

Wayne Emmerson
Chairman and CEO



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January 30, 2021

Via email: merrilee.fullerton@ontario.ca

Hon. Merrilee Fullerton
Minister of Long-Term Care
6th Floor 400 University Ave.
Toronto, ON M7A 1T7

Dear Minister:

I am pleased to share with you the York Regional Council endorsed “*York Region’s Submission to the Ontario Long-Term Care COVID-19 Commission*”.

The 28 recommendations proposed in York Region’s submission identify areas where urgent, immediate long-term care support and action are required, and addresses well-documented, long-standing challenges in the sector.

Areas needing immediate attention include:

- Resources and funding to effectively manage outbreaks and support the true costs of operating a long-term care home
- Addressing severe staff shortages across the entire continuum of care for seniors, creating a culture grounded in continuous quality improvement
- Strengthening partnerships to integrate long-term care into the health care system

We commend the Province on appointing an independent Long-Term Care COVID-19 Commission. The recommendations from this Commission will be critical in building an improved and resilient long-term care sector and help ensure homes can effectively respond to COVID-19 and future outbreaks.

We recognize the Province is working diligently to address systemic issues in long term care, but there is significant need for immediate action.

On behalf of our long-term care staff, residents and their families, we urge you to not wait for the Commission’s final report to provide desperately needed support to long-term care homes. The Province must act now on the tragic lessons learned over the past year and do everything possible to address the immediate issues still facing the sector today, while also building a more resilient system.

It is critical we seize this opportunity to build a new vision for seniors' care in Ontario. York Regional Council remains committed to working with all levels of government, community partners and sector organizations to ensure our vulnerable seniors continue to receive appropriate, respectful and compassionate care.

If you have any questions or would like to further discuss the York Region submission, please contact Lisa Gonsalves, General Manager, Paramedic and Seniors Services, at 1-877-464-9675 extension 72090 or by email at Lisa.Gonsalves@york.ca

Sincerely,

A handwritten signature in black ink that reads "Wayne Emmerson". The signature is written in a cursive style with a large initial "W".

Wayne Emmerson
Chairman and CEO

Attachment 1 York Region's Submission to the Ontario Long-Term Care COVID-19 Commission

Copy to:

Richard Steele, Deputy Minister of Long-Term Care

York-#12490934

Wayne Emmerson

Chairman and CEO



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January 30, 2021

Via email: info@LTCcommission-CommissionSLD.ca

The Honourable Justice Frank N. Marrocco
Lead Commissioner
Ontario Long-Term Care COVID-19 Commission
24th Floor 700 Bay Street
Toronto, Ontario
M5G 1Z6

Dear Justice Marrocco:

Further to our meeting with the Ontario Long-Term Care COVID-19 Commission on January 29, 2021, I am pleased to submit the York Regional Council endorsed "*York Region's Submission to the Ontario Long-Term Care COVID-19 Commission*".

Regional Council acknowledges the important work of the Long-Term Care COVID-19 Commission. We were pleased to see the release of two sets of interim recommendations, many of which are consistent with those included in the York Region submission. The urgent need to respond to the crisis in long-term care is clear. While the Ontario government has made significant strides, much more is needed, including immediate actions to support long-term care homes over the coming months.

The submission's 28 recommendations are based on experiences of York Region's two municipally operated Homes before and during the COVID-19 pandemic. Our recommendations identify:

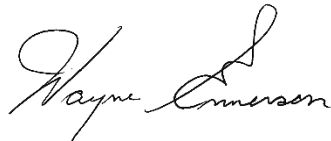
- Areas where urgent, immediate supports are required, particularly around resources and funding to effectively manage outbreaks and support the true costs of operating a long-term care home
- Address severe staff shortages across the entire continuum of care for seniors, creating a culture grounded in continuous quality improvement and strengthening partnerships to integrate long-term care into the health-care system
- Further recommendations to address well-documented, long-standing challenges to create an improved and resilient long-term care sector

It is imperative the Province commit to act now to improve the lives of seniors. We look forward to working with all levels of government, community partners and sector organizations to create a stronger long-term care system grounded in compassion and resident-centred care which graciously meets the needs of seniors through this stage of life.

We welcome this opportunity to provide you with unique insights and recommendations based on our experiences within our Homes that would lead to real improvements across the full continuum of care supporting the needs of our most vulnerable seniors.

If you have any questions or would like to further discuss the York Region submission, please contact Lisa Gonsalves, General Manager, Paramedic and Seniors Services, at 1-877-464-9675 extension 72090 or by email at Lisa.Gonsalves@york.ca

Sincerely,

A handwritten signature in black ink that reads "Wayne Emmerson". The signature is fluid and cursive, with the first name being more prominent.

Wayne Emmerson
York Region Chairman and CEO
The Regional Municipality of York

Attachment 1

York Region's Submission to the Ontario Long-Term Care COVID-19
Commission

#12443285

YORK REGION'S SUBMISSION TO THE **ONTARIO LONG-TERM CARE COVID-19 COMMISSION**



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INTRODUCTION

The Regional Municipality of York (York Region) operates two long-term care homes: Maple Health Centre in the City of Vaughan and Newmarket Health Centre in the Town of Newmarket. The Homes provide 232 beds. Non-profit organizations and for-profit companies also operate 26 other long-term care homes in York Region. This submission focuses on the experiences of York Region's two municipally-operated Homes before and during the COVID-19 pandemic.

The COVID-19 pandemic has highlighted longstanding issues in the sector that have and continue to impact the Region's Homes. Remaining vigilant and alert to protect residents and staff has profoundly impacted the operations of the Homes, including staff and resident mental health and well-being, and has required extraordinary measures be put in place.

This submission provides York Region's response to the Ontario Long-Term Care COVID-19 Commission's guiding questions and identifies 11 key themes that outline where the Region needs greater support from the Province. For each theme, we describe our experience, the actions we implemented, our views of the Province's response, and recommendations on what more can be done.

To develop the recommendations in this submission, York Region conducted extensive sector research and engaged with stakeholders and staff, including frontline staff, management, corporate and departmental partners as well as executives from the Residents' Councils of both Homes.

Key Messages

- **Provide funding and human resources to support testing and outbreak management procedures**
With the second wave of the COVID-19 pandemic underway, community transmission continues and despite our best efforts, outbreaks in long-term care can and will occur. The Region's Homes have implemented processes and procedures and staff continue to work tirelessly to keep staff and residents safe during outbreaks. However, insufficient funding and human resources have been provided by the Province to support this critical work. The Province must provide sufficient funding and resources to support the Homes in implementing all of the procedures required to manage and prevent outbreaks.
- **Build excellence in long-term care through greater investments in staffing**
Staffing is critical to creating a higher quality of life and care for residents. Building excellence in long-term care requires adequate staffing levels and the ability to target and attract qualified individuals to the sector. Increased investments in staffing can help to provide quality care in the Homes and comprehensive strategies, including a health human resources strategy, can attract individuals into educational programs that lead to a career in long-term care.
- **Relieve municipalities of the responsibility of increasing health care costs**
Current funding levels and the funding allocation models are not keeping pace with the increasing acuity of residents, and increasing regulatory requirements. York Region, like most municipalities, has to rely on property taxes to supplement provincial funding that does not cover the cost of programs and services to our long-term care residents. This funding arrangement is not sustainable; municipalities cannot increase local taxes indefinitely.

- **Provide municipalities with adequate, sustainable funding that reflects the true costs of operating a long-term care home**

Inadequate funding for long-term care has increased financial pressures on York Region and has made it challenging to manage the additional costs associated with the pandemic. Emergency funding provided by the Province was helpful; however, this was often insufficient to cover costs associated with the new directions the Homes were required to comply with and implement. Adequate, sustainable funding that reflects the true costs of operating a long-term care home and providing high quality resident care, including base funding for operating and capital needs and Infection Prevention and Control (IPAC) measures, is required.

- **Reform the oversight process to focus on quality improvement**

The oversight process for long-term care homes recently moved away from comprehensive annual inspections to a complaint-driven system. Within this system, the Ministry of Long-Term Care does not provide resources or guidance to support the Homes in improving their processes. The Province should consider a standardized approach to oversight with a focus on quality improvement, where compliance is understood as part of a journey to continuously improved care. Inspectors should be able to identify issues and act as a resource, as well as work with the Homes to identify appropriate improvement strategies.

- **Improve integration of long-term care in the health care sector**

The health care system in Ontario is highly fragmented and long-term care is often on the periphery of health care decision-making. This was further highlighted when long-term care was not prioritized during the provincial government's initial COVID-19 response. Long-term care must be represented at planning and implementation tables across the province to ensure long-term care needs are advocated for and well understood.

GENERAL COMMENTS

YORK REGION SERVES A GROWING SENIORS POPULATION WITH DIVERSE NEEDS

York Region's population currently sits at about 1.2 million people and is projected to grow to 1.5 million by 2031. Using 2016 Statistics Canada Census data, the Region's seniors' population is growing faster than any other age group. It is projected by 2026, that for the first time there will be more seniors than children in York Region, and by 2031, one in five of the Region's residents will be over the age of 65, representing 21.8% of the total population.

THE YORK REGION SENIORS STRATEGY DEFINES THE REGION'S ROLE IN SERVING SENIORS

To help plan for and respond to the needs of the Region's aging population, Regional Council approved the York Region Seniors Strategy in [November 2016](#). The Seniors Strategy provides a collaborative strategic direction for responding to growth in the seniors' population and identifies actions and areas for advocacy across four result areas to support seniors to age in place:

- Balancing the needs of seniors with all residents
- Keeping seniors healthier, longer
- Supporting age friendly, complete communities
- Connecting seniors and caregivers to the right programs and services at the right time

In short, the Seniors Strategy has led York Region to rethink how it views and serve seniors. With these roles and subsequent actions, the Region positions itself as an advocate for seniors' needs, influencing decision-making and planning and bringing together key players across the sector to address issues related to the seniors' population. The Region continues to leverage opportunities to participate in community roundtables and share information about the Seniors Strategy with local MPs and MPPs. The Region's actions, advocacy and work with partners will help to ensure seniors are able to age in place for longer.

YORK REGION OPERATES TWO LONG-TERM CARE HOMES AND PROVIDES SENIORS' COMMUNITY PROGRAMS

Under the *Long-Term Care Homes Act, 2007*, every upper or single tier municipality in southern Ontario must maintain at least one municipal long-term care home. York Region operates two long-term care homes, Maple Health Centre and Newmarket Health Centre, with a total of 232 beds. The Region's Homes are places where residents live, receive assistance with activities of daily living, have access to 24-hour nursing and personal care, on-site supervision and monitoring to ensure their safety and well-being.

York Region also provides two types of Seniors Community Programs to promote the health, wellbeing, safety and independence of adults with care requirements: Adult Day Programs and the Psychogeriatric Resource Consultant Program. Adult Day Programs are offered for adults with care

requirements to enable them to remain in their own homes as long as possible and provide respite for their caregivers. The Psychogeriatric Resource Consultant Program provides direct behavioural support education and consultation to staff in all long-term care homes and community support agencies funded by the Ministry of Health in York Region.

SENIORS' INCREASINGLY COMPLEX CARE NEEDS AND SHORTAGE OF SUPPORTIVE HOUSING HAVE LED TO HIGHER DEMAND FOR LONG-TERM CARE SERVICES

As of October 2020, there were 5,177 individuals on the Central Local Health Integration Network waitlist for placement in York Region's long-term care homes. In April 2020, Maple Health Centre had 473 people on the waitlist for a basic bed (two people per room), and Newmarket Health Centre had 492 people on the waitlist for a basic bed. The total number of people on the waitlist for long-stay beds (basic and private) at Maple Health Centre and Newmarket Health Centre was 1,675, which represents 872% of capacity. This is an increase from the previous year, when the number of people on the waitlist on April 30, 2019 was 1,502.

A recent report shared with York Regional Council in November 2020, titled [Forecast for Long Term Care and Seniors' Housing Implications](#) identifies the need to increase the supply of long-term care beds in York Region to 15,000 by 2041. Given the current fiscal conditions, the reality is there will not be enough beds to service our aging population and they will need to find other options for housing, home care and related supports. Without significant investment and supply of these options and supports, many seniors will end up at risk of crisis. We continue to seek commitment from senior levels of government to work collaboratively with York Region to increase the number of long-term care beds, develop more housing options for seniors, and consider increased funding for seniors' programs and services. This is reflected in the recommendations in this submission.

MUNICIPALITIES ARE KEY PROVIDERS OF LONG-TERM CARE SERVICES

Municipal governments act as funders, service providers, and employers of long-term care. Many municipalities contribute additional resources to their long-term care operations to maintain standards of care that exceed provincial requirements.

According to AdvantAge Ontario's November 2018 report, [Ontario Municipalities - Proud Partners in Long-Term Care](#), municipalities' investment in long-term care makes a difference in residents' lives, the sector and their communities. Municipal homes often have resources to provide services for under-served populations, including vulnerable and hard to serve people, and are able to tailor services to meet local needs. Municipalities can also leverage other services, such as housing, social services and paramedic services, to meet the needs of long-term care residents. AdvantAge Ontario estimates that municipal governments spent \$350 million in 2016 on long-term care expenditures.

Working within a municipal corporation, the Region's Homes benefit from the supports received from the Region's corporate program areas such as Information Technology, Legal, Risk, Finance, Procurement, Property Services, Communications, Emergency Management, Human Resources and Public Health. This integration was critical to the Homes' response to COVID-19 as it allowed for ready access to specialized corporate resources.

LONG-TERM CARE HAS SIGNIFICANTLY EVOLVED LEADING TO INCREASING HEALTH CARE COSTS FOR MUNICIPALITIES

York Region, like most municipalities, has to rely on property taxes to supplement provincial funding that does not cover the full cost of programs and services for long-term care residents. Current funding levels and the funding allocation models are not keeping pace with the increasing acuity of residents, and increasing regulatory requirements. This funding arrangement is not sustainable as municipalities cannot increase local taxes indefinitely.

While long-term care homes were at one time more like retirement homes, they have now become more like hospitals providing medical and nursing care for residents with complex health conditions. When compared to ten years ago, residents currently in the Region's Homes are increasingly frail with multiple medical conditions, cognitive impairments, such as dementia, and/or responsive behaviours.

To illustrate this, data from both Homes was combined and compared over a span of ten years to identify changes in the resident population. The data found that:

- The average value in the Cognitive Performance Scale has increased from 2.61 to 3.63, an increase of 39%. This scale runs from 0 to 6 and a higher score indicates more severe cognitive impairment.
- The average score of the Changes in Health, End-Stage Disease, Signs, and Symptoms (CHESS) Scale has increased from 0.62 to 1.17, an increase of 89%. This scale runs from 0 to 5 and higher scores indicate higher levels of medical complexity and are associated with adverse outcomes, such as mortality, hospitalization, pain, caregiver stress and poor self-rated health.
- The average score of the Activities of Daily Living Long-Form has increased from 15.38 to 20.35, an increase of 32%. This scale runs from 0 to 28 and higher scores indicate more impairment of self-sufficiency in performing activities of daily living, such as mobility in bed, dressing, eating and personal hygiene.

These findings demonstrate that over the years, resident care needs have become more complex and many aspects of long-term care work have become more challenging. For example, residents require more hands-on assistance which impacts the work of personal support workers and greater medical complexity can require more nursing involvement, medical supports and dietary needs.

As such, the Region is under increasing pressure to supplement the full costs of providing a health care service, although health care provision has historically been the purview of the provincial government.

COVID-19 SIGNIFICANTLY IMPACTED THE LONG-TERM CARE SECTOR REQUIRING YORK REGION'S HOMES TO QUICKLY MOBILIZE IN RESPONSE

Long-term care was the hardest hit sector by the COVID-19 pandemic in Ontario and across Canada. Several significant and longstanding issues, most notably underfunding and understaffing, were further exacerbated by COVID-19. York Region's two municipally operated long-term care homes has proactively prepared for the potential impacts of COVID-19 since January 2020, and many preventative

measures were put in place well before the Province mandated them. This included implementation of a pandemic response structure to plan and implement operational changes, increased staffing, enhanced infection prevention and control measures, procurement of personal protective equipment, and new policies and procedures to protect the safety and well-being of residents and staff.

Continuously changing provincial requirements and responding to the unique challenges of the COVID-19 pandemic has led to unexpected and unplanned changes in the way the Homes operate, including:

- Increased demand for screening and testing protocols to meet the highest infection prevention and control standards has required enhanced staffing and supplies to facilitate the realities of constantly changing shift-work
- New physical design requirements to support Infection Prevention and Control (IPAC) measures, isolation, physical distancing, and visits from families and caregivers has required changes to infrastructure, including implementing isolation wards, additional physical infrastructure to support outdoor visits, separation of residents for physical distancing, and dining, bathing and entertainment space adjustments
- The prevalence of COVID-19 has required enhanced IPAC training for staff and essential caregivers, including reinforcing vigilance in hand hygiene, appropriate use of personal protective equipment (PPE) and donning and doffing of PPE, and enhanced cleaning and disinfection processes
- Tracking, managing and reporting a PPE inventory required the implementation of a real-time electronic PPE tracking system that sends automated data to a master spreadsheet
- Limiting staff to work for one employer to manage the spread of COVID-19 led to a loss of 23% (94) of staff. Further, unexpected staffing shortages and challenges have required the use of redeployed staff from other areas of the organization to fill staffing gaps
- Increasing workloads, longer hours, greater documentation requirements, and the demands of remaining alert and vigilant to manage the spread of COVID-19 has required additional mental health and wellness supports for staff
- Supporting physical distancing required adjustments to dining protocols to more one-to-one support for residents and implementation of new technologies to support virtual programming and care and help residents stay connected with families
- Multiple changes to visitor policies required monitoring for visitor COVID-19 testing, scheduling, communications, and training

All of these changes have had a significant operational and financial impact on the Homes, particularly given limited resources and capacity. Although challenging, the Homes were able to draw on support from corporate partners.

Families have also recognized the efforts the Homes have made to protect residents and staff. The Homes' 2020 Long-Term Care Residents Survey showed that 84% of respondents found the Homes overall COVID-19 response to be either Good, Very Good or Excellent.

The Region's Homes continue to implement measures to safeguard residents and staff as the second wave of the pandemic is underway. The Province continues to provide new directions and requirements

for long-term care homes. These requirements are difficult for all involved; however, the risk of COVID-19 spreading in a home is an even greater concern. The Region is doing all it can to help residents, their friends and families. However, greater support and action from the Province is needed to help the Homes in their response to COVID-19.

RECOMMENDATIONS TO COMMISSION

The fundamental principle to be applied in the interpretation of the *Long-Term Care Homes Act, 2007* is that a Home is primarily the home of its residents and is to be operated so that it is a place where residents may live with dignity and in security, safety and comfort, and have their physical, psychological, social, spiritual and cultural needs met. York Region proposes the following recommendations to ensure continued high-quality resident-centred care in line with this principle and address longstanding concerns exacerbated by COVID-19.

RECOMMENDATIONS ARE INFORMED BY EXTENSIVE SECTOR RESEARCH AND CONSULTATION

Sector research and positioning informed the proposed recommendations, including reports from AdvantAge Ontario, the Ontario Long-Term Care Association, Association of Municipalities of Ontario, Registered Nurses' Association of Ontario, Canadian Centre for Policy Alternatives, and the Royal Society of Canada Task Force on COVID-19.

To gather insight into the experience within the Homes, staff conducted extensive consultation, including fifteen virtual engagement sessions.

- Consultations included:
 - Subject matter experts from all areas of both Homes, including the management teams and staff from nursing, environmental services, dietary, and recreation
 - Corporate and departmental partners from Human Resources, Legal, Finance, Technology, Integrated Business Services Branch, Housing Services Branch and Public Health
 - Executives from the Residents' Councils of both Homes
- An online survey was also developed to gather feedback and received responses from 100 long-term care frontline staff and management.

Based on this extensive review and consultation process, York Region proposes 28 recommendations grouped under the following 11 themes:

1. COVID-19 Testing and Outbreak Management
2. Staffing
3. Education and Training
4. Funding
5. Capital Funding – Physical Buildings

6. Technology and Equipment
7. Central Local Health Integration Network (Central LHIN) Admissions
8. Food and Nutrition Services
9. Oversight
10. Legislative Reforms
11. Partnerships for Integrating Long-Term Care into the Health care System

Below is a discussion of the recommendations under each theme, as well as a summary of how the Region was impacted by COVID-19, how it managed and addressed these challenges, the Region's views regarding the Province's response, and specific actions still required by the Province.

1. COVID-19 Testing and Outbreak Management

Recommendation 1: Provide funding and human resources, including immediate access to readily available professional teams for homes in outbreak, to support outbreak management procedures.

Recommendation 2: Proactively establish and formalize partnerships between Home Leadership Teams, Public Health Units, Hospitals, Ontario Health Teams, Local Health Integration Networks, and Ministry of Health, Ministry of Long-Term Care, and Ministry of Labour, Training and Skills Development to mobilize resources and support homes in preventing and responding to outbreaks.

Recommendation 3: Continue mandatory testing for all staff and residents on a regular basis to enable quick identification of outbreaks and incorporate rapid testing into screening protocols with funding and resources to support this.

Recommendation 4: Prioritize testing of long-term care staff and residents, ensure that test results come back within at least 48 hours and provide Medical Directors and LTC Management with clinical access to the Ontario Laboratories Information System (OLIS) so that they can retrieve test results for all staff and residents in their Homes.

Recommendation 5: Ensure all homes have access to the swabs they need to swab all residents and staff; or any other testing methodology that may be introduced.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

COVID-19 continues to impact our communities and our Homes

COVID-19 remains prevalent in our communities as the second wave is underway. Despite our best efforts, community transmission continues and COVID-19 continues to impact the most vulnerable in society.

This new reality has changed the way the Homes operate making managing and preventing outbreaks a critical component of operations. Residents in the Region's Homes are especially vulnerable to COVID-19. As a result, the Homes must continually remain alert, vigilant and prepared to protect their safety along with staff.

Newmarket Health Centre was declared in COVID-19 outbreak on November 7, 2020 with one staff member testing positive. Subsequently more staff and residents tested positive for COVID-19. The

Home immediately implemented several measures in accordance with emergency orders and guidelines provided by the Ministry of Health, Ministry of Long-Term Care and York Region Public Health to limit the spread of COVID-19 and respond to the outbreak.

Unexpected and unforeseen challenges arose during outbreak

The Homes had been proactively preparing for the possibility of outbreak with procedures and protocols in place. However, experiencing outbreak exposed gaps and brought unexpected challenges.

1. Severe and sudden staffing shortages

The Home immediately experienced significant and severe staffing shortages. Shortages occurred due to many factors, including staff testing positive, needing to isolate or fear and anxiety about coming into work. In addition, to better protect staff and residents, the Home created Home area 'teams' or cohorts based on best practice advice from York Region Public Health. Although a best practice, this led to significant challenges with maintaining staffing capacity as staff could only backfill for others within their home area team.

The Homes had prepared a COVID-19 Master Schedule to manage staff hours and proactively increased staffing in preparation for potential outbreaks. It quickly became apparent these measures would not be enough. During outbreak, the Home needed almost triple the amount of staff to effectively cohort and have sufficient backfills for when staff were unable to come into work. There was also a need for greater registered nursing staff as resident care needs increase during outbreak. This staffing capacity was incredibly difficult to maintain as the Home was regularly losing staff as they left to work for other employers, became sick or experienced fatigue and burnout.

2. Need for further IPAC training

Although critical, dedicated IPAC resources were not provided by the Province leaving homes to provide and deliver training themselves. The Homes provided reinforced IPAC training to ensure continued vigilance throughout the pandemic, mainly through virtual and online training. In outbreak, IPAC procedures intensified with more stringent protocols, particularly for donning and doffing of PPE. Outbreak exposed that there were gaps in IPAC knowledge. With support from York Region Public Health, Central LHIN, York Region Paramedics and Southlake Hospital, staff received on-the-spot education and training to support adherence to IPAC protocols. However, it was very difficult to deliver this more hands-on training with no in-house capacity. Also, it required taking staff off the floor when severely short-staffed.

3. Intense scrutiny and documentation

Documentation requirements and inspections significantly increased during outbreak. Many agencies required extensive information from the Home, including Local Health Integration Networks, Ministry of Health, Ministry of Long-Term Care, Ministry of Labour, Training and Skills Development and Public Health. Demands on staff and the Home's Leadership Team became much higher during outbreak with increased meetings, reports, surveys, and questionnaires being required almost daily; occurring at the same time that leadership was needed on the floor. This contributed to higher levels of anxiety and stress amongst staff as audits and inspections could occur at any time pulling focus from more essential duties. Ministry inspections also fostered a compliance-based environment with fear of repercussions or reprisal when support and collaboration was desperately needed.

HOW DID WE ADDRESS AND MANAGE THESE ISSUES?

The Homes have implemented surveillance testing in accordance with provincial requirements

Since April 2020, the Homes have been conducting biweekly testing of staff to limit and manage the spread of COVID-19 as recommended by provincial directions. On November 22nd, the Ministry of Long-Term Care issued a Minister's Directive with updated guidance on surveillance testing in long-term care homes, which came into effect on November 23rd. Under this directive, staff, students, and volunteers must be tested weekly for COVID-19. The Homes have moved from biweekly to weekly testing of staff.

Regular surveillance testing for staff is a key strategy in our efforts to ensure the health and safety of our staff and residents. The sooner a positive case can be identified, the better positioned the Homes are to implement infection prevention and control measures to contain the spread of the virus. Regular swabbing clinics for staff require significant resources within the Home to prepare for testing, to conduct the testing and to track and monitor that all staff have been tested as well as to ensure that all results are returned from the lab. Often there are delays in getting the test results. Tracking down results for a staff member or resident is not only time consuming but each day that goes by with an unknown test result contributes to anxiety levels and may delay required response efforts if the result is positive.

Managing outbreaks requires significant resources, efforts, and expertise

If there is a suspected COVID-19 outbreak or an active COVID-19 outbreak, the Home goes into full outbreak management and implements established prevention and control measures to keep staff and residents safe. In partnership with York Region Public Health, the Employee Health Unit, Health and Safety, our advising Occupational Health Physician and our Medical Director, the incident is thoroughly examined and contact tracing efforts begin immediately.

York Region's Employee Health Unit conducts a risk assessment and impacted staff, residents and their families are contacted with further guidance. The Home's attending physicians are notified and they contact families and are in daily contact with staff to provide care.

Affected resident home areas are placed in isolation as advised by York Region Public Health and additional staff and resident testing may be carried out. In accordance with the Home's Infection Prevention and Control and outbreak protocol, additional measures are implemented to suspend communal dining, tub bathing, group programming and activities and all non-essential visits to the Home until the all clear has been communicated by Public Health.

The Homes are committed to communicating with all staff, residents, families, substitute decision makers, caregivers and contractors as updated information becomes available on the situation and identifying next steps as needed.

Recruitment and training efforts were increased

The Home ramped up efforts to recruit staff from external sources and provincial health care staffing sources to increase the staff base during outbreak. The Home also relied on redeployed staff and agency staff to help fill the gaps. Even with these efforts, it was difficult to bring in staff, especially in the numbers required as the pool of health care workers in Ontario is limited and competition to recruit health care staff is fierce. With respect to training, the Home strengthened IPAC training and identified IPAC champions for each home area.

In addition, professional expertise was critical in helping contain the COVID-19 outbreak. For example, Community Paramedics, York Region Public Health, and local hospitals provided intensive infection prevention and control supports. However, this put pressure on their already stretched resources.

WHAT ARE OUR VIEWS OF THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

Lessons from Wave 1 were not shared widely across LTC sector

Homes often do not have line of sight into what other homes are experiencing across the sector and as a result, rely on agencies with this insight to share this information. There were many lessons and best practices from the experience of long-term care homes during Wave 1 of COVID-19, most importantly those that experienced outbreaks, which were not shared or widely distributed across the sector. This information would have helped provide a full picture of what outbreak looks like on the ground, what to expect and how to best prepare. The Ministry of Long-Term Care had engaged homes in a Wave 2 preparedness exercise; however, this was a paper-based assessment that the Homes had to complete. On-site support to assess readiness and preparedness was not provided. Only when in outbreak did the Home learn of best practices.

Provide funding and human resources, most importantly immediate access to professional teams, to support outbreak management

Managing outbreaks is a resource intensive process requiring immense amounts of attention, focus and effort from staff. Staff continue to work tirelessly to limit the spread to ensure that staff and residents remain safe. However, this is unsustainable without further support from the Province. The Province must provide sufficient funding and human resources to support homes in implementing all of the procedures and protocols required to manage and prevent outbreaks.

Staffing shortages happen suddenly and severely once outbreak hits. To mitigate this, homes require a reliable pool of professionally trained staff that can be called upon in times of emergency. For example, the Mobile Enhancement and Support Teams (MEST) established by hospitals should be immediately accessible to homes in crisis. These teams would act as “bench strength” for long-term care homes.

Proactively establish and formalize partnerships between long-term care homes, health care partners and key provincial ministries

Partnerships between Home Leadership Teams, Public Health Units, Hospitals, Ontario Health Teams, Local Health Integration Networks, and the Ministry of Health, Ministry of Long-Term Care, and Ministry of Labour, Training and Skills Development are essential to supporting homes in preventing and managing outbreaks.

Strong partnerships would allow for early interventions to help homes prepare and mobilize resources needed to manage outbreaks, including staffing support and IPAC expertise. Partners would collaborate with the homes, share lessons learned and trends observed in the sector to support homes' response, and help homes identify vulnerabilities and gaps that would impact their ability to manage outbreaks. For example, during outbreak, the Home worked with Southlake Hospital, Central LHIN and York Region Public Health and this was very helpful in receiving best practice advice for IPAC and PPE actions.

These partnerships should be proactively established and formalized so that they are already in place before an outbreak occurs to provide ongoing support and resources throughout COVID-19 response. Waiting to establish these partnerships until an outbreak has occurred can delay much needed resources. Clearly defined supports and surge capacity for each home should be in place and immediately mobilized when an emergency arises. In addition, these partnerships must be based on trust, collaboration and respect on all sides with all parties coming together to support the ultimate goal of protecting the health and safety of residents and all who work in the homes.

Provide funding and resources to support regular testing of staff

The Province must ensure all homes have access to the swabs they need to swab all residents and staff. Surveillance and testing are key to supporting detection and a timely response to COVID-19 to identify, contain, and prevent outbreaks. This includes an accurate, informed understanding of how many swabs are needed for regular testing of staff and residents and making sure that they are available.

The Province must provide funding to support regular testing of staff and residents. The move to weekly testing of all staff in compliance with the provincial directive requires significant staffing and resources. With biweekly testing, the Homes would use the time in between to prepare for the next testing, including ensuring sufficient swabs are available. Weekly testing greatly shortens the time the Homes have to prepare, requiring increased resourcing to ensure everything is ready on time for testing. The Homes have to rely on existing resources to support this which significantly increases staff workloads. Continuing with regular testing of both staff and residents is important, but current tests are very invasive. The Province should also explore the use of accurate, less invasive tests for COVID-19.

In addition, integrating rapid testing into screening protocols can add another layer of defense and support homes in better identifying those who may have contracted COVID-19. The Province should incorporate rapid testing into the screening protocols for homes and continue to work to improve the accuracy of these tests.

As part of the November 22nd Minister's Directive, caregivers and support workers are required to provide proof of a negative COVID-19 test result in the past week and verbally attest to not subsequently testing positive. The Region recommends this directive continue as it supports limiting the spread of COVID-19 in the Homes and that the Province should explore extending this to proof of immunization when a vaccine becomes available.

Prioritize testing of long-term care staff and residents and ensure timely results

The Province must work with Public Health Ontario to prioritize testing of long-term care staff and residents and ensure that test results are received within 48 hours. The Homes rely on test results to manage the spread of COVID-19 and limit the risk of outbreaks. However, the Homes have faced numerous instances where results were delayed or missing. This lag in test result information impacts the Homes' ability to keep residents and staff as safe as possible. As a result, in addition to timely test results, the Province must provide Medical Directors and LTC Management with clinical access to the Ontario Laboratories Information System (OLIS) so that they can retrieve test results for all staff and residents in their Homes. This will assist in making more timely decisions to better manage and mitigate COVID-19 and future infectious disease outbreaks.

2. Staffing

Recommendation 6: Develop and implement a long-term care health human resources strategy focusing on recruitment, retention, education and training, and technology to meet the challenges facing the sector and build resiliency and capacity to respond to infectious disease outbreaks.

Recommendation 7: Address precarious workforce by providing funding for full-time employment with benefits to staff.

Recommendation 8: Legislate and increase funding to allow long-term care homes to provide at least four hours of nursing and personal care for each resident daily.

PRIOR TO COVID-19:

- Staffing has not kept pace with the medical needs of increasingly frail and elderly residents in number of staff or in specialized expertise. The current level of care cannot consistently support a high quality of life or care for all residents. Staff are often rushed, which can lead to a higher prevalence of workplace incidents and injuries.
- Staff often need to work multiple jobs to achieve a living wage. This can lead to scheduling conflicts, unexpected staff shortages and increased risk of carrying infectious disease pathogens between workplaces.
- Staff mental health and emotional wellbeing are impacted by work culture, resident behaviour, and the demands of end-of-life care.
- As of May 1, 2020, the Region's long-term care workforce was comprised of 44% full-time, 37% part time and 19% casual staff.

- In 2019, the average cost per bed in the Homes was \$289.87 as published by the Municipal Benchmarking Network of Canada. As a municipal home, the Region's costs are slightly higher than for profit and non-profit homes as a result of higher wages due to collective bargaining and costs associated with corporate allocations.
- The Region's Homes found it challenging to recruit and retain staff, especially personal support workers. Even with higher wages, when jobs were posted, very few candidates applied, and often some of those were not qualified.
- The process for filling vacant positions is lengthy and time consuming due to documentation requirements. By the time the process is complete, the candidate pool has significantly decreased with many choosing employment elsewhere.
- The Region is challenged in providing full-time employment opportunities as it does not have adequate funding to cover full-time hours and benefits.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

Many factors impacted staffing during the pandemic

In addition to the long standing challenges in the long-term care sector in accessing staff, the following factors impacted staffing in the Region's Homes during the pandemic:

- Fear and anxiety about contracting COVID-19 at the long-term care home
- Requirement for staff to work at a single health care site, put in place by the Region on March 25, 2020 prior to it becoming a province-wide directive on April 22, 2020
- Concerns about accessing adequate PPE demands/supply
- Lack of expertise and knowledge of IPAC standards
- Timeliness and availability of testing
- Personal factors such as infection status of staff, family member vulnerability, access to childcare and burnout
- Loss of staff due to needing to self-isolate
- Challenges with maintaining a cohorting service model in line with best practices as it requires significant staffing capacity to implement

Staff workloads increased due to additional requirements (e.g., screening, swabbing, increased IPAC measures, etc.) and staff were required to work greater overtime to compensate for increased staff shortages and loss of volunteers. This contributed to staff burnout.

Qualified staff were difficult to find due to the increased risk of working in the Homes during the pandemic. The directive to work for one employer, in addition, led to a loss of 23% (94 staff) of our workforce and inadequate staffing resources, which made it difficult to implement the Province's directions (e.g., cohorting residents and staff).

HOW DID WE MANAGE AND ADDRESS THESE ISSUES?

The Region implemented measures to protect staff and residents and strategies to address staffing challenges

The Region implemented the following IPAC safety measures to protect residents and staff:

- Staff are now required to work for one employer in accordance with the provincial emergency order.
- All staff and residents are screened for symptoms of COVID-19, including atypical symptoms, and temperature checks are conducted twice daily for staff and residents.
- Staff are provided with PPE upon entering the building.
- Cleaning and disinfection processes have been enhanced for all areas in the homes.
- Staff received enhanced education on infection control and instructed in the proper use and procedures for donning and doffing PPE.
- Audits to assess whether staff are properly implementing infection control and prevention practices.
- Pausing admissions of residents into the Homes was used to limit the number of residents that require care during this time.

The Region implemented the following measures to help address staffing challenges:

- The Region redeployed staff from other areas of the organization to help fill staffing gaps, including from Social Services, Adult Day Program and Paramedic Services, and hired agency staff.
- The Homes were able to attract some candidates due to the Region's reputation as a top employer and the higher wages offered.
- The Homes developed a COVID-19 master schedule that provided increased hours for staff.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

Temporary pandemic pay and other measures were helpful but some have ended

The temporary pandemic pay helped to incentivize staff to continue working in the Homes. This pay has been critical to supporting retention in the short term; however, it ended on August 13, 2020. This premium pay should continue in the longer term to support retention in the sector. The wage enhancement for PSWs was welcome but we are concerned about wage compression, an unintended consequence as other positions were excluded from this increase. This wage enhancement should, therefore, be extended to all long-term care frontline staff and management. In determining the premium pay for long-term care staff, the Province should also consider implementing a living wage.

Partnerships with governing bodies and associations for nursing staff were helpful, particularly the partnership with the Registered Nurses' Association of Ontario (RNAO), that allowed nursing students to work in long-term care homes. These partnerships, however, took time to implement when resources were urgently needed.

More needs to be done to address staffing shortages and support and protect staff

The directive that staff could only work for one employer was helpful in limiting the spread of COVID-19, but there were many unintended repercussions for staff, particularly those who rely on working for multiple employers to earn a living wage. The Province should review the impact and effectiveness of this directive and identify whether it should remain in place for future pandemic events.

To help alleviate staffing shortages during emergencies, additional short-term staffing resources should be readily available. Partnerships with various organizations and associations were successful in quickly mobilizing resources to fill staffing shortages, and the Province should continue to cultivate these partnerships. In addition, dedicated funding for staffing backfills should be provided.

The Province must also establish a sufficient, sustainable and appropriately priced supply of PPE, and prioritize long-term care residents, staff, and visitors for access. Provincial support is critical in enabling long-term care homes to acquire in-house, dedicated IPAC expertise and resources. The Province must provide funding for a dedicated IPAC specialist in each long-term care home. Having dedicated IPAC specialists will help ensure measures in place reflect the unique needs of long-term care homes and can keep staff and residents safe.

Develop a Comprehensive Long-Term Care Health Human Resources Strategy

To address these staffing challenges in the long-term, a long-term care Health Human Resources Strategy needs to be in place focusing on recruitment, retention, education and training, and technology. Such a strategy is needed to meet the challenges facing the sector and build resiliency and capacity to respond to infectious disease outbreaks. This will ensure that residents get the high-quality and timely care they deserve.

As long-term care is already experiencing staffing shortages that put resident care at risk, considerable improvements to workforce attraction and retention are needed to address this gap, in addition to increases in the overall pool of qualified candidates from the education sector. Change is urgently needed, not only to address current issues, but also to prepare for the planned development of new long-term care beds.

A Health Human Resources Strategy should consider the following:

- **Work-integrated learning opportunities:** Allow students to work in long-term care homes while earning credits towards their studies.
- **Financial incentives:** Offer financial incentives to both full-time and part-time PSW and nursing graduates to commit to working in long-term care for a minimum of one year.

- **Training programs:** Facilitate nurse practitioner training programs inside long-term care homes. This would help existing staff upgrade their skills on the job.
- **Dedicated pool of staff:** Identify groups through partnerships with nursing agencies, home and community care organizations, Local Health Integration Networks, Ontario Health Teams and hospitals that are easily accessible to long-term care and that homes can draw from on an ongoing basis.
- **Outreach to non-traditional labour pools:** Consider parents and family caregivers looking to re-enter the job market, foreign-educated allied health professionals, volunteers, new immigrants to Ontario, and social assistance recipients who may be seeking employment. The Province should ensure long-term care is an area of focus as it promotes immigration to fill labour shortages.
- **Partnerships with academic institutions:** Consider partnering with academic institutions to improve the perception of the sector and promote long-term care as a career destination.

The Health Human Resource Strategy could also examine streamlining and accelerating recruitment processes. The requirement for a police record check, for example, can take weeks which makes it difficult to fill critical staffing gaps. The Province can review the documentation and regulatory requirements for filling these roles and expedite this process in times of emergency. The Province should also consider subsidizing education for PSW positions to attract more people to the sector.

Invest in frontline staff and full-time employment

Addressing staffing shortages in long-term care cannot happen without additional funding, and the Province should provide funding to allow homes to offer more full-time employment opportunities. The Province can consider placing funding in the dedicated envelopes which support staff costs. Increasing the proportion of full-time, permanent positions would improve working conditions for staff and reduce the likelihood of spreading infectious disease pathogens, such as COVID-19, between homes. This funding would also enable homes to better backfill for staff who are absent or on sick leave, statutory holidays, vacation and training leaves.

PSWs play a critical role in supporting the care of residents, but are undervalued in the sector. Their work is challenging, emotionally and physically taxing, and subject to compassion fatigue, however, the wages provided for this position are not in line with the demands of their work. To recognize this essential work, the Province should consider increasing PSW wages to a level that aligns with the skills required for the position.

In addition, the pandemic has significantly impacted the mental health and psychosocial well-being of staff and residents. The Province should provide funding and resources to support the mental health and psychosocial well-being of staff and residents.

Urgent action required to legislate and fund four hours of direct care

While the Province's commitment to increase hours of direct care received by each resident per day to four hours is welcome, urgent action is required to ensure residents receive the care required during the COVID-19 pandemic. The Province should establish four hours of nursing and personal care for each resident per day as a minimum standard in the *Long-Term Care Homes Act, 2007* and provide all

associated funding with implementing this standard to homes. When implementing this standard, the Province should ensure that homes have a sufficient level of registered nursing staff.

When implementing measures to improve staffing, the Province must consider the full continuum of care to ensure that these actions do not have unintended consequences on other sectors, such as home and community care.

3. Education and Training

Recommendation 9: Provide staff with standardized training, including licensing of PSWs, as well as education across the sector related to compliance, mandatory reporting, human resources (as applicable) clinical skills, personal protective equipment, infection prevention and control, and provide access to better resources to assist with this.

Recommendation 10: Provide residents and their families with standardized training and education across the sector related to personal protective equipment, infection prevention and control, diversity and inclusion, and provide the resources needed to assist with this.

PRIOR TO COVID-19:

- There was scarce shift coverage available for staff to undertake continuing education opportunities to advance their skill set to meet the care needs of residents.
- The pace and nature of work in long-term care can be more challenging than what students are prepared for in training. This is partially due to the rising complexity of resident needs and staffing shortages. PSWs can also be subject to downloaded responsibilities that fall outside their scope of education due to lack of staff on the shift.
- It is also difficult to determine how much knowledge staff have retained as on-the-floor coaching is challenging when short-staffed.
- The Province did not provide support and guidance on training for residents and families. Homes created their own materials to educate families and residents and determined the best path forward for ensuring residents and families were well-informed.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

Homes faced difficulty transitioning to virtual training

Training and orientation had to move to online learning platforms, but with no further resources to invest in new methods, it was difficult for staff to access computers to complete training. With frequent new hires and constantly changing provincial direction, it was challenging to keep up with training requirements. It is also difficult to measure the effectiveness of training during COVID-19 as there is limited opportunity for interaction with staff.

Homes provided training for residents and families

Due to the lack of training resources, the Directors of Care and staff had to spend a significant amount of time reassuring residents and families. Since the education requirements for family visits were not standardized across the sector, the Homes had to decide the training needed. The Homes provided training to families on how to visit residents safely, including putting on and taking off of PPE and proper hand hygiene. It was challenging to provide the education required to family members as each had different levels of knowledge and there were many topics to be covered, including new IPAC measures. Staff had to quickly determine how best to communicate with families so they would have the required knowledge to keep residents safe. An overwhelming amount of information with constantly changing provincial direction also made it challenging to communicate clearly to residents and families. Staff and management often do not know the information that residents and families have accessed from other sources, which is sometimes inaccurate.

HOW DID WE MANAGE AND ADDRESS THESE ISSUES?

The Homes used resources already in place to support virtual training and family orientation

Prior to COVID-19, the Homes had rolled out software for an online learning platform that allows uploading of new policies and tracking of their completion by staff. This was readily available as a training resource during COVID-19 to support virtual training.

The Homes also used orientation resources from the Ontario Centres for Learning, Research and Innovation in Long-Term Care (Ontario CLRI) to support training and benefitted from experienced and helpful Education Program Specialists. They also cultivated strong, positive relationships with families, which made it easier to engage with them and provide training. Families were supportive of the training to protect their loved ones, and took advantage of video messaging and webinars to communicate with residents. The Homes provided residents and families with regular communications about the actions being taken in the Homes to keep residents and staff safe and to communicate directions received from the Province about COVID-19. The Homes also held Family Webinars and sent regular Family Situation Reports to an established list of key contacts for residents. In the Homes' 2020 Long-Term Care Residents Survey, 72% of respondents found the email updates to be either Good, Very Good or Excellent and 48% of respondents found the webinars to be either Good, Very Good or Excellent.

The Homes also had a Nurse Practitioner from the local hospital to provide IPAC training to frontline staff.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

Direction was vague and difficult to implement

Provincial direction was often vague and open to interpretation. The volume of provincial direction quickly became overwhelming and the Homes struggled to determine how to implement them in a timely manner. However, the modified orientation criteria from the Province was helpful.

Provide staff with standardized training and education across sector

Educational content for IPAC needs to be standardized and developed together with local public health units and hospitals and the long-term care sector, so all staff in all homes are receiving the same level of training and are knowledgeable of required IPAC measures. IPAC knowledge also needs to be reinforced at every stage of education and training staff receive. The Province must ensure IPAC training and knowledge, particularly donning and doffing of PPE, is a prominent component in the curriculum for nursing and PSW educational programs.

Standardized educational content should also consider compliance, mandatory reporting, human resources, clinical skills, compassion and compassion fatigue, and palliative care approaches in a diverse community. This allows homes to focus on increasing knowledge and training rather than interpreting guidelines and determining what education to provide. The Province should also consider grounding the content in the lived experiences of residents to strengthen connections between staff and residents.

The Province can also consider investing in research and innovation platforms to support homes in delivering training to enhance the quality of care and living for residents. This can also help build sector capacity through training, education and knowledge mobilization of long-term care staff. Staffing levels would need to be bolstered to support trainees in these courses.

In addition, the Province needs to provide dedicated funding for education and training. This can help support continuing training to ensure staff are up to date on current practices and prepared for the care requirements of residents, which may lead to better retention as staff feel more equipped to take on the job at hand.

License Personal Support Workers

In the longer term, the Province should consider licensing PSWs to improve accountability and education standards and integrating onsite education and job training for PSW education. Trainees could work as personal care aides while pursuing their PSW licence.

Educate residents and families about infectious diseases

The Province should provide standardized education and training for residents and families, particularly during outbreaks of infectious diseases. This should include training sessions and webinars for residents, essential care providers and families so they understand the importance of IPAC and the health and safety measures being implemented in the homes (e.g., use of PPE). This would allow this education and knowledge to be standardized across the Province and relieve homes of the responsibility of determining how to communicate information about the pandemic response. Online training resources and materials should also be provided to support staff in educating residents and families.

4. Funding

Recommendation 11: Provide municipalities with adequate, sustainable funding that reflects the true costs of operating a long-term care home, relieving municipalities of the responsibility for increased health care costs.

Recommendation 12: Establish funding model based on residents' current acuity and needs to ensure appropriate levels of frontline staff, support staff and direct care resources, including stable funding for all homes to establish and maintain PPE supplies as well as infection prevention and control supplies.

Recommendation 13: Reverse funding reductions for pharmacy, and at a minimum do not undertake further cuts in 2021.

Recommendation 14: Provide High Intensity Needs funding for short-stay respite residents and short-stay convalescent care program residents in special circumstances when residents or staff are at risk.

PRIOR TO COVID-19:

- The base level of provincial funding was insufficient to cover expenses to meet residents' needs and provide quality care. The Region's Homes faced increased costs from staff salaries and benefits, maintenance of facilities, behavioural services, and specialized staff and equipment to address complex health conditions and regulatory requirements.
- The Region received no funding for IPAC or Personal Protective Equipment (PPE) despite legislation requiring an IPAC Program in each Home with a designated staff member experienced in infection prevention and control practices to co-ordinate the program.
- Case Mix Index (CMI) funding does not reflect real-time needs as it is based on data from two years prior. As a result, the Homes may receive additional funding for staffing to support higher acuity residents after the resident is no longer at the Home. The documentation process is time-consuming and onerous.
- The Province announced changes to long-term care funding, including ending High Wage Transition Funding. This funding was set to end on December 31, 2020 but has been extended to March 31, 2021. This funding accounts for \$185,000 of the Region's overall funding for long-term care and its loss will significantly impact the Region's long-term care budget for 2021.
- At the end of 2019, the Province implemented significant changes to pharmacy funding. Further reductions are planned over the next four years. This is anticipated to result in a reduction of services and loss of external pharmacy support for long-term care homes. There is currently no plan to provide long-term care homes with funding to cover anticipated operating cost pressures resulting from these changes.
- The Ministry of Long-Term Care has denied claims for High Intensity Needs (HIN) Funding for short-stay respite residents citing the exclusion of short-stay residents in the High Intensity Needs Fund Policy Manual for Long-Term Care Homes. As a result, the Region does not receive funding to provide supplemental (one-on-one) staffing for short-stay residents, despite this being critical to protecting staff and residents.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

Implementing new province-wide directions required significant resources

Compliance with the Province's new directions to manage the spread of COVID-19 required additional resources and funding that was not provided. For example, the Homes were required to develop and update a PPE inventory, schedule visits, implement premium pay increases, and train caregivers. These initiatives were administratively challenging to implement and required significant financial and staffing resources. While the Province provided some funding for these expenses, the Region had to subsidize the costs to hire additional staff, redeploy staff, pay overtime, purchase PPE and supplies for enhanced cleaning protocols, create isolation rooms, and implement other measures to comply with the direction and IPAC measures. Imposing additional requirements with no corresponding funding posed a significant financial burden for the Homes.

Reductions in pharmacy funding may impact the Region's Homes following COVID-19

While the Region has not yet seen the implications of the pharmacy funding reductions, it is anticipated these changes will impact the Homes following COVID-19. With reductions in funding, important pharmacy services may no longer be provided to the Homes. Pharmacies, for example, had intended to adjust their services to no longer provide specialized equipment like digi-pens. Due to the COVID-19 pandemic, these changes have been put on hold. Pharmacies did, however, reduce the frequency in which they came into the Homes to do audits which impacted the Homes' processes by constraining the time given to complete audit tasks.

HOW DID WE MANAGE AND ADDRESS THESE ISSUES?

Homes benefited from being part of a municipal corporation

The Region provided significant resources to support its Homes, by drawing on the expertise of corporate and departmental partners in Human Resources, Finance, Legal, Risk and Community Paramedicine. Support was provided through recruitment, return to work protocols, procurement of PPE supplies, setting up the PPE inventory system, screening protocols, surveillance testing, review of directions, pandemic pay implementation and even redeployment of staff from other parts of the organization to work in the Homes.

In addition, the Region's Occupational Health Physician and the Medical Director provided significant supports to both homes in responding to the pandemic. The Occupational Health Physician works closely with the Homes and has provided advice on many COVID-related staffing issues. The Homes' Medical Director supports the medical needs of residents and provides advice on COVID response to Homes, messaging to families and staff, testing, screening, IPAC, training and education, and technology. In addition, the Medical Director identifies best practices from colleagues in the province and other countries to apply to the Homes' response.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

Emergency and Containment Funding and other funding measures were helpful, but sustainable funding is needed

As of September 2020, the Region's two Homes have received \$361,200 in provincial Emergency and Containment Funding. On September 29, 2020, the Homes were notified they would receive an additional \$140,800 in October 2020, bringing the total to \$502,000. The Province has not indicated the amount of future funding the Homes can expect to receive. The funding provided has not been sufficient to fully cover the pandemic-related costs or the resources required for health and safety measures. As of September 30, 2020, the Region has spent approximately \$3.3 million to support additional operational requirements for COVID-19 response in the Homes. Approximately \$2 million remains unfunded resulting in a financial pressure that would need to be funded through the property tax.

As part of Emergency and Containment Funding, the Ministry of Long-Term Care also implemented the COVID-19 Emergency Measures Funding Policy. This was helpful as it enabled the Ministry to provide additional funding for Level of Care (LOC) per diem funding. The Ministry also suspended occupancy targets to provide LOC funding based on maximum residents for all long stay beds regardless of actual occupancy levels. This was helpful as the funding was not reduced if occupancy thresholds were not reached. To allow for physical distancing, the Region had to place basic stay residents in preferred beds. The Ministry provided funding for the difference in these rates, which allowed the Region to continue to implement these physical distancing measures.

In addition, the Region's Homes will benefit from funding included in the Province's 2020 Budget for pandemic prevention and response measures. The 2020 provincial budget included dedicated COVID-19-related funding for long-term care, including emergency capacity and virus containment measures, and prevention and containment.

Temporary pandemic pay helped incentivize staff to remain in the workplace and this funding should continue. However, the eligibility and reporting requirements should be streamlined and simplified for any future iteration of wage enhancements to reduce the administrative burden associated with providing the payment to employees and recovering funding from the Province.

Although these funding measures are helpful, the response from the Province is often reactive instead of anticipating what is needed. Funding announcements are sporadic, one-time in nature, and assessed on a month-to-month basis causing delays in distribution of funds to the Homes. Amounts and how long the Homes will continue to receive the funding is also unclear. Funding should flow through immediately and should be provided in advance to allow Homes to proactively prepare (e.g., building PPE stockpile).

Establish new funding model based on residents' current acuity

The Province needs to establish a funding model based on accurate and current measures of resident acuity that provides up-front funding. Provincial funding has not kept pace with an increasingly acute resident population. The CMI adjusted funding does not present an accurate picture of current resident

acuity due to the funding lag and requires staff to complete extensive charting and documentation that takes time away from resident care. The funding model, therefore, should also have streamlined documentation requirements to allow staff to focus on resident care.

Provide adequate, sustainable funding to relieve municipalities of increasing health care costs

The Province needs to provide adequate, sustainable funding that reflects the true costs (e.g., staffing, management, support, inflationary increases, IPAC requirements, etc.) of operating long-term care homes and providing high quality care.

Insufficient provincial funding has led to increasing reliance on the property tax to provide high quality long-term care services. Municipalities cannot continue to fill the gap in provincial funding with property tax funding. The Region supports the Association of Municipalities of Ontario's position that the property tax is not a sufficient or fair source to top-up provincial funding for long-term care. Expenses associated with operating a long-term care home and providing high quality resident care should be fairly compensated by the Province. The Region further recommends that the Province reimburse for actual expenses incurred for COVID-19 response that have not been covered by the existing provincial emergency funding.

Providing adequate and sustainable funding can relieve municipalities of rising health care costs. This can strengthen the Region's investments in other community supports for seniors ensuring that resources are allocated to address the needs of local seniors most effectively. The [Forecast for Long-Term Care and Seniors' Housing Implications](#) report shows there is a significant need for additional housing options for seniors, including purpose-built rental and condominiums, and a range of supports to help seniors age in place. Health care costs should remain with the Province to allow the Region to further invest in and enhance the supports required to help a growing aging population.

Reverse pharmacy funding reductions

The Province should immediately reverse the pharmacy funding reductions to allow these critical supports to continue. If these reductions are not reversed, long-term care homes should be provided with additional funding to provide these supports in their own pharmacies. At a minimum, there should be no further cuts in 2021. The Region's Homes rely on external pharmacy supports for a number of services, including narcotics disposal. The reduction in funding for pharmacies could see these services eliminated. The reduction in funding will also have an impact on medication administration protocols and staff resources. The Homes would have to fund these services themselves if they are not provided by pharmacies, but the Ministry of Long-Term Care has not provided additional funding to do so.

Provide High Intensity Needs funding for short-stay respite residents and short-stay convalescent care residents in special circumstances

The Province should include short stay respite residents in High Intensity Needs (HIN) Funding. Short stay convalescent care residents should also be included in special circumstances where residents and staff are at risk. The Province should also consider expediting the processing of these HIN funding claims during COVID-19. The Region has had to proceed with supplemental staffing for some short-stay residents despite the denial of HIN claims. This is done at the advice of physicians and staff to

ensure the safety and security of residents and staff, but it puts unsustainable pressure on the Homes' operating budget and staffing resources. The Region is concerned that without access to HIN claims-based funds for short-stay residents, long-term care homes may struggle to fulfill their duty to protect residents and staff, resulting in serious harm or injury to self or others.

5. Capital Funding – Physical Buildings

Recommendation 15: Provide sustained funding for minor capital funding program to support ongoing compliance requirements and pandemic resilient infrastructure, including enhanced infection prevention and control measures.

Recommendation 16: Support the long-term care sector in redeveloping older homes and building new ones by:

- increasing the construction funding subsidy per diem components to levels that are comparable with other health facilities (e.g., hospitals)
- providing capital funding at the outset of the project
- building or redeveloping facilities to enable economies of scale and manage infection prevention and control requirements

Recommendation 17: Provide capital and operating funding to support more innovative resident centred design models, dementia friendly designs, and naturally occurring retirement communities (NORCs).

PRIOR TO COVID-19:

- The Region relied on the tax levy to improve capital infrastructure in the Homes, which is not sustainable. Minimal to no provincial funding was provided for capital requirements, such as nurse call system, tub rooms, renovations to interior space, nursing stations, or serveries.
- From 2015 to 2019, the Region received a total of \$547,500 in Structural Compliance Funding from the Ministry of Long-Term Care, which was used to partially fund minor capital expenditures for Maple Health Centre only. Newmarket Health Centre does not qualify for Minor Capital Funding as it continues to receive the Construction Funding Subsidy.
- From 2015 to 2019, the Region invested an average of \$780,000 annually in tax levy funding (total of \$3.9 million) for minor capital, as defined by the Ministry of Long-Term Care, for the Homes.
- Redevelopment projects do not proceed unless grants are provided. Unlike the construction funding for new hospitals and community sector institutions, the Province does not provide upfront capital funding for developing and constructing new long-term care beds, nor does it provide funding for demolition costs of existing facilities. If a home applies for and receives an allocation of additional beds, that home would be fully responsible for upfront construction and development costs. Construction funding subsidy is provided on a per resident per day basis after the home has admitted its first resident.
- The Homes engaged with corporate partners, such as the Region's Property Services Branch, to ensure the building envelope was maintained according to asset management practices. The

Homes contributed to the Region's corporate asset management reserves to address their capital needs and this was also funded by the property tax.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

New IPAC measures require supplementary funding

COVID-19 highlighted the difficulty in properly isolating residents and cohorting staff during a pandemic due to design and building restrictions. It also highlighted the need for more beds and structural needs to implement IPAC measures to prevent and manage the spread of COVID-19. The Homes did not have fully functional isolation rooms and as a result had to complete minor renovations in the building to accommodate an area where residents could be isolated and staff could be cohorted. The Homes also purchased many portable HEPA filters to improve air flow in resident rooms, created alternative entrances for staff supporting the isolation unit, installed safe space plexi-glass for indoor family visits and barriers, such as fencing, for outdoor visits and purchased a supply of isolation equipment, such as caddies, fridges and technology. Implementing this new pandemic resilient infrastructure requires supplementary funding. The Region will need to rely on federal and provincial grants to fund required renovations.

HOW DID WE MANAGE AND ADDRESS THESE ISSUES?

All minor capital expenditures for IPAC were funded through the tax levy

All minor capital expenditures made to support IPAC requirements (e.g., separate entrances, plexi-glass, barriers for visitations, etc.) were funded through the tax levy. Recently, provincial funding was approved to fund minor capital expenses that may offset or reduce the tax levy burden. In addition, the Region worked with existing Investing in Canada Infrastructure Program Grant applications and capital reserves to provide what was required under emergency measures. The Region heavily relied on internal reserves due to a lack of provincial funding.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

More funding is needed to support minor capital improvements

The Province should commit to providing upfront capital funding particularly for IPAC measures as Homes require funding to allow for more private isolation rooms to prevent and mitigate outbreaks. The Province should also provide ongoing funding on an annual base funding allocation. The application process for one-time funding requests could occur early in the year with approval within a reasonable timeframe for larger capital requirements.

New one-time funding focused on improving IPAC measures was helpful; however, this was not sufficient to fully cover the capital costs for improvements and was announced late. Homes required funding much earlier in the pandemic response. The use of one-time capital funding also typically requires that funding be spent in a short timeframe. As a result, the highest priority needs may not be addressed based on the timing requirements. This prevents appropriate planning for priority projects.

When the Province introduced the New Minor Capital fund in July 2020 to replace the previous Structural Compliance Premium program, the Province took a three-year tiered-in approach that did not provide for additional funding despite more homes being able to access this funding. As a result, there is a smaller amount of funding provided for each bed. In addition, the current policy for the New Minor Capital Fund program does not allow long-term care homes to manage capital requirements over multiple fiscal years as was allowed with the Structural Compliance Premium Funding. All unspent funding is recoverable by the Province at the end of each fiscal year, limiting long-term care homes' ability to manage their capital development over the longer term (e.g., put unused money from one year towards a larger expense in another year). This new tiered-in approach also benefits some homes and penalizes others. Under this new approach, the Region's Homes have received less funding than what was historically received.

The Province should provide standards and complete a gap analysis to fully understand the priority projects for the Homes. The timeline provided for funding should reflect these needs to ensure priority projects are not delayed due to insufficient time. In addition, the Province should implement changes to allow funding to continue if beds are in abeyance to enable required capital work to be completed.

Support long-term care sector in redeveloping older homes and building new ones

The Province must provide upfront capital funding to incentivize the development and redevelopment of homes. This funding should also consider new IPAC requirements. In addition, the Province should consider a full application process to accompany each funding announcement and extend the timing to spend the funding to allow for more priority projects. The Province should also increase the construction subsidy per diem components, and consider conducting a gap analysis across the sector to identify gaps, and provide the capital funding required to fill these gaps.

For older homes that face challenges in isolating residents, the Province should provide contingency funding to allow for prompt isolation. This contingency would include the development of isolation facilities with private rooms and trained staff

Provide capital and operating funding for innovative design models

The Province should encourage Homes to further explore innovative and new practices in delivering care and provide funding and resources to support models that have been shown to improve resident outcomes. These models not only change the care model but often require changes to the physical infrastructure of the homes. For example, some homes have implemented relational or emotional models of care, such as the 'Butterfly Model', 'Eden's alternative', P.I.E.C.E.S. Learning and Development Model, and the Gentle Persuasive Approach (G.P.A.). These models focus on the benefits of meeting the emotional needs of residents, making the living environment more enriching, and more like a home. Homes that implement emotional models of care have shown improvements to the well-being and quality of life of residents, reduced the number of falls and use of anti-psychotic drugs, increased staff engagement, and reduced staff turnover, sickness and absenteeism.

6. Technology and Equipment

Recommendation 18: Provide and fund the development and use of innovative technologies and equipment that can support the social and emotional well-being of residents, improve data management and reporting – including a standardized approach to outbreak tracking and management across the sector – and create greater system efficiencies.

Prior to COVID-19:

- Technology resources provided by the Province were minimal, requiring local investments in isolated systems and supports.
- Homes were not provided with the technology resources to support residents in connecting with families and to support virtual resident care.
- Residents are responsible for their own WiFi, technology equipment (e.g., iPads) and the associated costs. Very few residents have their own WiFi and technology.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

Sector was ill-prepared to respond to new technology demands

The Province mandated data from the Homes without funding or resources, including PPE inventory and screening, and the sector was not ready to implement these processes and tools with a short turnaround. The Ministry of Long-Term Care did not provide guidance or tools that the Homes could use and sufficient time was not provided to develop an electronic tracking or scheduling system. This led to the Homes having to implement ad hoc solutions.

Homes managed and addressed these issues through corporate support and resources, such as resources to help implement technology requirements for managing the PPE inventory and screening protocols. In addition, the recreation teams from both Homes use technology in different ways to ensure residents stay connected to their families and friends and stay engaged on a daily basis. With assistance from redeployed staff, the recreation teams schedule FaceTime calls, not only with families, but also between couples and friends within the Home that were living on different home areas. Weekly phone calls and virtual visits from volunteers, including pet therapy and virtual rosary prayers, were made possible by using iPads.

Given that few residents have access to technology and WiFi in the Homes, the shift to virtual programming impacted their ability to connect with families on their own. The Homes' recreation team had limited available technology when the pandemic started. This limited the amount of calls that the Homes could make for the residents. In addition, if technology was being used for virtual calls then they could not be used for programming (e.g., streaming music, use of apps, etc.) with residents.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

The Province should invest in technology to support residents' medical care and social and emotional well-being

The Province needs to fund virtual technology for the Homes to connect residents with their families, friends and peers and to provide virtual medical care. As has been done to support virtual learning for students, the same should be done for seniors. Connecting virtually is the new normal for long-term care with some care needs being provided virtually, including supports from medical professionals. In addition, there are many opportunities to support the social and emotional well-being of residents through virtual programming, including staying connected with family and friends, communicating with peers through Residents' Councils, attending educational webinars, and participating in recreational activities, entertainment and spiritual services.

The Province should introduce a standardized approach to technology across the sector

There should be a standardized approach to the technology that is used across the sector for common needs and processes. Homes used different technology to track data, making it difficult to compare trends across the sector. The Province should provide further direction and support on which technology to use, particularly for outbreak management, or mandate a tool for all homes to use. Any opportunity for the Region to participate in discussions with the Province on standards and technologies would be welcome.

The Province set data and reporting requirements but did not provide funding to implement these measures. Each home had to determine how they would collect the data the provincial government had mandated. Moving forward, the Province should provide direction on which technology to use to collect the required data with accompanying resources.

7. Central Local Health Integration Network (Central LHIN) Admissions

Recommendation 19: Ensure the Central LHIN provides accurate and up-to-date information for each resident at the time of application and admission.

PRIOR TO COVID-19:

- The Region has identified concerns about receiving timely and complete information and documentation from the Central LHIN with regard to applicant assessment and behavioural information during the waitlist and admissions decision-making process.
- The Region's Homes work closely with the Central LHIN in the waitlist application and admissions approval process.

- Without timely and complete information from LHINs throughout the waitlist and admissions processes, Homes are not equipped to make informed decisions based on the care and safety of all residents.
- Homes have to repeatedly request additional information (e.g., additional consults, vaccination status, medical lists, etc.).

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

Assessments are outdated making it difficult to assess residents' needs

It is vital that the Home receives accurate information about residents to determine if isolation is possible under COVID-19 guidelines. The absence of this information in an application would create an infection prevention and control risk. Upon admission, for example, residents must isolate for 14 days in an isolation unit. If residents exhibit wandering behaviours, however, they cannot be isolated.

Prior to COVID-19, assessments were considered 'up to date' within the last three months. During the pandemic, assessments are considered 'up to date' within the last six months. This is a significant length of time. In addition to being outdated, only functional assessments are being provided, which have limited and basic information making it difficult to accurately assess applicants.

HOW DID WE MANAGE AND ADDRESS THESE ISSUES?

Homes established strong communication channels

The Homes established strong communication channels with the Placement Facilitator at the Central LHIN for check-ins and status updates. The Homes also have a Director of Care or Assistant Director of Care who thoroughly reviews each application prior to admission.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

Provincial direction helped in the admissions process but outdated information increased risk

Provincial direction helped to provide clarity about the admissions process and the steps that can be taken upon admission. The requirement of a negative COVID test before admission was also helpful in limiting infection. While changes to the admissions process, however, were intended to reduce time and expedite admissions, inaccurate and outdated information increased time and risk. Suspending admissions was again helpful, but this was likely due to hospitals not being at capacity. Additionally, the initial response to clear beds in hospitals increased risk to long-term care homes.

Ensure the Central LHIN provides accurate and up-to-date information

The Province should work with the Central LHIN, and all LHINs, to ensure that homes are provided with complete, accurate and up-to-date information to properly assess if an applicant can be admitted. The Province should also work closely with the LHINs and Public Health to ensure all advice and direction is

coordinated and consistent. As the pandemic continues, the Homes should be allowed to limit the rate of admissions to support our infection and prevention control measures and isolation policies.

8. Food and Nutrition Services

Recommendation 20: More staffing supports and funding are needed to improve the food and nutrition care of those living in long-term care homes as identified in the [Auditor General Report](#). These issues include the dining room experience, meeting residents' nutritional care needs, food quality and safety, food purchasing and performance measurement.

PRIOR TO COVID-19:

- The Auditor General's Report concluded that the Ministry of Long-Term Care and long-term-care homes do not have sufficient procedures in place to confirm that residents are receiving sufficient mealtime assistance and that they receive food and nutrition services in accordance with their individual plans of care.
- In the Region's Homes, staff faced challenges in providing feeding assistance due to inadequate level of staff to assist residents, and the Homes relied on volunteers and family to help during meals.
- There is a growing complexity of resident food preferences and needs which can be difficult to accommodate while having to also comply with Canada's Food Guide.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

Absence of volunteers and family decreased dining support and increased isolation

During the initial COVID-19 response, volunteers and families could no longer provide mealtime assistance which placed greater pressure on staff. It continues to be difficult for the Homes to provide pleasurable dining while maintaining the health and safety of residents. The Homes, for example, had to implement in-room dining to maintain isolation, which means residents can no longer experience the social aspects of dining.

HOW DID WE MANAGE AND ADDRESS THESE ISSUES?

Homes benefitted from deploying staff from other areas

The Homes benefitted from having staff redeployed from other areas of the organization to assist at mealtimes, and the Homes used virtual meal rounds to complete clinical resident assessments. Virtual meal rounds made it possible for dietary staff to observe residents in a dining room or in their rooms while they were eating, allowing them to complete their assessments as if they were on-site.

To return to congregate dining while respecting physical distancing guidelines, however, the Homes had to implement staggered mealtimes, using activation spaces and lounge areas. This requires additional staff which is difficult to find during this time. It was also difficult to replace or retain additional

food service workers due to certification requirements. Long-term care cooks require highly specialized training, which redeployed staff would not have.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

Greater engagement with the province is needed

During COVID-19 response, there has been little engagement from the Province regarding food and nutrition. The Ministry of Long-Term Care only communicated that audits and reporting requirements would no longer continue but no further direction was provided regarding dining and meal service, including adjusting menus or in-room dining.

While the Province was slow to respond to food service needs, the Region was proactive in implementing measures before the Province mandated them, such as isolating residents during mealtime.

More staffing supports, funding and clearer mealtime protocols are needed to improve food and nutrition care

To support implementation of recommendations from the Auditor General's report, the Province should increase the per diem funding for food and dining and provide additional staff. For pandemic response, the Province should provide clear direction on mealtime protocols. The Province should also allow for flexibility in menu management to adjust to in-room dining while meeting nutritional outcomes.

The Region supports the Auditor General's findings that more supports are needed to improve the food and nutrition care of those living in long-term care homes.

9. Oversight

Recommendation 21: Consider a standardized approach to oversight which focuses on quality improvement and resident-centred care including a review of inspection protocols.

PRIOR TO COVID-19:

- The current inspection process is punitive, and homes feel highly scrutinized by this intense process. When inspectors have found the Region's Homes in non-compliance, the Homes have not been provided information or support to identify ways to address the issues, as there is no channel available to discuss the inspection findings.
- The appeals process for inspections is also punitive. Homes that have pursued appeals faced repercussions for this action. As a result, the Homes feel there is no avenue for recourse when they are found non-compliant.
- Inspections differ greatly and the focus of the inspections varies depending on the inspector.

- Inspections occur in a siloed manner with the focus on each individual home rather than the system. There are no tables, such as communities of practice, where all homes meet with inspectors to discuss the inspection process, learn from each other, and discuss solutions moving forward.
- Inspections are focused only on the incident, and other factors, such as accreditation standards, are not considered.
- The focus on compliance and avoiding compliance orders can create a sense of fear among long-term care home management and staff. Staff are often afraid to make errors and may not be comfortable coming forward about incidents contributing to a culture of fear within the sector.
- Instead of working with homes, the relationship between homes and the Ministry of Long-Term Care is adversarial in nature. The Homes do not feel supported and are often fearful of the inspection process and the potential repercussions.
- Innovation in the sector has also been stifled by rigid compliance requirements and an overall culture of fear. As a result, homes face difficulty in exploring new behavioural models of care.
- The consequence of a compliance-based culture is that staff can become overly focused on regulated tasks to the detriment of positive resident outcomes, resident rights, safety, security and quality of life.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

Inspections were paused and a new inspector role introduced

The pause in inspections allowed the Homes to cultivate stronger relationships with other entities, such as Public Health, hospitals and the Central LHIN.

The Province also announced the inspector role would change during COVID-19 to a consultative resource for the Homes, allowing the Homes to arrange weekly calls with their inspector.

Increased scrutiny during outbreak

Ministry inspections became even more intensely focused on compliance during outbreak. Support, guidance or consultation should have been the focus rather than punitive compliance-based inspections, which exacerbated what was already a stressful and anxious environment for staff and residents.

HOW DID WE MANAGE AND ADDRESS THESE ISSUES?

Homes continued compliance practices

Although inspections were paused, the Homes continued their compliance practices by using the weekly calls with their inspector for guidance and advice on how to adapt to COVID-19 while still following compliance measures. Since this inspector had previous experience working in long-term care homes, they were able to provide advice, options and solutions that were helpful.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

Quality of advice may have been inconsistent

The shift in the inspector role to a consultative resource was helpful to the Homes; however, this was due to the inspector that was assigned. As the quality of advice depends on the inspector, this may not have been the experience in other homes. The Homes were often left to exercise judgement on how to best implement directions issued by the Province in a manner that complies with the legislation. When complaints are made regarding the Homes' actions, the Ministry of Long-Term Care does not provide support despite the Homes' actions being the result of compliance with directions.

Introduce standardized approach to oversight focused on quality improvement

The Province should consider a standardized approach to oversight with a focus on quality improvement, where compliance is understood as one part of continuously improved care. Inspectors should be able to identify issues and act as a resource, as well as work with homes to identify appropriate improvement strategies. The inspections process should incorporate consultation where homes are provided with guidance and advice, particularly preventative measures that could be put in place. This is especially important during outbreak when homes are facing extraordinary challenges. Inspectors should collaborate with homes, provide support to navigate these challenges and help improve preparedness and readiness to manage future outbreaks.

Review effectiveness of inspections and introduce objective third-party to enforce legislation

Homes are inspected and work with the Ministry of Long-Term Care in isolation, making it difficult to determine the effectiveness of these inspections on the sector as a whole and whether they are meeting the desired results of improving resident care. The Province should review the inspections system comprehensively to determine impacts and best practices and share them across the sector.

The Ministry of Long-Term Care currently creates and develops legislation but is also responsible for enforcing it. This can lead to bias in the decisions that are made. An independent, third party should be responsible for enforcing the legislation in an objective manner with a clear purpose: supporting residents in receiving the best quality care.

10. Legislative Reforms

Recommendation 22: Review regulatory framework to ensure it is consistent with and supports the goal of true resident centred-care.

Recommendation 23: Ensure new directions and requirements related to COVID-19 response are clear and consistent between all ministries and the LHINs.

PRIOR TO COVID-19:

- The long-term care legislative and regulatory environment is overly prescriptive, limiting flexibility in how staff can respond to the diverse needs of residents. Staff have become task-oriented rather than resident-focused to comply with the many administrative requirements. A significant amount of time is spent on documentation and reporting requirements, which deter from resident care.
- Although resident-centred care is at the heart of long-term care legislation, the immense regulations and administrative requirements present a barrier to achieving this in the Homes. As a result, staff are sometimes prevented from truly engaging with residents and their care.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

It was difficult to remain up to date on changes

It was difficult to remain up to date on the changes with the mass and rapid communication that was being released from the Province. The rapidly changing situation required constant monitoring for new communications and directions. Homes were often left to interpret and use their judgement to determine how to implement measures. The directions were so numerous, there was also not sufficient time to consider the best implementation approach or how to align the various regulations.

Operationalizing these directions are a significant undertaking that requires education, training, funding, resources and administrative support to fully understand the directions and implications, and develop a plan for implementation. Insufficient time to coordinate these components and lack of clarity in directions made our response to the COVID-19 pandemic very challenging.

HOW DID WE MANAGE AND ADDRESS THESE ISSUES?

Corporate support, dedicated response group and additional staff helped mitigate risks

Corporate support, a dedicated response group, and additional staffing helped mitigate the risks and challenges in implementing the required changes, including:

- Strong legal counsel and support from the Region's Legal and Court Services Department in interpreting and implementing new requirements
- A Medical Director who is up to date on research, best practices and an active member of local health care networks as well as the Homes COVID-19 Response team
- Ability to access Public Health for advice since Public Health is integrated into the Region's municipal structure
- Support from Paramedic Services to help with mandatory swabbing
- An Occupational Health Physician who works with staff on return-to-work plans
- An established contract Tracing Team comprised of long-term care staff with support from corporate Employee Health Unit
- Designated communications support

The Homes also drew on support from sector organizations, such as AdvantAge and the Ontario Long-Term Care Association, to help interpret legislative changes. Consistent communication updates and situation reports helped keep staff informed of changes.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

Directions did not reflect what homes could realistically implement

Using the directions, guidance and documents, the Homes were largely left to determine the correct course of action. These directions often did not reflect an understanding of what the homes could realistically implement within the timeframe provided. Homes also often received the directions at the same time as the public, leaving minimal time to review and understand the changes before having to communicate with staff, residents and families.

Communication and coordination at the provincial and regional levels must be improved

Coordination between the provincial ministries and LHINs is necessary to ensure the Homes are provided with clear and consistent messaging and are not left trying to determine which advice to follow when information is conflicting. Before developing directions, the Province needs to consider the operational environment of homes and the resources and support homes will need to implement these measures. Guidance, direction and support, in the form of resources and funding, would allow homes to spend less time reviewing and interpreting how to best implement the directions and more time focused on resident health, safety and care. New directions should highlight and indicate what has changed from the last direction.

IPAC assessments should also be required annually to identify gaps and allow the Homes to develop an action plan to address these gaps in preparation of future infectious disease outbreaks. The Province should provide funding for dedicated IPAC resources to support this.

Review legislative and regulatory framework

The highly prescriptive regulatory environment is a significant factor in the culture of long-term care in Ontario. The Province needs to develop a regulatory environment that sets requirements while also encouraging continuous quality improvement. Not only can this contribute to culture change, it can also contribute to improved resident care as staff have more time to dedicate to direct care.

The underlying principles of long-term care legislation, regulation, and policies is to ensure all homes provide resident-centred care. However, legislative requirements inhibit this goal. These requirements need to be reviewed and redesigned to allow for resident-focused care instead of task-oriented care, which is the result of the current regulatory regime. Streamlining or eliminating low-risk and redundant requirements of regulations will reduce administrative burdens and allow staff to spend more time caring for residents.

11. Partnerships for Integrating Long-Term Care into Health Care System

Recommendation 24: Include long-term care homes in the governance structure of every Ontario Health Team across the province as a key partner in planning and delivery of local health care to ensure representation on planning and decision-making tables.

Recommendation 25: Call on the federal government to address shortcomings in the long-term care system, including funding for human resources and infrastructure.

Recommendation 26: Consider national standards for the LTC sector (staffing levels, training, and infrastructure) using model of Canada Health Act, with new federal dollars tied to national standards.

Recommendation 27: Develop Ontario Seniors Strategy with recommendations to support reform and priority needs of LTC sector including LTC Homes, Retirement Homes, Home and Community Care, Supportive Housing, and Independent Living supports.

Recommendation 28: Provide capital and operating funding and regulatory supports to facilitate the spread and scale of campuses of care.

PRIOR TO COVID-19:

- Three Ontario Health Teams (OHTs) currently operate in York Region: Eastern York Region North Durham Ontario Health Team; Southlake Community Ontario Health Team; and Western York Region Ontario Health Team.
- Recognizing the value of partnership and collaborative opportunities through Ontario Health Teams, Regional Council approved York Region's participation as a full partner on Eastern York Region North Durham and Southlake Community Ontario Health Teams.
- As a partner, the Region actively participates on governance and decision-making tables, contributes to and supports the development of partnership agreements, co-chairs and participates on various working groups and action teams, and connects Ontario Health Teams to partners in the community.

HOW WAS OUR EXPERIENCE IMPACTED BY COVID-19?

Homes require further support from OHTs to support COVID-19 response

Partnerships with OHTs have played an important role in supporting the Region's response to COVID-19. The Region was able to leverage its partnerships with its local Ontario Health Teams for support, advice, and guidance during the pandemic response. However, most of the scheduled planning work to formalize Team functions and operations was put on hold as partners shifted priorities to respond to the pandemic and the main focus was initially on acute care settings. Therefore, there was not an opportunity for OHTs to organize stakeholders across the sector or develop collaborative methods, such as a community of practice, to determine a comprehensive approach to address the issues in long-term care.

WHAT ARE OUR VIEWS REGARDING THE PROVINCE'S RESPONSE AND WHAT MORE CAN BE DONE?

Long-term care was largely off the radar during initial response to COVID-19

During the initial response to COVID-19, it was assumed that long-term care was fully prepared to handle and manage the spread of COVID-19 and as such, the sector did not receive comprehensive support.

In homes where hospital supports were provided, it was assumed that the hospital sector had the expertise and knowledge to manage long-term care. However, long-term care homes provide a home setting, differentiating them from the care provided in acute care settings.

It was also difficult for homes across the sector to influence guidance or direction because they were not well-represented on planning and decision-making tables.

Homes should be integrated into governance structure of OHTs

Long-term care homes are an integral part of the continuum of care and must be a key part of every Ontario Health Team, given their deep connections within health care, so their expertise and knowledge can be leveraged. The impact of the pandemic on long-term care has put a spotlight on the sector and the role that long-term care homes play in Ontario's health care system.

The Region was able to leverage its partnerships with Eastern York Region North Durham and Southlake Community Ontario Health Teams to advocate for long-term care needs. However, this needs to be extended to all Ontario Health Teams so more formal and comprehensive support can be provided. Homes should, therefore, be integrated into the governance structure of OHTs as a key partner in planning and delivery of local health care to ensure their representation on planning and decision-making tables across the province. The guidance and direction provided by OHTs to the Province should then be informed by the experiences of the Homes.

Partnerships between long-term care sector and hospitals can also be strengthened

Acute care settings, like hospitals, are very different from long-term care and the management and operations of these settings cannot be directly applied to long-term care. A strengthened partnership with the hospital sector is required to ensure the unique challenges and needs of the long-term care sector are well understood particularly with respect to pandemic preparation and response and IPAC supports. There is also a need to clearly define providers' roles and responsibilities, including identifying the lead at each stage. Medical Directors should have a more clearly defined role and play a key role on the decision-making team.

National oversight and funding for long-term care are needed at the federal level

A major gap in the Canadian universal health care system is long-term residential care, and there are no established federal standards for long-term care. Across the country, jurisdictions offer a different

range of services and cost coverages. There is little consistency across Canada in what facilities are called (e.g. nursing home, personal care facility, residential continuing care facility, etc.), the level or type of care offered, how it is measured, how facilities are governed, or who owns them.

In the [September 2020 Throne Speech](#), the Right Honourable Julie Payette, Governor General of Canada, announced the federal government would work with the provinces and territories to set new national standards for long-term care so that seniors get the best support possible.

The Region recommends tying these standards to federal dollars using the Canada Health Act. This would make meeting long-term care standards a condition of receiving Canada Health Act transfers for provinces and territories. The Region further recommends these standards consider hours of care and training and resources for infectious disease control, including optimal use of personal protective equipment, and protocols for expanding staff during infectious disease outbreaks.

On [July 16, 2020](#), the Prime Minister also announced a \$19 billion deal with the provinces and territories called the Safe Restart Agreement, \$740 million of which is for vulnerable populations including the long-term care sector. As outlined in the Response Letter from Ontario Premier Doug Ford, released on [September 16, 2020](#), the Ontario Government intends to use a portion of funding received for vulnerable populations to support ongoing infection prevention and control measures in long-term care homes. These include additional cleaning and other resident supports; equipment and supplies, including PPE; and costs associated with reducing home occupancy to facilitate resident isolation and cohorting. On [November 30, 2020](#), the federal government committed an additional \$1 billion for a Safe Long-Term Care Fund as part of its Fall Economic Statement to help provinces and territories improve infection prevention and control measures in long-term care homes over the next three years. These funding announcements are welcome; however, sustainable, long-term federal funding, and not just short-term solutions, is needed.

The Province should develop a Seniors Strategy and provide capital and operating funding for other seniors supports

An Ontario Seniors Strategy would consider long-term care as part of a care continuum, which includes supportive housing, attendant care, adult day programs and home care, and campuses of care to help meet the growing care needs of an aging population. The Ontario health care system offers excellent services, but they are fragmented in plan and delivery. This lack of coordination creates a complex system that is difficult for seniors to navigate and to understand the variety of supports available to them outside of long-term care.

In 2019, the Ministry for Seniors and Accessibility held consultations and an online survey for the development of an Ontario Seniors Strategy. York Region submitted a response to the Province's consultation in [July 2019](#). The response advocated for alignments to [York Region Seniors Strategy](#) and identified opportunities for provincial investments consistent with York Region's priorities for seniors.

The submission included the following key recommendations to the Province:

1. Add more long-term care beds in York Region

- Although 892 new beds have been allocated to York Region as part of the commitment to build a stronger long-term care system, the Region currently has 50 beds per 1,000 individuals age 75+; well below the provincial target of 85 beds. The current gap of 2,000 beds will grow to 2,676 by

2021, nearly 8,000 by 2031 and will reach 15,000 by 2041. Further information can be found in the [Forecast for Long-Term Care and Seniors' Housing Implications](#) report.

2. Design and provide funding for age-friendly, complete communities with innovative housing options, better ways of getting around and easily accessible support services

- Seniors need better access to integrated services to successfully age in place. York Region is unable to do this work alone and recommends the Province work with municipalities, community agencies, the private sector and Ontario Health Teams to design and implement multi-service hub models and provide sustainable funding to operate these hubs.
- A campus of care is an example of an aging-in-place continuum of care that combines housing options with built-in support services, and healthy lifestyle amenities, to allow seniors to age in place and enjoy the comfort and security of home and community, all in one location. Frequently these services are also made available to seniors in the local community. This model also allows for economies of scale and has the ability to offer a range of support options across the continuum of care.
- Meeting the future need for long-term care beds is likely out of reach. However, with this challenge comes an opportunity to move away from the traditional way of doing things to be mindful of the entire continuum of care and the type of programming and services that are provided so that people can be allowed to age in place in their own homes and communities with dignity.

Successful implementation of the Ontario Seniors Strategy requires alignment, collaboration and partnership with municipal initiatives to effectively serve and support seniors. Municipalities are valuable partners who support the planning, policy and decision making for seniors.

CONCLUSION

COVID-19 has highlighted the need for systemic reform in long-term care. Long-standing challenges and issues must be addressed for the sector to achieve outcomes in line with the Act's guiding principle where long-term care homes are a place where residents may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.

This submission's recommendations identify areas where further action is needed from the Province to enhance the quality of care delivered to residents and to ensure infection prevention and control measures are met. This includes providing human resources to support testing and outbreak management, providing adequate and sustainable funding, building a strong long-term care workforce, improving the regulatory framework and oversight processes and ensuring long-term care is represented at key planning and decision-making tables. Dedicated provincial leadership and funding are required to create a long overdue long-term care system grounded in compassion and resident-centred care that graciously meets the needs of seniors throughout the final stage of life. In addition, collaboration and strong partnerships across all levels of government, community partners, and sector organizations are needed to support the seniors across the continuum of care.

The Region continues to advocate for seniors' needs, influence decision-making and planning and bring together key players across the sector to address issues related to the aging population.

For more information on this report, please contact Lisa Gonsalves, General Manager, Paramedic and Seniors Services at 1-877-464-9675 ext. 72090.

SUMMARY OF RECOMMENDATIONS

COVID-19 TESTING AND OUTBREAK MANAGEMENT

- **Recommendation 1:** Provide funding and human resources, including immediate access to readily available professional teams for homes in outbreak, to support outbreak management procedures.
- **Recommendation 2:** Proactively establish and formalize partnerships between Home Leadership Teams, Public Health Units, Hospitals, Ontario Health Teams, Local Health Integration Networks, and Ministry of Health, Ministry of Long-Term Care, and Ministry of Labour, Training and Skills Development to mobilize resources and support homes in preventing and responding to outbreaks.
- **Recommendation 3:** Continue mandatory testing for all staff and residents on a regular basis in order to enable quick identification of outbreaks and incorporate rapid testing into screening protocols with funding and resources to support this.
- **Recommendation 4:** Prioritize testing of long-term care staff and residents, ensure that test results come back within at least 48 hours and provide Medical Directors and LTC Management with clinical access to the Ontario Laboratories Information System (OLIS) so that they can retrieve test results for all staff and residents in their Homes.
- **Recommendation 5:** Ensure all homes have access to the swabs they need to swab all residents and staff or any other testing methodology that may be introduced.

STAFFING

- **Recommendation 6:** Develop and implement a long-term care health human resources strategy focusing on recruitment, retention, education and training, and technology to meet the challenges facing the sector and build resiliency and capacity to respond to infections disease outbreaks.
- **Recommendation 7:** Address precarious workforce by providing funding for full-time employment with benefits to staff.
- **Recommendation 8:** Legislate and increase funding to allow long-term care homes to provide at least four hours of nursing and personal care for each resident daily.

EDUCATION AND TRAINING

- **Recommendation 9:** Provide staff with standardized training, including licensing of PSWs, and education across the sector related to compliance, mandatory reporting, human resources (as applicable) as well as clinical skills, personal protective equipment, infection prevention and control, and provide access to better resources to assist with this.
- **Recommendation 10:** Provide residents and their families with standardized training and education across the sector related to personal protective equipment, infection prevention and control, diversity and inclusion, and provide the resources needed to assist with this.

FUNDING

- **Recommendation 11:** Provide municipalities with adequate, sustainable funding that reflects the true costs of operating a long-term care home, relieving municipalities of the responsibility for increased health care costs.
- **Recommendation 12:** Establish funding model based on residents' current acuity and needs to ensure appropriate levels of frontline staff, support staff and direct care resources, including stable funding for all homes to establish and maintain PPE supplies as well as infection prevention and control supplies.

- **Recommendation 13:** Reverse funding reductions for pharmacy, and at a minimum do not undertake further cuts in 2021.
- **Recommendation 14:** Provide High Intensity Needs funding for short-stay respite residents and short-stay convalescent care program residents in special circumstances when residents or staff are at risk.

CAPITAL FUNDING – PHYSICAL BUILDINGS

- **Recommendation 15:** Increase funding for minor capital funding program to support ongoing compliance requirements and allow for enhanced infection prevention and control measures.
- **Recommendation 16:** Incentivize LTC to redevelop older homes and build new ones by:
 - increasing the construction funding subsidy per diem components
 - providing capital funding at the outset of the project
 - building or redeveloping facilities to enable economies of scale and manage infection prevention and control requirements
- **Recommendation 17:** Provide capital and operating funding to support more innovative resident centred design models, dementia friendly designs, and naturally occurring retirement communities (NORCs).

TECHNOLOGY AND EQUIPMENT

- **Recommendation 18:** Promote and fund the development and use of innovative technologies and equipment that can support the social and emotional well-being of residents, improve data management and reporting – including a standardized approach to outbreak tracking and management across the sector – and create greater system efficiencies.

CENTRAL LHIN ADMISSIONS

- **Recommendation 19:** Ensure the Central LHIN provides accurate and up-to-date information for each resident at the time of application and admission.

FOOD AND NUTRITION SERVICES

- **Recommendation 20:** More staffing supports and funding are needed to improve the food and nutrition care of those living in long-term care homes as identified in the [Auditor General Report](#). These issues include the dining room experience, meeting residents' nutritional care needs, food quality and safety, food purchasing and performance measurement.

OVERSIGHT

- **Recommendation 21:** Consider a standardized approach to oversight which focuses on quality improvement and resident-centred care including a review of inspection protocols.

LEGISLATIVE REFORMS

- **Recommendation 22:** Review regulatory framework to ensure it is consistent with and supports the goal of true resident centred-care.
- **Recommendation 23:** Ensure new directions and requirements related to COVID-19 response are clear and consistent between all ministries and the LHINs.

PARTNERSHIPS FOR INTEGRATING LONG-TERM CARE INTO HEALTH CARE SYSTEM

- **Recommendation 24:** Include long-term care homes in the governance structure of every Ontario Health Team across the province as a key partner in planning and delivery of local health care to ensure representation on planning and decision-making tables.
- **Recommendation 25:** Call on the federal government to address shortcomings in the long-term care system, including funding for human resources and infrastructure.
- **Recommendation 26:** Consider national standards for the LTC sector (staffing levels, training, and infrastructure) using model of Canada Health Act, with new federal dollars tied to national standards.
- **Recommendation 27:** Develop Ontario Seniors Strategy with recommendations to support reform and priority needs of LTC sector including LTC Homes, Retirement Homes, Home and Community Care, Supportive Housing, and Independent Living supports.
- **Recommendation 28:** Provide capital and operating funding and regulatory supports to facilitate the spread and scale of campuses of care.