



AMO's Initial Response to the Long-Term Care COVID-19 Commission

Interim Recommendations for an Ongoing Provincial Pandemic
Response

October 2020

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Introduction

The COVID-19 pandemic has had a disproportionate impact on residents in long-term care (LTC), as the vast majority of the deaths due to COVID-19 in Canada have been in LTC homes. This has affected families and communities across the province and country in profound and tragic ways. The pandemic has also exposed the structural weaknesses in the LTC system, especially chronic underfunding which limited the ability to respond effectively in the first wave.

The Association of Municipalities of Ontario (AMO) welcomes the opportunity to provide initial input to the Long-Term Care COVID-19 Commission (commission). AMO is a non-partisan, non-profit association representing municipal governments. Ontario's municipal governments work together to achieve shared goals and meet common challenges through AMO. One such cause is promoting healthy age-friendly communities which includes municipal LTC homes, operated in an efficient and effective manner.

While the provincial government is responsible for LTC legislation, regulation and program requirements, municipal governments are mandated under the *Long-Term Care Act, 2007* (LTCHA) to operate 16% (100+) of the 626 LTC homes in the Province. Municipal homes pride themselves on providing high quality services and safe environments for their residents. More about our association and advocacy for seniors and LTC is found on the [AMO website](#).

AMO acknowledges the provincial response to date and the support that has been provided. However, more action is needed in both the short-term to mitigate against future waves of COVID-19, and over the long-term to address persistent structural issues.

To that end, this document outlines our association's short-term recommendations to inform the commission's interim report about the ongoing provincial pandemic response with a targeted focus on what is needed for winter 2020/2021. Appendix A of this submission is a backgrounder that was sent to the Commission to provide an overview of the municipal role in governance and funding for LTC. AMO will provide a more comprehensive submission to the Commission with mid and long-term recommendations before the end of the year.

Context

AMO appreciates the opportunity to provide our perspective on how municipally funded and operated LTC homes have been impacted by COVID-19 thus far. The recommendations have been formulated by a sub-working group of AMO's Health Task Force and reflect the AMO Board's general positions on LTC. The sub-working group is comprised of a mix of elected officials and municipal staff working in LTC, public health, and other municipal services. Our working group members bring their unique and diverse perspective from across all areas of the province and municipal service sectors. See Appendix B for a list of the working group members.

We also work closely with AdvantAge Ontario, the association that represents municipal and non-profit LTC service providers. AMO's aim is to provide high level recommendations about policy,

planning, funding, and the provisions of non-financial supports to the sector rather than detailed technical operational advice.

AMO encourages the commission to consider our recommended actions that, if implemented, would help provide a more effective pandemic response during winter 2020/2021. Initiatives need to be put into motion now to make sure this pandemic response can sustain itself for as long as is necessary. This involves examining how staffing models, the physical structure of LTC homes, governance models, regulations and inspections, and access to IPAC measures affected the COVID-19 response. Our seniors and LTC residents deserve high-quality care and utmost safety, both during the COVID-19 pandemic and beyond.

Recommendations

I. Planning and Communications for Successful Outcomes

Effective planning and communications are vitally important to evidence-based decision-making as a sector. In developing these plans and implementation strategies, it is critical that the input of the LTC sector including municipal homes be included and that their expertise be leveraged.

1. The Province, including the Ministry of Long-Term Care (MLTC) and the Office of the Chief Medical Officer of Health, should continue ongoing second wave planning and develop a clear strategy for issuing clear direction at appropriate times as conditions change.
2. The Province must have representation from the municipal LTC sector in regional and systems planning and implementation tables.

II. Staffing Measures to Attract and Retain Highly Trained and Qualified Staff

The longstanding staffing challenges in LTC have been exacerbated by the COVID-19 pandemic. It continues to be a challenge to successfully recruit and retain critical staff during this time. Many municipal homes need to 'staff up' and are facing the second wave with less staff than in the first one. Initiatives that can be implemented quickly or started now to address staffing issues into the future are needed.

3. The Province should work with the LTC sector to develop a province-wide health human resources strategy to address staffing issues, including overcoming the challenges of insufficient human resources, such as nurses and personal support workers, in certain regions, especially in northern and rural areas.
4. The Province should expand the issuance of pandemic pay to a broader range of staff in LTC homes, including nurses and other staff doing front-line work as well as their supervisors.
5. The Ministry of Long-Term Care (MLTC) should extend and maintain the High Wage Transition Fund for the duration of the COVID-19 pandemic past March 2021 and consult with AMO and other LTC sector associations about the future of the Fund.
6. The Province must continue to extend the Emergency Orders to allow redeployment of staff into the LTC sector as needed until the pandemic ends or when staffing issues are fully addressed whichever happens first.

III. Care for Residents During COVID-19

Sick residents require more attentive and responsive care. There have been calls from many stakeholders to increase the levels of direct care, as well as to sustain existing services to help protect residents. Now is the time to act on this. Enhancing resources to support residents with responsive behaviors to manage during COVID-19 is also needed.

7. The MLTC should provide adequate provincial funding to care for an aging population with complex medical conditions and challenging behaviours such as dementia and commit to full 100% provincial funding for an average of four hours of care per resident per day.
8. The MLTC must immediately reverse the changes and reductions to pharmacy funding during the pandemic and work on alternative options for funding to support LTC pharmacy over the long-term.
9. That the MLTC enhance specialized support programs, including Behaviour Supports Ontario and specialized Nurse Practitioners to complement staffing levels in long term care homes.

IV. Funding for Viability and Sustainability During COVID-19

Decades of underfunding has stretched the capacity of municipal homes to manage with the additional costs associated with the pandemic. While emergency funding was critical and helpful, more may be needed now will be needed into next year. At the same time, adequate base funding is needed for the core operating and capital needs. Municipal governments are facing pressure with additional pandemic costs across several program areas and experiencing declining revenue because of the pandemic. They cannot afford to continue to fill in the gap where provincial funding is lacking.

10. That the MLTC review the adequacy of the emergency COVID-19 funding against incurred costs through to March 31, 2021, and provide more funding as needed by the LTC sector.
11. That the MLTC provide for and give advance notice as soon as possible about ongoing emergency COVID-19 funding in the 2021-22 fiscal year.
12. That the MLTC increase core operational funding at least at the rate of inflation or higher in both this current fiscal year and next.
13. That the MLTC enhance and increase funding for the minor capital funding program to support operators to improve structural compliance and enable more effective IPAC in homes.

V. Increasing Public Health and Safety

The provincial government should also provide direct and indirect resources to the LTC sector. This could include providing funding for IPAC measures in homes including for education and training and paying for staffing backfill. As well, the sustained funding of crucial third party supports such as local public health is needed. More timely testing results are also crucial.

14. That the MLTC and Ministry of Health (MOH) should review the adequacy of IPAC programs under the *Long-Term Care Homes Act, 2007* in preventing and managing COVID-19 outbreaks and put in place higher standards with increased funding to homes to implement these standards.
15. That the MLTC should provide ongoing and enhanced operational funding to implement effective IPAC measures in homes including training and continue to provide guidance based on health expertise.
16. That the MOH prioritize COVID-19 testing for LTC home staff, residents and visitors.

17. That the MOH should invest in local public health workforces to both address the needs of the increasing complexity of the pandemic response in LTC homes and maintain critical core public health services at the same time.
18. That the MOH increase Public Health resources for IPAC and outbreak management in LTC and other higher risk settings.
19. That the MLTC and MOH review the IPAC hub and spoke model to ensure that the hospital institutional based approach is mindful, appropriate, and adaptable for LTC home settings.

VI. Mental Health Supports for Residents and Staff

There have been mental health impacts on both staff and residents because of the pandemic. Attention to supporting mental health will help sustain people during this time. Ensuring the emotional well-being of both staff and residents will help staff do their jobs effectively, and reduce residents' challenging behaviours. Continued visits by family and friends can play a role but under controlled conditions.

20. That the MOH and the MLTC invest in the resources needed to support the mental health of staff and residents in LTC.
21. That the MLTC and the MOH continue to review and consult the LTC sector associations on appropriate visitors' policies, including for essential caregivers, to strike a balance between health and emotional well-being considerations.

Conclusion

AMO appreciates the opportunity to provide interim recommendations to the commission. We look forward to speaking with your team further and will be providing more comprehensive recommendations further on in the process.

Appendix A: Backgrounder on Municipal Role in Long-Term Care in Ontario

Context

The Association of Municipalities of Ontario (AMO) welcomes the independent Long-Term Care (LTC) COVID-19 commission created by the Ministry of Long-Term Care (MLTC). AMO is interested because while the provincial government is responsible for LTC legislation, regulation and program requirements, municipal governments are mandated under the *Long-Term Care Homes Act, 2007* (LTCHA) to operate 16% (100+) of the 626 LTC homes in the Province.¹

Municipal governments want to help improve the LTC system, and share lessons learned of how municipal LTC homes fared in the first wave of COVID-19. To that end, AMO's Health Task Force created a sub-working group on LTC to inform the commission about how the municipal LTC homes handled COVID-19, and how the pandemic exacerbated long-standing issues in the sector.

This brief is part of AMO's preliminary submission for consideration by the commission. It provides background for the commission around the history of the municipal role in LTC, and how municipal LTC homes are differentiated compared to for-profit and charitable/not-for profit homes. AMO staff are available to speak with your team if there are any questions on the material.

History of Municipal Governments in LTC

Municipal governments have been involved in LTC since 1868 when the *Municipal Institutions Act* mandated that counties with over 20,000 people must provide Houses of Refuge for people who are homeless. In 1947, the *Homes for the Aged Act* replaced the Houses of Refuge and pivoted to focus on seniors. The Province provided 25% of the cost of building new Homes for the Aged for seniors.

Two years later, the Province increased provincial funding and mandated that these municipalities establish a Home for the Aged. New regulations also ensured greater consistency in care.

In 2007, the LTCHA was enacted which prescribed the requirements for every upper and single-tier southern municipality, and the option for northern municipalities to operate a municipal home.

Municipal Role in LTC Today

Municipal governments are funders, service providers, and employers of LTC. Of the nearly 80,000 LTC beds in Ontario, just over 20% are operated by municipal governments (16,000+).² The LTCHA requires each upper and single-tier municipal government in southern Ontario to establish and maintain at least one municipal home. They can provide this service directly or jointly with other municipal governments. Northern municipalities *may* operate a home, either on individual basis or jointly. In some case, northern municipal governments jointly fund a home managed by a District Board of Management.

As the order of government closest to seniors' issues in our communities, municipal governments pride themselves on providing high quality services and safe environments for their residents.

¹ Advantage Ontario. "[Ontario Municipalities – Proud Partners in Long Term Care](#)."(November 2018).

² Advantage Ontario. "[Ontario Municipalities – Proud Partners in Long Term Care](#)."(November 2018).

Many operate additional homes and offer services that surpass provincial requirements. More about our association and advocacy for seniors and LTC is found on the [AMO website](#).

However, today's LTC homes provide health care services to an increasingly complex patient group with high-acuity needs. They serve people who require 24-hour medical care and supervision within a secure environment. This requires significant financial resources to deliver this much-needed care.

To help cover costs, municipal governments have contributed an additional \$90 million since 2012 (a 36% increase), when the estimated municipal contribution was \$268 million. In 2016, municipal governments contributed \$350 million over and above the provincial funding subsidy, not including capital expenditures.³ In 2017 alone, municipal governments invested \$2.1 billion in seniors' programs and other health services.⁴

In addition, municipal governments are responsible for providing a wide range of programs and services, which allow them to leverage other services – including social, paramedic and transportation services – to meet the needs of people in their LTC homes. This includes providing direct services across the continuum of care including wellness and prevention programs to promote active lifestyles including community recreation programs and Seniors Active Living Centres, community-based services, and housing and residential programs. Many municipal governments operate long-term care homes within a campus of care model enhancing the range and integration of services to residents.

The municipal LTC sector is supported by significant volunteer hours (710,000 volunteer hours, equivalent to 366 full-time positions in 2016 alone).⁵ This plus non-profits help in many communities, particularly in northern and rural Ontario, where it is challenging to recruit and retain qualified staff.

Despite the commitment to provide high quality services to senior residents in their communities, AMO members have expressed mixed feelings about the mandated municipal role primarily because of the rate of additional municipal subsidy that is required. Many municipal governments see this as an indication of chronic underfunding of the system.

AMO generally holds that health care is a provincial responsibility and the limited municipal property tax base was never designed to raise the revenue for health and other social service programs. LTC homes have evolved since their initial inception as residential care for seniors.

While AMO is not advocating for municipal governments to get out of the LTC business, our members have long called for adequate funding for this health care service. The fact that most, if not all, municipal governments subsidize operations and capital maintenance may be an inhibitor to municipal take-up of new opportunities to develop new LTC homes in their communities.

³ AMO. "[A Compendium of Municipal Health Activities and Recommendations](#)." (January 2019).

⁴ Note that there is no public reporting of specific municipal contributions to quantify the amounts to subsidize LTC. Municipal expenditures for LTC are not disaggregated from other municipal expenditures for 'assistance to aged persons' under provincially-set Financial Information Return reporting requirements.

⁵ Advantage Ontario. "[Ontario Municipalities – Proud Partners in Long Term Care](#)." (November 2018).

Municipal LTC Governance and Accountability

Municipal councils comprised of elected officials are the governing body of LTC homes. Management committees may be designated. Meetings are open to the public and transparent although in-camera sessions may be held for certain matters as outlined in the *Municipal Act* where confidentiality and privacy needs are required to be assured.

Municipal councils are accountable and provisions in the LTCHA dictate how. In 2017, the government made changes and removed previous due diligence standards for board members and implemented a more absolute duty to ensure compliance. The standard for LTC home board members is much higher than that of public hospitals.

The result is increased liability for board and committee members. It requires boards to spend time on staff oversight and compliance than just on traditional governance duties. Board members are liable for actions taken by the home, not just breaches of statutory provisions that they commit themselves to.

Appendix B: AMO's Health Sub-Working Group on LTC Commission Members

1. **Graydon Smith**, President, Association of Municipalities of Ontario (AMO), and Mayor, Town of Bracebridge, Chair of AMO's Health Task Force
2. **Monika Turner**, Chair of Working Group, Director of Policy, Association of Municipalities of Ontario (AMO)
3. **Michael Jacek**, Senior Advisor, Association of Municipalities of Ontario (AMO), alternate Chair of Working Group
4. **Cathy Granger**, Commissioner of Health Services, Regional Municipality of Peel
5. **Sandra Hollingsworth**, Councillor Ward 1, City of Sault Ste. Marie
6. **Dr. Robert Kyle**, Commissioner & Medical Officer of Health, Regional Municipality of Durham, and Chair, Association of Local Public Health Agencies (aLPHa)
7. **Dean Lett**, Director, Long-Term Care, City of Ottawa
8. **Lisa Levin**, CEO, AdvantAge Ontario
9. **Dan O'Mara**, Mayor, Municipality of Temagami
10. **Kelly Pender**, Chief Administrative Officer, County of Frontenac
11. **Kevin Queen**, CAO & District Administrator, District of Kenora Home for the Aged
12. **Jane Sinclair**, General Manager, Health & Emergency Services, County of Simcoe, and Chair, AdvantAge Ontario
13. **Amber Crawford**, Policy Advisor, Association of Municipalities of Ontario (staff resource)