It's not our full submission; that will be coming in separately by the deadline.

First, OANHSS is an association representing not-for-profit providers of housing, long-term care and community services. Our housing organizations include social housing, supportive housing, life lease and non-profit retirement homes, and that's just a few designations of an array of housing providers. The settings are often within a continuum that might even have long-term-care, supportive housing, independent social housing and life lease, and a number of these providers have mixed-use buildings as well. So you might have life-lease and rental housing. This is going to be a little more relevant later on when I speak to it more specifically.

The issue for us is that while we support the intent of the bill in providing accountability and a regulatory framework, it doesn't seem to go far enough in terms of regulating the variety of housing settings. In poring over

the bill recently, it was kind of a surprise to us to find out that for the most part our members are likely not going to be captured within this bill, and we've been waiting for this legislation for years. So it's not the intention to capture social housing, supportive housing is not part of it and neither is life lease. Our key recommendation to you today is that care and services provided to seniors, regardless of where they live and regardless of where these are being delivered, must meet a consistent minimum standard.

We recognize that it's going to be difficult to undertake regulating care and services in all sorts of settings. But we think it's misguided to look at the premises, and that you should be looking more, if housing is being provided and care is being delivered, that that care be regulated regardless of the setting. We don't think government should be constrained in its ability to protect vulnerable seniors by the type of setting they live in. All seniors deserve the same protections.

I should identify that we're an employer group, and a lot of my members would probably be saying, "Oh, we're not likely captured by this. We don't have the burden of enforcing this legislation; we don't have to deal with it." But we believe it's the right thing to do, and we've been waiting for a long time for housing to be regulated in this province. We think the government needs to be forward-thinking and looking at how to do that and to do it properly for the longer haul.

We think it's in the public interest to ensure that care services, regardless of delivery setting or origin of care service, meet a consistent minimum standard. Right now, as I was mentioning earlier, there are all types—a myriad—of housing providers. On one campus, in one unit, on one floor you can have a certain type mixed in with another. I raise this because of the complexity for an operator. This bill would be very difficult to manage. So we think it's more important to provide oversight on the care side than on the premises or the building.

1440

Now I'm going to switch and speak more specifically to different provisions of the bill and provide a few quick recommendations. One of the concerns is on the care-packages area and choice. Of course, we understand that the act wants to enable residents to opt in and out of choice for the services that are provided. But housing providers do need to have the ability to offer choice in terms of a package often, because you have to determine what the complement is for that package and how to staff it appropriately. So if you have a number of seniors coming in, they might all, for example, decide that a basic package might be that you take 15 meals a week or that you have access to other services, regardless of whether you take them or not, and then if you go into a higher level of package, that might be optional. But I think it's important to realize that service packages are just not up to every individual to opt in and out. It's just not feasible, often, to provide that type of service.

On the next slide, we have some concerns regarding the external care service requirements. This is the requirement that says, in section 62, that we've got to look at establishing protocols and reporting on the provision outcomes and effectiveness of services that are being brought in by the tenant outside of the service provider. We think that those requirements need to be very clear. It's a little grey in the act right now, and if we're going to be on the hook for the care we're providing, that's one thing, but when tenants bring in their own care, we think the delineation and the accountabilities have to be very clear. It says in the act that we're not responsible to oversee the quality of the care that's being brought in by people whom tenants hire, but there are these provisions, and I guess we're signalling that they aren't that clear.

In terms of the affordability, the expectation is that the act is going to be self-sustaining and that the costs are going to be covered through licensing fees. For a not-for-profit provider, there's going to be very limited option to transfer costs onto tenants. We really are very concerned about providing maximum care with an affordable care option. So we're concerned about how this model is going to be self-sustaining through the providers, at least for the not-for-profit component of the retirement home scene. We want to make sure that it's not a financial burden on not-for-profit providers and that it's not prohibitive to participate.

As was mentioned earlier, we also have some concerns about the power and accountability and transparency of the authority. We saw provisions that reports don't have to be made public up to a year and that the decisions for the authority are final in terms of no-appeal provisions for complainants. We think that it would be wise, certainly on this last point, to make an appeal process that mirrors the new one that's coming into long-term care, where there's an option to appeal to the Health Services Appeal and Review Board. We think it would be a wise decision to have a broader ability for complainants to make an appeal if need be.

We also think there should be consumer group representation on this board as well, and we think that would go far in terms of the accountability and the transparency.

In conclusion, in the current environment, we summarize that, both in long-term care and in home care, we're trying to support seniors in whatever setting they choose to live. We think we're going to find more and more housing options where people are getting care packages delivered to their apartment, to their home, regardless of where it is. Again, we think that this should be less about the setting in which a senior resides and more about regulating the care services themselves. Having said that, we still see this bill as a positive step forward, and it will regulate a major component of the seniors' housing sector; we just think it needs to go further.

Thank you very much.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Rubin. Twenty seconds per side. Mr. Miller.

Mr. Paul Miller: Twenty seconds? I agree with you on 90% of it. I can see that there's a recurring theme here of the concern about the authority. We brought that

forward from our party, and we're very concerned about the fox guarding the henhouse.

The Chair (Mr. Shafiq Qaadri): Mr. Dhillon.

Mr. Vic Dhillon: Thank you very much.

The Chair (Mr. Shafiq Qaadri): Ms. Jones.

Ms. Sylvia Jones: Thank you for your presentation.

The Chair (Mr. Shafiq Qaadri): Thanks to you, Ms. Rubin and Mr. Dowling, for your deputation and presentation on behalf of the Ontario Association of Non-Profit Homes and Services for Seniors.

CANADIAN UNION OF PUBLIC EMPLOYEES

The Chair (Mr. Shafiq Qaadri): I'd now invite Ms. Rennick of CUPE, the Canadian Union of Public Employees, and entourage to please come forward. Welcome. Please introduce yourselves and please begin now.

Ms. Candace Rennick: My name is Candace Rennick and I'm the secretary-treasurer of CUPE Ontario. I'm joined this afternoon by my colleague Shalom Schachter, CUPE research staff. Together we're going to make the presentation this afternoon.

CUPE in Ontario represents 230,000 members. The majority of our members work in the broader public sector, but CUPE represents several thousand members, covered by 51 collective agreements, who work in retirement homes across Ontario.

It is our contention that the government should be focused on a comprehensive strategy for a continuum of elder care that ensures universal health care access and public funding while increasing public provision for long-term-care, home care, as well as aging-at-home and assisted-living services.

Retirement homes are private, predominantly for-profit enterprises where residents pay full fees out of pocket. As such, these residences have no significant role to play in a system for elder health and care where access is universal.

While CUPE Ontario supports in principle the government's goal to enact a regulatory regime for retirement homes in Ontario to better protect vulnerable seniors residing in these currently unregulated private residences, Bill 21, as written, currently falls short of that goal.

It's troubling that Bill 21, introduced by the seniors' secretariat, does not fall under any particular government ministry as part of the legislative regime and, as written, has few enforcement mechanisms to ensure that adequate care standards and oversight are provided.

Retirement homes, even under the new regulatory legislation, should not be seen by the government as alternatives to long-term-care facilities and chronic care hospitals, which are publicly funded and, as a result, subject to higher standards and governing legislation under the oversight of the Ministry of Health and Long-Term Care.

CUPE is concerned about the absence of a comprehensive strategy for a continuum of elder care when a growing number of Ontarians have health conditions requiring care through admission to long-term-care homes.

Rabbi Shalom Schachter: Government data show that there has been a steady increase in the acuity of residents who are admitted to long-term-care facilities. In the 2007 fall report, the average acuity of incoming residents into long-term-care homes had a CMM of 95.56. The following year, the average acuity was 98.28. So the residents who have the highest levels of acuity are going into long-term-care homes, but the residents who would have been admitted two or three years ago have to find a place in retirement homes.

Ms. Candace Rennick: Because of inadequate numbers of beds and long waiting lists, a growing proportion of this population is settling for care through admission to for-profit retirement homes.

Rabbi Shalom Schachter: Hospitals are complaining that they can't admit patients onto the floor because beds are occupied by people who only have chronic care needs, not acute care needs. These residents are finding themselves discharged to retirement homes because they can't find places in nursing homes.

Ms. Candace Rennick: CUPE believes that residents get the best care and the best value for money from publicly delivered health care services in the province.

Rabbi Shalom Schachter: The government's own data show that for-profits, as of the last report—December 2007—only got 2.5 hours of care, which was lower than the average, yet nursing homes have residents with the highest acuity. In the last report that was given, their acuity was a full 1% higher than the average in the province.

Ms. Candace Rennick: So until the long-term-care sector is sufficiently expanded, there need to be clear limits on the type of care that will be provided in retirement homes, transparency of the data on the number of residents in retirement homes who qualify for admission to long-term-care homes, and, when any of these residents are admitted from hospitals, the names of the hospitals involved.

Rabbi Shalom Schachter: That data should be publicly available, and we shouldn't have to file freedom-of-information requests in order to get that kind of data.

1450

Ms. Candace Rennick: CUPE is concerned about the inadequate accountability mechanisms being put in place. A ministry with administrative resources should bear the responsibility for this agency, with all due respect, not a seniors' secretariat.

Rabbi Shalom Schachter: Again, you've heard from the earlier presenters that one of the additional difficulties that may come without a ministry being directly in charge is that the freedom-of-information legislation may not apply, thereby denying access to data and transparency.

Ms. Candace Rennick: The government should appoint all members of the authority, and must ensure that the authority is representative of all interests, includ-

ing residents, residents' councils, front-line staff and their unions.

Rabbi Shalom Schachter: There is already a concern about conflict of interest within the nursing homes in the ministry, and that was part of the reason why the Ombudsman launched their investigation into the adequacy of regulation of long-term-care homes by the ministry. We find it very disappointing that that report hasn't been released, but that concern about conflict of interest is certainly heightened with the way the authority is going to be construed.

Ms. Candace Rennick: There needs to be a balance of rights and responsibilities between licensees and other stakeholders. Rights to be part of licensing and enforcement processes should apply equally to residents and their advocates and front-line workers and unions that are available to licensees. As well, the refusal to take effective action against a licensee should trigger the same review rights as is triggered by determination to take such action.

Rabbi Shalom Schachter: We recommend to you the Ministry of Labour occupational health and safety model. Under subsection 54(3), inspectors coming into workplaces have to consult with representatives of workers, and under subsection 61(5), workers have full rights of appeal against inadequate orders that are issued by the inspector.

Ms. Candace Rennick: There need to be clear standards for care contracted for and delivered in such homes. This is a fundamental defect in the Long-Term Care Homes Act, and has yet to be corrected. That flaw should not be repeated here.

Rabbi Shalom Schachter: Going to how long-term-care homes are dealt with, the increase in care hasn't even kept up with the increase in resident acuity. For the period from January 2004, shortly after this government was elected for the first time, to December 2007, which is the date of the last data, acuity has gone up 8.4%, staffing has only gone up 7.7%, and yet funding has gone up 26.4%.

Ms. Candace Rennick: The most crucial threat to the well-being of residents is systemic neglect because of insufficient care. The legislation depends upon front-line staff reporting cases of abuse and neglect. The bill recognizes that in order to give such workers the courage to make reports, whistle-blower protection is necessary. The wording of this protection is useless. The bill must extend the scope of reporting that is protected—and the licensees from retaliating against whistle-blowers unless they first establish to a labour tribunal that the employee engaged in misconduct completely unconnected to the whistle-blowing. In the long-term-care sector, we have people who have reported cases of abuse and inappropriate levels of care to the media in that community, and those people have been suspended without pay. While, granted, the union was successful in getting these individual workers their days of wage back, the damage had already been done, and people are fearful of speaking out.

Rabbi Shalom Schachter: Are there any questions?

The Chair (Mr. Shafiq Qaadri): Thank you very much. We have about 40 seconds or so per side, beginning with the government. Mr. Dhillon.

Mr. Vic Dhillon: This bill is essentially about consumer protections and how seniors can purchase services in retirement homes, just as they would in their own homes. Don't you think that in that light, it's important to make sure that the seniors get their services in a safer environment, in a safer way?

Rabbi Shalom Schachter: Absolutely, but this bill doesn't do it. We support the submissions that were made by the Advocacy Centre for the Elderly criticizing that this bill does not protect consumers.

The Chair (Mr. Shafiq Qaadri): To the PC side: Mr. Martiniuk.

Mr. Gerry Martiniuk: We know that the number of seniors will double in the next decade. Seventy percent of them may not have pensions. If we do not build some more long-term-care facilities, have you any idea what we'll do with those seniors?

Rabbi Shalom Schachter: Absolutely, there needs to be more money invested in long-term-care homes, but there should also be more money invested in home care so that people have the option of staying in their homes. They shouldn't be arbitrarily restricted as to how much care they can get, and the terms and conditions of employment for home care need to be improved so that people will want to work in home care.

The Chair (Mr. Shafiq Qaadri): Mr. Miller.

Mr. Paul Miller: One of my biggest concerns is, once again, the fox guarding the henhouse. I'm not overly impressed with the retirement homes authority. What's your opinion on that?

Rabbi Shalom Schachter: Again, we support the submissions of the earlier speakers. In our submissions we say that, first of all, it has to come under a ministry, that all of the members of the authority need to be appointed by cabinet, that they should have fixed terms and that there needs to be broad representation so that not only people from the industry get appointed but also consumer advocates, residents, residents' councils representatives and worker representatives.

Mr. Paul Miller: So you would encourage all aspects of our society to be involved in the care of our elderly, including unions, which is a very good thing.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Miller, and thanks to you, Ms. Rennick and Mr. Schachter, for your deputation on behalf of CUPE.

ONTARIO HEALTH COALITION

The Chair (Mr. Shafiq Qaadri): I now invite our next presenter to please come forward: Ms. Mehra of the Ontario Health Coalition, and colleagues.

Welcome. You've seen the protocol. You'll have 10 minutes in which to make your presentation.

Interjection.

We'll have that distributed for you. Just leave that there. I invite you to please begin now.

Ms. Natalie Mehra: I'm here with my colleague, Aisha Brown. Thank you for this opportunity. We too, along with the others who have presented before us, applaud the government for taking on the job of regulating retirement homes. It has been a long time coming and I think it's an important endeavour. However, we also have quite serious reservations about the way that this particular bill is drafted, so I'll just run through them quickly.

It's crucial to us that retirement homes not be allowed to become a second tier of lesser-regulated long-term-care facilities. We are already seeing a very dangerous trend towards moving ALC patients out of hospitals into retirement homes. This movement has contributed to the deaths of patients. It engenders poor health outcomes and it is extremely serious as a policy issue. In the words of the Nineteenth Annual Report of the Geriatric and Long-Term-Care Review Committee to the Chief Coroner for the Province of Ontario, "The circumstances surrounding" the woman's death that they were looking into "should alert health care professionals that, despite pressures to move the frail elderly out of hospitals to other settings such as private care homes to await placement in a long-term-care home, it is important to remember that these elderly clients are awaiting long-term-care home placement precisely because their care needs are so heavy that they are difficult, if not impossible, to provide in a community, private care setting."

In that case, an elderly 92-year-old woman was moved from an Ottawa hospital into a retirement home, where they were not able to provide for her care. Her daughter didn't believe that the home would be able to provide for her care and documented carefully the shortfalls in her care. Ultimately, she was readmitted to hospital, really at death's door from dehydration, which is essentially starvation for a person. It's a horrible situation to be put into.

The situation is this: Everything about the regulatory regime in this bill is less than long-term-care homes' requirements. There are no provisions for adequate staffing, including directors of care, physicians, medical leadership positions, access to health care professionals, or nurses and personal support workers, or the programs and services to meet the assessed needs of residents, or the proper assessment processes. There's no facility design manual to ensure that the built environment meets the care needs and is safe and appropriate.

Because retirement homes have many fewer legal requirements and because they pay their staff less, they're much cheaper to operate. The potential for chain owners to close down their more expensive long-term-care beds in favour of operating cheaper retirement home beds is quite significant if retirement homes are allowed to become this sort of dumping ground with less regulation for the long-term-care industry. I think that that is something that should be looked at.

The consequences of allowing this sort of continual cascading downloading of those patients—not only is it morally wrong, not only is it not in the public interest and bad for seniors, but we believe it will also create a worsening access-to-long-term-care-beds problem down the road.

We think that the way to deal with this is that the legislation must be amended to put firm caps on the types of care that the homes can provide. This shouldn't be left to regulation; it should be right in the legislation. We think it's crucial that the core questions of the legislation—where do you cast the net? How do you define retirement homes?—should be solved within the legislation itself and not just subject to change down the road in the way that a regulation would be subject to change. That is our primary recommendation for amendment.

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The legislation should also be amended to make it clear which ministry has carriage of the legislation. To further clarify that these ought not to be de facto long-term-care homes or, in the worst-case scenario, de facto private, for-profit chronic care hospitals—this should not be the Ministry of Health. It should be a ministry that has the capacity and resources to deal with housing, to inspect and all those things—something like municipal affairs and housing.

In terms of the governance, like some of the other presenters today, we believe that there's no precedent in any legislation that we could find for a governance structure covering housing that looks like the one that's set out in this legislation. The other acts that we could find covering group homes—the Residential Tenancies Act—one is under health and long-term care, one is under municipal affairs and housing, but there were none that have a registrar—what appears to be a self-regulating college-like structure.

We don't think that this is the best approach. Actually, we think that this is a serious problem. Again, it should be clearly under a ministry that has the capacity and experience to deal with housing issues and with some clearer roles of the ministry.

If there is to be a board—again, like all the other presentations that I've heard so far today—we don't support the notion of a board that is dominated by the industry itself. This is not like a college. It's not like independent health professionals who are private entrepreneurs. This is an industry that's dominated by large, multinational chains that are sophisticated and have an approach to lobbying and an approach to profit-seeking that are completely not even in the same ballpark as individual health professionals. So we don't think that that governance structure is appropriate.

In addition, we believe that the parts of the legislation regarding access to information are inadequate. There's no reason that the public should be denied access to information for annual reports up to six months. If the minister gets them in three, the public should get them in three. The reports of the risk officer shouldn't be delayed by up to a year; they should get them right away. We think that that would be more in keeping with the public interest.

Similar to ACE, the Advocacy Centre for the Elderly, we had some very serious concerns about the sections regarding restraints. It seems to us that it is the responsibility of government to err on the side of not having people restrained. In that case, the common law duty to restrain only in instances of immediate risk of self-harm or harm to others should be the only one that applies. These facilities should not be foreseen as facilities in which people can be restrained for a long time or locked in for a long time. They're not designed for that, they're not staffed for that, there are no programs for that and there are no protections for that. Moreover, if any longer-term restraint is considered—and we strongly oppose that—certainly a higher authority should be called upon before anybody can be admitted to those facilities, and people should have immediate access to rights officers—not at their request, not if they disagree; immediate access to rights officers. That's it. Thanks.

The Chair (Mr. Shafiq Qaadri): Thank you. About 30 seconds or so, beginning with Mr. Martiniuk.

Mr. Gerry Martiniuk: Would you agree with the appointment of a ministry of seniors and long-term care?

Ms. Natalie Mehra: Separate from the Ministry of Health?

Mr. Gerry Martiniuk: Yes.

Ms. Natalie Mehra: I would have to consult on that. We don't have a position on that.

Mr. Gerry Martiniuk: Thank you.

The Chair (Mr. Shafiq Qaadri): Mr. Miller.

Mr. Paul Miller: From your presentation, I'm getting the impression that regulations governing care for retirement homes, hospices, long-term care should be consistent and universal. That would make it a lot simpler. Also, if these regulations were consistent and equal, do you think that this would improve the situation, because this bill certainly does not address consistency for all situations?

Ms. Natalie Mehra: I think what we're trying to get at is that there should actually be a much clearer—that the muddying of waters between long-term-care homes and retirement homes should actually—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Miller. Mr. Dhillon.

Mr. Vic Dhillon: I just want to make it clear that in this act, restraints have been prohibited. The only condition under which restraints can be used is if there's consent from the person himself or herself, or their appointed person. Do you think that that would address your concerns with respect to restraints?

Ms. Natalie Mehra: Respectfully, we've gone through the bill in detail, and the exceptions to the prohibition on restraints are woefully lacking. In fact, there should be no circumstances in which residents in retirement homes are subject to long-term restraints, period. Only the common law duties should apply here.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Dhillon, and thanks to you, Ms. Mehra and Ms. Brown, on behalf of the Ontario Health Coalition.

CHARTWELL SENIORS HOUSING REIT

The Chair (Mr. Shafiq Qaadri): I'd now invite our next presenter to please come forward: Ms. Karen Sullivan and colleagues on behalf of Chartwell Seniors Housing REIT. I guess that's a retirement—I'll let you define it. I'll invite you to please begin.

Ms. Karen Sullivan: Good afternoon. My name is Karen Sullivan and I'm the executive vice-president, People, at Chartwell Seniors Housing REIT. That's a real estate investment trust which owns and operates 77 retirement homes in Ontario, from Windsor to Cornwall and from Niagara Falls to Thunder Bay, where 7,000 people live and 3,200 people work. With me is Angela Grottoli, our associate vice-president of operations. Chartwell also owns and operates 50 retirement homes in BC, Alberta, Saskatchewan, Quebec and Newfoundland, and another 50 in the United States.

In addition, Chartwell has 28 licensed, government-funded long-term-care homes in Ontario, which provide care and service to 3,600 frail, elderly people. These two sectors, as you can see today, are often discussed together because the clientele is very similar in age; however, I would add, very different in terms of their health and frailty. Also, because there will be comparisons made between this legislation and the LTC Homes Act, I would be remiss if I did not mention that I was formerly the executive director of the Ontario Long-Term Care Association. I'm also currently an elected member of ORCA, the Ontario Retirement Communities Association.

ORCA and its members have been advocating for over a decade for consumer protection legislation for the retirement home sector in Ontario. In fact, ORCA was at the forefront of this movement with the introduction of the ORCA standards for accreditation, which are mandatory for all of our members.

We commend the government for making this move and feel that, for the most part, this bill effectively captures the legislative framework that will protect consumers now and in the future. Specifically, we're very supportive of the residents' bill of rights, the formation of residents' councils and most of the care and safety standards set out in Bill 21. There are, however, some areas of the draft legislation that require your serious consideration for change prior to final passage of the bill.

First, the definition of "staff" in relation to a retirement home is much too broad in its current drafting by including not only employees but also every person who works or provides services at the home, pursuant to contract or agreement with the licensee or between the licensee and an employment agency or third party. The issue arises when the requirements related to hiring, screening, skills and qualifications, and training are applied to this very broad definition.

As you can imagine, retirement homes contract with a variety of people who range from physiotherapists to landscapers, painters, snow removers etc. We do not believe that it was the government's intention to have all of these people meet the same requirements. By narrow-

ing the definition of "staff" in legislation to include employees and contracted care staff, and adding a separate definition for other contract staff, we can work together with the government to develop appropriate requirements for these two very different groups of people in the regulations.

In section 65 of the bill, licensees are responsible for ensuring that staff have the proper skills and qualifications to perform their duties. Again, we will need to work closely with government to develop the regulations to support this section in order to ensure that this does not lead to increased costs that will make retirement home living inaccessible for Ontarians who are currently able to afford and live in our homes, displace current employees or cause labour relations issues for the sector.

Also, in clause 90(3)(b), which allows the registrar to serve an order on the licensee to ensure that the staff at the retirement home obtain additional education or training, there must be a limitation that this applies only to training and education required by the act and regulations.

In addition, in the bill of rights, a resident has been given the right to have his or her choice of care services provided by staff who are suitably qualified and trained to provide the services. In the long-term-care sector, government provides standardized funding to all homes and it can expect in return standardized care services for residents. Retirement homes are fully private-pay, and choice of care services are dependent on what the home offers and what the resident purchases. We recommend that the language be amended to reflect this reality.

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If you actually visited a Chartwell long-term-care home and talked to our residents and then visited one of our retirement homes and did the same, you'd be struck by the significant differences in terms of both the physical frailty and cognitive abilities of these residents. People who choose to live in retirement homes are significantly more independent, active, mobile and competent than people living in long-term-care homes.

The section of the bill that fails to address these fundamental differences is section 62, which imposes a plan of care for all retirement residents and very significant documentation requirements related to the provision of the care and the outcomes of the effectiveness of the plan of care.

There are several reasons why this long-term-care-oriented approach is unworkable in retirement homes. First is the issue of resident choice. I can think of many residents in our homes who would not wish to have a plan of care and do not want the additional costs that will be passed on to them by having staff regularly update progress notes related to that plan of care. In addition, unlike in a government-funded LTC home, a plan of care is not simply a function of a resident's needs; it is clearly affected by what the resident has purchased in terms of care services. I can foresee that this type of approach would lead to well-intentioned inspectors insisting that care services be added to the plan of care without considering the cost of those services, whether they are included in the residents' fees or whether the resident even wants the services.

That being said, we also accept that there are likely some instances where a plan of care for residents who have purchased care services such as medication administration, assistance with activities of daily living etc. would be required, along with some form of ongoing documentation. In fact, this is the approach that is currently used in the ORCA standards. Rather than taking a blanket approach, we recommend that section 62 set out that a plan of care and documentation be required as per the regulations. We can then work with government to determine in which instances this would be necessary and truly understand the level of documentation that would be appropriate.

In subsection 75.1(1), there is a duty imposed on any person to report to the registrar if they have reasonable grounds to suspect that "improper or incompetent treatment of care of a resident that resulted in harm or risk of harm to the resident" has occurred or even may occur. Then, in subsection 75(5), "the registrar shall ensure that an inspector visits the retirement home immediately" if they receive such a report. The same language is also used in the complaints section.

Although this may seem reasonable, the term "improper" is extremely subjective, and the duty to inspect based on this subjectivity is absolute. For example, giving a mild diabetic a cookie: Is that improper care? To mitigate this, we would suggest replacing "improper and incompetent" with "negligent and incompetent" and "shall ensure that an inspector visits" with "may have the inspector visit" in both sections.

In section 87, the registrar has an obligation to notify the complainant in writing of any actions and any decisions that are made. The licensee, on the other hand, is not provided with the same notification. It would be extremely beneficial in terms of our continuous quality improvement and understanding of our residents' needs if we were afforded the same notification rights as complainants in section 87. I just want to say that in no way are we looking to find out who provided the information or the complaint; we just want to understand the nature of the complaint, to get better.

In part III of the bill on licensing retirement homes, section 39 provides the registrar with the ability to impose conditions that he or she considers appropriate. It's essential that these conditions be limited to the requirements of the legislation and regulations. This will avoid the possibility that conditions related to the physical structure of the retirement home, the furniture and equipment or the esthetics become licensing conditions when there are no requirements related to these in the law.

There are several places throughout the proposed legislation that provide reasonable time frames. I won't go into those specifically, but then there are other parts where reasonable time frames do not exist. They're listed there. We would ask that those be added.

We understand that it is the government's intention to set reasonable fees. However, we caution that as the authority matures, there is a significant risk that these will increase and that the additional burden of these costs could make retirement living unaffordable to some people who access it now. We ask that increases to fees be approved by the minister prior to implementation as a check and balance.

Overall, though, I'd like to reiterate our support for this piece of legislation and its intent. There are certainly some changes that are required to make it even more effective in the longer term, and that is what I have concentrated on in my 10 short minutes.

With this type of legislation, the other key element is, of course, the regulations, and we very much look forward to working with the government to develop these over the coming months, and to also discuss the authority's interim board of directors and the competencies required of the permanent board of directors.

Thank you for your time and for your consideration of these amendments.

The Chair (Mr. Shafiq Qaadri): Thank you. Twenty seconds: Mr. Miller.

Mr. Paul Miller: So you represent a for-profit organization?

Ms. Karen Sullivan: Yes, we do.

Mr. Paul Miller: I'm very concerned about your concern that qualification and training lead to increase costs. These would be costs for your homes to train your personnel. You seem to be against that—

Ms. Karen Sullivan: They would be, actually, costs for our residents.

Mr. Paul Miller: No, let me finish. You're asking to displace current employees—you think that's going to happen. Labour relations could suffer. I'm not sure that a lot of your places are unionized, and—

The Chair (Mr. Shafiq Qaadri): I need to intervene, Mr. Miller. Mr. Dhillon?

Mr. Vic Dhillon: Thank you, Chair. I have no questions.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Dhillon. Ms. Jones.

Ms. Sylvia Jones: You mentioned at the end of your presentation that many of the details will be left to regulation. Are there specific areas where you would like to see the regulations actually in legislation so that we can debate and discuss them in a public forum?

Ms. Karen Sullivan: The plan of care, I think, is an important part so that we're being clear where we need a plan of care—

The Chair (Mr. Shafiq Qaadri): I'll need to intervene there. Thank you, Ms. Jones, and thank you, Ms. Sullivan and Ms. Grottoli, for your deputation on behalf of the Chartwell Seniors Housing.

I should also just mention that the committee and Chair, as well as our clerk, are available in terms of sending further written materials for follow-up should people like to add to their answers and so on.

CARP

The Chair (Mr. Shafiq Qaadri): I'd now invite our next presenter to please come forward: Ms. Eng, vice-president of advocacy at CARP, the Canadian association of retired persons. Welcome, Ms. Eng, and please begin.

Ms. Susan Eng: Thank you very much. CARP has 300,000 members across the country, of whom 200,000 live here in Ontario. Our focus has always been on improving the quality of life for all of us as we age.

Our focus here today is on the consumer protection aspects of the bill. We are entirely supportive of the need for regulation and commend the province for taking on the responsibility of regulating the sector.

As has been noted, older Canadians are representing an increasingly larger proportion of the Canadian population; 39% of Canadian seniors live here in Ontario. By 2028, that number is expected to double.

However, people are also living longer and healthier lives. Although people will need to have some kind of intervention as they age, most prefer to live in their own homes. Contrary to popular belief, in fact, only a small proportion of Canadian seniors live in institutional settings, some 7%. I think there is an understandable preference for people to remain in their own homes. Despite a lot of focus on the issue of the home care sector, especially starting with the Romanow health accords, which indicated that perhaps home care should be the next essential service, nonetheless there still remains a very large gap. Consequently, there has been growth in the retirement home sector in order to try to service this gap.

I think one of the issues that we concern ourselves the most with is the issue of the amount of confusion and anxiety in this sector. Understandably, as people face the reality that they perhaps cannot live in their own homes and want to make a choice as to getting into a collective environment, some are looking at long-term-care homes, and others want to look at some kind of step in between. It is here that it becomes extremely important to make it perfectly clear what is happening here.

Retirement homes have to be understood as tenancies. The lists of care services that are being provided for pay are important, and they become absolutely necessary. It is that area that requires government regulation, and we are very pleased to see the level of regulation that is proposed here. However, that also reminds us to keep separate those homes that provide what might be considered heavy care or care that is tantamount to what you might find in a long-term-care setting, because that indeed is what's happening here. There is inadequate access to long-term-care facilities. Therefore, people are looking to alternatives, and this might be it. If this is it, then the kind of regulation that already exists in the legislation here in Ontario should be applied to those facilities that provide that kind of care. That is, in large part, what we're talking about here. When we talk about the elements of accountability, regulation and monitoring, that has to reference the heavy-care area.

There are many homes in Ontario that have no intention of ever providing such care services; they are

intended only to provide an age-friendly living environment, nothing more than a tenancy with a few privileges. Where our concern is concentrated is in those homes where they are purporting to provide the kind of supervision and medical interventions that would attend people who need up to but not necessarily including long-term care.

Our concern therefore would hope to find in the legislative scheme something that replicates the kind of governance that you already have for nursing homes, some of the things that we identified as missing in this bill that can be strengthened. It does not require any kind of wholesale chucking out of the legislation, but rather some fine-tuning and strengthening.

For example, taking my last point first, in the nursing home environment, you do not get a licence until you've had your certification, whereas in Bill 21 you suggest that there is temporary licensing until the registrar gets around to de-licensing you. I think that would be the wrong order of effort, that you can simply reverse that.

1520

Secondly, in order to adequately concentrate a regulation on where it's most needed, there should be a graduated licensing system. The legislative scheme currently speaks to the idea that there could be different classes of licences. I think there should be different classes of licences so that you can concentrate the effort where it's needed and relax where you don't need it. The legislative scheme that's currently before us suffers from trying to do both at the same time and consequently reduces the level of regulation that might be necessary for heavy-care situations and puts perhaps too onerous a burden on those facilities that will not provide that kind of thing.

This is also an opportunity to look at the accountability and oversight functions. I would agree with some of the previous speakers that the authority needs to be much more representative of the potential consumers or residents whose rights are the most at risk in a heavy-care situation. So the opportunity to involve stakeholders who represent those interests should be mandatory rather than permissive.

Similarly, on the issue of complaints, remember that if we're worried about the heavy-care situation, we're worried about people who have the least ability to stand up for their own rights. Therefore, the legislative scheme should best protect those circumstances. Rather than have complaints self-regulated, self-assessed and then ultimately dealt with by the complaints review officer—which, after all, is still inside the industry—it is important to have a third party auditing or monitoring the function. How you go about doing that: You have other examples in other legislation.

Finally, when it comes down to the actual licensing conditions that you might review, it's important to look after a number of issues that have been raised before, including safety standards such as sprinklers, and including making sure that in the area of restraint, for example—nursing home legislation already deals with that. For some reason, Bill 21 expands the category of people who can order a restraint. We think that would be inappropriate where you have heavy-care situations.

So those, members of the committee, are my general comments in relation to the kinds of things that need to be changed in Bill 21, but otherwise we are fully supportive of the importance of regulation in this sector. I think it's a bold move and an important move.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Eng. A minute per side. Mr. Dhillon.

Mr. Vic Dhillon: Thank you very much for your presentation. How do you see this bill as being an effective tool for regulating care and services in retirement homes?

Ms. Susan Eng: Well, it makes a very important move to regulate this sector at all. That, in and of itself, is a major improvement on the status quo. What we're pointing out is that in trying to cover both extremes of the type of care that is available in these private non-profit and for-profit homes, you dilute the regulation you need for the heavy-care situations and you impose too heavy a burden on the lighter-care areas.

Mr. Vic Dhillon: Thank you.

The Chair (Mr. Shafiq Qaadri): Mr. Martiniuk?

Mr. Gerry Martiniuk: Institutional setting: Would that include seniors' apartments with a central kitchen? How do you define that?

Ms. Susan Eng: No. What we mean by institutional care is where the individual has a high level of medical or other supervision and intervention. So it wouldn't be somebody who is able to—

Mr. Gerry Martiniuk: But it would include retirement homes as defined by this act?

Ms. Susan Eng: I'm sorry; I don't understand your question.

Mr. Gerry Martiniuk: Would it include retirement homes as defined by this legislation?

Ms. Susan Eng: No. The institutional care that was referenced by the law commission is nursing homes.

Mr. Gerry Martiniuk: Thank you.

The Chair (Mr. Shafiq Qaadri): Mr Miller?

Mr. Paul Miller: Yes, I was a little surprised with your comment. Don't you think that the reduction of service and different levels of licensing which you were recommending would confuse and overload the regulatory body? We have confusion now. I think bigger is better in this situation. I hope you're not advocating that there should be different levels of licensing for different levels of service.

Ms. Susan Eng: I am in fact making that distinction, based upon the difference between those—for example, in the types of care that are listed as care services, you have everything from minimal intervention to those that require medical interventions. There are two different kinds of care that are provided there. I take your point that even the most minimal levels of intervention require some kind of training and certification. If you wanted me to get into detail with that, I would. The issue is that every time you're providing any of these formal care services, the person should be not only trained but

certified to provide those kinds of services. So where we are talking about heavy care situations, where there are significant hours of care—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Miller, and thanks to you, Ms. Eng, for your deputation on behalf of CARP.

Before inviting our next presenter, I would just like to recognize on behalf of the committee and all present an officer of the Legislature, the honourable Barbara Hall, Ontario human rights commissioner.

DR. ALEXANDER FRANKLIN

The Chair (Mr. Shafiq Qaadri): I'd now invite Alexander Franklin, who comes to us in his capacity, I believe, as a private citizen. I know you know the drill very well, so please be seated, and I'll invite you to begin now.

Dr. Alexander Franklin: Mr. Chairman, members of the committee, some thoughts: A retirement home is difficult to define. It could apply to a hotel suite with full personal attention, including concierge and maid services, a swimming pool, sauna, exercise facilities, massage and an in-house medical centre with physician and nurse. Unlike municipal and charitable homes for the aged, the OHIP medical services in so-called retirement homes are billed as house calls unless the physician has a permanent office in the home. A more logical description would be "for-profit homes for the aged," for which legislation has existed for more than 30 years. In the UK, there's been a long history of private hotels—in fact, retirement homes which are able to choose their guests—for those who no longer wish to bother with running a household. An example is the BBC TV series Waiting for God.

Some suggestions:

(1) A prospective resident should be able to read in their first language details of the lease, especially the maximum nursing services available and whether oxygen and urinary catheters are allowed.

(2) Required power of attorney given to an independent person without any financial interest in the home or resident—important in cases of illness or early dementia. There is a danger of a relative wishing to maximize inheritance by transferring to a less expensive home for the aged with fewer personal services and amenities. Without a power of attorney, the state takes control by a court committeeship.

(3) A registered retirement home that employs a physician should select a geriatrician with at least four years of postgraduate training with a fellowship qualification and hospital connection.

(4) Staff employed by the retirement home should have police clearance.

Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Dr. Franklin. We have lots of times for questions, I guess about two and half minutes per side, beginning with Ms. Jones.

Ms. Sylvia Jones: Thank you. Your second point, required power of attorney, is quite a departure, as you can imagine, from the current power of attorney, which is something people have the option of doing as they go through this life. Why the requirement?

Dr. Alexander Franklin: For their protection.

Ms. Sylvia Jones: Well, we only have two and a half minutes; I'm not sure that we could sufficiently debate it for two and a half. But I'm not sure that that protects everyone in that situation.

Dr. Alexander Franklin: The whole idea is to protect the resident.

Ms. Sylvia Jones: Okay, thank you.

The Chair (Mr. Shafiq Qaadri): Mr. Miller.

Mr. Paul Miller: In reference to that comment, how do you feel about the power of attorney being awarded to the owner of the home who provides the services? There's nothing in the bill that requires them to make contact with any distant relative that may have your betterment in their concern. So I'm saying, if you're doing a power of attorney, you might want to have a family member, because sometimes there has been some questionable conduct by some unscrupulous owners who have taken some of the finances and put them where they shouldn't be.

1530

Dr. Alexander Franklin: Agreed.

Mr. Paul Miller: So you're saying that this would be a situation where they'd have more protection for the individual person who may not have any living relatives who are available?

Dr. Alexander Franklin: Precisely.

Mr. Paul Miller: I don't think that's so bad.

The Chair (Mr. Shafiq Qaadri): Mr. Dhillon.

Mr. Vic Dhillon: Thank you very much, Mr. Franklin. The proposed legislation would require retirement homes to comply with certain standards with respect to the range of services provided, such as feeding, bathing and—

Dr. Alexander Franklin: Sorry, can you—services?

Mr. Vic Dhillon: Yes. It would require certain standards for such services as assistance with feeding, bathing and continence care, and services provided by regulated health professionals. Do you not agree that such standards would represent a significant step forward in a currently unregulated sector?

Dr. Alexander Franklin: I don't think those services have anything to do with a retirement home. As I mentioned, it really becomes a home for the aged. It's a different level. All those services you mentioned, such as aid with feeding—unless it's a temporary illness, which may amount to anything—I think what you implied, Mr. Dhillon, was that this sort of care really is for homes for the aged.

Mr. Vic Dhillon: But do you not agree that having certain standards for this type of care is the right direction that we should be taking?

Dr. Alexander Franklin: No, the reason being that it's really not suitable. When one needs that sort of care, you really have to be in a home for the aged, and that has

legislation, as I mentioned, over many years. The question is going back to define what a retirement home is. That's going to be difficult.

Mr. Vic Dhillon: Okay. Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Dhillon, and thank you, Dr. Franklin, for your deputation in your personal capacity.

MR. DEV MUNDI

The Chair (Mr. Shafiq Qaadri): I would now invite our next presenter to please come forward, Mr. Dev Mundi. Welcome, Mr. Mundi. You've seen the drill. I'd invite you to be seated. Please begin now.

Mr. Dev Mundi: Thank you very much, Mr. Chair. My name is Dev Mundi. Our family owns and operates several small homes across Ontario. My comments and observations are more related to the operational difficulties the small operators might encounter with this legislation.

As an example, if a resident has to move from one of our licensed homes, it requires, under section 44, that the licensee "has taken reasonable steps to find appropriate alternate accommodation for the resident." With all due respect for the intent of the legislation, we will take very good care of the residents when they are under our care. I think it would be really stretching the situation here for us, the small-time operators, to look for and find appropriate accommodations. I don't know what "appropriate" is for each resident. I wouldn't know what financial situation the resident might be in. Our recommendation is that we provide information as to alternative accommodation available in the community, rather than to find appropriate alternative accommodation.

Similarly, under the bill of rights—I'm glad the legislation has addressed the bill of rights for the residents. It's commendable, and I, in principle, support that notion. However, there's confusion and a lot of conflicts that I've come across.

As an example, a resident, under section 51, paragraph 4, has "the right to have his or her choice of care services provided by staff who are suitably qualified and trained to provide the services." I wonder whether we are placing the onus on the resident to screen the suitability and the qualification of the staff, and taking that onus away from the operator and the licensee. I don't know whether that's the intent of the legislation; I hope it is not. That would create confusion as to what residents' parameters are for assessing the suitability and qualification of the staff.

My bigger concern is with the care plan segment of this legislation. As an example, subparagraph ii of paragraph 5 of subsection 51(1) indicates that a resident has the right to "participate fully in the development, implementation, review and revision of his or her plan of care." And the following subparagraph, iii, indicates that a resident has the right to "give or refuse consent to any treatment, care or service." What if they refuse to give consent? How am I supposed to develop a care plan for that resident? I believe this section of the bill is like using a hammer to kill a fly. I think it should be screened very carefully so that we don't put excessive, descriptive situations that leave very few options for the resident. I think we should leave options for the resident. If they refuse to have a care plan, that's their prerogative. I think there's a right to choose; we should respect that, rather than force residents to fully participate in the development, implementation, review and revision of the care.

Furthermore, smaller operators reviewing and reassessing these plans will result in taking the service providers away from providing service to deal more with paperwork to do the care plans. We have been doing care plans in my business for over 22 years. There have been no problems, and I anticipate no problems if you provide the fundamentals of the care plan that the residents would require and leave the details to be worked out with the resident and the operator at the time of admission, with the assistance of the physician and the nurses on staff.

I have another problem with the legislation, which is the care from outside providers chosen by the resident. It has two problems, in my opinion. Number 1, it may create issues with the unions, since in many cases the collective agreement provisions provide against sourcing out. If this is interpreted as sourcing out services, we might have difficulties with those articles of the collective agreements. Number 2, the licensee would have very little, if any, control over the quality of the delivery of the service. So I suggest that some changes need to be made in that aspect as well. With that, I thank you for the opportunity to speak to you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Mundi. We have about a minute and a half per side. Mr. Miller.

Mr. Paul Miller: I just tried to close in on some of your main points. I agree with you that you shouldn't be burdened with finding another facility that's suitable for a person who may be leaving your care. I agree with you. However, you mentioned that regarding section 51, paragraph 4, suitability of staff to provide service, the owner could provide staff. I would think that the owner could give proper qualifications, and before the person comes to your home to live there, they'd be aware of the services provided and the ability of the employees that you have. In other words, if you don't do that, they may not qualify, and when the person gets stuck in a long-term situation, they can't get out because of various reasons, whether they're incapable or don't have proper representation. So I'm very concerned about that; I don't like that.

Regarding the care plan, you said that it should be up to the resident to choose that. In a lot of cases, the resident doesn't have the financial wherewithal to acquire the proper care. Therefore their choice would be limited, to say the best, and could be minimal at least. So I'm not quite sure I agree with that either.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Miller. Mr. Dhillon?

Mr. Vic Dhillon: I have no questions.

The Chair (Mr. Shafiq Qaadri): Mr. Martiniuk?

Mr. Gerry Martiniuk: I'm interested: What do you do at present when someone is leaving your premises and has nowhere to go? Can you deliver them to the hospital and leave them on the doorstep?

Mr. Dev Mundi: No, we have systems in place whereby we will engage the existing community services such as CCACs, such as social workers in the area. Those are the agencies that will assess the suitability of the resident to go to the next level.

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Mr. Gerry Martiniuk: Okay. But you don't arrange that at the present time. You refer it to the community care access centre.

Mr. Dev Mundi: That's correct, sir.

Mr. Gerry Martiniuk: Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Martiniuk, and thank you, Mr. Mundi, for your deputation.

ONTARIO SOCIETY (COALITION) OF SENIOR CITIZENS' ORGANIZATIONS

The Chair (Mr. Shafiq Qaadri): I now invite our next presenters to please come forward: Mr. Jesion and Ms. Meade on behalf of the Ontario Society (Coalition) of Senior Citizens' Organizations. Welcome, and I'd invite you to please begin now.

Mr. Morris Jesion: Thank you for the opportunity to address you today. My name is Morris Jesion. On my left is Ethel Meade, a past co-chair of our organization. We're a large grassroots organization representing 150 or more seniors' groups across Ontario. We were pleased when the legislation was introduced. When we saw the details—I think there are a lot of comments that Ethel Meade, our past co-chair, will be addressing.

Ms. Ethel Meade: When OCSCO and other seniors' organizations first heard that this bill was to be introduced, we were delighted. At last, after such a long wait, something was going to be done about regulating retirement homes. That's why seniors, those who care about them and those who advocate on their behalf had such high hopes that the new bill would lead to the adoption of a system to protect those who now reside in retirement homes and those who may do so in the future. Now that Bill 21 has had second reading and there is this really tiny window for public input, we must unfortunately say that we are hugely disappointed.

That disappointment begins with the definition of the care service that the retirement homes to be regulated may offer. The first clause of the definition states that "care service" means "a prescribed health care service provided by a member of a college as defined in the Regulated Health Professions Act, 1991."

This early definition has the effect of making retirement homes indistinguishable, really, from long-term-care homes as defined in Bill 140—except for the fact that retirement homes are all privately owned, whereas the long-term-care homes are funded by the government. In other words, it creates a two-tiered long-term-care system.

Up until now, retirement homes have been seen as intermediate between care at home and institutional care. In fact, as we pointed out in the 2007 consultations, prospective residents of retirement homes were persons who, because of age-related functional deficits, no longer felt safe living at home, especially if, as single, divorced or widowed persons, they were living alone and, equally important, their needs did not make them eligible for admission to a long-term-care home.

It is clear to us that this definition will meet with strong support and satisfaction from the large international operators of high-end retirement homes. Since fees are not to be regulated, they can continue offering the services of health care professionals for extra fees and can even charge the resident a higher extra fee than what they have to pay the professionals. Who could ask for anything more?

We are not overly concerned with the amount of money required to live in these high-end retirement homes. People who choose to live there have decided that it is worth the price for the amenities offered and they are financially able to do so.

We are concerned, however, with the number of such homes that have a long-term-care home on the same campus. They naturally see their own interests in doing everything to avoid transferring even very frail residents to the long-term-care home, where rates are regulated and profits are small. The real profits come from the retirement homes. Even the non-professional workers in these retirement homes are frustrated because they know that their skills are not adequate to provide the level of care actually needed by frail residents.

Our chief concern, however, remains the low end of the retirement home cost spectrum. We have referred to them in the past as "black market" homes. We have also pointed out that for persons of modest means who find that they cannot conduct the activities of daily living and the instrumental activities of daily living without assistance, their options may be limited because public supportive home care is not available or is inadequate; family and neighbours are unable or unwilling to fill the gap; and they are not so frail as to need or be eligible for admission to a long-term-care home.

Clearly, the needs of person in this category could be met by other means, such as supportive housing, supportive home care or subsidized Lifeline services. But, for far too many of them, none of these options are available. They must therefore look for the cheapest possible retirement home they can find.

Who operates the lower end of the retirement home price spectrum? Often they are empty nesters whose first aim is to increase their own retirement income. They may be kind and caring people who do their best to provide the best possible care or they may be selfish, money-hungry people who want, and may need, extra income, but want to acquire it at the lowest cost to themselves in money, energy and attentiveness.

These are enterprises which do not advertise their existence and succeed by word-of-mouth referrals. They can thus operate without anyone, especially governments at all levels, being aware of what they are doing.

This was the problem that Professor Lichtman was addressing when he advised the government of the day that operators of such homes should be considered landlords and their residents or prospective residents as tenants, thus guaranteeing them the protection of the Landlord and Tenant Act. This protects them from arbitrary or illegal evictions.

Around the same time, the Advocacy Centre for the Elderly pioneered, and the government accepted, a document known as the care home information package, CHIP, which the landlord was required to give to prospective residents. This document contains information useful to anyone contemplating a move into one of these homes. Its usefulness has been limited, however, because the landlord can fail to offer it and prospective tenants might not know of its existence or of their entitlement to see it.

This results, of course, from the failure of the then current and their successor governments to provide the continuous public education that would have made the CHIP a matter of common knowledge. This is only one of many such failures that often leaves citizens unaware of programs and procedures intended for their benefit.

Many of these lower-end homes are outside the regulatory authority. We propose that the number—oh, I've got the wrong page here.

We are disturbed by the absence of any definition of the minimum number of tenants required before a home is defined as falling under the jurisdiction of Bill 21. If the number is set too high, it will leave too many of the lower-end homes outside its regulatory authority. We propose that the number be three unrelated residents, with "unrelated" not precluding spouses seeking care together.

The authority Bill 21 proposes to establish to oversee and enforce the contemplated regulations we find totally unacceptable: first of all, because its board of directors will be appointed and self-perpetuating, but also because no attempt has been authorized or mandated to balance the interests to be represented on this board.

We have proposed in the past and we now propose again that the entity overseeing the enforcement of the provisions of the bill should be tripartite, with equal numbers of licensees or their representatives, consumers or their representatives and government representatives from the seniors' secretariat and the Ministry of Health.

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We turn now to matters under Bill 21 about which the Lieutenant Governor in Council may make regulations. The number alone is pretty stunning; there are 49 of them. What is alarming to us is that so many of them are of crucial importance to protecting residents and prospective residents. While we're glad that these factors have been recognized, there are grave disadvantages to leaving them to be the subject of regulations.

The Chair (Mr. Shafiq Qaadri): With apologies, Ms. Meade, I'll need to intervene there. We do have your written submission, which has been circulated to all members of the committee.

Ms. Ethel Meade: I only have about two more sentences.

The Chair (Mr. Shafiq Qaadri): Your allotted 10 minutes have now expired, and I respectfully invite you to please cede the podium to our next presenter. On behalf of the committee, thank you for coming today, Ms. Meade, and thank you once again, Mr. Jesion.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

The Chair (Mr. Shafiq Qaadri): I would now invite our next presenters to please come forward: Ms. Doris Grinspun of RNAO, the Registered Nurses' Association of Ontario. Welcome. Please begin.

Ms. Doris Grinspun: Good afternoon, everyone. My name is Doris Grinspun. I'm the executive director of the Registered Nurses' Association of Ontario. With me today is Sara Clemens, nurse policy adviser at RNAO.

RNAO is a professional association for registered nurses who practise in all roles across the province. We represent 30,000 nurses. Our mandate is to advocate for healthy public policy and for the role of registered nurses in enhancing the health of Ontarians.

We appreciate the opportunity to present this submission on Bill 21, An Act to regulate retirement homes, to the Standing Committee on Social Policy.

RNAO congratulates the minister responsible for seniors for tabling Bill 21 as a first step toward regulating retirement homes in Ontario, something that RNAO and other stakeholders have requested for a very long time. Bill 21 aims to set clear care and safety standards to be followed by Ontario's estimated 700 retirement homes. It also establishes a new regulatory authority to enforce those standards and protects the rights of retirement home residents.

We refer you to our detailed written submission for the recommendations that we believe will strengthen Bill 21, in particular: mandating training of retirement home staff in health protection and promotion, and disease prevention, including the uptake of best practice guidelines; requiring fire sprinklers in all retirement homes after a reasonable phase-in period; enhanced infection prevention and control; increasing accessibility of the patient's bill of rights in every retirement home; and employing the precautionary principle to make it clear that abuse and neglect must never have a place in retirement homes.

In the limited time we have, we would like to focus on two fundamental issues: (1) the need for a cap on the health services that can be provided by retirement homes, and (2) strengthening the public accountability and transparency of the newly created regulatory authority.

While generally supportive of legislation that protects the rights of vulnerable residents of retirement homes,

RNAO is profoundly concerned that regulation must not result in a slippery slope to two-tier health care for older persons in Ontario. This concern stems mainly from the vague and ambiguous definition of "retirement home."

Section 2 of the act defines "retirement home" as "a residential complex or the part of a residential complex … that is occupied primarily by persons" over the age of 65 "where the operator of the home makes at least two care services available, directly or indirectly, to the residents."

However, the act does not limit the role of a retirement home, nor does it clearly set out what could constitute "at least two care services available, directly or indirectly, to the residents." There is nothing, therefore, that would appear to prevent a private for-profit retirement home from offering the same services that are provided by a long-term-care home, up to and including the care of complex and/or unstable residents.

Regulating retirement homes to provide these essential health care services sets the stage for private for-profit two-tier health care for older persons in this province. Although complex care needs in retirement homes would be serviced by publicly funded home care providers, only residents who could afford the higher cost of private retirement home accommodation, compared to long-term care, would be able to access these services. Modest accommodation in a retirement home costs each senior between $50,000 and $100,000 a year. This, as you know, is well beyond the means of the average older person not only in our province but all across Canada.

Further, allowing retirement homes to duplicate the health services of long-term-care homes will have the perverse effect of enticing for-profit long-term-care homes to reclassify as retirement homes. This way, operators will be able to avoid the stringent accountability measures governing long-term-care homes and increase their profitability.

From the all-important resident's perspective, private for-profit care is not interchangeable with publicly funded not-for-profit care. The evidence is overwhelming that the quality of care in for-profit institutions is lower, and all the research points in that direction. Canadian evidence from the long-term-care sector has found that staffing levels are higher in not-for-profit facilities than in for-profit facilities and health outcomes are better in not-for-profit facilities.

In the US, private contracting in the Medicare program for seniors through Medicare health maintenance organizations, or HMOs, provides a cautionary tale. A multi-billion-dollar subsidy has evolved where HMOs often cherry-pick the healthiest clients while refusing those with more complex care needs. For-profit firms carve out the most profitable niches, leaving the public sector responsible for the unprofitable patients and services and usually the poorest people.

RNAO states in the strongest possible terms that regulation of retirement homes in Bill 21 must not result in privately owned for-profit retirement homes offering two-tier health care to those who can afford to pay privately for that care. It is essential that the definition of "retirement home" in Bill 21 be amended to incorporate a limit or cap on the services that can be provided that is appropriate to the level of regulation in the act and that does not result in de facto privatization of long-term care. Any cap should be clear that residents with moderate to complex health care needs and those with significant mental health needs would not receive care from a retirement home. Doing otherwise is irresponsible for this government.

Most importantly, publicly funded not-for-profit long-term care and community care must be available to all who require it. RNAO strongly urges the government to ensure adequate funding to support the Ministry of Health's aging-at-home strategy and the availability of age-appropriate care from home and community care, long-term care and hospital care within the public not-for-profit health care system. Home care services, including homemaking and professional services, should be expanded to support persons with chronic conditions and/or older persons so that they can continue to remain active and vibrant members of our communities.

RNAO also urgently recommends that work begin immediately on a much-needed comprehensive elder health strategy for Ontario. The lack of a comprehensive strategy contributes to emergency departments being backed up, millions of health care dollars being spent to care for those who occupy alternative level-of-care beds in hospitals, and more than 25,000 seniors currently waiting for a long-term-care bed in Ontario. The imperative for an elder health strategy with strong attention to building a robust home health care sector to respond to the needs of an aging population is more urgent than ever as baby boomers enter their senior years.

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The second issue we want to address before the committee is the composition of the newly created Retirement Homes Regulatory Authority and how public accountability and transparency are assured. Bill 21 establishes the Retirement Homes Regulatory Authority to issue licences to retirement homes, create a public registry that lists all retirement homes in the province, publicize inspection reports, conduct enforcement activities, and protect residents' rights.

At least five of the nine authority board members are elected by the board itself, with the remaining members appointed by cabinet, in what is presumably intended to be a self-regulated model patterned after self-regulated health professions such as nursing and others. The board members appointed by cabinet may be selected from licensees, consumers and representatives of business and government, and there is no requirement that seniors or other consumers, health professionals or other sector units be represented on the board. In fact, there is nothing in the act to prevent the self-electing regulatory authority from quickly becoming dominated by the retirement home industry, many members of which are large, for-profit corporations. Amendments are needed—

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Grinspun. I need to intervene there. Thank you—and Ms.

Clemens—on behalf of the committee for your deputation on behalf of RNAO, as well as your written deputation.

ONTARIO HUMAN RIGHTS COMMISSION

The Chair (Mr. Shafiq Qaadri): I would now invite our next presenter to please come forward—and I think the committee always appreciates it when an officer of the Legislature comes forward—the honourable Barbara Hall, chief human rights commissioner for the province of Ontario, and colleague. Welcome—

Ms. Barbara Hall: Thank you, Mr. Chair.

The Chair (Mr. Shafiq Qaadri): —not Mayor Hall but Barbara Hall. Please begin.

Ms. Barbara Hall: I'm pleased to be here today with Anya Kater, a senior policy person from the Ontario Human Rights Commission. Thank you very much for the opportunity to add today to the discussion on this important bill.

In our consultations and work at the commission on issues like age, housing, disability and mental health, we've often heard about the need to regulate retirement homes. Indeed, I think this is an issue that affects all of us, as Ontarians, as we struggle to deal with parents, grandparents, siblings, family members. I had a birthday yesterday. Even in terms of planning for ourselves and our future and trying to do it in a way that will allow us to age with dignity, we meet many challenges.

We commend the seniors' secretariat for working to put a system in place, for the very first time in Ontario, that can help remove the risk of substandard care or abuse and that can enhance the quality of life of vulnerable people living in retirement homes across the province.

The Ontario Human Rights Code was written to protect every person in Ontario, including the people who live in retirement homes. I'm here today to share some ideas on how this bill can be enhanced to make sure those envisioned human rights become lived rights.

Many have told us that low-income seniors are at a disadvantage because they have to take the housing that they can afford. We welcome the steps to set care and safety standards across a range of care homes so that lower income does not result in substandard care.

At the same time, we caution that fees charged by the proposed authority will likely be passed directly on to the residents, especially in for-profit retirement homes, and could adversely affect people with limited incomes. We've also heard concerns that some non-profit retirement homes may not have the same ability to directly pass on costs, which puts housing and service levels at risk. So fees must be carefully considered because they can adversely affect and lead to lack of access to housing and services for persons with low income, either by making the basic housing and services they need unaffordable or by decreasing the levels of services available.

The residents' bill of rights gives people a practical tool to protect their rights, have control over their own affairs and have a voice to deal with those who run their housing and care.

Under the Human Rights Code, people also have the right to live in housing without discrimination based on grounds such as age, religion, ethnic origin or disability, just to name a few. The code requires that people who provide housing or services have a legal duty to accommodate based on these grounds, up to the point of undue hardship, in a way that respects dignity, individuality and that promotes inclusion and full participation.

We recommend changing the language in line 9 of the residents' bill of rights to clearly state that residents have the code rights as well to be free from discrimination or harassment and to be accommodated to the point of undue hardship. We recommend that the bill require that retirement homes put in place sound human rights policies, practices and training to identify how to meet the legal duty to accommodate, with special attention paid to accommodating people with mental health issues and dementia.

We know that some of the impetus for this bill arose from concerns about the use of restraints and confinement. We understand that the Ministry of Health promotes moving towards a restraint-free environment, and we encourage you to make sure this bill includes strong safeguards to reflect that commitment. The bill or regulations should include clear criteria for deciding when restraints may be needed and must also provide clear avenues for residents or their decision-makers to take when they object to the treatment they're receiving.

We will leave comments on some of the finer details of this section to groups that have more expertise than us, such as the Advocacy Centre for the Elderly or OANHSS.

Lastly, it's not clear whether this bill also covers supportive housing, which may provide similar services to older persons among other residents. We believe that supportive housing residents should have the same protections and quality standards that this bill is working towards.

As our population ages, the Ontario Human Rights Commission will continue to be active on issues affecting how we treat vulnerable and aging Ontarians. We welcome opportunities to work with you to build a system that makes aging a time of equity and dignity for all in our province.

The Chair (Mr. Shafiq Qaadri): Thank you, Commissioner Hall. A minute per side: Mr. Miller.

Mr. Paul Miller: I just wanted to thank you for coming today. Did you take any active role in consulting with the government on this? Did they approach you on this? Were there any meetings between your organization and them?

Ms. Barbara Hall: There were not.

Mr. Paul Miller: Well, that's interesting. I imagine that human rights would play a big factor in the decisions of the elderly.

Would you feel that through some of your initiatives and some of the contacts you've had in your organiza-

tion, you could have made a considerable submission that would have maybe changed some of the bill itself?

Ms. Barbara Hall: There are many different ways that we're involved. Often, it's in appearing before committees such as this, giving comments and preparing a written submission, as we will be doing. We're happy to have an opportunity to come forward today.

Mr. Paul Miller: I'm glad you did. Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Dhillon.

Mr. Vic Dhillon: Thank you, Ms. Hall, for your presentation. I don't have any questions.

The Chair (Mr. Shafiq Qaadri): Ms. Jones.

Ms. Sylvia Jones: Just to your last point where you talked about questioning whether the bill would include the supportive housing sector: It is my understanding that it does not capture supportive housing.

And happy birthday.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Jones, and thank you, Commissioner Hall and Ms. Kater, for your deputation on behalf of the Ontario Human Rights Commission.

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SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 1 CANADA

The Chair (Mr. Shafiq Qaadri): I invite now our next presenter to please come forward: Mr. Van Beek on behalf of Service Employees International Union, Local 1. Welcome, Mr. Van Beek. I invite you to please be seated. Please begin now.

Mr. John Van Beek: Thank you, Mr. Chair. Thank you to the committee members for allowing us to express our concerns about Bill 21, the Retirement Homes Act. We represent approximately 3,000 retirement home workers across Ontario. The brief before you—I'm going to just jump around in it, if I may. Please take a close look at the amendments. It does spell out very specific amendments to the bill that we won't necessarily refer to in our remarks today, but do take them seriously, please.

SEIU has long advocated for a Retirement Homes Act for the province of Ontario, an act that would protect seniors living in such facilities and ensuring quality care delivered by a well-trained workforce and regulated standards enforced by the Ministry of Health and Long-Term Care.

We were invited about three years ago to initial discussions as to what this legislation should contain. In late August 2003, the minister responsible for seniors issued a press release indicating that legislation would be introduced immediately after the Legislature reconvened after the election. Nothing happened. The opposition asked questions on several occasions, asking when legislation would be introduced, and the government gave assurances that when the legislation would be introduced everyone would be very happy.

I can only say: We wish we had waited a lot longer. It appears that the purpose of this bill is merely to regulate the relationship between the tenant and the retirement home operator. The bill needs a major rewrite.

The bill before us is largely a consumer protection bill. It spells out that care services between tenants and retirement home operators be contractually drafted. It says nothing about the quality of those services. Every other piece of legislation pertaining to seniors and the care they receive is structured and enforced under a government ministry. Why not this legislation?

Section 126 of the bill also amends the Long-Term Care Homes Act, and this will allow retirement homes to operate as long-term-care facilities without the regulations and standards that apply to long-term-care facilities. This bill will allow the government and hospitals to download alternative-level-of-care patients to retirement homes. Very quietly, the privatization of long-term care will continue to expand.

SEIU wants to make it clear that seniors living in retirement homes cannot be protected by a simple authority spelled out in the bill. Self-appointed regulators—home care operators—just will not work.

SEIU believes that the retirement homes must be licensed and regulated under the Ministry of Health and Long-Term Care. We believe that is the most natural ministry to oversee retirement homes since it's the ministry that also now is responsible for supportive housing and home care services. There isn't much difference in terms of a PSW offering services to a retirement home resident or whether that resident lives in their own home.

We strongly believe that retirement homes need to employ personal support workers that are regulated to protect seniors. We do need a regulatory body for personal support workers to set standards and qualifications for them. Retirement home owners and operators, again, as we say, cannot be their own police and decide what constitutes a complaint by a resident. They certainly cannot solely assess a resident's care needs and determine what constitutes "suitably qualified" staff.

Particularly problematic is subsection 51(6), the restraints section. This bill continues the relationship between the resident and the retirement home. If the resident really is deemed to be a tenant, then in no way, shape or form does any owner, operator, or an employee have the right to restrain a resident in their own domicile. Only qualified, independent medical personnel can decide whether a person needs to be constrained, and if the resident is assessed as requiring restraints they should be moved to a more appropriate facility, such as a nursing home.

The whistle-blowing protection, section 115, is weak and meaningless because an employee can only report to the registrar, a body that is controlled by owners and operators. An employee has no whistle-blowing protection other than through an appeal to the OLRB. Workers already have that right currently, so there's nothing in the bill that will make an employee risk their job to report abuse. It just isn't going to happen. I think, at the very least, this bill could have a 1-800 complaints number prominently displayed in the retirement home, to

a properly constituted investigative and inspection body under the Ministry of Health and Long-Term Care.

We also point out that there are no dietary standards included in this bill. There is no definition of what constitutes proper accommodation and/or furnishings, such as in the Long-Term Care Homes Act. Unless the government is planning to legislate other acts and codes, there's no requirement for sprinklers. We also point out—and it has nothing to do with this act, in essence, but we've been long harping about the fact that retirement home operators don't provide their employees with WSIB coverage. We think that in terms of addressing the government, it's high time that these operators had to operate under the WSIB act.

Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you. A minute per side. Mr. Dhillon?

Mr. Vic Dhillon: Thank you for your presentation. This bill is essentially about consumer protection. With this, seniors can purchase services in retirement homes just as they can in their own homes. Wouldn't it be important to make this reality a possibility—to make retirement homes safer?

Mr. John Van Beek: It is always a concern for us to ensure the safety of residents and employees alike—let there be no question. This bill has to go further, in the sense that I think that operators almost have to be protected against themselves. I was in a retirement home last month in Ottawa where there was a major downsizing because residents had moved out. What do residents generally complain about? Dietary food services.

The Chair (Mr. Shafiq Qaadri): To the PC side: Mr. Martiniuk? Thank you. To Mr. Miller.

Mr. Paul Miller: I've constantly had people approach me from personal care worker situations. A lot of them are afraid to come forward because they're afraid of being disciplined or discharged from their employer. The impression I get from them is they want to be accredited and they want to be licensed so they can be accountable to the residents they serve. However, they seem to meet with resistance from the for-profit homes because the homes do not want to cut into their profits to pay the employees or let them unionize. That would improve the qualifications of the workers. Would this be a fair observation?

Mr. John Van Beek: If they did unionize, they'd have a stronger voice to speak out for them, but I think we can certainly separate unionization, in terms of establishing specific standards for personal support workers in this province.

Mr. Paul Miller: So, obviously, it didn't touch on that—

Mr. John Van Beek: Absolutely not.

Mr. Paul Miller: —and the bill falls woefully short of protection for the residents. The government is constantly touting safety. I think it's a no-brainer to have sprinkler systems in homes. Just because they're built before 1990, they don't get one? I don't want to put a classification on residences, but—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Miller. Thanks to you, Mr. Van Beek, for your deputation on behalf of Service Employees International Union.

ONTARIO RETIREMENT COMMUNITIES ASSOCIATION

The Chair (Mr. Shafiq Qaadri): I now invite our next presenters, Mr. White and Ms. Christie, to please come forward on behalf of the Ontario Retirement Communities Association. Welcome. I invite you to please be seated and to officially begin now.

Mr. Gord White: Good afternoon. My name is Gord White. I'm the CEO of the Ontario Retirement Communities Association. We're also known by our acronym, ORCA. With me is our current president. It's a voluntary position held by Millie Christie.

The Ontario Retirement Communities Association is a voluntary, non-profit, self-regulating association that sets standards and inspects and accredits almost 70% of the retirement-home beds in Ontario. Our members are operators who want to meet our on-site inspections, peer review and third party oversight.

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A couple of comments about this system: Every retirement home that wants to be a member of the Ontario Retirement Communities Association must first pass our on-site inspection in order to join. As members, they must be evaluated at least every second year. They must continue to pass to remain in the association. If they fail and they are unable to meet the standards, they are expelled from the association.

A couple of other comments based on the presentations we've heard today: We have a no-restraint policy in our association for all of our members with respect to retirement homes. I note that our standards are available online so anyone may view them. It's a voluntary system, as I mentioned earlier, so it's being met by for-profit and not-for-profit companies alike, and I think that's a very important distinction. Especially since it is a voluntary system, there is no requirement in Ontario to follow these standards. The homes do so of their own volition.

While ORCA has been successful in developing and implementing a self-regulatory system for retirement homes in Ontario, it can't mandate 100% participation. As the retirement home sector expands, ORCA believes it is essential to have a system in place to ensure the safety of all residents, not just those in ORCA-member homes. We have been advocating for legislation for retirement homes for more than 10 years. We commend the province for acting on this promise to bring regulation to this sector. We also thank all three parties for their support of this bill. We believe that we have unique experience in implementing this oversight process for this sector in Ontario and are more than willing to share our expertise with whatever system develops.

We have some recommendations based on our brief review of the legislation.

First is the meals in the definition of "care service." This is section 2(1)(i). We believe that in the definition of

"care service," the provision of a meal, which is in clause (i), is too open and will encompass many residences that would not normally be considered retirement homes into the definition of a retirement home. As an example, a seniors' apartment that perhaps has a restaurant and offers some light assistance with ambulation could be considered, using this definition, as a retirement home.

We believe that a meal should be defined as a structured program in which virtually all retirement home residents participate rather than something that is just optional. This will better distinguish between actual retirement homes and other types of seniors' housing.

We heard a number of people comment on care plans. This is under section 62. We'll comment as well. We find that the care plan section is too prescriptive and will change the relationship between the resident and the retirement home. Most residents are independent and have little or no assistance. Not all residents wish to have a care plan, and as competent adults, they have this right. Care plans should reflect what residents choose, not what health professionals prescribe. They may not wish that legislation now requires that they be assessed, regardless of their circumstances.

Finally, the level of detail in each care plan required for all retirement home residents would be an administrative challenge, certainly for ORCA members. It might be an impossibility for non-ORCA members. This level of detail and administrative requirement will increase staffing costs for residents and may end up lowering their care services. ORCA recommends that this section be reduced significantly in the legislation and that the majority of this detail be addressed in regulations, when we can have both operational and consumer perspectives involved in the development.

Our comment on the retirement home authority fees: Seniors privately pay 100% for their care and accommodation in retirement homes in this province. New requirements as a result of this legislation may increase the amount that seniors pay month to month for their care. One known cost will be the regular fees paid to the retirement home authority, which will be passed along to consumers. Consumers should be aware of these fees and be very familiar with the role of the retirement home authority. Annual fees set for retirement homes must be managed in a logical, rules-based construct in order to ensure that seniors are not overburdened with costs. ORCA recommends that setting an operating budget for the retirement home authority first and then setting the fees to support this structure makes sense.

It's a fundamental right to choose in retirement homes. Threaded through this legislation should be the consumer's right to choose rather than the government's right to require. While this legislation largely reflects—and I think they've done a very good job here—a consumer choice philosophy, certain sections, especially regarding care plans, border on a much too prescriptive approach that is out of step with how consumers wish to choose their own care. Systems must be made to be flexible so that consumers can receive the services they need and make changes as required without delay due to regulatory requirements.

The responsibility of retirement homes: The care home information package, also known as the CHIP, which is found in the Residential Tenancies Act, is an agreement between the retirement home and the resident detailing the contracted services to be delivered. The legislation should be cognizant that retirement homes are responsible for the delivery of services outlined in the CHIP and that residents are responsible for paying for these services received. Retirement homes should not be made responsible for services they do not deliver or which are outside of their control. As well, retirement homes should be responsible for informing residents of other services in the community, as was mentioned earlier, such as long-term care and CCACs, but should not be made responsible in legislation for securing these services on behalf of a resident.

Thank you for your time and consideration.

The Chair (Mr. Shafiq Qaadri): Thank you. About a minute per side, beginning with Ms. Jones.

Ms. Sylvia Jones: I don't have any specific—well, actually, I do. You mentioned that 70% of the retirement homes are regulated under your association.

Mr. Gord White: Seventy percent of retirement home beds.

Ms. Sylvia Jones: Okay. Thank you. Are you suggesting that that could be the requirement in order to qualify as a retirement home in Ontario?

Mr. Gord White: I'm not sure if I understand your question.

Ms. Sylvia Jones: I'm not sure I can do it in a minute. Okay. It's all right.

The Chair (Mr. Shafiq Qaadri): Mr. Miller.

Mr. Paul Miller: I've got a couple of questions for you. What percentage of your membership is for-profit chains or smaller operators that are for-profit? What percentage of your membership?

Mr. Gord White: I would say that about 95% are for-profit; about 5% are not. The greatest reason for that is that it's hard for not-for-profits to get enough capital to build the building, and I think that's a barrier. We'd love to see more not-for-profit companies involved. I think it would bring greater diversity and a healthier sector.

Mr. Paul Miller: I'd like to see that too.

My second question is, I don't see anything mentioned here, but I'm sure ORCA supports mandatory sprinkler systems for all long-term-care facilities, retirement homes and nursing homes. Would that be a fair assumption on my part?

Mr. Gord White: Yes, we support mandatory sprinklers.

Mr. Paul Miller: That is a main thing I don't see in here. I think it would have been good if you had it in here, because it's becoming a real issue.

Mr. Gord White: There are lots of considerations with that issue, but that's probably a fire code issue, maybe not one that—

Mr. Paul Miller: Well, groups as large as yours, it would be good to support it.

The Chair (Mr. Shafiq Qaadri): Monsieur Lalonde.

Mr. Jean-Marc Lalonde: Thank you very much for your presentation. I want to refer to section 3 of your document. Are you aware that at the present time, approximately 20% of those residing in retirement homes are paid by the government?

Mr. Gord White: I'm not sure of that situation.

Mr. Jean-Marc Lalonde: Yes. At the present time, if a person cannot afford, the government will pay, I think, $46.91 per day.

Mr. Gord White: You're talking about domiciliary hostels, not necessarily—

Mr. Jean-Marc Lalonde: Well, that is a retirement home.

Mr. Gord White: Occasionally, retirement homes can have a few of their spaces allocated for dom hostels. That's more rare than common.

Mr. Jean-Marc Lalonde: Not in the rural sector.

Mr. Gord White: Okay.

Mr. Jean-Marc Lalonde: And—

The Chair (Mr. Shafiq Qaadri): Merci, monsieur Lalonde, pour vos questions, and thank you on behalf of the committee to you, Mr. White and Ms. Christie, for your deputation on behalf of the Ontario Retirement Communities Association.

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ONTARIO PUBLIC SERVICE EMPLOYEES UNION

The Chair (Mr. Shafiq Qaadri): I now invite our next presenters to please come forward: Ms. Pridham and Mr. Janson, on behalf of OPSEU. Welcome, and please do introduce yourselves.

Ms. Nancy Pridham: Thank you. Good afternoon. My name is Nancy Pridham, and I'm the Toronto regional vice-president of the Ontario Public Service Employees Union. I'm a nurse. I work at the Centre for Addiction and Mental Health. To my right is Joan White. She's the chair of OPSEU's long-term-care division. Joan is a health care aide at the Allendale long-term-care facility in Milton.

OPSEU represents 130,000 members who provide vital services for Ontario communities, including many who work in retirement and nursing homes. We welcome the opportunity to address your committee with regard to Bill 21, An Act to regulate retirement homes.

We applaud the government for introducing an act specific to retirement homes. This act is very important because the current legislation, the Residential Tenancies Act, 2006, applies to both young adults living in a dormitory and the elderly living in a retirement home. There are clear distinctions in the living needs of these different groups.

Our overarching goal as front-line caregivers is to ensure that the elderly in our communities live with dignity and in facilities designed and designated to offer them proper care and services depending on their individual needs.

OPSEU members working under the bill before you now are qualified, highly trained and experienced. They play a vital role in ensuring that these goals are achieved. Our members are the personal support workers, health care aides and support staff in various roles.

Let me get straight to the matter of improving Bill 21. OPSEU submits the following recommendations:

Definitions must be clear: What is the function of retirement homes and what services are they legally obligated to provide?

According to the transitional care program framework established by the Ministry of Health and Long-Term Care, beds in long-term-care homes, also known as nursing homes or retirement homes, "exist for a temporary period of time under the terms of a service agreement for interim beds for individuals who are on a wait-list for an LTC home and have been discharged from a public hospital." However, according to the definition of a retirement home in part I, section 2 of this act, the operator of the home must make "at least two care services available, directly or indirectly, to the residents."

If retirement homes are to act as interim nursing homes, then they must provide the full scope of services, along with the appropriate staff required in long-term-care homes. After all, we do not want a repeat of the fatal incident in 2008 where a 92-year-old woman from Ottawa died in a retirement home while waiting for a bed in a nursing home. Ottawa's chief coroner reported that the lower level of care offered at the retirement home contributed to the death of this individual.

If retirement homes are going to take alternate-level-of-care patients, then they must follow the regulations under the Long-Term Care Homes Act. Let me be clear that retirement homes should not replace nursing homes. Each has their function and place in the community.

Currently, the funding model of retirement homes involves private dollars and nursing homes are funded by the province. In an effort by the province of Ontario to save money, there should not be a shift towards more retirement homes. The elderly requiring higher levels of care, who traditionally reside in nursing homes, should be able to receive that care regardless of their financial capabilities. All elderly patients deserve to live with dignity.

If retirement homes continue to act as interim facilities before patients move to nursing homes, then we propose that the retirement home have a section of their facility dedicated to this function, and therefore follow the Long-Term Care Homes Act. Not having this provision would likely result in retirement homes taking on more of these nursing home patients while not having specific legislation that addresses these types of patients.

Although many privately operated retirement homes in Ontario, such as Amica, have accepted residents suffering from severe health problems, including cancer, Alzheimer's and dementia, the staffing levels are often

inadequate to provide the necessary care. Most private chains gamble with care levels to secure higher profits. This should be avoided to limit the risk of more avoidable fatalities amongst our elderly.

The concept of split retirement-nursing homes is already a reality in British Columbia. Perhaps researching their quality of care and staffing standards should be investigated to determine their feasibility for the elderly people of Ontario.

The Retirement Homes Act must clearly and appropriately address issues of plan of care, facility standards, staffing standards and retirement home regulation. These issues are significantly interrelated and must be considered in an integrated manner.

Plan of care: Retirement homes currently outsource many services that are not provided in-house. Some of these services, including assistance with feeding, bathing, continence care and ambulation, are very important and should be considered essential.

Without regulated minimum standards, different facilities will provide different services at different costs in different locations across Ontario. Such a lack of uniformity does not benefit the citizens of Ontario. It allows market forces to dictate the provision of vital services to the elderly. Without regulated minimum standards, we cannot be assured that all elderly people will have access to quality care in all retirement homes across Ontario, regardless of their financial circumstances.

Staffing standards: Staffing considerations must be addressed at both the collective and individual levels. The plan of care cannot be in flux because it forms the basis for staffing requirements. Minimum ratios of residents to workers should be in place to uphold quality care.

Individual professional standards are simply vital. Not all workers are qualified to perform the same tasks. The issue speaks directly to resident safety and facility responsibility. For example, some retirement homes allow personal support workers to provide medication to residents and to check residents' sugar levels. Although current regulations allow a registered nurse to delegate a controlled act to an unregulated person under certain circumstances, the real issue is not being discussed. More specifically, do residents and their families know that in a given retirement home, the delegation of a controlled act is common policy, while in another home in Ontario the policy might be different? Is a given retirement home charging a premium for not delegating controlled acts? Similarly, is a given home taking a short cut and amplifying profits by implementing policies that maximize task delegation to those workers earning less money? Fundamentally, the question speaks to value: What is the resident buying, and is he or she aware of their options? In short, market forces must not be allowed to taint the care of the vulnerable.

Retirement home regulation: The Ministry of Community and Social Services should be the regulatory body of retirement homes, not the Ministry of Health and Long-Term Care. The Ministry of Community and Social Services already has the framework in place to properly regulate retirement homes. We want to avoid second-tiered nursing homes. It is our belief that patients requiring the services of a nursing home should follow the Long-Term Care Homes Act whether they reside in a nursing home or in a retirement home.

Conclusions: The transition from independent living to increased dependency and care is simply part of the normal aging process. As we know from personal experience with our own families, the spectrum of circumstances is wide, and changes often occur quickly. The best way to meet these challenges is through a strategy that legally integrates and outlines the roles and responsibilities of all facilities and its employees.

In Ontario, we pride ourselves on the success of socialized medicine. Despite ongoing threats to quality service posed by underfunding and staff cuts, our continuum of care is very much a part of who we are. We deserve to be proud, but we must keep our priorities straight.

Beyond the public investment and the skills of our care providers, our success to date has hinged on our willingness to regulate and limit the impact of market forces on our model of health care. The care of the elderly must follow a similar model of strong regulation and a commitment that quality of care will come before maximization of profit.

That is why we have submitted our recommendations to your committee. We wish you well in your deliberations. I thank you for this opportunity. OPSEU will be submitting a brief on this issue.

The Chair (Mr. Shafiq Qaadri): Thank you. Less than 20 seconds: Mr. Miller.

Mr. Paul Miller: Thank you. My youngest daughter has joined your ranks. She's going to be graduating as a registered nurse in about three weeks.

Also, I'd like to get your position quickly—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Miller. Mr. Dhillon.

Mr. Vic Dhillon: Thank you very much for your presentation. I wouldn't have enough time for a question.

The Chair (Mr. Shafiq Qaadri): Ms. Jones.

Ms. Sylvia Jones: Why have you chosen the Ministry of Community and Social Services as the regulatory ministry over the Ministry of Health and Long-Term Care?

Ms. Nancy Pridham: Because they already have a framework in place that addresses the regulations that need to be in place. They're already there doing that.

Ms. Sylvia Jones: But isn't the Ministry of Health and Long-Term Care doing it as well with nursing homes?

Ms. Nancy Pridham: No, in retirement homes.

The Chair (Mr. Shafiq Qaadri): I need to intervene there, Ms. Jones. Thanks to you, Ms. Pridham and Ms. White, for your deputation on behalf of OPSEU.

Mr. Paul Miller: Point of order, Mr. Chair.

The Chair (Mr. Shafiq Qaadri): Yes, Mr. Miller?

Mr. Paul Miller: Don't you think it would be suitable to at least let a person finish the sentence they're speaking?

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The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Miller. At the next subcommittee meeting, I would invite you to propose a formal resolution by the NDP.

Mr. Paul Miller: You will be getting that.

The Chair (Mr. Shafiq Qaadri): Thank you.

REVERA INC.

The Chair (Mr. Shafiq Qaadri): I now invite our next presenter to please come forward: Ms. Nestor of Revera Inc. Welcome, and please begin.

Ms. Mary Nestor: Good afternoon. My name is Mary Nestor, and I am vice-president of communications and government relations at Revera.

Revera is a Canadian-owned company and one of Canada's largest providers of accommodation, care and services, spanning the continuum of seniors' services and support, including seniors' apartments, home health care, retirement, long-term care, convalescent and transitional care and skilled nursing in Canada and the US.

We own more than 220 retirement and long-term-care homes, including 40 in select US locations. Over 26,000 residents live in our Revera locations, and we provide employment for over 26,000 people. In Ontario specifically, we operate 72 retirement residences, are home to over 4,500 seniors and provide employment to over 3,000. In addition, Revera owns and manages over 66 licensed long-term-care homes within Ontario, within the publicly funded and government-monitored long-term-care system, and we're home to over 8,000 frail and elderly residents.

Revera's retirement residences in Ontario are all members of the Ontario Retirement Communities Association, otherwise known as ORCA, and accredited through the association. We are also very active members of ORCA. For example, our vice-president of retirement operations in Ontario is an elected member of ORCA's board of directors.

For over a decade, ORCA and its members had been advocating for consumer protection legislation in Ontario's retirement homes sector. In fact, ORCA took a leadership role with the development of ORCA standards for accreditation, which have already been referenced this afternoon. These are mandatory for all ORCA members and are a prerequisite for membership.

As a representative of Revera and an ORCA member, we support the government for introducing this legislation and feel that, on the whole, Bill 21 captures the legislative framework that will afford effective consumer protection.

Some specific components of Bill 21—the residents' bill of rights, the formation of residents' councils and setting care and safety standards—are all areas where Revera has its own national standards across our Canadian operations. We therefore commend the Ontario government for entrenching these aspects into a legislative framework. There are, however, a number of key areas in the draft legislation that we draw to your attention and request your serious reconsideration on prior to finalizing Bill 21.

I have separated my issues into two themes: first of all, resident choices; secondly, the power, scope and mandate of the retirement homes' regulatory authority.

I will preface my remarks by making an observation about a very important and significant issue: the distinction between retirement living and long-term care. Although the two sectors are often linked in public discourse, and perhaps even public policy and planning, that approach does a disservice to those individuals living in retirement residences across our province. Retirement living is about making personal choices in lifestyle, in accommodation and in support services. Many residents living in Revera's retirement residences are fiercely independent individuals who make their own choices. Many drive their own cars, take vacations and organize their lives as they wish, and associate with whom they please, when they please and make their own opinions very well known.

I would respectfully caution legislators, when designing consumer protection legislation, that it is not designed in such a way as to restrict independent individuals from exercising their own rights of choice and decision-making.

Before I address the two themes I mentioned, one foundational aspect of the legislation having an impact on daily operations merits addressing: namely, the definition of "staff." The definition of "staff" in the current draft legislation is too broad. It includes not only direct employees but also every person who works or provides services at the retirement home within the context of a contract or agreement with the licensee or between the licensee and employment agency or third party.

This becomes an issue when other references to staff are made in the legislation; for example, the requirements relating to hiring, screening, skills and qualifications and training. Similarly to other retirement home operators, at Revera we contract with a very wide variety of external providers of services, such as physiotherapists, laboratory services, pharmacists, landscape and building contractors, electricians, cable installers, snow removal services—the list is considerable.

By narrowing the definition of "staff" in legislation to include employees and contracted care staff and by adding a separate definition for "other" or "third party contract staff," appropriate requirements can then be developed collaboratively to appear in regulation for those distinct groupings of service providers whose needs for education, training, in-service credentialling, hiring, screening etc. are different.

On the first theme, relating to residents' choices and rights: In the definition of "care services," the inclusion of the broad phrase "provision of a meal" is too open and will result in the inclusion of many residences that would not normally be considered retirement homes in the

definition of a retirement home. One of the primary examples, and a realistic example from Revera's experience, as has already been mentioned before in a submission by ORCA itself, is a seniors' condominium that has a restaurant which offers meals in the same way that you or I would choose to go out to a restaurant instead of cooking a meal at home. That would be considered a retirement home if in addition there was, for example, an office staffed with an RPN for a few hours a day for drop-in visits by seniors to get their blood pressure monitored. A meal should be defined as a structured program in which all retirement home residents participate rather than just an open option. This will better distinguish between actual retirement homes and other types of seniors' housing.

In keeping with my earlier remarks about retirement living being all about choices, section 62, outlining requirements for the development of care plans for every resident living in a retirement home, is far too prescriptive and will fundamentally alter the relationship between residents and the retirement home in which they have chosen to live. Many residents are independent and require little or no assistance. Not all residents wish to have a care plan, and as competent adults they have this right. Care plans reflect what residents choose and not what health professionals prescribe. Residents may not wish that legislation requires that they not only be assessed, regardless of their circumstances, but that care plans be developed for them and about them.

The level of detail and administrative requirements, as currently drafted, will shift the emphasis from the provision of chosen services and care to administrative activities of documentation and paperwork. We recommend that this section be altered significantly in the legislation to cover overall principles of resident screening, assessment and care planning, and that the majority of this detail be addressed in the regulations when practical, operational and consumer choice perspectives can be more robustly considered. Retirement homes are fully private-pay, and the choice of care services is dependent upon what the specific home offers and the individual resident purchases.

On the second theme, the Retirement Homes Regulatory Authority, in section 75, there is a duty imposed on any person to report to the registrar if they have reasonable grounds to suspect that improper or incompetent treatment or care of a resident that resulted in harm or risk of harm has occurred or may occur. Further on in section 75, a duty is imposed on the registrar. With no ability for decision-making or application of sound judgment to the situation, "the registrar shall ensure that an inspector visits the retirement home immediately" if they receive such a report. The same language is then repeated in "Complaints to the registrar" in section 85.

The term "improper" is very subjective, and the duty to immediately send an inspector to inspect or investigate is based upon this subjective interpretation with no ability to make decisions within a risk-based framework and take into account any nuances of gravity or severity.

The Chair (Mr. Shafiq Qaadri): Thank you for your deputation on behalf of Revera Inc. I thank you, on behalf of the committee, for your presence.

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MS. DONNA HOLWELL

The Chair (Mr. Shafiq Qaadri): I would now invite our next presenter, Ms. Holwell, to please come forward. Ms. Holwell comes to us, I believe, in her capacity as a private citizen. Welcome, Ms. Holwell. I invite you to please be seated and begin. You have the agreed-upon 10 minutes.

Ms. Donna Holwell: Good afternoon. My name is Donna Holwell, and I'm the owner-operator of a retirement home in Orangeville. I have worked in both the long-term-care and retirement home sectors for over 25 years. Our home is a member of the Ontario Retirement Communities Association, ORCA. To be a member, as you've already heard, we need to meet operating standards and subject ourselves to a peer review every two years.

Personally, I've dedicated many volunteer hours to ORCA committees to assist in setting standards and guidelines for the retirement home sector. I've been an ORCA surveyor, and I currently sit on the standards review committee, as well as participating in the judging process of the awards of excellence program.

I believe that ORCA can be proud of the standards they have set. In fact, homes in other provinces have asked to be reviewed by ORCA surveyors, and some other provincial associations have relied heavily on ORCA standards to assist their members in establishing quality operational practices.

Legislation to regulate the retirement home industry is long overdue. The government is to be congratulated for listening to the public consultations in 2007 and, for the most part, reflecting the opinions of seniors, their families, advocacy groups, retirement home operators and their staff, which were heard during the consultation process.

The proposed legislation should meet its objective to provide consumer protection to the residents in the retirement home sector. There are, however, some areas that may have been borrowed from long-term-care legislation that are not appropriate for the proposed retirement homes legislation, and I would respectfully ask that they be given further consideration before Bill 21 is passed.

My issues are specifically with the definitions of "retirement home" and of "staff," as well as plans of care in section 62.

What is a retirement home? That seems to be everyone's first struggle. Why? Because we are an industry that has listened to consumer choice and responded. Our specific markets shape our business. The desires of a retired downtown business professional may be very different from someone who has worked on the farm all their life. Our buildings and the communities they serve reflect that. It is also reflected in the types of services and

care packages that are available in each home, because each community within the community wants something different. My point in this is that I fully understand that it is a struggle to encompass such a varying sector with one definition. But I ask, is the proposed definition really capturing the audience it was intended for: seniors who require consumer protection?

Many seniors' condos offer a meal or meal package in a restaurant. Add one or more services and you're considered a retirement home? I don't think this was the intent. Retirement homes generally provide two or more meals in a communal dining setting.

The definition of "staff" is also too broad. The proposed definition will capture all contracted workers, as you've heard other presenters say, and I think that should also be reconsidered.

It's important to remember that a resident in a long-term-care home and a retirement home can be quite different. Yes, there are vulnerable seniors living in both settings, but generally, seniors in retirement homes choose to be there and choose the types of services they purchase, sometimes out of want and not need.

For example, in a long-term-care home a person's bed is made on a daily basis. It is checked, changed and reported on if the person was incontinent. This is what this person needs. But in a retirement home setting, a person could choose to make, change and launder their bed linens by themselves or have someone do it for them, not because they cannot do it but because they do not want to do it. I therefore think that section 62, "Plan of care," contains a lot of paternalistic language. It also goes into great detail about plans of care.

There are seniors who live very independently within a retirement home. They make their own medical appointments and attend those appointments by themselves, administer their own medication and do not wish to have the staff of the home involved in their relationship with their physician.

Imagine having a conversation with an independent senior you know: your mother, maybe a favourite uncle. Think of the kinds of questions you would have to ask that person to create a plan of care. There would be a problem statement: How are you ineffectively coping with something? What is the goal in intervention of that problem or behaviour? Now, think of the ongoing invasive system of monitoring you would need to put in place.

For the independent senior, this is not only an invasion of privacy, but demeaning. They have decided to move into a retirement home, perhaps because their eyesight is failing or they can no longer drive or prepare meals, but they are otherwise quite healthy and coping very well. I do not believe their needs will be better served by creating more paperwork.

I agree that understanding a person's needs prior to moving in is important. It is important to ensure that the needs of the potential resident can be met. However, there should be more thought given to whether plans of care need to be spelled out in legislation in this detail.

Committing to this amount of detail in legislation is very cumbersome and unnecessary. Perhaps it would be better to have a statement of intent such as, "The retirement home maintains a system to ensure that the ongoing care needs of the resident can be met." The expectations of how to assess a resident's ongoing needs should be detailed in regulation. This will allow the agency to request that changes be considered if it is discovered that more or less documentation is needed in the future.

At present, I believe that most homes, or retirement homes that are members of ORCA, do have a system to monitor that residents' needs are being met. This system may be overseen by a registered nurse or a registered practical nurse, but he or she is generally not the person who is making notes on a regular basis. Enforcing a formal system of care planning would make operators adjust staffing levels to focus on paper instead of interacting with people. I do not believe it is this legislation's intent to do that.

Again, I would like to ensure that while it's important that legislation protect vulnerable seniors, it is also important to advocate that the rights of independent seniors are not diminished. I believe that section 62 does assume a certain level of frailty and therefore wish that this be reconsidered.

Again, I would like to say that I am, in general, very supportive of Bill 21, and I believe that this legislation is necessary. The legislation will set the framework, and the regulations will provide the necessary detail. In the next few months, we do hope we'll be able to continue to work alongside government to ensure that the details are meaningful to both residents and operators.

Thank you very much for your time, and I hope that my comments will be worthy of consideration.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Holwell. We have about a minute per side, beginning with the PC caucus. Ms. Jones.

Ms. Sylvia Jones: There was a submission earlier today—I think you were here—from the Ontario Health Coalition. They mentioned that there should be a requirement that these homes be accredited in order to obtain a licence. Maybe this is unfair—I probably should have asked it of ORCA—but you're here, so I'm asking you. If the home had ORCA accreditation, would that be a reasonable exchange for getting that licence prior to government regulation?

Ms. Donna Holwell: Yes. I believe that was the question you were trying to phrase earlier.

Ms. Sylvia Jones: It was.

Ms. Donna Holwell: Yes, I do, because I believe we have set certain standards for care and services that, if actually implemented, would see that that would be a safe service to deliver in this province.

Ms. Sylvia Jones: Thank you.

The Chair (Mr. Shafiq Qaadri): Mr. Miller.

Mr. Paul Miller: I'll pass my time.

The Chair (Mr. Shafiq Qaadri): Mr. Dhillon.

Mr. Vic Dhillon: The establishment of an arm's-length not-for-profit authority with an appropriate

accountability framework is a common practice for government regulation of industries that are not publicly funded. Would you agree that maintaining this practice is the right approach?

Ms. Donna Holwell: I do think it's the right approach. I think it's important to consider consumer choice and to make this consumer protection legislation, and I believe that the way it has been set up will accomplish that. So yes, I do.

Mr. Vic Dhillon: Thank you very much.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Dhillon, and thanks for your deputation, Ms. Holwell.

WASHAGO LODGE

The Chair (Mr. Shafiq Qaadri): I'd now invite our next presenter to please come forward: Ms. Reed of Washago Lodge. Welcome. Please begin now.

Ms. Susan Reed: Thank you very much for this opportunity. I am the owner of a retirement facility in Washago, which is a very small rural community between Orillia and Gravenhurst. We're a mid-size facility—we have approximately 20 residents—and I have to say that with that ratio of residents to staff, we offer fantastic care, attention, love and support for our residents. I have excellent staff: PSWs, RPNs, activity directors and cooks.

The reason I'm here is because I do see that although this bill in general is very helpful and very necessary, it does not assist our seniors to get the care they need, particularly lower-income seniors on fixed pension incomes. This bill will likely increase the cost of that care to those seniors.

1700

The solution: I respectfully submit that the Ontario government can directly improve the health of our seniors and save a considerable amount of health dollars by redirecting some of the health dollars to fund, even just a little bit, the retirement level of care. Currently, there is no support for our lower-income seniors, many of whom often only have a government pension of $1,200 to $1,400 a month, which is not enough for them to get the care they need. What happens when they need just a little bit of support or when they need some delicious, nutritious meals or to get their medications on a timely basis?

A CCAC, which is a fantastic organization, can provide some support, but they can't be there 24 hours a day. They can't be there for each meal and four times a day to give them their medication or to provide them with stimulating activities or companionship. Unfortunately, I'm very, very sad and shocked to say that some of our seniors end up in hospital as a result because they're malnourished—in Ontario, what a thing to say—or perhaps because they just haven't been getting their meds on a regular basis. They just need some minor care support, so they stay in the government-funded hospital, because they can't afford a retirement bed, until they have availability in a long-term facility.

This is so ineffective cost-wise. If we were to redirect some limited amount of the funds—because the retirement home is there for them 24 hours a day. There's a gap between their home and the long term. Yet our low-income seniors don't get access to a retirement facility because they don't have the funds. Long-term care is $40,000 per individual; that's $3,333 a month. At-home CCAC support, if they're getting two hours a day: that's got to be at least a minimum of $1,500 a month. Hospital beds: I'm sure you're well aware of the cost of a hospital bed on a monthly basis. The government, even if they just funded a small amount—upped that $1,200 to $1,400 pension by, say, $1,000 a month—would enable these people to get the care and the support, the food and the attention so that they could stay healthier and active.

We've actually had situations where people have come in in poor health, either in early stages of diseases or malnourished, and after our support for four to six months they've gotten so much better that they've even been able to return home. Our retirement-care seniors are healthier and more active than if they had been put into a long-term-care facility. It's in the government's best interests, both from a health point of view and from a cost point of view, to find some way to help support the retirement-care level for our seniors.

I do want to thank the other commentators; they've had excellent insights, and I hope you've considered them very, very well. Without going into great detail, there are three points that I would like to make.

This bill will cause increased expenses—at a bare minimum, increased administrative costs—to the retirement facilities, as well as likely other costs. As has been previously pointed out, this may well result in increased care costs to the consumer, the seniors, who can't afford it. They just cannot afford it. I have to say that I probably offer one of the most affordable facilities there is.

The legislation also doesn't address issues such as transportation, particularly for rural seniors. Transportation is critical for them to be able to get the care that they need: to the hospital, to their doctors and elsewhere.

As well, I've heard numerous comments in regard to sprinklers. My building is a beautiful commercial building that was built before 1990. I would suggest that the government consider sprinklers as a way—to fund them as stimulus spending. If the government could fund the installation of sprinklers, it would be wonderful for our seniors. Otherwise, many small businesses may not be able to afford the significant cost to retrofit, especially in these economic times. But it would be a very excellent way to provide stimulation in this economy, to find a way to fund the retrofitting of these sprinklers into already existing facilities.

I would be very pleased to offer any further discussions or assist the committee in any way.

Just to summarize, redirecting a small portion of the funds that are already in play, either the long-term funds or the CCAC funds or some of the hospital funds, to a retirement level would give our seniors an opportunity to be healthier and more active, and it would reduce the

stress on hospital beds and on long-term-care facilities. This bill, as I said, may result in increasing the cost of care, and, because of that, may also result in losses of retirement beds and/or businesses if the costs are so significant as to have that kind of impact.

In any event, I thank you for this time and opportunity to raise these issues, and I'd welcome any opportunity to participate with anyone in this matter. Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you. Forty-five seconds per side. Mr. Miller.

Mr. Paul Miller: I think you made a genuine presentation, and I really think you care about your facility. Sprinklers are a costly thing, but I think they should be mandated immediately, and if it's amortized over a period of time for the individual owners to pay for it or if the government comes up with some additional funding that they may sponsor, that's fine with me, but it should be done. There should be no delay.

One question: I'm just concerned. Being a private owner, how could you assure the government—in the distribution of the funding for for-profit organizations, how would the government know that they were getting a good bang for their buck and how would it be administered by a for-profit organization? Because individual homes will raise their prices if—

The Chair (Mr. Shafiq Qaadri): With apologies, Mr. Miller, I'll need to intervene there. Mr. Dhillon.

Mr. Vic Dhillon: Thank you for your presentation. This bill recognizes that retirement homes vary in the size and scope of the services they provide. What advice could you give the government as we try and develop outcome-based care and safety standards that can be workable for this legislation?

Ms. Susan Reed: I'm sorry. I'm not sure exactly what—

Mr. Vic Dhillon: What advice would you have in terms of the safety standards and the outcome-based care that we intend to provide to seniors as we're developing this policy? Do you have any advice?

Ms. Susan Reed: Well, I think this consultation process is absolutely vital—

The Chair (Mr. Shafiq Qaadri): I'm sorry, Mr. Dhillon; I need to intervene there as well. Incidentally, I do offer the guideline of the seconds remaining. Maybe it might inform the intensity of the prologue that goes on.

But now to the PC side, please. Mr. Martiniuk.

Mr. Gerry Martiniuk: Very simply, our hospital has 35 individuals who should be in long-term-care facilities. What's the situation in your area?

Ms. Susan Reed: We also have many beds in the hospitals that are being utilized by individuals who are waiting for long-term care.

Mr. Gerry Martiniuk: What do you do when someone in your residence needs greater care and you can no longer care for them?

Ms. Susan Reed: We're a cluster location for CCAC, and we work with the CCAC, the doctors and the families to investigate whatever needs can be met.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Martiniuk, and thanks to you as well, Ms. Reed, for your deputation on behalf of Washago Lodge.

Just once again, to repeat on behalf of all members of the committee and those attending, for any follow-up questions or other materials that perhaps arise from the cross-examination today, you are most welcome and invited to submit further written materials to the committee in terms of follow-up.

CANADIAN AUTO WORKERS

The Chair (Mr. Shafiq Qaadri): I now invite our next presenter, Ms. McMurphy on behalf of the CAW, to please come forward. And colleague.

Mr. Tim Carrie: Obviously, I'm not Ms. McMurphy.

The Chair (Mr. Shafiq Qaadri): Well, I dare not classify, but I welcome you to please introduce yourself and please begin.

Mr. Tim Carrie: Thank you very much. My name is Tim Carrie. I am president of Local 27 in London, Ontario, representing close to 8,000 members, along with retirees. We also represent 2,500 members at the London Health Sciences Centre and St. Joseph's Health Care. My colleague Nancy McMurphy, unfortunately, could not be here today. She and myself are also national executive board members of the Canadian Auto Workers.

1710

As many will no doubt know, CAW Canada represents over 155,000 members in Ontario, including some 21,000 members in health care and 1,500 members employed by retirement homes that would be subject to the proposed legislation.

We speak today as tireless advocates for residents on behalf of the many thousands of CAW members, retirees and their family members residing in retirement homes, but we speak equally as determined advocates for our retirement home members working to provide quality and compassionate care to these residents.

All too often, the invaluable contributions, dedication and compassion of retirement home workers are ignored. These workers continually struggle, often without adequate support or training and with inadequate equipment and supplies, to provide quality care with a sincere, human connection and loving touch. They themselves are subject to verbal and physical abuse, or racial or sexist harassment by residents and others.

As their workplace representatives, we are heartened that regulation and public oversight are being brought to the largely privately owned and operated retirement home sector. It has been a long time coming and is many decades overdue. It has been a task that all parties, in turn, as government, have at various times failed to initiate in recent decades, such as lack of support for Lyn McLeod's private member's bill, Bill 53.

The present proposed legislation and debate echo both the initial effort to provide a legislative framework for the emerging nursing home sector in the early 1970s as well as the reform of the Nursing Homes Act in 1987.

Not surprisingly, given the broad downloading from acute and chronic care hospitals to long-term care and that ever-increasing waiting list for long-term care, the residents of nursing homes in those days were far more similar in acuity and health condition to current-day retirement home residents.

So, as we strongly commend government for this initiative, we nonetheless strongly express our disappointment and dismay that seniors in retirement homes were for so long afforded such low priority, and that, after such prolonged delay, the resulting regulation is so limited in substance.

Even Bill 56, a decade ago, provided that a care home should have sufficient staff. Today, this sector is caring for ALS patients discharged from hospital and otherwise, by stealth-morphing into unregulated nursing homes.

The clear challenge of any statutory regulation of care homes is to be respectful of the continuum of care and assistance in activities of daily living provided to seniors, ranging from independent congregate living arrangements to supportive and assisted living arrangements, and concluding with retirement homes that, in many meaningful respects, operate virtually as unlicensed long-term-care facilities.

We have found it ironic that retirement homes would have remained unregulated, privately funded care homes but nonetheless designated as hospitals for labour relations purposes under the Hospital Labour Disputes Arbitration Act, otherwise known as HLDAA. We welcome this opportunity, therefore, to provide our views on Bill 21, the Retirement Homes Act.

The most fundamental matter, in our view, in either the long-term-care or retirement home sector, is the critical role of the principle of minimum staffing standards, a position we have consistently set out in our previous submissions concerning long-term-care reform surrounding Bill 140 and the accompanying regulations.

We remain highly critical that neither the statute nor regulations accompanying Bill 140 provided a statutory or regulatory minimum care standard for staffing. However, we also acknowledged and commended the other significant elements proposed for strengthening the rights of residents, protecting whistle-blowers, enhancing the continuity of care and training and orientation for direct-care staff.

The recent past in Ontario concerning seniors' accommodations and care services is ample proof that relying on self-regulation, invisible market forces or private litigation can never effectively substitute for appropriate public regulation and oversight to ensure minimum standards of quality care.

We need to define what a retirement home is. We recognize that the seniors' housing market is a diverse and varied sector. So defining a retirement home under this statute to reflect that diversity should rely on a purposeful and functional approach.

We need to ensure that whistle-blower protection is in the legislation.

Staff training and background checks: We accept that the retirement homes workers are critical to the provision of quality care and ought to have access to the appropriate skills development and training provisions necessary to maintain and enhance their skill and qualification as set out in section 65. That should require every licensee of a retirement home to expressly plan for and ensure provisions of the prescribed qualifications.

Care planning and resident needs' assessment: It is essential that there be provision in the proposed bill enabling the audit of the resident assessment and care planning process to ensure the consistency and compliance of assessment, care plans and actual care services performed. We would recommend section 77(5) in terms of the powers of inspection include conducting such verification or audits to ensure compliance as required at section 62(10) and section 98(2)—a list of offences, including failure to conform or comply—in providing care services to the residents' assessed needs and care plan.

We need regulatory standards. The Retirement Homes Act, 2010, as drafted, relies on registration and licensing rather than on setting forth the statutory regulation necessary to ensure that some place operate as "a place where residents live with dignity, respect, privacy and autonomy, in security, safety and comfort and can make informed choices about their care options."

The retirement home sector is virtually exclusively operated on a for-profit basis, and often through the same dominant corporate entities that operate in the long-term-care sector in this province. We welcome the provisions at section 3(1) that seek to provide a broad interpretation of "controlling interest," and urge that any registration and licence issued under the proposed act expressly provide not only the common operational name of the home but also identify the controlling interest.

Last but not least, we recommend that there be an appeal structure. We recommend including in part VI, "Appeals," the right of a resident or any other party acting on behalf of a resident to similarly appeal any decision or lack of decision or action by the registrar to the tribunal. In other words, it should not be exclusively the right of operators to appeal decisions or orders of the registrar.

As is apparent from our presentation today, this initiative is but the tentative first step in making a real and lasting difference in ensuring that retirement home residents live with dignity, respect and autonomy. Our complete presentation is at the back on the table.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Carrie. About 30 seconds a side: Mr. Dhillon.

Mr. Vic Dhillon: We've heard from seniors and other stakeholders that a third party agency would be the most effective method for regulating the retirement home sector. Why should we take an approach which is inconsistent with what we heard from seniors and other partners in the sector?

Mr. Corey Vermey: I think you'll see that our submission at the top of page 4 speaks to that issue. Clearly, the level—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Dhillon.

To the PC side: Ms. Jones.

Ms. Sylvia Jones: Thank you for your presentation.

The Chair (Mr. Shafiq Qaadri): Mr. Miller.

Mr. Paul Miller: A quick one: As you know, I'm a steelworker, you're an auto worker, and safety and health is very important to us and our unionized workers, as well as the residents. Does the CAW support mandatory sprinkler systems for aged homes?

Mr. Tim Carrie: Yes, absolutely.

Mr. Paul Miller: Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Miller, and thanks to you, Mr. Carrie and your colleague, for your deputation on behalf of the Canadian Auto Workers.

ALZHEIMER SOCIETY OF ONTARIO

The Chair (Mr. Shafiq Qaadri): I'll now invite our next presenter to please come forward: Mr. Harvey on behalf of the Alzheimer Society of Ontario. Welcome, and please begin.

Mr. David Harvey: Thank you, Mr. Chairman, and thank you, members, for this opportunity to discuss with you some of the aspects of Bill 21.

I want to begin by commending the government for its efforts to strengthen the quality of care and safety for residents in retirement homes across Ontario. However, having said this, our organization and a number of other stakeholder partners I have had discussions with have serious concerns about whether these efforts and the resulting bill have in fact accomplished the desired strengthening.

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While Bill 21 has gone to some length to identify the rights of residents as well as put form around their safety and care, we question whether or not the provisions for the authority as assigned are going to be sufficient to protect these rights of residents.

The act also has not focused adequately on the specific and ever-changing health care needs of an aging population, nor has there been adequate response and sensitivity to the unique risks of the aging client group, frequently presenting with impairment issues. Indeed, it is the changing needs of this population that present the greatest challenges.

It's interesting to contrast recent submissions that I've heard in the last hour I've been in the room. Most of these submissions have focused on light care. However, our concerns are around residents who require more care. It is this ever-changing need of residents that exemplifies the complexity of the issue that you are struggling with today.

We are dismayed at the seeming internal contradiction in the act, where subsection 65(5) specifically calls for training of staff in mental health issues, including care of people with dementia, and behaviour management. Yet in the section of definitions, there is no provision for care in these two specific areas, nor is the care outlined in section 62. If these two health issues are such a significant issue that they need to be identified in staff skills, we would suggest that they also need to be defined under the definitions section and specified under section 62.

We know of the growing prevalence of dementia and of the psycho-social needs of aging adults, and we urge you to amend the legislation to provide for cognitive health and mental health in the definitions section and in section 62.

We commend the provision for establishing the different classes of retirement homes, although we would have preferred that the classes be defined in the act. We will expect that operators who represent themselves as serving people with dementia and offering a secure unit will be subject to the most stringent standards under the classification system.

Our other concerns and proposals are outlined in the supplementary information. However, in the last few minutes, I want to address one issue that isn't included in the written brief, and that is regarding restraints and secure units. We are concerned that the provision for restraints and secure units should be made to allow for both of these instances at all. We think that if a person requires this highest level of care, a higher level of regulation is required; read "a long-term-care facility." If it is allowed, it should be restricted to the highest classification contemplated in the act and should only be allowed under the order of a regulated health professional. To restrict this kind of civil right simply by a person designated by the authority is, in our minds, incomprehensible. The designation of a regulated health professional gives an added protection to the resident.

I'm going to stop there. I'm going to leave an opportunity for any questions, and otherwise you'll read the rest of our submission. But we have only a few minutes left, so—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Harvey. We've got a minute and a half or so per side, beginning with Ms. Jones.

Ms. Sylvia Jones: I'm actually quite surprised that we would be talking about Alzheimer's patients in a retirement home setting. Is that a common occurrence?

Mr. David Harvey: That is a common occurrence, and the provision in the act for restraints and secure units certainly addresses the fact that the act recognizes that this will be a group of people served by this level of care.

Ms. Sylvia Jones: Thank you.

The Chair (Mr. Shafiq Qaadri): Mr. Miller?

Mr. Paul Miller: I concur with many of your statements. In reference to the restraint part at the end, you mentioned that you would like to see an overseer from a medical background. Who would administer the actual act of restraining if the administrator isn't there?

Mr. David Harvey: A very good point. That's what we were saying about classification. It should only be provided in those facilities where there's 24-hour-a-day regulated care being provided.

Mr. Paul Miller: So a good overseer would be at least a registered nurse, or a comparable, to direct the staff to do it properly?

Mr. David Harvey: That's correct.

The Chair (Mr. Shafiq Qaadri): To the government side: Mr. Dhillon.

Mr. Vic Dhillon: Thank you for your presentation.

This bill is essentially about consumer protection. Currently seniors can purchase services, just like they could in a home, from a retirement home. Don't you feel that it would be important to make this process safer in a retirement home?

Mr. David Harvey: Consumer protection assumes it's an informed and capable consumer. We're talking about people being cared for whose capacity is impaired. Therefore, that's a higher level of vulnerability and requires a higher level of protection than is normally found in consumer protection law.

Mr. Vic Dhillon: There are things in the bill that address that as well—

Mr. David Harvey: Not really, I would suggest, to the level of care being offered.

The Chair (Mr. Shafiq Qaadri): Thanks to you, Mr. Harvey, on behalf of the Alzheimer Society of Ontario.

PERSONAL SUPPORT NETWORK OF ONTARIO

The Chair (Mr. Shafiq Qaadri): I now invite our next presenter to please come forward: Ms. Blakely, on behalf of the Personal Support Network of Ontario. Welcome. You've seen the drill. I invite you to please begin now.

Ms. Sarah Blakely: Thank you very much to the standing committee for the opportunity to present today. My name is Sarah Blakely. I'm with the Personal Support Network of Ontario, PSNO. We are an organization that is the voice of personal support professionals in Ontario. We strive to help personal support professionals carry out their work more effectively by offering them access to information, resources and tools so that they can do their job better.

We applaud the government for taking steps to ensure that we have appropriate measures in place to protect seniors who choose to live in retirement homes. However, we wish to bring to the committee's attention a number of concerns from a personal support perspective with regard to the legislation.

We have three key recommendations for your consideration:

—a clearly defined scope of practice for personal support workers in retirement homes, established care standards, and required supervision of PSWs;

—establishment of standardized education and training for PSWs; and

—resident safety through PSW self-regulation.

There is currently no universally accepted definition or protection for the title "personal support worker." The title encompasses jobs previously known as health care aide, personal attendant, home support worker and so on. Generally speaking, PSWs are front-line workers who provide a variety of personal care, homemaking and support services to individuals in retirement homes, long-term-care facilities, private homes, community home care, supportive housing and hospitals.

There are approximately 90,000 PSW-like workers in Ontario, 60% of whom work in facilities which include long-term-care and retirement homes, and the remaining 40% are in the community. PSWs also provide 67% of the volume of home care services in Ontario.

As unregulated health care workers, PSWs are not certified by a regulating body. A PSW training certificate is issued by a training institution if the worker has taken a formal training program. Formal PSW training is based on a curriculum developed by the government of Ontario and the Ontario Community Support Association, and includes a minimum of 600 hours of training over 14 modules, which is theory, evaluation and a practicum. However, not all PSWs obtain formal training, resulting in a wide variance from one PSW skill set to another, and making it difficult for an employer to determine the abilities that a particular employee may possess.

PSWs provide a range of services specifically tailored to the client, including home management, personal care, family responsibilities, and social and recreational activities. While PSWs do not offer treatments, their support can impact the client's health, status and overall wellness significantly. Within their scope of practice, PSWs often administer oral or topical medications or eye drops. These tasks are often part of the PSW's job in a retirement home.

While these acts may be done safely, we call the committee's attention to a necessary distinction between a permissible act and an unsafe context in which the act is expected to be performed. For example, without care standards, a PSW may continue to be asked to administer medications in an unsafe context, where this could be too many residents in too short a period of time. In some cases PSWs can perform a controlled act under specific circumstances as set out in the Regulated Health Professions Act, or as delegated to them under supervision of a regulated health professional such as a registered nurse or registered practical nurse. Controlled acts are procedures whose risk to public safety has caused them to be restricted to members of a regulated health profession.

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We are concerned that PSWs will be asked to perform these acts outside of permissible settings or without legislative support. In order to utilize these workers to their full potential in retirement homes, several key issues need to be addressed. These are resident safety through self-regulation, defined education and training standards for PSWs, and scope of practice and supervision. Each of these recommendations will support the improvement of quality of care provided by PSWs and increase public confidence in the care they will receive in retirement homes. With these measures in place, the province will be further ahead in reducing health care costs by ensuring that the right care is provided in the right place by the right provider.

I'd like to speak to resident safety through self-regulation. In 2005, the Minister of Health and Long-

Term Care asked the Health Professionals Regulatory Advisory Council, HPRAC, to make recommendations regarding the regulation of PSWs under our HPA. HPRAC's final response in 2006 recommended that PSWs should not be regulated.

In the absence of regulation, PSNO recommends that the standing committee consider that a registry and provincial certification for PSWs be adopted. These recommendations could be done at a low cost, but produce better care results and increase the safety and security of residents receiving care in retirement homes.

A personal support occupation registry would be a step to improving the public's perception and trust of PSWs and the care received in retirement homes. We propose a public registry of personal support occupations. Registration would require a clear result from a routine vulnerable screening check, confirmation of Canadian citizenship or permanent residency status and a list of all employment in health care.

Information gathered should include basic demographic data, date of certification and a work record of any successful termination, and for what cause. This information should be available to all prospective employers, similar to a police check, but available only with the consent and authorization of the PSW involved.

There should be an independent body of some type, made up of peers and registered staff who understand the work done by PSWs and are able to adjudicate the registry status of PSWs. The registry would be overseen by PSWs, employers, regulated professionals and other health care stakeholders, making this a truly collaborative approach.

Persons could be removed from the registry for a number of specific reasons, such as being convicted of a criminal offence or if dismissed from work as a PSW due to incompetence or inappropriate conduct. In this way, a registry would enable potential employers to identify individuals who are unsuitable for employment as PSWs.

With respect to certification of personal support workers, the Personal Support Network of Ontario suggests that province-wide minimum standards and competencies for PSWs be established. PSWs would either have to meet these standards or demonstrate these standards prior to practising by holding a certificate from a recognized educational program or demonstrating adequate competency through documented experience.

PSWs should be required to complete a standardized entry-to-practice examination and a practical skills evaluation to gain certification. PSWs would also sign off on a PSW code of conduct commitment. This will ensure that all PSWs entering the health care system will be fully capable and competent to perform the duties usually ascribed to PSWs.

Criteria to qualify for a registry could change as it evolves. Eventually, members of the PSW registry could be the only individuals practising in the health care system who would be permitted to use the title of PSW or a variation thereof. Title protection would provide clarity for the public, employers and other health care professionals, but would also require legislative authority.

Defined education and training standards for PSWs: Stakeholders have become increasingly concerned over the lack of accountability and quality issues in the training of personal support workers. Without clear accountability, proper oversight and coordination of PSW training, it will be difficult for the government to deliver on its mandate for quality health care and control of health care costs.

Currently, not all PSW training organizations are equal in their commitment to prepare students as PSWs or to follow established training standards. We feel strongly that an accreditation process for PSW training programs, based on Ministry of Health and Long-Term Care PSW program standards, would address these issues and improve the overall quality of graduates. Training standards for all training organizations should be enforced by an independent third party.

The scope of practice and supervision of PSWs is a policy issue that is increasing in importance due to the rising number of complex care and chronic disease cases PSWs manage in the rising health human resource challenge. Currently in retirement homes, responsibilities that were traditionally the domain of RNs and RPNs are now being shifted to PSWs.

While PSWs perform a wide range of skills, it is not within their scope of practice to make independent decisions about a client's care plan. They follow a defined care plan and are limited to assisting with activities that an individual would be able to perform on his or her own if they were able to.

In order to support PSWs in managing complex cases, proper supervision is required and essential. This includes appropriate ratios of supervisors to PSWs and clear processes for assigning and monitoring the PSWs' work.

PSWs are an important human resource across our health care system. Among health care providers, we see a lack of clarity regarding the role of PSWs. There is no consistent understanding of what a PSW can and cannot do in the various health care sectors and where they play a key role. A defined scope of practice for PSWs would clarify what PSWs can and cannot do in a retirement home setting. Practice standards would support a clear shared concept of the scope of role for PSWs, clients, educators, employers and the general public. Virtually all health care professionals have a well-defined and well-known standard or scope of practice statement. PSWs need this as well—

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Blakely. I'll need to intervene there and thank you on behalf of the committee for your deputation on behalf of the Personal Support Network of Ontario.

Ms. Sarah Blakely: Thank you.

ONTARIO ASSOCIATION OF FIRE CHIEFS

The Chair (Mr. Shafiq Qaadri): I now invite our next presenters to please come forward: Mr. Beckett and Mr. Jessop on behalf of the Ontario Association of Fire

Chiefs. Welcome, gentlemen. You know the drill. I invite you to please be seated and begin now.

Mr. Tim Beckett: I guess it's "good evening" now. I'm Tim Beckett; I'm the fire chief in Kitchener and I'm also the president of the Ontario Association of Fire Chiefs. With me is Deputy Chief Jim Jessop from Niagara Falls.

Without exception, the issue of public and fire safety is of the utmost importance to the fire chiefs in Ontario. That's why the 478 fire chiefs in Ontario go to work every day. It's for that reason that we've brought the issue of sprinklers in retirement homes to the forefront. It's something we, as Ontario fire chiefs, believe is the next step to improving safety. I know that the fire marshal's office, the Ontario Professional Fire Fighters Association and the Fire Fighters Association of Ontario, though I don't speak for any of the three, are on record to say that they do support sprinklers in retirement homes.

With that, I'm going to turn it over to Jim, who will walk you through a background and reasons why.

Mr. Jim Jessop: Thank you, Tim. Between 2008 and 2009, Ontario witnessed three catastrophic fires in retirement homes. At the Rowanwood retirement home in Huntsville, if it wasn't for two off-duty OPP officers who saw flames raging through the roof at 11 o'clock at night, 56 seniors could have lost their lives. In that fire, there was over $8 million in property damage and, thankfully, no fatalities. A month later in my city of Niagara Falls, we had a fire at the Cavendish Manor retirement home that resulted in 11 seniors being transported to hospital, three to McMaster hospital in Hamilton in critical condition. Approximately six months later, the Muskoka Heights retirement home caught fire in Orillia. That resulted in four dead seniors and three permanently brain-damaged. This is all within the last 18 months.

The province of Ontario has witnessed two of the largest retirement home fire deaths in the history of North America. In 1980, 25 senior citizens died at Extendicare in Mississauga; in 1995, eight died in the Meadowcroft retirement home in Mississauga; and in 1997, three seniors perished at the veterans' wing of Sunnybrook hospital.

Those three aforementioned fires resulted in three separate independent coroner's inquests all calling for the retroactive installation of sprinklers in retirement homes and long-term-care homes. To this date, this has never been implemented.

In 1997, the Ontario building code was amended, following the eight deaths in Mississauga at the Meadowcroft fire, requiring all new retirement homes to be sprinklered. The government of the day and previous governments have not followed through on the recommendations from the three inquests requiring the retroactive installation of sprinklers in older retirement homes.

Cost is often over-exaggerated. In Niagara Falls, we have had three homes retroactively install sprinklers since our fire, and the cost has been, on average, $3.50 per square foot. To put that into perspective, the Muskoka Heights retirement home killed four people, permanently brain-damaged three senior citizens and cost over $800,000 in property damage. The estimated cost to sprinkler that building afterwards was $41,000.

1740

In terms of response, 38 of the 44 deaths in retirement homes in this province since 1980 have occurred within our largest cities—Toronto, Mississauga and Ottawa—with the greatest resources and the fastest response times. We ask the committee to consider the number of retirement homes in the province of Ontario that are serviced by rural fire services, where we can expect fewer resources and longer response times.

Finally—to allow time for questions—statistically, the fire marshal, in his push to put in sprinklers, has stated categorically that in three minutes or less, a room and a zone—which is a floor—is untenable in a fire because of carbon monoxide and toxic smoke. The average response time in Ontario by the largest fire services is five minutes. They will be dead before we get there. That is just a fact.

Finally, there has never been in North America, according to NFPA, the National Fire Protection Association, a multi-fatal fire in a retirement home that has been protected by sprinklers. That's our statement, barring any questions.

The Chair (Mr. Shafiq Qaadri): Thank you. There's about a minute and a half per side, beginning with the government. Mr. Johnson.

Mr. Rick Johnson: Just a couple of things: The door hasn't been closed on any options for fire safety or sprinklers in this bill, and a number of things have been put in, like specific evacuation plans, training for staff and in older places. What percentage of retirement homes currently either have or don't have sprinkler systems?

Mr. Jim Jessop: According to the report from the fire marshal's office that was published in the Globe and Mail, approximately 4,300 of what they deem care occupancies in the province, which may be a mixture of retirement and long-term-care homes, are currently not protected by sprinklers.

Mr. Rick Johnson: Is everything under the fire code? Are regular inspections of these residences being done by the fire marshal's office?

Mr. Jim Jessop: Currently, they are not required by law, no. There is no law in Ontario that states that retirement homes or long-term-care homes have to be inspected annually or semi-annually.

Mr. Rick Johnson: I'm the son of a firefighter, and I understand where you're coming from. Thank you for those answers.

The Chair (Mr. Shafiq Qaadri): Mr. Martiniuk.

Mr. Gerry Martiniuk: I read in the paper that the firefighters' association is against sprinklers in retirement homes. Is that report incorrect?

Mr. Tim Beckett: We have them on record as saying they are in support of sprinklers. They have claimed that sprinklers are a tool within the tool box. We, as the fire

chiefs, believe that sprinklers are the greatest tool in that tool box.

Mr. Gerry Martiniuk: Thank you.

The Chair (Mr. Shafiq Qaadri): Mr. Miller.

Mr. Paul Miller: How would you consider a situation where a lot of homes before 1990 are not covered by the 1990 legislation and new homes have to have sprinkler systems? A large percentage of the old folks' homes in this province do not have sprinkler systems. How do you distinguish between a senior in one of the older homes before 1990 and the ones who are after 1990? I think it would be, "What's good for the goose is good for the gander." Would that be a good observation?

Mr. Tim Beckett: That's right. What we're looking at right now is a two-tier fire protection system: those pre-1997 and those post-1997.

Mr. Paul Miller: I could safely say that from your experience—you've made it quite clear that sprinklers would have saved some of those 37 or 40 people who died in our province. Sprinklers could have made a big difference.

Mr. Tim Beckett: We believe so, yes.

Mr. Paul Miller: It's a no-brainer. Thank you.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Miller, and thanks to you, Mr. Beckett and Mr. Jessop, for your deputation on behalf of the Ontario Association of Fire Chiefs.

MS. DEBORAH LAFRENIÈRE

The Chair (Mr. Shafiq Qaadri): I will now invite our last presenter of the day to please come forward: Ms. Deborah Lafrenière. Welcome. Please begin.

Ms. Deborah Lafrenière: Good evening. First of all, I'd like to say that I'm not an owner or an operator, and I have no representation with any union or thereabouts. But I am the person who goes into these facilities, whether they're large or small, and helps the CEOs and board of directors bring them to meet certain standards, from the level where they are to the level I leave them at for the contracts I establish with that company.

Part of my process—and I've read Bill 21—as a registered nurse as well, going forward, I've had the opportunity to work with ORCA, and I've had the opportunity for accreditation within the long-term-care sector. I've been part of the telehealth process, so I am very familiar with safety components as they relate to community by working with other organizations that compete for RFPs.

I commend the government for this process being put forward. I think the standards are a long time coming. I also, in review, have seen that some of them have been adapted through the ORCA process and have been built upon.

With that being said, some of the concerns that I'd like to bring forward are things that have been shared with me when I go from facility to facility. Those are, number one—and I've heard it from other presenters here this afternoon—the costing. A lot of the non-profit and for-profit organizations look at where the money comes from. Each one has their own strategic outline of where they need to spend the money and where they need to make profit as well. Often, that's at the cost of the senior. When I go into facilities and I see some of the devastation that they're living in, it's totally appropriate for the standards that you have now put in place. When I talked to the owners and the residents—these people come forward as far as admission processes and setting up standards, that you share open information and you have dollars and cents made available, so that people who are coming in know what they're paying for and what they're going to receive for that. That definitely needs to be outlined.

There's so much variance between choice—I've heard "choice" used here so often. It's a choice for a person to go into a retirement home, whether it's at a $3,000 level or an $11,000 level. Individuals have a choice for the care that they give. What they're able to afford is another factor. But where those dollars are then spent is the issue that comes forward. We can have all the funding made available—and that's a big thing. Companies are saying, "I wish the government would subsidize part of that." We hear that transitional care these days is cutting back, with the government not being able to house more long-term-care beds and wanting to put it through to the retirement sector. That being said, where do the dollars come from and how are they going to be utilized—not to be pocketed, but put back into programming and food service, for resident care days etc.

What I'd like to talk about too are care plans. I've read in your information put forward that care plans are essential, but it's the update of those care plans. Anyone coming in can be very independent, and you can say very well that this person is independent, that they require no care at this time, but it has to be reviewed, because a person's care deteriorates and changes every so often. Guidelines need to be put in place so that they are reviewed, that the competency level of that individual is always assessed and reassessed by the nurses or physicians in hand.

We've also heard about sprinkler systems. A lot of the older facilities would never be able to retrofit sprinklers in all those rooms. They may have them in other parts of their building, but in a small community where a building is old—to take that building away would totally devastate that community. They can go through all the fire training with the employees and have them sign off. You can have the fire inspectors come forward, you can have all your mechanical people come in and test the bell systems and everything else, but again, of what value—you're looking at saving lives, and I totally agree with that. However, those people live there. To take them out of that small community would totally devastate them. For the government to fund that—is the building even able to be retrofitted? That is another big concern.

CCACs and other facilities are definitely putting in cuts. I think we need to adopt the ORCA grading system, or to establish a grading system where retirement homes

definitely have an obligation to meet the standards. Based on those, you would have certain levels, much the same as they do when public health comes in and looks over our food service industry. You either get a pass or a fail, and if you don't, you have so long to correct that.

I also listened to presenters who talked about the overall costs as far as the freedom of choice. Everyone has the freedom of choice. A lot of times when you hear of individuals on locked wards—I myself have gone into many locked wards, whether they're mag-locked—they are dementia and Alzheimer individuals, and it's for their safety that that has been established. The current guidelines that are in place follow much of what ORCA has put forward and has reviewed, and I present to them those as well.

That being said, those choices, for those individuals who don't have the ability to make up their own minds, are made by their care providers, or the ones who have the power of care. They're the ones who are speaking forward to them. As far as restraints, even that locked unit is a restraint which needs to be signed for. As far as a mechanical restraint, it's no different than a chemical restraint or a drug dose. Each one has to be viewed individually with that individual, with their family being part of that process, and the nursing staff that provides that the care plans are implemented through that as an overall component. It's not just one part of this person; it's looking at the person as a whole.

With all that being done—the consumer protection—the legislation that you're putting forward definitely stands strong. It definitely has areas that need to be worked upon. I heard many very positive things from all the presenters who were here. However, when I sit in front of an individual and their family members and they cry because they can't afford the funding that's out there because they are on limited income, whether that's pensions or otherwise, and they're looking for that subsidy—you look at a costing war between retirement homes. You see some individuals who offer a total complex of care, from very independent to end of life, and who don't charge in between as the independence deteriorates. Other facilities will charge every little aspect as soon as the independence starts deteriorating, whether it's getting the nurse to answer a call bell, waking them up in the morning, getting them dressed etc. The fairness in the dollars and how they're spent varies from one facility to another. What that individual or that retirement home is able to fund is based on where they are in the community, how many residents or occupants they have. I've gone into facilities that were ORCA-approved, and there were separate units within the ORCA building that were owned and operated by other individuals, yet they didn't fall under the guidelines for inspections. Where's the fairness there? Yet when I've had the opportunity to step inside, what I've seen is total devastation, people living with broken chairs, beds where linens aren't being changed, where they are not being washed, where food is just being thrown at them. There definitely need to be guidelines, and some of that is definitely vacant from what Bill 21 presents at this time.

I'm just sharing my views as an individual who comes forward and speaks for those who can't and the families who are really frustrated and need these standards developed. This bill stands strong for many of them. I commend ORCA for what they did in the early stages, because I follow those whenever I go to do restructuring. What you're building upon is definitely even more important than that. The families would support it. We need the fairness across the board, but we also need the realistic understanding that not all buildings are able to provide the same services that the higher ones or the multi-corporations are.

Thank you very much.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Lafrenière. About 40 seconds a side. To the PC side: Ms. Jones.

Ms. Sylvia Jones: I don't have any specific questions. Thank you for coming in, though.

Ms. Deborah Lafrenière: I appreciate it.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Jones. Mr. Miller.

Mr. Paul Miller: I just have one concern. I don't agree with you about sprinklers. They can be retrofitted for any building. I have a maintenance background myself, and that's not a problem. As far as raising funds for small communities, they send high school bands overseas and it costs a lot more than that. As the fire chief pointed out, $43,000 for a major retirement home is all it would have cost to put it in. I want to alleviate some of your fears. I think the community would certainly step up to the plate for a small community for retirement homes.

Ms. Deborah Lafrenière: Not from what I've heard.

The Chair (Mr. Shafiq Qaadri): To the government side.

Mr. Vic Dhillon: Thank you for your presentation. How do you feel that this bill improves consumer protection and safety for seniors and their families?

Ms. Deborah Lafrenière: For a long time, retirement homes have been free-floating. There hasn't been a set standard, and now there is something that they have to follow. All homes will be equal as far as the minimum standards that have to be established.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Dhillon, and thanks to you, Ms. Lafrenière, for your deputation.

If there's no further business before the committee, I'd like to thank all the deputants for coming forward and just alert the committee that we'll be reconvening for clause-by-clause on Monday, May 17. The deadline for filing amendments is Thursday, May 13 at 5 p.m.

If there's no further business, committee is adjourned.

The committee adjourned at 1753.

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