

## Recommendations Proposed by York Region for Urgent Provincial Action

### Priority Recommendations from [Ontario's Long-Term Care COVID-19 Commission Report](#)

York Region proposes the following 23 recommendations taken from Ontario's Long-Term Care COVID-19 Commission's Final Report be prioritized for urgent provincial action.

**Recommendation 2:** This Commission repeats the SARS Commission Report's recommendation that the precautionary principle should "be expressly adopted as a guiding principle throughout Ontario's health, public and worker safety systems." The COVID-19 crisis in long-term care homes has proven that the **precautionary principle must also be expressly adopted as a guiding principle in Ontario's long-term care home system**. This should be done by way of policy statement, by explicit reference in all relevant operational standards, directions, protocols and guidelines, and by way of inclusion (through preamble or otherwise) in relevant long-term care home and public health statutes including the *Long-Term Care Homes Act, 2007, (LTCHA)* and the *Health Protection and Promotion Act*. Specifically, Ontario Regulation 79/10 should be amended to require that the precautionary principle guide each long-term care home's infection prevention and control (IPAC) program, outbreak management system and written plan for responding to infectious disease outbreaks.

**Recommendation 5:** The province must amend Ontario Regulation 79/10 to provide specific requirements for long-term care homes' mandatory written **infectious disease outbreak plans**. These requirements must include that the plan:

- a. **State the precautionary principle** ("reasonable action to reduce risk should not await scientific certainty") and explicitly require that the principle guide the plan's execution
- b. Clearly **identify who is responsible for coordinating** the home's outbreak response
- c. **Require regular, proactive, timely communication** with residents and their families and loved ones, substitute decision-makers, essential caregivers, and any person designated by the resident or substitute decision-maker:
  - i. At the outset of any infectious disease outbreak
  - ii. During an outbreak, including proactive updates regarding the status of the home in general and the health status of individual residents
  - iii. Whenever new management is introduced and
  - iv. In response to requests for information
- d. Make provision for safe, in-person access to residents by essential caregivers
- e. **Provide for the facilitation of regular remote visits** between residents and their families and loved ones during an outbreak
- f. **Include a strategy for predicting and responding to staffing shortages** to ensure that the home is not left with a staffing crisis. This strategy should rely on resources available to the home through health care partners or Ontario Health Teams and minimize reliance on agency staff. This strategy should not only take into account the replacement of sick or absent staff members but also the increased care needs of residents during an outbreak. At the home level, redundancy should be built into the duties of key staff members such that if a key staff member is absent from the home during an outbreak due to illness, self-isolation or other factors, that critical role is not lost
- g. **Include a system that ensures the home maintains its pandemic stockpile** of personal protective equipment (PPE) and other necessary items (discussed below) with sufficient supply to respond during an infectious disease outbreak

- h. Include a **plan to group residents to avoid the transmission of infectious disease** (“cohorting”) with appropriate staffing for each cohort, and also include a plan for moving some residents to another site or sites (“decanting”) if cohorting measures are deemed unlikely to contain an outbreak. Agreements should be put in place in advance with the home’s health care partners to facilitate the cohorting and decanting plans, and those agreements should be reviewed and tested annually and updated as needed
- i. Require the long-term care home to:
  - i. Continually assess and provide timely and complete information to the public health unit regarding the need for cohorting or decanting (where cohorting measures are unlikely to contain an outbreak) and
  - ii. Consult and coordinate with the public health unit on appropriate cohorting and decanting measures to implement
- j. In the event that residents are confined to their rooms to minimize the spread of infectious disease, **require the Medical Director to continually assess the impact of such confinement on the quality of care** and quality of life of the residents and work with relevant health partners to make appropriate adjustments as necessary and
- k. **Require annual drilling and testing of the home’s plan** for responding to infectious disease outbreaks. The long-term care home’s health partners, including but not limited to the public health unit and Ontario Health Team, should participate in the annual drills and tests. The results of the drills and tests should be reported to the Ministry of Long-Term Care and the public health unit as part of the compliance and inspection regime discussed below

**Recommendation 23:** All long-term care homes in the province **must be held to the same IPAC standards**. These standards, which should include requirements for a pandemic stockpile, should be set, published and regularly reviewed and updated by Public Health Ontario.

**Recommendation 24:** To ensure that long-term care homes have meaningful **access to IPAC expertise**, Ontario Regulation 79/10 should be amended to:

- a. Require the licensee to **appoint one full-time, dedicated registered nurse per 120 beds as the home’s IPAC Practitioner(s)**. This role, which replaces that of the staff IPAC coordinator currently required, should report directly to the Director of Nursing and Personal Care
- b. Set out specific minimum IPAC education, training and certification requirements that the IPAC Practitioner must keep current. The IPAC Practitioners in long-term care homes should be trained and supported by IPAC specialists from the local hospital or public health unit as appropriate and
- c. Require the IPAC Practitioner to take on the duties formerly assigned to the staff IPAC coordinator and to oversee, implement and maintain the home’s infection prevention and control program and required staff IPAC training in consultation with the local IPAC specialist

**Recommendation 27:** The government should fast-track the implementation of a **coordinated governance structure and enhanced funding model** to strengthen and accelerate the development of **Ontario Health Teams**.

**Recommendation 28:** The Ministry of Health and Ontario Health must work with the Ministry of Long-Term Care as local/regional **Ontario Health Teams** are implemented **to ensure a coordinated continuum of care that includes all long-term care homes**.

**Recommendation 29:** The government should amend the fundamental principle in section 1 of the Long-Term Care Homes Act, 2007, to **explicitly acknowledge that long-term care residents have complex physical and mental health needs**, including

cognitive impairments, and to promise that licensees will ensure that residents' complex care needs are met.

**Recommendation 34:** Long-term care residents require social and other connections both inside and beyond the long-term care home. In order to ensure this need is consistently met, the province should make the following legislative amendments:

- a. The Residents' Bill of Rights should be **amended to include the right to the technology** required to permit residents to "communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference" and
- b. Ontario Regulation 79/10 to the Long-Term Care Homes Act, 2007, regarding residents' rights, care and services should be amended to **require long-term care licensees to provide reliable Wi-Fi** and consistent, frequent access to technology, such as computer tablets and smartphones, to facilitate residents' remote visits with those outside of the home

**Recommendation 36:** Long-term care home licensees must ensure that residents are **provided with appropriate palliative and end-of-life care**. To that end:

- a. Long-term care home licensees must ensure that their homes always have ready access to skilled clinicians with the training to provide palliative and end-of-life care in the long-term care home whenever appropriate and
- b. The Ministry of Long-Term Care must, after consulting with palliative care and other relevant experts, require long-term care homes to implement best practices for end-of-life care

**Recommendation 40:** The government must **fast-track the implementation of Ontario's Long-Term Care Staffing Plan (2021–2025)** (the "Staffing Plan") to help address the urgent need for skilled staff in long-term care homes across the province.

**Recommendation 43:** The government must implement its **Staffing Plan** in a manner that **does not undermine the delivery of home care services**.

**Recommendation 44:** The government should **implement the Staffing Plan's** increase in "**hours of direct hands-on care** provided by nurses and personal support workers, to an average of four hours per day per resident" **on an urgent basis**. In order to meet the target of four hours of direct nursing and personal support worker care, the number of those staff per resident should be increased, and their workload should be changed so they can spend more time providing direct care to each resident. The starting point for the target staffing mix for the four hours of direct care should be as follows, with adjustment made to reflect the needs of the residents in the home:

- a. 20% registered nurses
- b. 25% registered practical nurses and
- c. 55% personal support workers

**Recommendation 49:** The Ministry of Long-Term Care must insist that licensees make **changes** in working conditions **that lead to less reliance on agency and part-time staffing**, and provide funding adequate to support these changes, which must include:

- a. Creating more full-time direct care positions. A target of 70 per cent full-time positions for nursing and personal support worker staff should be set for each long-term care home and
- b. Reviewing agreements with direct care staff and making adjustments to better align their wages and benefits within the sector and with those provided in public hospitals

**Recommendation 51:** The government's implementation of the **Staffing Plan** should **prioritize** "[s]upporting continued **development and professional growth for long-term care staff**" to retain

skilled, experienced and dedicated workers. Consistent with the recommendations made by the Honourable Justice Eileen E. Gillese as part of her Public Inquiry on the Safety and Security of Residents in the Long-Term Care Homes System, this training should be completed during regular work hours and staff should be paid for the time spent in training. This training should prioritize:

- a. Geriatric care
- b. Skills and practices for effectively caring for residents with dementia and related illnesses in the long-term care home setting
- c. Comprehensive and meaningful training on palliative and end-of-life care in long-term care and
- d. IPAC training (discussed in more detail above)

**Recommendation 53:** The Ministry of Health and Ministry of Long-Term Care should ensure basic requirements are in place to support the **regulation of personal support workers** and consider that initial regulation could be provided by an established health care regulator.

**Recommendation 54:** The government should, with the assistance of relevant stakeholders, establish and implement **standardized minimum training and education requirements** for personal support workers.

**Recommendation 56:** The overall **funding for nursing and personal care must meet the overall health needs of the residents in the homes**. The current approach, which uses the Case Mix Index to divide the fixed pot of funding among homes based on their relative need, is insufficient. The Case Mix Index should be used only as a measure of need to guide the overall funding for nursing and personal care. The level of nursing and personal care funding should increase to reflect this overall need.

**Recommendation 58:** The Ministry of Long-Term Care should actively promote and provide funding for homes transitioning to recognized **alternate, person-centred models of care**.

**Recommendation 59:** It is important to give elderly people choices regarding the care they receive and enable them to age at home, where possible. For that reason, the government should **increase funding to home care services**, including innovative models of delivering home care, and to community-based supports for seniors.

**Recommendation 62:** The province should provide additional support and incentives for applications from organizations that prioritize the availability of **culturally and linguistically specific care** to meet the needs of ethnically diverse residents.

**Recommendation 71:** An **independent accreditation process** is needed. This accreditation process must not depend for its funding on the organizations it is accrediting. This process must be provided for all homes.

**Recommendation 75:** The Ministry of Long-Term Care should develop a **coordinated, comprehensive long-term care home inspection regime** involving the Ministry of Labour, Training and Skills Development and the public health units. The inspection regime must ensure that residents enjoy the quality of life and receive the quality of care promised in the fundamental principle in the Long-Term Care Homes Act, 2007, and that a safe and healthy workplace is created for staff. The inspection regime must gather information from residents, their families and loved ones, and front-line staff. The Ministries and the public health units must promptly share the resulting data, findings and compliance enforcement steps with each other to ensure that the government's regulation of long-term care homes is consistent, coordinated and complete.

**Recommendation 77:** The government must **provide the funding necessary to implement the comprehensive inspection regime**. This funding must include ensuring that there are enough inspectors to conduct the required inspections, and that those inspectors are provided with the education and training required to conduct the inspections effectively.

## **Recommendations from York Region's Submission to Ontario's Long-Term Care COVID-19 Commission for urgent provincial action**

York Region proposes the following recommendations from York Region's Submission to Ontario's Long-Term Care COVID-19 Commission for urgent provincial action. These recommendations were not addressed in the Commission's report.

**Recommendation 13: Reverse pharmacy funding reductions from 2020 to 2023** to prevent service reductions and loss of external pharmacy support to the Homes

**Recommendation 14: Provide High Intensity Needs funding for short-stay respite residents** (i.e., one-to-one nursing care for respite residents needing that level of support to protect staff and other residents)

**Recommendation 19:** Ensure Home and Community Care Support Services Central (Formerly Central Local Health Integration Network (LHIN)) **provides accurate and up-to-date information for each resident** at the time of application and admission (e.g., misinformation upon referral by the LHIN does not equip the Homes to make informed decisions based on the care and safety of all residents, nor are they able to put in place strategies and interventions)

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