



# COVID-19 AND LONG-TERM CARE: TALE OF TWO PANDEMICS

Lisa Levin – CEO AdvantAge Ontario  
Association of Municipalities of Ontario

**August 18, 2020**



# Agenda

---

1. Tale of Two Pandemics
2. Why did Ontario perform so poorly?
  - Historical Issues
  - System's Response
3. What worked well
4. Immediate Actions - Second Wave Prep
5. Next Steps

# Tale of Two Pandemics

---

- According to a report by the Canadian Institute for Health Information (CIHI) released last month, Canada has had the highest proportion of deaths occurring in long-term care (LTC) during the COVID-19 pandemic (1):
  - LTC residents accounted for 81% of all reported COVID-19 deaths in Canada, compared with an average of 42% in other Organisation for Economic Co-operation and Development (OECD) countries (ranging from less than 10% in Slovenia and Hungary to 66% in Spain).
  - LTC deaths represented over 70% of all COVID-19 deaths in Quebec, Ontario and Alberta.
- Factors that contributed to the outcomes of COVID-19 and LTC in Ontario:
  - Health human resources (HHR) crisis.
  - Older LTC homes
  - Safeguards came into place too late (one site per employee directive, personal protective equipment (PPE) and masking requirement, testing in homes)

---

(1) Canadian Institute for Health Information. *Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries?*. Ottawa, ON: CIHI; 2020.

## Overview - COVID-19 Long-term Care Homes

---

- As of July 17, 2020 - there was a total of 6,455 cases in the long-term care homes, including 4,140 (64%) resident cases and 2,315 (36%) staff cases.
- There were 1,780 resident deaths in long-term care homes.
- All COVID-19 data comes from the ministry's public websites, and the accuracy of the COVID-19 data may vary based on the date and time the information is updated.

**4140**  
Total Resident Cases

**2315**  
Total Staff Cases

**1780**  
Resident Deaths

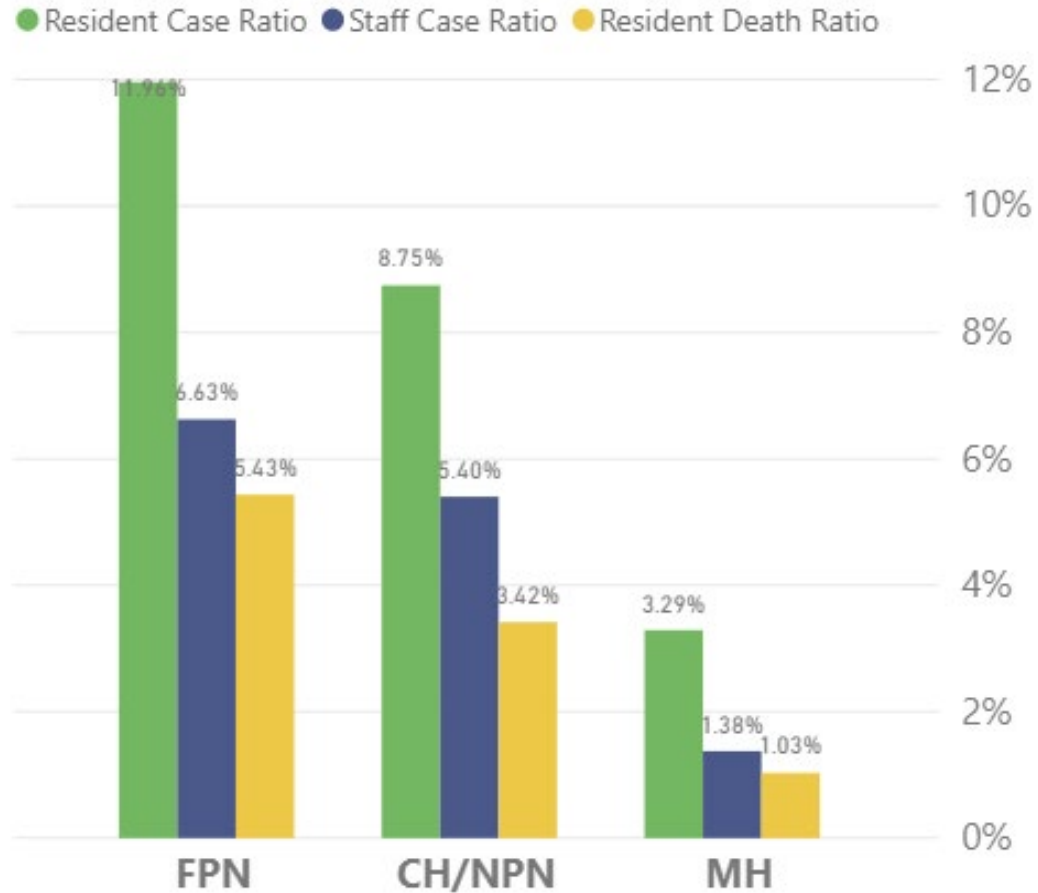
## COVID-19 By Home Type

Home Type	Total Resident Cases	% of Total Resident Cases	Total Staff Cases	% of Total Staff Cases	Resident Deaths	% of Resident Deaths
<b>For-Profit</b>						
FPN	2901	70.07%	1607	69.42%	1318	74.04%
<b>Total</b>	<b>2901</b>	<b>70.07%</b>	<b>1607</b>	<b>69.42%</b>	<b>1318</b>	<b>74.04%</b>
<b>Not-For-Profit</b>						
CH/NPN	952	23.00%	588	25.40%	372	20.90%
MH	287	6.93%	120	5.18%	90	5.06%
<b>Total</b>	<b>1239</b>	<b>29.93%</b>	<b>708</b>	<b>30.58%</b>	<b>462</b>	<b>25.96%</b>

- Out of 4,140 resident cases, there were 2,901 (70%) from For-Profit and 952 (23%) from Charitable/Non Profit homes, and **287 (7%) were at the Municipal homes.**
- Out of 1,780 resident deaths, there were 1,318 (74%) reported in For-Profit homes, and 462 (26%) in Non-profit homes, including 372 (21%) in Charitable/Non profit and **90 (5%) in municipal homes.**



# COVID-19 Ratios by Home Type



- Municipal homes had the lowest (3.29%) for the resident case ratio and staff cases (1.38%).
- Similarly, the number of death ratios at the municipal homes were the lowest (1.03%) in comparison to other home types.

**Ratio Measure** - To equalize homes by their bed counts, we used the bed count of the homes that are in COVID-19 for following ratio calculations:

Resident Case Ratio = Total Resident Cases / Total Number of Approved Beds  
 Staff Case Ratio = Total Staff Cases / Total Number of Approved Beds  
 Resident Death Ratio = Total Resident Deaths / Total Number of Approved Beds

# Why Did Ontario Perform so Poorly?

---

## Historical Issues

### > **Human Health Resource Crisis**

- Staffing Challenges

### > **Inadequate Funding**

- No significant increase to funding envelopes to match changes in resident acuity
- Barriers to develop/redevelop

### > **LTC Homes Design**

- 3-4 Bed Ward Rooms
- Cramped conditions
- Air Conditioning

### > **Regulations and Red Tape**

- Couldn't re-deploy staff immediately

## System's Response to the Pandemic

---

### > **Timing of the following directives/measures came too late:**

- Universal Masking Requirements
- Visitor restrictions
- Closing homes to admissions
- Workers restricted to one site
- Pandemic pay; HR options; COVID teams

### > **Infection, Prevention and Control resources:**

- Lack of masks meant homes could not immediately implement the universal masking requirement. This resulted in staff refusals to work, largely supported by unions.
- Lack of centralized access to Personal Protective Equipment (PPE). This led to homes initially unable to secure PPE, and then purchasing PPE from vendors at exorbitant costs. This contributed to the spread of infection throughout homes and staff leaving due to fear.
- Lack of a dedicated infection prevention and control (IPAC) nurse in homes.



## System's Response to the Pandemic (cont'd)

### > **Surveillance and Testing**

- Significant delay in test results prevented effective containment and management of COVID 19
- Lack of Swabs meant that homes couldn't quickly test everyone
- Proactive surveillance took time to initiate
- False negative and positive results resulted in misuse of resources and inability to properly respond to outbreaks
- Lack of direction on what homes should do with staff and/or residents' refusal to get tested
- Current testing methodology is invasive

### > **Other Issues**

- Inconsistent messages from public health units
- Lack of funding to acquire the additional resources needed such as extra staff, virtual technology supports
- Huge volume of information which was sometimes contradictory; lack of guidance from government on implementation of directives
- Assisted living in supportive housing ignored until April

## What Worked Well

---

- > Municipal homes excelled during pandemic
- > Partnership with Registered Nurses' Association of Ontario (RNAO) on staffing
- > Sharing best practices amongst AdvantAge members - municipal members were leaders
- > Pandemic funding came early
- > Premium Pay for front line staff
- > Regular association connection with Ministry of Long-Term Care (LTC)
- > Relaxation of regulations by MLTC
- > Ministry's staffing website
- > Prioritization of LTC for PPE
- > Hospital assistance

## Immediate Actions – Second Wave Prep

---

- The Association sent a letter to Deputy Minister Richard Steele on June 19, 2020 outlining recommendations in the following two areas:
  1. Existing Measures that Must Remain in Place During the Pandemic
    - Recommendations regarding existing pandemic-related protocols, practices, and policies currently in place that we believe must be kept in effect to help keep residents safe
  2. Additional Measures Required to Prevent Further COVID-19 Outbreaks
    - Recommendations on long-standing issues where we believe action is critical to prevent a second wave of outbreaks



# 1. Existing Measures that Must Remain in Place During the Pandemic

---

## A. Health Human Resources (HHR) Supports

### i) Continue to Allow Redeployment and Flexibility in Staffing

- Keep Emergency Order allowing for the redeployment of staff from other health care settings to LTC homes to provide personal support services, homemaking and/or other professional services
- Keep temporary regulation changes that allowed homes to use certain staff such as personal support worker (PSW) assistants and resident assessment instruments (RAI) coordinators to perform other duties as needed

### ii) Maintain the Emergency Order Restricting Workers to a Single Site

- Keep Emergency Order restricting LTC staff from working in more than one LTC home, retirement home, or health care setting.
  - Recommend that the Ministry extend this to restrict healthcare workers from working in any other workplaces.
  - These measures greatly reduce the possibility of infection spread from other health care or workplace locations into LTC homes
-

# 1. Existing Measures that Must Remain in Place During the Pandemic (cont'd)

---

## **B. Other**

### **i) Continue Prevention and Containment Funding and Extend Pandemic Pay**

- Keep providing additional funding to allow homes to receive reimbursement for essential costs that keep residents safe, such as:
  - Personal protective equipment (PPE)
  - Increased cleaning regimes
  - Increased staff to support enhanced cleaning activities
  - Increased staff to screen and coordinate visits
- In the short-term the Ministry must continue to provide containment funding; consider rolling this into the base funding for LTC homes
- In the long-term, the Ministry must commit to growing this funding to meet actual costs that we know exceed the current amount homes have received
- The Ministry should also continue to fund the pandemic pay increase that is currently in place and should also consider making this pay available to managers, particularly those working on the front lines of care
  - This pay has been critical to supporting retention

## 1. Existing Measures that Must Remain in Place During the Pandemic (cont'd)

---

### ii) Maintain Restrictions on Visiting

- Recognize the critical role family caregivers play in the physical health and emotional well-being of LTC residents.
- Provide more flexibility – don't mandate outdoor visits for 30 minutes per week – they listened.
- The Ministry should continue to follow the best medical advice to maintain visitation practices.
- It's a tough issue.
- Critical that LTC homes have the needed resources to implement physical distancing during these visits including staffing and PPE in order to continue to safely support family visits in a way that protects residents and staff.



# 1. Existing Measures that Must Remain in Place During the Ontario Pandemic (cont'd)

---

## **iii) Ensure Collaborative Testing and Surveillance Strategy**

- The Ministry should:
  - Continue to require consistent testing of staff and residents at regular intervals.
  - Identify and implement options to support alternative testing methods that are less invasive.
  - Work with public health to ensure all homes have access to the swabs they need. This will support enhanced detection and will allow homes to quickly identify unknown cases or homes in outbreak.
  - Ensure results are returned to the LTC home in a timely manner.
  - Collaborate with public health to ensure that there are adequate resources in place to support contact tracing in a coordinated manner.

## 1. Existing Measures that Must Remain in Place During the Pandemic (cont'd)

---

### **iv) Ensure Sufficient Personal Protective Equipment (PPE) Supply Levels**

- Government assistance still needed to assist LTC homes with procurement and reimbursement for PPE supplies, as forcing homes to again use their regular supply chains will result in undersupplied homes.
- Ensure that immediate needs for PPE are met across the LTC sector to protect residents and staff from the potential of a second wave of COVID-19.



## 2. Additional Measures Required to Prevent Further COVID-19 Outbreaks (cont'd)

---

### A. Health Human Resources (HHR) Supports

#### i) Increase Funding for HHR

- Increase funding to support a minimum provincial average of four hours of care per resident per day to meet increased acuity - as a start.
- Grow this funding to meet the current and future needs in LTC homes.
- The Ministry should also identify funding needed for homes to have more full-time staff.
- To prepare for a potential second wave, each home would need resources to retain IPAC nurses.
- Also need staffing resources in general.

## 2. Additional Measures Required to Prevent Further COVID-19 Outbreaks (cont'd)

---

### **ii) Address the Unique Challenges of Northern and Rural Communities**

- The critical shortage of appropriately trained staff is challenging in urban areas and desperate in rural and remote Ontario, which undermines the quality of care residents deserve.
- Prepare emergency human resource plans for these areas - otherwise, a potential second wave could have a devastating effect on LTC in these communities.

## 2. Additional Measures Required to Prevent Further COVID-19 Outbreaks (cont'd)

---

### **B. OTHER**

#### **i) Reverse Cuts to Pharmacy Funding**

- Beginning at the end of 2019, significant changes to pharmacy funding were implemented and the plan is to phase in further funding reductions over the next four years.
- Despite concerns from the long-term care sector, the Ministry of Health has moved forward with these changes.
- The pandemic has highlighted the impact that under-funding in long term care sector has had on resident and staff health and safety.
- We strongly urge the province to immediately reverse the funding reductions, and at the minimum do not undertake further cuts in 2021.

## 2. Additional Measures Required to Prevent Further COVID-19 Outbreaks (cont'd)

---

### **ii) Include LTC Homes in the Governance Structure of Every Ontario Health Team (OHT)**

- LTC homes are an integral part of the continuum of care and must be a key part of every OHT, where their expertise and knowledge of this sector can be leveraged.
- The Ministry should ensure that LTC homes are integrated into all OHT's as mandatory partners, both in their development and in their governance model.

## 2. Additional Measures Required to Prevent Further COVID-19 Outbreaks (cont'd)

---

### **iii) Addressing Insurance Limitations**

- The COVID-19 pandemic has meant that LTC homes can only renew existing insurance policies, but they are not able to increase or enhance their liability coverage.
- Many insurance providers are now putting exclusionary clauses into renewal contracts omitting liability during pandemics.
- Without insurance for claims during pandemics, governance structures (voluntary board members), owners, directors, officers and possibly even foundations are put at risk of personal liability.
- We recommend that the province provide a solution for the sector, such as indemnifying homes ahead of a potential second wave of outbreaks.

## 2. Additional Measures Required to Prevent Further COVID-19 Outbreaks (cont'd)

---

### **iv) Develop Strategy for New Development/Redevelopment that Considers Infection Prevention and Control (IPAC)**

- Allocate additional and specific funding for interior design and furnishings to improve IPAC within the current designs
- Update design standards – private rooms/bathrooms?

## Next Steps

---

- Long Term Care Commission
  - AdvantAge Ontario Task Force; AMO Health Task Force Subcommittee
- Patient Ombudsman Review
- Ontario Ombudsman Review
- Auditor General PPE Review
- Pre Budget submission Part Two