

Twitter Thread by Dr. Vivian Stamatopoulos



Dr. Vivian Stamatopoulos

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From an ■@extendicare■ Assist supervisor:

After dedicating his life to nursing, he has lost trust in his employer. “There is no friggin’ way I would ever put [my mother] in a place like that. Never.”

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...96 of Ontario's 626 LTC homes have been outsourced, where the owner of the license has contracted a third party to operate the home. As of publication date, there have been 506 COVID-19 deaths in outsourced homes- 34% higher than homes that have not been outsourced.

Outsourcing is most prevalent among for-profit homes, but it happens across the industry: of the outsourced homes, 61 are for-profit, 30 are non-profit, and 5 are municipal.

Non-profit & municipal homes that have outsourced their operations had death rates that were 105% higher (3.68 per 100 beds) than non-profit & municipal homes that did not (1.79 deaths/100 beds).

It's not enough to ask who owns the home; it's also a question of who operates it.

Interesting they can't answer this question....can't easily blame older design standards now can ya ■

Extendicare's argument suggests that the homes owned by Extendicare Assist's clients are older and therefore the high death rates are inevitable. *The Local* compared C beds operated by Extendicare Assist to those owned by Extendicare itself and found that the death rate is 80 percent higher for Extendicare Assist-managed C beds (9.08 vs 5.04 deaths per 100 beds). This apple-to-apples comparison shows that the age of the home matters, but outsourcing seems to matter even more. *The Local* asked Extendicare if there are differences in staffing or infection prevention and control practices between Extendicare Assist versus Extendicare-owned homes that could perhaps explain this difference. Extendicare did not provide a direct answer to this question.

"They have this horrific situation where every week I go in, they would have a different group of PSWs," says James Ha, the son of a #TendercareLTC resident, whose troubles w/ Extendicare started 2 years before the pandemic.

"They have one [staff member] going around feeding 10 people in the hour of the feeding, & so each person gets about 6 minutes. So basically when they go in, they would just shove the spoon into their mouth, and half [...] of it will go on the bib,"

Ha alleges.

Despite what she saw, Ha's mother asked her children not to complain too much, fearing Thanh would face the repercussions.

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THE #1 FEAR OF LTC FAMILIES.

I hear this ALL the time.

On Dec 12, Tendercare experienced its first COVID-19 resident case. W/n a week, cases had climbed to 92 & 7 deaths. This prompted the province to send in an inspector on Dec 16. IPAC practices were found to be so lacking that the home failed to comply with ministry regulations.

Pat Armstrong (love her), a sociologist in the field of long-term care and professor at York University, has studied long-term care in Canada and around the world, and recognizes these issues as appearing time and again.

Armstrong's research took her to LTC homes run by a variety of for-profit companies across ■■ that provide outsourced services: she found that in some cases, contracted-out staff were instructed not to speak to the residents...because it was seen as inefficient (■■■■)

Extendicare & its subsidiaries have been named in a number of class-action lawsuits since the pandemic began, the latest of which covers all Extendicare facilities & seeks \$200 million in damages, alleging the company failed to adequately respond to C19- that it was negligent.

Extendicare Assist's largest client is Southbridge Care Homes, the owner of Orchard Villa, the Pickering LTC home with the second-highest number of deaths in the province.

Our analysis shows that the Southbridge-Extendicare combination has a COVID-19 fatality rate of 7.68 per 100 beds—a full 108 percent higher than industry average—the deadliest among all outsourcing arrangements in the province.

Watching Southbridge-Extendicare take over Orchard Villa in 2015 meant witnessing an immediate, steady decline in the quality of care provided at the home, say family members of former residents.

As with the other homes, it began with the food (which gets contracted out often)

Then staffing.....

■■ ft. Interview by my friend/fellow advocate [@creyola](#) ■

“Then I started to see extreme lack of staff. Then I started to see infighting,” she says, describing arguments between permanent staff and agency staff. “The good people in the staff, the PSWs, the heads of nursing, the people who had to answer the CEO, were really good people. And one by one, by one, by one, they could not with conscience work there. They left. I saw constant staff turnover.”

Watson’s daughter, Cathy Parkes, saw the crisis play out until the very last day she spoke to her father in April 2020. She was standing outside her father’s window, on the phone with a PSW who was on her first ever shift at Orchard Villa.

“I said, ‘How do you think he is?’ And she said, ‘Honestly, I don’t know. What’s your father normally like? Because I don’t know anything about him.’”

"There's your problem right there. If you don't know that my dad's normally up & talking and lucid, & then you see him comatose in bed & you don't have any files to read, how do you know to manage his care?" she says.

In case you want to know which homes they manage:

<https://t.co/c31yKBtel2>