

# The Regional Municipality of York

Committee of the Whole  
Community and Health Services  
January 14, 2021

Report of the Commissioner of Community and Health Services

## Submission to Ontario Long-Term Care COVID-19 Commission

### 1. Recommendations

1. Council approve Attachment 1 as York Region's submission to the Ontario Long-Term Care COVID-19 Commission.
2. The Regional Clerk circulate Attachment 1 to the local municipalities, York Region Members of Provincial Parliament and Members of Parliament, the Local Health Integration Networks, Ontario Health Teams in York Region, Ontario Health Central Zone, AdvantAge Ontario, Ontario Long-Term Care Association and the Association of Municipalities of Ontario.

### 2. Summary

This report seeks Council approval of the Region's proposed submission (Attachment 1) to the Ontario Long-Term Care COVID-19 Commission. The Commission is providing feedback to the Provincial government on the impact of COVID-19 on long-term care homes and recommendations for positive system change. This submission responds to the Commission's request for input from various stakeholders in the long-term care sector across the Province.

#### Key Points:

- In July 2020, the Province appointed an independent Commission to investigate how COVID-19 spread within long-term care homes; how residents, staff, families and others were impacted; and the adequacy of provincial and other measures to prevent, isolate and contain the spread
- The Region has prepared a submission to the Commission outlining the challenges faced by the Region's two municipally operated long-term care homes, Maple Health Centre and Newmarket Health Centre (the Homes)
- The proposed submission is organized around 11 key themes with 28 recommendations for further action from the Province
- A comprehensive review of sector research and extensive consultation with frontline staff, management, corporate and departmental partners, and Executives from the

Residents' Councils of both Homes, including virtual engagement sessions and a survey, informed the submission

- The proposed submission recommends the Province provide funding and resources for testing and outbreak management, implement changes to the funding model for long-term care, further invest in staffing, education and training, and reform the oversight process to support continuous quality improvement
- Long-term care should be represented at key planning and decision-making tables to ensure the Homes' needs are advocated for and well-understood
- Long-term care is only one component on the continuum of care for seniors, and to ensure seniors are supported at every step of their care, partnerships between all levels of government and community partners are needed with the Province taking a leadership role in the development and implementation of the Ontario Seniors Strategy

### **3. Background**

#### **The Ministry of Health and Ministry of Long-Term Care license, approve and regulate long-term care homes**

The Ministry of Health and Ministry of Long-Term Care license, approve and fund all long-term care homes and the *Long-Term Care Homes Act, 2007* (the Act) governs them. Long-term care homes are required to comply with the fundamental principle of the Act that states:

“... a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.”

In addition to provincial funding, residents pay a portion of their accommodation based on rates set by the Province. Residents who cannot afford the fee for basic accommodation can apply for a provincial subsidy. Residents also pay for any medications or other services not covered by their private insurance plans or the provincial health insurance and drug benefit programs.

As provincial funding and resident fees are not sufficient to cover all costs, municipal governments including York Region frequently provide property tax funding to make up the difference. The Association of Municipalities of Ontario has long advocated for adequate provincial funding for this health care service. Municipalities cannot continue to fill the gap in provincial funding with property tax funding.

Under the Act, the Ministry of Long-Term Care may conduct compliance inspections of long-term-care homes at any time without alerting the homes in advance.

## **York Region is required to operate at least one long-term care home**

Under the Act, 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, which provide a total of 232 beds. The Region began operating Newmarket Health Centre in 1991 and Maple Health Centre in 1998. There are 26 other long-term care homes in York Region, with 14 of these homes operated by for-profit organizations and 12 homes operated by non-profit organizations. 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 and receive on-site supervision and monitoring to ensure their safety and well-being.

## **Local Health Integration Networks, soon to be Ontario Health Teams, manage waitlists and admissions**

Local Health Integration Networks arrange all applications, waitlist maintenance and admission to long-term care homes. As the Province dissolves Local Health Integration Networks, it is expected that Ontario Health Teams will assume certain home and community care functions, potentially administering funding and managing resident placement into long-term care homes in their respective catchment areas. As a result, despite funding and operating the Homes, the Region has a limited role in the key decisions that impact its Homes.

## **The COVID-19 pandemic impacted the Region's Homes**

The Homes had been proactively preparing for the impact of the COVID-19 pandemic since January 2020. 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.

Throughout the pandemic, the Ministry of Health and Ministry of Long-Term Care released new and updated directions, impacting how care is delivered to residents. Council was provided with regular updates on the Homes' response to the pandemic in [April 2020](#), [May 2020](#), [June 2020](#), [July 2020](#), [September 2020](#), and [November 2020](#).

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 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 infection prevention and control training for staff and essential caregivers, including reinforcing vigilance in hand hygiene, appropriate use and donning and doffing of personal protective equipment, and enhanced cleaning and disinfection processes
- Tracking, managing and reporting a personal protective equipment inventory required the implementation of a real-time electronic personal protective equipment 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 has 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 to help residents stay connected with families
- Frequent testing of staff has been necessary but has led to increased workloads and testing fatigue due to the invasive nature of the test
- Multiple changes to visitor policies required monitoring for visitor COVID-19 testing, scheduling, communications and training

All of these changes have had a profound 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. Working within a municipal corporation, the 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 and Human Resources. This integration was critical to the Homes' response to COVID-19 as it allowed for ready access to specialized corporate resources.

### **In July 2020, the Province appointed an independent commission to investigate the impact of COVID-19 on the long-term care sector**

Minister of Long-Term Care, Dr. Merrilee Fullerton, appointed the [Ontario Long-Term Care COVID-19 Commission](#) on July 29, 2020. The commission's mandate is to investigate:

- How COVID-19 spread within long-term care homes
- How residents, staff, families and others were impacted
- The adequacy of provincial and other measures to prevent, isolate and contain the spread

The Commission will provide the provincial government with guidance on how to better protect long-term care home residents and staff from future outbreaks, and it is expected to deliver its final report by April 2021.

The Commission is currently collecting relevant documentary evidence necessary to its investigation, and researching the experience of other countries' long-term care systems to provide information and context. The Commission is also engaging with residents and families to understand their experiences during the pandemic, as well as consulting with individuals and organizations with expertise in gerontology and long-term care.

### **The Commission has solicited submissions from organizations and groups across the long-term care sector**

The Commission is currently accepting submissions through an open call. Staff have prepared a submission (Attachment 1) for Council's consideration. The Commission has already heard from many key stakeholders in the long-term care sector including [AdvantAge Ontario](#), [Ontario Long-Term Care Association](#), [Association of Municipalities of Ontario](#), [Registered Nurses' Association of Ontario](#), [Canadian Union of Public Employees](#), as well as various public health units, long-term-care operators, residents, families and government officials.

### **The Commission will circulate a survey to all long-term care home operators**

On November 16<sup>th</sup>, 2020, long-term care homes were notified by the Commission they will be required to complete a survey regarding their response to COVID-19 and the impacts of COVID-19 on staff, residents and others. On December 3<sup>rd</sup>, 2020, staff were notified by the Commission that they should expect to receive the survey in early 2021.

### **Staff's submission proposes 28 recommendations based on the experience of the Homes prior to and during the COVID-19 pandemic**

The pandemic has highlighted longstanding issues in the sector that have and continue to impact the operations of the Homes. The proposed submission focuses on the experiences of the Homes and the challenges they faced during COVID-19.

The submission is structured as a response to the guiding questions the Commission provided and is organized around 11 key themes. For each theme, the proposed submission describes the challenges and issues the Homes have experienced, the impact of COVID-19, how the Region has addressed these issues and recommendations for positive system change. The 28 recommendations identify further strategic action from the Province.

### **Staff's submission relies on extensive sector research and input from corporate partners and stakeholders**

Staff completed a comprehensive review of sector literature, research and positioning, 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 help inform the submission.

To gather insight into the experience of the Homes, staff also conducted extensive consultations, 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 as well as corporate and departmental partners from Human Resources, Finance, Technology, Legal, Integrated Business Services Branch, Housing Services Branch and Public Health. Executives from the Residents' Councils of both Homes were also engaged. An online survey was used to gather feedback and received responses from 100 long-term care frontline staff and management.

### **Staff's submission aligns with the Commission's interim recommendations**

On [October 23, 2020](#), the Commission released its first interim recommendations. The recommendations focus on three key areas: increasing staffing, strengthening health care sector relationships, and improving infection prevention and control measures. On [December 4, 2020](#), the Commission released its second interim report with a focus on effective leadership and accountability, performance indicators to assess readiness to prevent and manage COVID-19 outbreaks and focused inspections to assess compliance with measures to reduce the impact of the virus.

The proposed recommendations and positioning in Attachment 1 align with submissions the Commission has received from other sector organizations, as well as its own interim recommendations. The Commission is continuing to gather information to inform its final report for April 2021.

## **4. Analysis**

### **Provincial funding and human resources are needed to support testing and outbreak management procedures**

The proposed submission recommends that the Province provide sufficient funding and human resources to support the Homes in implementing all of the procedures required for testing and for managing and preventing outbreaks. With the second wave of the COVID-19 pandemic underway, community transmission continues and despite best efforts, outbreaks in long-term care can and will occur. The Homes have implemented processes and procedures and staff continue to work tirelessly to keep staff and residents safe during outbreaks. However, insufficient funding or human resources have been provided by the Province to support this critical work.

As still much is unknown about this virus, there is a continued need to remain up to date on new developments, current research and practices and the evolving situation. Staff continue to make adjustments in their response based on this new and rapidly changing information.

The proposed submission also recommends that the Province prioritize test results for long-term care staff and residents, provide results within 48 hours and provide Medical

Directors and Long-Term Care Management with clinical access to the Ontario Laboratories Information System so they can retrieve test results for all staff and residents in their Homes. The Homes have faced numerous instances where results were delayed or missing. 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.

### **Experiencing outbreak highlighted the need for immediate access to staffing and proactive partnerships**

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. Although the Homes had proactively prepared for the possibility of outbreak, experiencing outbreak brought unexpected challenges. During outbreak, Newmarket Health Centre experienced sudden and severe staffing shortages. Shortages occurred due to many factors, including the need to cohort staff and staff testing positive or isolating. Council received an update on the outbreak at Newmarket Health Centre in [December 2020](#).

The proposed submission recommends that homes be provided with immediate access to a reliable pool of professionally trained staff that can be called upon in times of emergency. For example, the Mobile Enhancement and Support Teams established by hospitals should be readily accessible to homes in crisis.

The proposed submission also recommends that the Province proactively establish and formalize partnerships between long-term care homes, health care partners and key provincial ministries. While support, collaboration and guidance were needed from the Province to help quickly mobilize resources, the Home was instead subjected to inspections and documentation requirements contributing to higher levels of anxiety and stress. Strong partnerships based on trust, collaboration and respect would allow for early interventions to help homes prepare for outbreaks and provide clearly defined supports and surge capacity that can be immediately mobilized when an emergency arises.

### **Resident acuity has been steadily increasing, but provincial investments in staff, buildings and equipment have not kept pace**

York Region, like most municipalities, has to rely on property taxes to supplement provincial funding, which does not cover the full cost of providing programs and services to long-term care residents, including staffing, minor capital, technology and equipment. This funding arrangement is unsustainable 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 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 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 costs of providing a health care service, although health care provision has historically been the purview of the provincial government.

### **Municipalities need adequate, sustainable funding that reflects the true costs of operating a long-term care home**

The Province's long-term care funding should reflect the true cost of delivering high-quality care to residents and ensuring infection prevention and control measures are met. As of September 2020, the Region's two Homes have received \$361,200 in provincial COVID-19 Prevention 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.

This funding has been insufficient to fully cover pandemic-related costs or 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, without additional provincial funding, will need to be funded through the tax levy.

As a result of new requirements and continued underfunding by the Province, the 2021 Long-Term Care budget submission will include requests for temporary staffing, dedicated infection prevention and control specialists, personal protective equipment, isolation areas, uniforms and additional operational needs to support the response to COVID-19.



## **Investments in staffing and education and training are needed to ensure a continued strong workforce in long-term care**

The Homes have reported many challenges with staffing that COVID-19 has exacerbated. These challenges include increased workloads, staffing shortages, lack of full-time employment opportunities, and difficulty retaining staff. Staffing is critical to providing high-quality resident care.

To address staffing needs, the proposed submission recommends the Province develop and implement a 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. As part of this, the Province should consider partnerships with academic institutions to attract individuals into educational programs to build a career in long-term care. The Province should also provide funding for full-time employment opportunities for staff to address employment precarity in the sector.

Furthermore, education and training requirements must align with the needs of the sector. Standardized education and training across the sector are needed to ensure staff are prepared to work in long-term care settings and are properly trained on infection prevention and control protocols.

The proposed submission also recommends the establishment of four hours of direct care for each resident daily as a minimum standard in the *Long-Term Care Homes Act, 2007* and that all associated funding with implementing this standard be provided to the Homes. On [November 2, 2020](#), the Ontario Government announced that it would increase the average daily direct care received by each long-term care resident to four hours. Nurses or personal support workers provide direct hands-on care to support individual clinical and personal care needs, and targets have been set over the next four years to achieve this standard by 2024-2025. While this is a welcome commitment, urgent action is still required to increase staffing resources during the COVID-19 pandemic.

In [December 2020](#), the Province released Ontario's Long-Term Care Staffing Plan (2021-2025). This plan includes commitments to increase staffing levels, accelerate education and training pathways, support ongoing staff development and improve working conditions. Staff are encouraged by these commitments, which align with the proposed recommendations, and are awaiting further details on the implementation of these actions. When implementing the Plan, the Province needs to consider the full continuum of care and ensure that measures to improve staffing in the long-term care sector do not have unintended consequences on other sectors, such as home and community care.

## **Changes in the provincial oversight process would support continuous quality improvement in the Homes**

The proposed submission recommends the Province 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. The oversight process for long-term care homes has moved away from a regime of 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. Staff report that this has led to a focus on strict compliance as opposed to quality improvement. Inspectors should be able to identify issues and act as a resource, as well as work with the Homes to identify appropriate improvement strategies.

### **Long-term care must be represented at key planning and decision-making tables**

The proposed submission recommends that long-term care be included in the governance structure of every Ontario Health Team across the province, as a key partner in the planning and delivery of local health care to ensure long-term care is represented at planning and decision-making tables. 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 has a role at the leadership table and/or is a collaborative partner with local Ontario Health Teams and has been able to leverage its partnerships to advocate for long-term care needs. This has proved beneficial in integrating long-term care considerations into health care planning. Furthermore, the Region has been able to connect with its Ontario Health Teams for advice and guidance to support the Homes' response to COVID-19. The success of these partnerships further demonstrates the need to include long-term care as a key partner of every Ontario Health Team to ensure that the shared experiences of the homes and expertise and knowledge of the sector inform health care decision-making moving forward. Further information on the Region's involvement with Ontario Health Teams can be found in the memo brought forward in [September 2020](#).

The Forecast for Long-Term Care and Seniors' Housing Implications Report brought forward in [November 2020](#) demonstrated there is significant unmet need for long-term care beds in York Region. This report has been shared with key decision-makers in the sector, including Local Health Integration Networks, Ontario Health Teams in York Region, Ministers of Health and Long-Term Care, York Region Members of Parliament and York Region Members of Provincial Parliament, as well as advocacy organizations. This is an important part of the Region's advocacy efforts to improve long-term care capacity by increasing the supply of long-term care beds to keep up with the demands of the aging population. The Region will continue to advocate for where impact can be made and strengthen its role by bringing its expertise to the table to influence and inform planning and decision-making for the long-term care sector.

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

Provincial ministries and Local Health Integration Networks, and in the future Ontario Health Teams, must work collaboratively to ensure consistent messaging. The Province should also provide clear direction and give homes sufficient time to implement required changes. Throughout the consultation and engagement process, staff noted that inconsistent messaging and timing of directions were a key challenge in effectively responding to COVID-19. Communications from provincial ministries and Local Health Integration Networks were often not aligned. This left homes with the difficult task of determining how to implement conflicting direction. The volume of direction, often released in quick succession, and lack of clear provincial guidance meant that homes had to use significant time and resources to

analyze new directions and determine how to implement and communicate new information to staff, residents and families.

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

In the [September 2020 Speech from the Throne](#), the Right Honourable Julie Payette, Governor General of Canada, announced the federal government will work with provinces and territories to set new national standards for long-term care so seniors can receive the best support possible. The proposed submission recommends tying new national standards for long-term care 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 COVID-19 pandemic highlighted that long-term residential care presents a major gap in our Canadian universal health care system.

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 personal protective equipment; 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. Additional investments in training and readiness assessments were also announced. These funding announcements are welcome; however, sustainable, long-term federal funding, and not just short-term solutions, is needed.

## **Strong partnerships are essential to support seniors across the continuum of care**

Meeting the growing and evolving needs of the Region's aging population will require coordination and effort between all levels of government, as well as community partners. However, Canada still lacks a national plan and framework to support seniors' health and well-being. Long-term care is only one component on the continuum of care for seniors, and to ensure seniors are supported at every step of their care, partnerships between all levels of government and community partners are needed.

## **Action on Ontario Seniors Strategy is required**

The Province has an opportunity to take a leadership role through the development and implementation of the Ontario Seniors Strategy. In [July 2019](#), York Region submitted a response to the Ministry of Seniors and Accessibility's consultation regarding the Ontario Seniors Strategy. The response advocated for alignments to [York Region Seniors Strategy](#) and identified opportunities for provincial investments consistent with York Region's priorities for seniors. Progress on the development of the Provincial Strategy is unknown at this time.

The Region urges the Province to act immediately to release and implement the Ontario Seniors Strategy to lead and develop innovative service delivery solutions for seniors.

Successful implementation of the Ontario Seniors Strategy requires alignment, collaboration and partnership with municipal initiatives to effectively serve and support seniors. As a municipal government, the Region is well positioned to understand the local health needs of seniors in the community and can help to bridge the gap between fragmented seniors' services. This includes continued advocacy and more active lobbying efforts to other levels of government to make investments in programs and services required by York Region seniors, strengthening engagement with local municipalities, and sharing research and data to inform programs. Regional staff can also continue to leverage funding opportunities through planning and coordination tables, such as the United Way COVID-19 Community Coordination Table. The information in this submission will be considered in and help to inform the future York Region Seniors Strategy update.

### **The submission supports the Healthy Communities priority approved by Council in the York Region 2019 to 2023 Strategic Plan**

The Healthy Communities priority in the 2019 to 2023 Strategic Plan focuses on the health, safety and well-being of the Region's residents through improved access to health and social support services. Reforming the long-term care system can help provide seniors with the quality care they deserve and connect them with the support they need to improve health and prevent crisis.

## **5. Financial**

There are no financial implications associated with providing this submission to the Commission.

Table 1 shows the 2020 approved budget for operating the Region's two long-term care homes. The table demonstrates that under normal operating conditions, before COVID-19, resident fees and provincial funding do not fully cover the costs of operating the Homes. The Homes rely on the net tax levy to cover 46.6% of the full cost of operations (including corporate allocations).

**Table 1**  
**Long-Term Care 2020 Approved Budget Costs and Revenues**

<b>Costs and Revenues</b>	<b>\$(million)</b>	<b>% of total</b>
Long-term care operating costs	33.8	87.9%
Allocated corporate support costs*	4.6	12.1%
<b>Gross Operating Costs</b>	<b>38.4</b>	<b>100.0%</b>
Fees and Services**	5.3	13.9%
Provincial Subsidy	15.2	39.5%

Costs and Revenues	\$(million)	% of total
York Region Net Tax Levy***	17.9	46.6%
<b>Total Revenues</b>	<b>38.4</b>	<b>100.0%</b>

\*Allocated corporate support costs include administrative and departmental resources (e.g., Legal, Finance, etc.)

\*\*Fees and services includes resident contributions and other sources of revenues (e.g., sundry, donations, etc.)

\*\*\*Net Tax Levy represents 46.6% of gross operating costs

Table 2 shows the Year-to-Date COVID-19 operating costs for long-term care. This table shows that the Province is not providing sufficient funding to cover the costs of COVID-19 response, resulting in reliance on the net tax levy to cover 60.1% of costs.

**Table 2**  
**Long-Term Care Year-To-Date (As of September 30, 2020) COVID-19 Costs and Revenues**

Costs and Revenues	\$(million)	% of total
COVID-19 long-term care operating costs	3.3	100.0%
Allocated corporate support costs*	-	0.0%
<b>Gross Operating Costs</b>	<b>3.3</b>	<b>100.0%</b>
Fees and Services**	-	0.0%
COVID-19 Provincial Subsidy	1.3	39.9%
York Region Net Tax Levy***	2.0	60.1%
<b>Total Revenues</b>	<b>3.3</b>	<b>100.0%</b>

\*COVID-related allocated corporate support costs are reflected in the COVID-19 long-term care operating costs as redeployed staffing

\*\*COVID-related fees and services as it impacts resident contributions remain a reconciling item with the Ministry of Long-Term Care

\*\*\*COVID-related Net Tax Levy represents 60.1% of gross operating costs

## 6. Local Impact

Many York Region residents will require higher levels of care as they age. A strong and high quality long-term care sector is, therefore, essential to supporting seniors who live in our communities that will need these services as part of the continuum of care. Long-term care homes in all nine local municipalities and York Region residents in need of long-term care services will benefit from the recommendations outlined in the proposed submission as they

aim to improve sector outcomes and identify the supports required to deliver high quality care.

## **7. Conclusion**

COVID-19 has highlighted the need for systemic reform in the long-term care sector. Long-standing challenges and issues must be addressed for the sector to achieve outcomes in line with the Act's guiding principle that 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.

The proposed 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 funding and human resources for testing and outbreak management, providing adequate and sustainable funding, building a strong long-term care workforce, improving 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 seniors across the continuum of care.

The Region will continue 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.

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For more information on this report, please contact Lisa Gonsalves, General Manager, Paramedic and Seniors Services at 1-877-464-9675 ext. 72090 or Joseph Silva, Director, Strategies and Partnerships at 1-877-464-9675 ext. 74182. Accessible formats or communication supports are available upon request.

Recommended by: **Katherine Chislett**  
Commissioner of Community and Health Services

Approved for Submission: **Bruce Macgregor**  
Chief Administrative Officer

December 22, 2020  
Attachments (1)  
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