



# Long-Term Care COVID-19 Commission: Response to the Final Report Recommendations

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AMO's Submission to the Ministry of Long-Term Care

November 8, 2021

## Long-Term Care Commission Response

### Preamble

The Association of Municipalities of Ontario (AMO) is a non-partisan, non-profit association representing municipal governments across the province. Municipal governments work through AMO to achieve shared goals and meet common challenges. As the frontline order of government closest to people, municipal governments are active players in Ontario's health system that understand the health needs of local communities.

Municipal governments operate 100 (16%) of the 626 long-term care (LTC) homes in Ontario that are mandated under the *Long-Term Care Homes Act, 2007*. Municipal homes pride themselves on providing high quality services and safe environments for their residents. In support of that work, AMO [continues to advocate](#) for improvements for seniors and the LTC sector.

AMO was pleased to see a thoughtful and well considered Final Report from the Long-Term Care Commission. AMO has provided the Commission with feedback throughout the process including [interim recommendations](#), [testimony to the Commissioners](#), and a [final submission](#). We were pleased to see many of the findings and conclusions included in the Final Report of the Long-Term Care Commission resonated with and reflected the experiences of municipal homes. However, there continue to be opportunities for further discussion around the transformation of long-term care. This submission builds upon our initial commission submission, [Moving Forward on the Long-Term Care COVID-19 Commission Final Report](#) from July 2021.

Through this submission AMO reiterates our recommendations, in response to the Long-Term Care Commission, for consideration to support, and in addition to the Commission's recommendations. These recommendations highlight key issues of significant municipal impact. AMO also endorses many of the technical recommendations made by AdvantAge Ontario in their [submission](#) to the government and strongly encourages continued engagement with both of our associations as the findings of the Commission are implemented as part of transformation of the long-term care sector.

The recommendations by AdvantAge Ontario that AMO is endorsing are identified with an asterisk (\*). AMO is not commenting on the full range of Commission recommendations, but mostly about matters relating to policy, systems integration, planning, funding, and governance. Detailed advice about operations is best provided by the long-term care associations and other stakeholders involved with LTC.

## Recommendations

### Pandemic Preparedness

1. In future pandemics, the Ministry of Health should repeat the practice and prioritize vaccinations of LTC home residents, staff, and essential caregivers, as rapidly as possible, and where feasible, facilitate vaccinations for staff on site.
2. In future pandemics, the Ministry of Health should conduct an awareness campaign to address vaccine hesitancy among health care workers.
3. In future pandemics, the Ministry of Health should prioritize testing of long-term care home staff, residents, volunteers, and visitors, and that test results be shared with LTC home management as quickly as possible.
4. The Ministry of Long-Term Care should explicitly support application of the precautionary principle but not make it mandatory for individual homes.\*
5. That Ministry of Long-Term Care does not embed pandemic plans in regulation (but rather requirements through policy to be more responsive).\*
6. The Ministry of Health (MOH), Ministry of Long-Term Care (MLTC), and the Ministry of Seniors and Accessibility (MSA) must clearly define their respective roles in addressing health emergencies, especially emergency planning with respect to Long-term Care, and update Order in Council 1157/2009 accordingly.\*
7. For future pandemics, the Ministry of Health must prioritize assisted living in supportive housing for seniors alongside LTC and retirement homes in vaccination roll-out.\*
8. For future pandemics, the Ministry of Health must prioritize assisted living in supportive housing for seniors alongside LTC and retirement homes for testing resources.\*
9. The Ministry of Health should continue to support homes in addressing inventory management challenges of personal protective equipment (PPE) and ensure that LTC homes are prioritized for appropriate PPE.
10. The Province should continue to ensure immediate access to resources is provided, including staff and professional teams, to assist homes in outbreak.
11. For future pandemics, the Province should issue an Emergency Order 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.
12. The Province must have representation from municipal LTC homes in regional, systems planning, and implementation tables from the beginning when managing any similar scale outbreak responses in the future.

13. The Ministry of Long-Term Care and the Ministry of Health should work to foster a more collaborative approach to admissions to LTC during a pandemic situation, especially when transferring residents from acute care.

### Addressing the Aftermath of COVID-19 for Residents and Staff

14. The MLTC should fund comprehensive mental health supports for staff in LTC working at all levels, from bedside to management.\*

### Infection Prevention and Control (IPAC)

15. The Ministry of Health and Ministry of Long-Term Care should require that there be Infection, Prevention and Control (IPAC) accountability at the highest level of management, and that there be a clear reporting structure on IPAC matters.
16. If Recommendation 23 is implemented, the IPAC standards should be developed in collaboration with IPAC experts working in LTC who have expertise in applying IPAC best practices in the LTC environment.\*
17. Ministry of Long-Term Care should not regulate the requirement for IPAC Practitioners until there is an increased supply of them.\*
18. To build IPAC capacity, the Ministry of Long-Term Care should provide funding to each LTC home to further train/formally train an existing regulated health professional staff member (i.e., funding to “grow their own” IPAC Practitioner).\*
19. The Ministry of Long-Term Care must provide homes with sufficient base funding to hire dedicated IPAC resources. This funding should vary depending on the size of the home, but there should be at least one IPAC resource per home.\*
20. The Ministry of Health and the Ministry of Long-Term Care should review the adequacy of IPAC programs under the *Long-Term Care Homes Act, 2007*, in preventing and managing infectious disease outbreaks.
21. The Ministry of Long-Term Care should continue to increase operational funding to implement effective IPAC measures in homes (i.e., place an IPAC specialist in each home and increase IPAC training and guidance to all LTC staff).
22. The Ministry of Health should increase local public health and provincial (i.e., Public Health Ontario) resources for IPAC and outbreak management in Long-Term Care homes.
23. The Ministry of Health and Ministry of Long-Term Care should review the IPAC hub and spoke model and establish a Framework of Values to ensure that the hospital institutional based approach is mindful, appropriate, and adaptable for LTC home settings.

24. The Ministry of Long-Term Care and the Ministry of Colleges and Universities should work with post-secondary institutions to ensure that curriculums of professional health programs include an understanding of the culture of LTC and appropriate applicability of IPAC measures in the setting.

### Strengthen Health Care System Integration

25. The Ministry of Health should require that there is at least one individual with LTC expertise in the governance structure on all Ontario Health Teams (OHTs).\*
26. The Ministry of Health should require that OHTs have a collaborative governance structure and decision-making process, so that all organizations have a say and are supported, regardless of their size.\*
27. The Ministry of Health should require that OHTs include all the homes in their catchment area to ensure LTC is part of health care planning uniformly across the province.\*
28. The Province should focus on LTC homes at the same time as hospitals in future outbreaks.
29. The Province should ensure that the Province, Local Health Integration Networks (LHINs), local public health units and, in the future Ontario Health Teams, work collaboratively to ensure consistent messaging and a structured and respectful response from local health partners to support LTC homes.

### Improve Resident-Focused Care and Quality of Life

30. The Ministry of Health, Ministry of Long-Term Care, and the Ministry for Seniors and Accessibility, should co-develop a vision with the long-term care (LTC) sector that recognizes while LTC is part of the health care continuum, that LTC homes should not be treated or operationalized as health care institutions.
31. That Ministry of Long-Term Care encourages the adoption and implementation of person-centred models of care through regulatory flexibility and dedicated funding.\*
32. The Ministry of Long-Term Care should facilitate the development of a specialized Centre of Excellence for municipal and non-profit homes to promote strong leadership in the sector.
33. The Ministry of Long-Term Care, working with the Ministry of Health, must ensure there is a mechanism in place to allow homes in each area of the province to have access to skilled clinicians with training to provide palliative and end-of-life care.\*
34. The Ministry of Long-Term Care should consult with associations representing LTC homes, such as AdvantAge Ontario, when developing best practices for end-of-life care and should ensure consultations include how to improve emotional and social care for both residents and their families.\*

35. The Ministry of Long-Term Care should train and support homes around the adoption of a palliative care approach.
36. The Ministry of Long-Term Care should ensure that LTC staff members are equipped with training on palliative care delivery.
37. The Ministry of Long-Term Care must provide both operational and capital funding for homes to deliver culturally and linguistically specific care to residents across the province, including the development of a funding model for culturally appropriate food, potentially as a per diem.\*
38. The Ministry of Long-Term Care and the Ministry of Health should provide residents and families with standardized education and training across the sector related to personal protective equipment, infection prevention and control, diversity and inclusion, and provide the resources needed to assist with this including training sessions and webinars for residents, essential care providers, and families.
39. The Ministry of Health and the Ministry of Long-Term Care should develop a health human resources strategy to address staffing issues, especially in northern and rural areas that face human resources challenges.
40. The Ministry of Long-Term Care should develop a strategy, in consultation with Indigenous People and ethno-cultural groups, and provide resources to support the long-term care sector to develop culturally safe and responsive programming through training, development of resource toolkits, and staffing measures.
41. The Ministry of Health and the Ministry of Long-Term Care should continue to work with LTC sector associations to review visitors' policies, including for essential caregivers, to strike an appropriate balance between health and emotional well-being considerations.
42. The Ministry of Long-Term Care should invest in virtual technology and better broadband access and other means of connection to address the social isolation felt by LTC residents.

### French-Language Services

43. The MLTC should consider targeting Francophone Registered Practical Nurses (RPNs), Registered Nurses (RNs), Nurse Practitioners (NPs), and Personal Support Workers (PSWs) in their recruitment efforts for LTC.\*

### Address the Human Resources Challenges

44. The Ministry of Long-Term Care should work with the LTC sector to foster a common culture that is distinct from acute care and build capacity for strong and empowered leadership in LTC.
45. The Ministry of Long-Term Care should follow the timelines in the LTC Staffing Plan to provide time for the LTC sector to recover from the pandemic, and for homes to be able to meet targets.\*

46. Ministry of Long-Term Care should not compel public reporting on a home's progress in meeting Staffing Plan targets. If this becomes necessary, the Ministry of Long-Term Care should take the approach of considering multi-year reports similar to Quality Improvement Plans (QIPs) for the sector.\*
47. The Ministry of Long-Term Care should increase funding to LTC homes to support the provision of at least 60 minutes of care per resident from allied health professionals.\*
48. Additional funding should be provided to LTC homes in order to recruit additional recreational and dietary staff.\*
49. The Ministry of Long-Term Care include ranges for the staffing mix related to the four hours of direct care commitment, and not hard ratios.\*
50. The Ministry of Long-Term Care should provide funding so that every LTC home that does not yet have funding to hire a nurse practitioner can do so, with a priority on areas that have difficulty recruiting physicians.\*
51. The Ministry of Long-Term Care and MOH should take steps to encourage an increase in the supply of nurse practitioners with skills to work in LTC in the province.\*
52. Avoid setting a hard target of 70 per cent for full-time work in LTC, and delay recommendations in this area until the work of the full-time committee is complete.\*
53. The Ministry of Long-Term Care should provide funding of five per cent base budget adjustment on salaries and benefits to backfill positions when staff attend training and education sessions.\*
54. The Ministry of Health should develop a health human resources strategy to address staffing issues, especially in northern and rural areas that face human resources challenges.
55. The Province should invest resources in better training for PSWs and explore ways to regulate the PSW profession that does not have a negative impact on current and future PSW staffing in LTC homes throughout the province.
56. The Ministry of Long-Term Care should continue funding as a priority for new caregiver roles outside of the traditional PSW and nursing workloads.
57. The Ministry of Long-Term Care should ensure that AMO and other LTC sector associations are represented in the Province's technical working group that will discuss how to improve working conditions (including increased full-time work and compensation).
58. The Ministry of Long-Term Care should commit to full 100% provincial funding for the average of four hours of care per resident per day and accelerate the implementation.

59. The Ministry of Long-Term Care should enhance specialized support programs, including Behavioural Supports Ontario, Physician Assistants, and specialized Nurse Practitioners to complement staffing levels in LTC homes as well as review the base funding model for residents with responsive behaviours.
60. The Ministry of Health, the Ministry of Long-Term Care, and the Ministry for Seniors and Accessibility should ensure that the LTC sector has access to mental health specialists and a plan to address the broad mental health needs of LTC home residents, staff, and their caregivers that will remain long after COVID-19.
61. The Ministry of Long-Term Care should train and support homes around the adoption of a palliative care approach.
62. The Ministry of Long-Term Care should ensure that LTC staff members are equipped with training on palliative care delivery.
63. The Ministry of Long-Term Care should consider targeting diverse linguistic RPNs, RNs, NPs and PSWs in their recruitment efforts for LTC.

## Funding

64. The Ministry of Long-Term Care must provide both operational and capital funding for homes to deliver culturally and linguistically specific care to residents across the province, including the development of a funding model for culturally appropriate food, potentially as a per diem.\*
65. The Government of Ontario should increase funding for more assisted living in supportive housing for seniors, in addition to increasing home and community support services funding.\*
66. That the government introduce a specific stream of funding for organizations operating on a non-profit basis to access to build and operate Not-for-Profit (NFP) or municipal homes, including cultural homes.\*
67. The Ministry of Long-Term Care should continue to enhance funding for the minor capital funding program to support operators to improve structural compliance and enable more effective IPAC in homes.
68. The Ministry of Long-Term Care should provide municipal governments with adequate, sustainable funding that reflects the true costs of operating a LTC home, including special consideration for smaller LTC homes.
69. The Ministry of Long-Term Care should enhance provincial funding to effectively redevelop existing municipal and not-for profit homes, particularly those with 3 - 4 bed wards.
70. The Ministry of Long-Term Care should increase core operational funding by at least at the rate of inflation (reflective of sectoral costs), across all funding envelopes every year.



71. The Ministry of Long-Term Care should provide dedicated funding for consistent training to build staff competencies related to emotionally focused and person-centred care to better meet resident needs with dementia and other responsive behaviours.
72. The Ministry of Long-Term Care should review the adequacy of the existing design standards to ensure that current and future LTC homes supports all residents, including those with dementia.
73. The Province (including the Ministry of Long-Term Care, Ministry of Health, and the Ministry of Seniors and Accessibility) should incentivize campuses of care when considering new bed development decisions.
74. The Ministry of Long-Term Care should train and support homes around the adoption of a palliative care approach.
75. The Ministry of Health, in partnership with the Ministry of Long-Term Care, should invest in local public health workforces to 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.
76. The Province should expand the issuance of pandemic pay to a broader range of staff in LTC homes, including nurses, other staff who do front-line work, as well as their supervisors.
77. Government should fund the increase of salaries for all staff in LTC, not just PSWs.\*
78. The Ministry of Health must immediately reverse the changes and reductions to pharmacy funding on a permanent basis to support LTC pharmacy services over the long-term.

### Increase Accountability and Transparency in Long-Term Care

79. The Ministry of Long-Term Care should engage in discussions with LTC homes and associations on the development of appropriate resident outcome indicators.\*

### Comprehensive and Transparent Compliance and Enforcement

80. That the Ministry of Long-Term Care makes changes to the *Long-Term Care Homes Act* and its regulations as necessary to implement a *Coaching for Quality Care* compliance and inspections program.\*
81. That the Ministry of Long-Term Care implements Recommendation 73 to establish a Ministry compliance support unit.\*
82. That the Ministry of Long-Term Care provides sufficient staffing and funding to LTC homes as necessary prerequisites to be able to achieve compliance.\*
83. That compliance inspectors respond promptly to issues. Where this is not possible, they should ask the home for an update before sending inspectors in.\*

84. The Ministry of Long-Term Care should provide dedicated funding for transition to a new system.\*
85. The Ministry of Long-Term Care should take a risk-management approach to inspections that achieves a better balance between enforcement for underperforming LTC homes and facilitation of coaching for compliance for high-performing LTC homes.
86. The Ministry of Long-Term Care should facilitate the collection and dissemination of best practices around inspections and provide training opportunities through a Centre for Excellence for the not-for-profit and municipal LTC sector.
87. The Ministry of Health and the Ministry of Long-Term Care should provide further guidance and direction on how IPAC hubs, Ministry of Labour inspectors, and public health inspectors should work together for greater effectiveness.

### *Health Protection and Promotion Act Investigations*

88. The Province should strengthen the role of IPAC inspections during outbreak situations, and better coordinate inspections by the Ministry of Long-Term Care, Public Health and the Ministry of Labour related to IPAC.

### **Responding to the Commission's Report**

Not applicable.

### **Other Recommendations**

89. The Ministry of Labour, Skills Training and Development and the Ministry of Long-Term Care should work with the LTC sector to examine the overall labour relations environment in LTC and explore potential ways to improve that environment.