



**Submission to the
Independent
Long-Term Care COVID-19
Commission**

Transformative Culture Change

Category: General Public

October, 2020

CARP

Transformative culture change in long-term care looks like...

A warm, caring environment that **feels like home**.

Staff truly **know their residents** and families, and understand their lived experiences.

Schedules and routines match **residents' preferences and needs**.

Meaningful activities that engage residents according to their abilities and what brings them joy.

Relationships thrive between and amongst staff, volunteers, residents and their families.

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Transformative Culture Change

Executive Summary

C.A.R.P.—A New Vision of Aging (also known as the Canadian Association of Retired Persons); the Ottawa Chapter, strongly recommends *transformative culture change* in Ontario’s Long-Term Care (LTC) home system, a change that will not only enrich the quality of life for residents, families and staff but will also help to mitigate the risk of another deadly virus taking hold in the future.

Transformative culture change means: (Appendix #1)

- Using a relationship-based approach to care where residents, staff and families feel part of a community and are treated with dignity and respect;
- Setting up small home-like environments;
- Providing more hours of direct care for residents;
- Employing full time, well-paid staff, who are trained in empathy and culture change;
- Recognizing families and caregivers as integral members of the team;
- Engaging volunteers who are trained in empathy and culture change.

We ask the Commissioners if they agree that all Ontarians requiring the 24-hour care of a LTC home deserve to live in dignity and with respect, that they should be allowed to “live until they die” in a small-home like environment filled with the “stuff of life”, meaningful activities, and surrounded by staff who interact and care for them with empathy, kindness, love and laughter.

If you agree this is what Ontarians deserve, then this is what *transformative culture change* would bring to Ontario’s Long-Term Care homes. This is also the kind of major reform that would help prevent the future spread of disease in long-term care homes in the future as per the Commission’s Terms of Reference (1e).

The fundamental principle in the Long-Term Care Homes Act (LTCHA) Section 1 states:

“[A] long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.”

During COVID-19, the LTC home system problems have been highlighted. These problems are not new, existing long before COVID-19 began. The intent of the guiding principles of the LTCHA legislation has not been met and now, more than ever, within a pandemic environment, there is a pressing need to change the system so that residents in LTC homes are safe, comfortable and live a dignified life.

The current medical/institutional model of care within many LTC homes has worsened the extent of COVID-19 and remains a huge issue for future viral outbreaks if changes do not occur. We believe that a *transformative culture change* approach will lessen viral outbreaks while still providing a “home” for residents.

There are several innovative models of care that have embraced culture change and that already exist in other countries with a few in Canada and even in Ontario. These are The Butterfly Model, the Eden Alternative, the Hogewey Villages and the Green House Project. These homes have shown better outcomes during COVID-19 than our traditional homes.* (Appendix #3)

**With the limited number of existing long-term care homes which have adopted transformative culture change, this is what we know through personal communication and reports.*

Recommendation

The Ontario Government bring about *transformative culture change* in its LTC homes by ensuring an incremental approach according to specific timelines and targets.

Accountability structures to be put in place for every long-term care home in order to adopt one of the existing innovative models of care. Staff and volunteers (working conditions; recruitment and retention), education/training, infrastructure, inspections, and families/caregivers are all critical elements of *transformative culture change* that need to be reformed.

Implementation actions

The implementation of *transformative culture change* in Ontario's LTC homes will require the Provincial Government to:

- Demonstrate the leadership and commitment necessary to implement *transformative culture change* in Ontario's LTC home system by adopting one of the four innovative models of *transformative culture change*.
- Implement the recommendations of the Ontario Ministry's Long-Term Care Staffing Study including the allocation of necessary resources to providers of LTC.
- Revise the Design Manual for LTC homes to achieve *transformative culture change* – small, home-like environments, single and double rooms with private bathrooms, and shorten the timeline for the requirement for homes to meet the most recent design standards.
- Utilize reports from LTC home inspections and data to guide timely improvements to the Ontario LTC home system and to support providers of LTC homes in utilization of data.
- Assert the role and value of families and caregivers as part of the community in the home through timely and up-to-date communication protocols, particularly when a crisis such as the current pandemic occurs and require the same of LTC home providers

Background

Who we are

C.A.R.P.—A New Vision of Aging is Canada’s largest non-partisan advocacy association for older Canadians with more than 320,000 members, most of whom are in Ontario. C.A.R.P.’s mission is to advocate for better healthcare, financial security, and freedom from ageism. After surveying its members in April 2020 about their concerns regarding the safety of long-term care residents in Canada, C.A.R.P. urged governments to bring in urgent reform to long-term care. (C.A.R.P. April 22, 2020 press release: https://s3.amazonaws.com/zweb-s3/uploads/carp/2020/04/PressRel-LTC_COVID19.pdf)

C.A.R.P. Ottawa is building a grassroots movement with like-minded organizations in Ontario to advocate for a *transformative culture change*.

COVID-19

Despite the efforts of various governments over the past thirty-five years, Ontario’s LTC home system remains broken, as both Premier Ford and Minister Fullerton have stated publicly and as evidenced by the inherent weaknesses brought to light by COVID-19. It was shocking that

Canada fared worse than 16 other OECD countries in the proportion of deaths occurring in LTC homes due to the COVID-19¹.

We cannot afford to wait another thirty-five years to fix the long standing and systemic problems in the LTC home sector in Ontario. If we do, this will bankrupt our system and our souls. This is why C.A.R.P. Ottawa is asking for *transformative culture change* – a change that will at last meet the guiding principles of Ontario’s current Long-Term Care Homes Act.

There have been a number of reports, letters, and articles written about COVID-19 and LTC homes advocating for change to staffing ratios, direct care hours, more full-time staff, removal of four bed rooms, and better infection control practices. Several recent reports support our position for *transformative culture change*:

- The CD Howe Institute: “While Canada did relatively better than many other countries in controlling the contagion in the general population, in the long-term care sector it attributed the higher death rate to an institutional care model².
- Royal Society of Canada Policy Briefing Report: (RSC Briefing), “We have a duty and a responsibility to fix this—not just to prepare for the second wave of COVID-19 and other future infectious diseases but a root-and-branch overhaul of the LTC sector...”³
- *Ontario Ministry’s Long-Term Care Staffing Study*⁴ stated that some of the models of *transformative culture change* showed benefits for residents and the system.

¹ According to a report released in June 2020 by the Canadian Institute for Health Information

² See C.D. Howe Institute *COVID-19 Crisis Public Health and Emergency Measures Working Group, Communique #4: A Tale of Two Epidemics: Why Seniors’ Care in Canada was So Hard Hit*, dated June 2, 2020 at page 6, accessed August 31, 2020 at <https://www.cdhowe.org/council-reports/nursing-home-fatalities-expose-weakness-long-term-care-provision-crisis-working-group-public-health>

³ RSC Briefing, pages 9 and 30

⁴ <https://www.ontario.ca/page/long-term-care-staffing-study>

Current model of care

The current medical/institutional model of care within many LTC homes worsened the extent of COVID-19 and remains a huge issue for future viral outbreaks if changes do not occur. Under the present system, it is very challenging for staff working in LTC homes to provide appropriate and respectful care to address the physical, psychological, social, spiritual and cultural needs of residents, as described in the Long-Term Care Homes Residents' Bill of Rights.

Many factors contribute to the current status: many staffing issues, out-dated infrastructure, a punitive inspection system with little accountability and families that are not valued. The fact that Ontario has one of the most risk adverse LTC home systems in Canada also contributes to regulations that objectify residents according to tasks not needs.

Innovative Models of Care

Transformative culture change means the way of organizing, and giving care in LTC homes changes. Residents know and feel like they are living in a warm, caring environment which looks and feels like home. The smaller home-like environments will reduce the risk of future infectious outbreaks and have shown that they have been able to stave off the initial outbreak of COVID-19.* (Appendix #3)

** With the limited number of existing long-term care homes which have adopted transformative culture change, this is what we know through personal communication and reports.*

Staff deliver person-centered care which enables them to get to know who their residents and families are - and what their life was like before. It means schedules and routines are flexible to match the resident's preferences and needs. Friendships develop between staff, residents, families and volunteers. It means residents are involved in many meaningful activities according to their abilities and what brings them joy. *Transformative culture change* means building relationships between residents, staff, families, and volunteers! (Appendix #2)

There are several innovative models of care that have embraced culture change and that already exist in other countries with a few in Canada and even Ontario. These are The Butterfly Model, The Eden Alternative, The Hogewey Villages, and the Green House Project. These models have shown better outcomes than our traditional homes by decreasing aggressive incidents, decreasing the use of antipsychotic drugs, decreasing the number of staff sick days (in one case up to 75%), and an increase in social interaction.⁵ Although these homes have their own unique features, they all subscribe to a *transformative culture change* model. (Appendix # 4)

Government strategies

For a long time, many strategies have been tried to repair the systemic problems such as changes in policies, more education for staff, increased oversight by owners and government departments, and stronger evaluation practices. The Ontario government has funded programs such as Gentle Persuasive Approach (G.P.A.), Montessori Approach, P.I.E.C.E.S. Snoezelen Program, Psychogeriatric Resource Consultants (P.R.C.) and the Behavioural Supports Ontario (B.S.O) and while these programs are all worthy measures, they have not changed or prevented terrible incidences from occurring. Certainly more staff and more funding are needed, but

⁵<https://www.peelregion.ca/council/agendas/2019/2019-09-12-revised-rc-agenda.pdf> pages 82 and 109

without a transformative culture change it will just be more of the same which we have been experiencing for decades. The time is long overdue for this systemic overhaul. If not now, when?

We believe that the guiding principles of the LTCHA and its Residents' Bill of Rights should have been sufficient to ensure that long-term care was more home-like and that the focus of care should have been on the residents. However, it appears that focus of care has been bogged down in bureaucratic regulations where much of the focus is on paperwork related to tasks rather than outcomes.

In summary

It is time for a shift in our thinking about how we address the systemic problems in LTC homes that have been exposed by the current pandemic and the tragic loss of lives of so many long-term care residents. The four existing Innovative models have taken the risk and embraced *transformative culture change*. The available data indicates better outcomes for residents, staff, families and the health care system.

“We cannot solve our problems with the same thinking we used when we created them.”
Albert Einstein

Analysis & Implementation

Transformative culture change

Fundamental to implementing the C.A.R.P. Ottawa implementation actions that follow, it is imperative that the Commission and the Ontario government act on a willingness to improve quality care in LTC homes within a *transformative culture change* approach.

The reform that comes with such change will be instrumental in helping to contain and perhaps even prevent future pandemics from the devastating impact COVID-19 has had on residents in LTC homes, including the tragic loss of so many lives. There is data available from all four innovative models indicating significantly lower COVID-19 cases as well as deaths compared to traditional homes. (Appendix #3)

Anything short of a total culture change will perpetuate the long-standing tradition of piecemeal or band aid approaches to ‘fix’ the system, regardless of the political party in power. It is evident from the numerous reports and studies on LTC homes, and from the substantial investment of funds by government in a variety of programs, that the needed changes to how care is delivered have not been achieved.

The four critical areas (Appendix #1) which need to be operationalized within a *transformative culture change* in which quality care is understood as a relationship where residents, staff, volunteers and families are treated with dignity and respect are:

- Staff and Volunteers (working conditions; recruitment and retention, education/training)
- Infrastructure
- Inspections
- Families/caregivers

Costs and cost-saving commentary

Most critics cite costs as the main barrier towards implementation of a *transformative culture change* model of care. However, it is encouraging that there have been success stories with the implementation of the Butterfly Home in a few LTC homes in Ontario in both the public and private sectors. In an interview with TVO's Steve Paikin, David Sheard, the founder of the Butterfly Home model, stated that savings begin to neutralize the costs within the first 18 months of implementation. However, the impact on quality of care is immediate.

The Butterfly Model of care is the only innovative model implemented in Ontario of which we are aware and therefore the available costing is from this model.

Although at this time there is little data available on actual costs and some of it is preliminary, there are many outcomes that lead to cost savings that have been identified by the leadership at both Malton Village (Region of Peel) and Henley House (St. Catharines).

Malton Village:

- A reduction in antipsychotic drug use from 40% to 8%
- A reduction of 75% in staff sick time – potential savings of \$4,320/month/per unit
- A reduction in falls from 25% to 18.2%
- A reduction in food waste

Henley House:

- A reduction in antipsychotic drug use from 57.9% to 8%
- A reduction to zero in the use of supplements (\$123,000/yr. savings)
- An increase in social engagement of 23%

“We have been able to implement it (the Butterfly Model) within the current funding model. It does show the changes that can occur when we focus our care on outcomes versus outputs.”(Jill Knowlton, COO, Primacare Living, a privately operated company).

Critics point to the \$100,000 start-up cost of the Butterfly program at Redstone (Malton Village) saying the expense plus the cost of needed extra staff could make it unaffordable. Innovative models require a longer term view regarding costs and cost savings. Start-up costs can be recouped as early as 18 months after initial outlay. For example, “The Butterfly Model’s programs create \$110,000 a year in overall annual savings.....” Moira Welsh, Toronto Star, June 29th, 2018.

The bottom line is quality is cheaper!

Evaluation

All the innovative models of care have undertaken qualitative research focusing on resident outcomes, as well as staff and families/volunteers. Most are aligned with a university in their geographical area which are conducting this research. However, peer review evidence-based research comparing innovative models of care to traditional models have yet to be completed.

Recommendation

The Ontario Government bring about *transformative culture change* in its LTC homes by ensuring an incremental approach according to specific timelines and targets. Accountability structures to be put in place for every long-term care home in order to adopt one of the existing innovative models of care. Staff and volunteers (working conditions; recruitment and retention), education/training, infrastructure, inspections, and families/caregivers are all critical elements of *transformative culture change* that need to be reformed.

Implementation actions

It is time for a radical shift in our thinking about how to improve care delivery in LTC homes. The implementation of *transformative culture change* in LTC homes will require the Provincial Government to:

Leadership and Commitment

- Demonstrate the leadership and commitment necessary to implement *transformative culture change* in Ontario's LTC home system by adopting one of the four innovative models of *transformative culture change*. The model would be part of the Request for Proposal for new beds and form the basis for retrofits of existing beds. The Government mandate studies to evaluate the cost, savings and benefits of *transformative culture change* in existing homes.

Staff and Volunteers

- Implement the recommendations of the Ontario Ministry's Long-Term Care Staffing Study including the allocation of necessary resources to providers of LTC homes. Of particular relevance to *transformative culture change* are those recommendations related to workload, working conditions, recruitment of staff and volunteers with emotional intelligence, empathy and a willingness to learn new approaches and work as a team while understanding and respecting the diversity of residents, staff and volunteers. Educating and training of staff on relationship-based approaches as well as strengthening staff and volunteer skills in empathy, social interaction and team work would be integral to sustaining *transformative culture change*.

Infrastructure

- Revise the Design Manual for LTC homes to achieve *transformative culture change*-small, home-like environments, single and double rooms with private bathrooms and shorten the timeline for the requirement for homes to meet the most recent design standards.

Inspections

- Utilize reports from LTC home inspections and data to guide timely improvements to the Ontario LTC home system and to support providers of LTC homes in utilization of data. The role of the LTC home inspector will return to that of a compliance advisor who will play a key role in professional leadership and expertise and foster a true partnership between government funders and providers of care.

Families/Caregivers

- Demonstrate the value and role of families and caregivers as part of the community in the home through timely and up-to-date communication protocols, particularly when a crisis such as the current pandemic occurs and require the same of LTC home providers. Families are integral members of the care team and understanding and respecting the diversity of families/caregivers is paramount. They provide valuable insight into 'who the resident was and is' as well as information about activities that the resident finds meaningful. Involving families especially during a crisis such as COVID-19 lessens the emotional impact and effects such as loneliness on the residents.

Conclusion

Without *transformative culture change*, we will not see improvements in the Ontario's LTC home system.

“You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete” R. Buckminster Fuller

C.A.R.P. Ottawa would like to offer its availability to be consulted as the thinking on this evolves.

Appendix #1

Key Messages of Transformative Culture Change

It is time for Ontario to reform its long-term care home system by undergoing a transformative culture change that improves quality care.

Innovative models, using the guiding principles of transformative culture change have been implemented in some long-term care homes both in Canada and internationally.

What is it?

Transformative culture change means:

- Using a relationship-based approach to care where residents, staff and families feel part of a community and are treated with dignity and respect;
- Setting up small home-like environments;
- Providing more hours of direct care for residents;
- Employing full time, well-paid staff, who are trained in empathy and culture change;
- Recognizing families and caregivers as integral members of the team;
- Engaging volunteers who are trained in empathy and culture change.

Key Messages:

All the key messages need to be operationalized within a transformative culture change approach in which quality care is understood as a relationship where residents, staff, volunteers, and families are treated with dignity and respect.

Staff and Volunteers

Working Conditions

- Value, support, recognize and respect all staff and volunteers for their work.
- Provide fair compensation with fitting salaries and benefits including sick leave.
- Ensure staff positions are full-time wherever possible with staff dedicated to working only in one long-term care home and with realistic workloads.
- Provide more hours for direct care.

Recruitment and Retention

- Recruit staff and volunteers who exhibit emotional intelligence, empathy, compassion, have a willingness and ability to learn new approaches, and work as a team.
- Actively involve staff and volunteers in decision-making that is integral to better resident care.

Education / Training

- Educate staff and volunteers on relationship-based approaches.
- Strengthen staff and volunteer skills in empathy, social interaction and team work.
- Provide timely, on-the-job continuing education for staff and volunteers that is responsive to changing residents' needs.

Infrastructure

Many LTC homes in Ontario are old and outdated with some residents living four to a room and sharing one bathroom.

- Support shift from institutional to home-like environments.
- Require facilities (existing and new) to create an environment that supports a culture of person-centred care, shared living spaces, and private bedrooms.
- Shorten provincial timelines for requirement of homes to meet most recent standards for LTC building design.

Inspections

- Use cumulative reports of LTC home inspections and data to guide timely improvements in Ontario's provincial LTC system. Engage family councils, residents, families and front-line staff in this process.
- Evolve the role of LTC inspectors to that of compliance advisors or resource persons who foster a partnership between government funders and providers of care.

Families/caregivers

- Value, support, recognize and respect families and caregivers as part of the community in the home.
- Activate timely and up-to-date communication protocols between families and LTC homes when a crisis occurs.
- Support and help maintain family-resident relationships when a crisis occurs.

June 17, 2020

Appendix #2

Innovative Models in Long-Term Care Homes (where culture change has been adopted)

Common Elements of Innovative Models

	Hogewey Village	Eden Alternative	Green House	Butterfly Model
Relationship-based approach	√	√	√	√
Small home-like environments (8 to 12 residents)	√	√	√	√
Staff education and training on culture change, empathy	√	√	√	√
Emphasis on teamwork	√	√	√	√
Person centred care, emphasis on kindness and compassion	√	√	√	√
Autonomy of residents, flexible schedules	√	√	√	√
Opportunity to participate in meaningful activities	√	√	√	√
Vision and leadership needed to implement changes	√	√	√	√
Staff are trained to do a variety of tasks	√	√	√	√

Common Benefits of Innovative Models

	Hogewey Village	Eden Alternative	Green House	Butterfly Model
Improved quality of life.	√	√	√	√
Reduced boredom, helplessness and loneliness.	√	√	√	√
Reduced agitation and neuropsychiatric symptoms.	√	√	√	√
Reduced hospital visits.	√	√	√	√
Reduced staff sick time	√	√	√	√
Reduced food waste.	√	√	√	√
Staff feel valued and part of a community with the residents and families.	√	√	√	√
All benefits result in cost savings	√	√	√	√

Appendix #3

Innovative Models: Unique Features and COVID-19

Hogewey Village

Concept	Each house with 6-12 residents and own health care worker; Has streets, squares, gardens, a park, restaurant, bar, theatre and a grocery store.
Location	Village Langley in B.C. Each home has 12 residents with support staff, cottage-style living, surrounded by five acres of grounds.
# of residents	48 residents (capacity is 78)
Covid-19 cases/deaths	0/0

Source: Adrienne Alford-Bruit, E.D., Village Langley

Eden Alternative

Concept	Introduces pets, plants, and children to the Homes. Small units which are attached to the rest of the LTC facility by an internal street. Has access to facilities such as shops, art studio market etc. Small homelike units can be designed within larger facilities.
Location	Sherbrooke Village Model in Saskatoon with 9 to 10 residents in each unit; Has an iGen program where 25 Grade 6 students are taking their classes inside Sherbrooke Village. The Saskatoon program is a first in Canada.
# of residents	263
Covid-19 cases/deaths	0/0

Source: <https://www.sherbrookecommunitycentre.ca>

Green House

Concept	Has stand-alone small homes for 10-12 residents as opposed to small units in large buildings; Emphasis on mealtime as a time for social interaction.
Location	Only in U.S.A.
# of residents	298 homes, 3,247 residents
Covid-19 cases/deaths	47/4

Source: Susan Ryan, Director, Green House Project

Butterfly Model

Concept	Small home-like units with 8- 12 residents; Emotional intelligence and positive experiences are the priority with human, face to face connection rather than clinical application of procedures; Residents are placed in groups based on their stage of dementia and level of function; Filling the home with the “stuff of life” which works to connect residents suffering from dementia to their past lives and interests. Small home-like units can be designed within larger facilities.
Location	Henley House, St. Catharines; Henley Place, London
# of residents	25 and 32
Covid-19 cases/deaths	0/0
Location	Malton Village, Peel
# of residents	160
Covid-19 cases/deaths	0/0

Source: Malton Village: www.peelregion.ca/HC; Henley House and Henley Place: Jill Knowlton, Chief Operating Officer, Primacare

Appendix #4:

LTC homes in Ontario currently adopting innovative models, as of October 1, 2020

Table of LTC homes in Ontario currently adopting innovative models

Location	Home	Comments
Region of Peel*	Malton Village, Peel <i>COVID-19 cases/deaths: 0/0</i>	One unit, fully operational (began in 2017); a 2 nd unit in progress;
	Sheridan Villa, Mississauga	One unit in progress
	Vera Davis, Bolton	Plans to implement
Southern Ontario*	Henley House, St. Catherines <i>COVID-19 cases/deaths: 0/0</i>	Began in 2018; received accreditation (Meaningful Care Matters) in November 2019; fully completed in one home area and now spreading to another home area;
	Henley Place, London <i>COVID-19 cases/deaths: 0/0</i>	Began in May 2019; should have received accreditation in May 2020 but was paused due to COVID 19; will receive accreditation in October 2020; completed in one home area and will spread to another home area;
	Burton Manor, Brampton	Launch in October 2020
	Griffin Manor, Waterdown	New home to be built and will open as a full Butterfly Home across the whole home; it is designed in smaller households with emotion-focused care philosophy
	Sunnyside Home, Kitchener-Waterloo	January 2020 - announced Butterfly Certification launch
Ottawa*	The Glebe Centre	One unit (September 2019)**
Renfrew County*	Miramichi Lodge	one unit (January 2020)**
	Bonnechere Manor	one unit (January 2020)**
City of Toronto***	The City's 10 long-term care homes	A new emotion-centred approach to care announced in December 2019

*selected the Butterfly Home as their innovative model of choice

**partial completion

***“The made-in-Toronto approach was developed to improve outcomes for residents and their families, and service delivery for residents living in City-operated LTC homes.....The strategy to implement this new approach to care includes a 12-month pilot project at Lakeshore Lodge to test the new approach before rolling it out to all 10 City-run long-term care homes.....” News release, City of Toronto, December 18, 2019

Appendix #5:

Supporting Organizations

Supporting Organizations for C.A.R.P. Ottawa's brief to the Commission:

C.A.R.P. Barrie

C.A.R.P. Brantford

C.A.R.P. Greater Bay of Quinte

C.A.R.P. Halton

C.A.R.P. London-St. Thomas

C.A.R.P. Mississauga

C.A.R.P. Scarborough

C.A.R.P. Sudbury

C.A.R.P. Windsor-Essex

CFUW National (Canadian Federation of University Women)

CFUW Brantford

Mind the Gap, Caregiver Advocates from the Champlain Region



Ottawa

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