

Detailed Analysis of Ontario’s Long-Term Care COVID-19 Commission’s Final Report Recommendations

- This Attachment provides a detailed overview of the alignments between the [Commission’s recommendations](#) and [York Region’s Submission to Ontario’s Long-Term Care COVID-19 Commission](#) according to seven themes.
- This Attachment also provides a detailed analysis of the consultation feedback from internal and external stakeholders and identifies what is needed from the Province to support the specified Commission recommendations and implications for York Region.
- Some recommendations from the Commission’s Report are directed towards specific provincial ministries and agencies. These recommendations have not been analyzed (recommendations 4,7,8,10,11,12,13,14,16,17,18,19,20,21,35,47,55,61,64,65,70,72,74,79,80,81,82,83,84 and 85) as they do not apply to York Region.

THEME: STAFFING AND EDUCATION AND TRAINING

ALIGNMENTS WITH YORK REGION SUBMISSION

Commission’s Recommendations *York Region Priority Recommendations	Alignments with York Region’s Submission to Ontario’s Long-Term Care COVID-19 Commission
<p>Summary:</p> <ul style="list-style-type: none"> • *Recommendation 36: Long-term care home licensees must ensure that residents are provided with appropriate palliative and end-of-life care • *Recommendation 40: Fast-track the implementation of Ontario’s Long-Term Care Staffing Plan (2021–2025) • Recommendation 41: Immediately identify specific and measurable targets that clearly track the government’s Staffing Plan implementation progress • Recommendation 42: Require long-term care licensees to provide regular public reports on progress of staffing targets, instruct Ministry of Long-Term Care inspectors to audit these reports, provide public reports measuring rate and success of sector’s implementation of Staffing Plan • *Recommendation 43: Delivery of the Staffing Plan must be done in a way that does not undermine the delivery of home care services • *Recommendation 44: Urgently implement increase in ‘hours of direct hands-on care to average of four hours’ • Recommendation 45: Ensure that its recruitment measures result in a skilled staffing mix that meets the increasing mental health and complex care needs of long-term care resident population • Recommendation 46: Expand role of nurse practitioners to better utilize their skills and meet resident needs 	<p>Staffing:</p> <ul style="list-style-type: none"> • Recommendation 6: Develop and implement a long-term care health human resources strategy • Recommendation 7: Provide funding for full-time employment • Recommendation 8: Legislate and increase funding to allow homes to provide four hours of direct care daily to each resident <p>Education and Training:</p> <ul style="list-style-type: none"> • Recommendation 9: Provide staff with standardized training, including licensing of Personal Support Workers (PSWs), as well as education across the long-term care sector <p>Technology and Equipment:</p> <ul style="list-style-type: none"> • Recommendation 18: Provide and fund development and use of innovative technologies and equipment <p>Food and Nutrition Services:</p>

<ul style="list-style-type: none"> • Recommendation 48: Increase target average care per day per resident for allied health professionals from 36 minutes to 60 minutes • *Recommendation 49: Insist licensees make changes in working conditions that lead to less reliance on agency and part-time staffing, including creating more full-time direct care positions • *Recommendation 51: Staffing Plan should prioritize professional growth through training focused on geriatric care, palliative and end-of-life care and IPAC training • *Recommendation 54: Establish and implement standardized minimum training and education requirements for personal support workers 	<ul style="list-style-type: none"> • Recommendation 20: Provide more staffing and funding to improve food and nutrition in the homes <p>Oversight:</p> <p>Recommendation 21: Consider a standardized approach to oversight which focuses on quality improvement</p>
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ANALYSIS

Informed by internal and external consultations

What We Heard	What is Needed from the Province	Implications for York Region
<ul style="list-style-type: none"> • Retention and recruitment remains an issue in the long-term care sector. There is a shortage of qualified, experienced staff, particularly registered staff • Long-term care often must compete with other health sectors for staff with many choosing the acute care sector because pay scales tend to be higher. Recruitment into the sector will be critical for homes to achieve staffing targets • The provincial Staffing Plan target of 70% full-time positions for nursing and personal support workers will be a challenge to achieve • The provincial Staffing Plan puts home and community care sector in a vulnerable position. It can lead to unintended consequences where resources from the home care sector are diverted to long-term care • It is difficult for home and community care sector to recruit staff due to wage differential with long-term care and acute care • Increased full-time employment opportunities needed to improve recruitment and retention 	<ul style="list-style-type: none"> • Educational programs should include placements in the long-term care sector for consideration as a career path • Provide funding to support homes in creating more full-time direct care positions to achieve the 70% target in Recommendation 49 • Provide funding to increase support staff in homes (e.g., environmental staff) • Ensure pay equity across the health care sector for Personal Support Workers and registered staff, particularly between home and community care and long-term care <ul style="list-style-type: none"> ○ Should be consistent with the approach used by the Province for Early Childhood Educators when full day kindergarten was implemented, and current approach to subsidize wages to achieve parity between sectors • Home and community care services should have equal access to resources as 	<ul style="list-style-type: none"> • When the Ministry of Long-Term Care issues guidance (and funding allocations) on the staffing models to long-term care homes, analysis of the impact will be required. Likely the mix and number of staff in the Region's long-term care Homes will change as increasing from 2.75 hours of direct care (2018 base line) to an average 4 hours of worked time is a 45% increase • The Homes will need to assess current staffing models to determine how to meet the 70% full-time staff target. As of July 2021, the percentage of staff in the Homes by employment type is as follows: <ul style="list-style-type: none"> ○ Permanent Full-Time: 32% ○ Permanent Part-Time: 29% ○ Temporary Full-Time: 5% ○ Casual: 34% • The Region will need to be ready to support quality clinical education placements in its Homes that

<ul style="list-style-type: none"> Palliative care training and end-of-life training should be reinforced in education for staff 	<p>long-term care to ensure the sector is not negatively impacted by the provincial Staffing Plan</p>	<p>encourage and attract direct care staff to the sector. There also needs to be consideration for additional full-time (TFT or PFT) opportunities for those entering the sector</p> <ul style="list-style-type: none"> A staffing model and schedule study is underway to identify opportunities to ensure the Homes can meet and exceed Ministry requirements. A focus of this study is to review the organizational structure of the Homes, the staffing model and the master schedule. The Homes will likely need additional funding to implement changes identified in the staffing review
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THEME: FUNDING

ALIGNMENTS WITH YORK REGION SUBMISSION

<p style="text-align: center;">Commission’s Recommendations *York Region Priority Recommendations</p>	<p style="text-align: center;">Alignments with <u>York Region’s Submission to Ontario’s Long-Term Care COVID-19 Commission</u></p>
<p>Summary:</p> <ul style="list-style-type: none"> *Recommendation 56: Current approach, which uses the Case Mix Index to divide the fixed pot of funding among homes based on their relative need, is insufficient. Case Mix Index should be used only as a measure of need and funding should increase to reflect this need Recommendation 57: Endorse implementing Justice Gillese’s recommendation to “encourage, recognize, and financially reward long-term care homes that have demonstrated improvements in the wellness and quality of life of their residents.” Recommendation 60: Urgently implement a model for building and redeveloping long-term care facilities to ensure that quality long-term care capacity is created Recommendation 63: Urgently implement a streamlined, expedited approvals process for creating redeveloped and new long-term care beds, 	<p>Oversight:</p> <ul style="list-style-type: none"> Recommendation 21: Consider a standardized approach to oversight which focuses on quality improvement and resident-centred care including a review of inspection protocols <p>Legislative Reforms:</p> <ul style="list-style-type: none"> Recommendation 22: Review regulatory framework to ensure it is consistent with and supports the goal of true resident centred-care

<p>insisting that municipal governments streamline their approval process for long-term care home development</p> <ul style="list-style-type: none"> • *Recommendation 77: Provide the funding necessary to implement the comprehensive inspection regime 	
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ANALYSIS

Informed by internal and external consultations

What We Heard	What is Needed from the Province	Implications for York Region
<ul style="list-style-type: none"> • Use of the Case Mix Index as a basis for a home’s funding has ‘winners and losers’ each year. A sustainable funding model that reflects the true costs of operating long-term care is required. Complete overhaul of the funding structures is needed • Long-term care funding requirements are administratively complex and documentation is burdensome. The focus of funding should be on the resourcing required to deliver quality care rather than on excessive documentation and compliance with requirements that do not enhance resident-centred care • There should be accountability for funding provided to ensure funds are spent as intended • While streamlined/expedited municipal approval for development and re-development is being highlighted as a solution to making more beds available (the province has set a target of 30,000 new beds by 2028), all development, including long-term care facilities, must be consistent with provincial and municipal planning processes • A streamlined development review process must be in line with an outcome/decision that minimizes negative environmental, social, and financial impact to residents and the municipality, and there should be opportunity for public engagement and consultation on the proposal 	<ul style="list-style-type: none"> • Long-term, sustainable funding that fills the shortfall in long-term care funding to address current challenges and dedicated funding to accompany each improvement • Provide support on best practices and guidance to ensure the funding is spent appropriately within each home • Provide funding for counselling services for staff and residents as it is critical to ensuring the health of staff and residents 	<ul style="list-style-type: none"> • It is anticipated the funding model for long-term care will change significantly. Ontario Health Teams are expected to be responsible for allocating provincial funding for long-term care services in the future • The Region continues to supplement long-term care operations with tax levy funding due to insufficient provincial funding. In 2020, the Region contributed \$16.9 million (44.6%) in tax levy funding to cover the total gross operating costs of the Region’s Homes • Regional and local municipal staff are pursuing opportunities to streamline development review and approval processes

THEME: PANDEMIC PREPAREDNESS AND INFECTION PREVENTION AND CONTROL

ALIGNMENTS WITH YORK REGION SUBMISSION

Commission's Recommendations <i>*York Region Priority Recommendations</i>	Alignments with <u>York Region's Submission to Ontario's Long-Term Care COVID-19 Commission</u>
<p>Summary:</p> <ul style="list-style-type: none"> • Recommendation 1: All pandemic plans in Ontario that affect long-term care should be guided by precautionary principle • *Recommendation 2: Precautionary principle must also be expressly adopted as a guiding principle in Ontario's long-term care home system • Recommendation 3: Pandemic response should be consistent with available scientific evidence and public health expert advice • *Recommendation 5: Amend long-term care legislation/regulation to provide specific requirements for homes' written infectious disease outbreak plans and IPAC programs • Recommendation 6: Long-term care home licensees should be required to post the home's infectious disease outbreak plan and any related plans to the home's website • Recommendation 9: Pandemic preparation and response in the province's long-term care sector should be explicitly provided for in provincial, regional and local pandemic plans • Recommendation 15: To ensure that the provincial pandemic plans are ready to be activated on short notice, they must be reviewed, assessed and drilled annually • *Recommendation 23: All long-term care homes in the province must be held to the same IPAC standards • *Recommendation 24: Amend regulation to require homes to appoint one full-time, dedicated registered nurse per 120 beds, set out minimum IPAC education, training, and certification requirements • Recommendation 25: Ministry of Long-term Care and Ministry of Health amend outbreak management protocol to explicitly provide for involvement of local hospitals to support long-term care homes • Recommendation 26: Amend regulation to ensure members of home's IPAC team reflect home's staff complement, ensure IPAC program is consistent with standards and ensure each home maintain stockpile of PPE 	<p>Outbreak Management:</p> <ul style="list-style-type: none"> • Recommendation 1: Provide funding and human resources to support outbreak management • Recommendation 2: Proactively establish and formalize partnerships with hospitals, Ontario Health Teams, Public Health Units and Ministries to support homes <p>Staffing:</p> <ul style="list-style-type: none"> • Recommendation 6: Develop and implement a long-term care health human resources strategy <p>Education and Training:</p> <ul style="list-style-type: none"> • Recommendation 9: Provide staff with standardized training, including licensing of PSWs, as well as education across the sector • Recommendation 10: Provide residents and families with standardized training and education <p>Legislative Reforms:</p> <ul style="list-style-type: none"> • Recommendation 22: Review regulatory framework to ensure it is consistent with and supports the goal of true resident centred-care • Recommendation 23: Ensure new directions and requirements related to COVID-19 response are clear and consistent between all ministries and the LHINs <p>Partnerships:</p> <ul style="list-style-type: none"> • Recommendation 24: Include long-term care homes in the governance structure of every Ontario Health Team across the province

ANALYSIS

Informed by internal and external consultations

What We Heard	What is Needed from the Province	Implications for York Region
<ul style="list-style-type: none"> • Foundational IPAC knowledge for everyone who enters the home can help support pandemic preparedness and outbreak management. Avoiding outbreaks will ease fears from family and visitors that they may be restricted from interacting or seeing residents for a period of time • The pandemic plan may need to take an all hazards approach rather than specific to each infectious disease • Pandemic planning needs to be sector-wide. All homes should be sharing best practices and learning from on another • Continue emergency preparedness structures built to support homes during COVID-19 outbreaks, including communities of practice • Homes perform annual IPAC training, however, for IPAC knowledge to be sustainable, it must be embedded in the day to day activities in the home with consistent reinforcement of training protocols • Further in-person training can help reinforce IPAC practices. Virtual training is not as effective in conveying IPAC protocols • IPAC Practitioner must only be dedicated to the IPAC program and must not have other duties. IPAC is a full-time position which requires attention, funding and support from all levels 	<ul style="list-style-type: none"> • Dedicated, consistent and sustainable funding to enhance the IPAC program, including funding for specialized IPAC staff • Strong leadership and enforcement by the Province to achieve consistency across the sector • Embed IPAC education and training in upstream education programs (e.g., nursing programs, PSW programs). Training should be customized and sector specific as hospital IPAC practices often do not translate into IPAC in long-term care homes • Amend the Long-Term Care Homes Act to include Emergency planning for Pandemics and for outbreaks of infectious diseases • Update Public Health mandate as appropriate to support enhanced role in long-term care as Public Health units have to comply with the standards and protocols that the Province sets • Resources and funding to help Public Health provide further support to long-term care homes with pandemic planning • Centralized and standardized IPAC education specifically for the long-term care sector with the ability for homes to tailor education to the needs of staff, residents, caregivers, etc. For example, language requirements may differ between homes 	<ul style="list-style-type: none"> • Anticipating IPAC would be a focus of the Commission’s Report, the Homes initiated a review and redevelopment of their IPAC program in January 2021 using the Ministry of Long-Term Care’s guidance on a Homes IPAC program • While there are IPAC leads in each Home, resourcing a dedicated IPAC Practitioner has been challenging in the current job market • Recognizing the importance of pandemic preparedness for long-term care, a request for a resource to lead planning, coordination and execution of all emergency preparedness planning and compliance requirements will be included in the proposed 2022 budget • Public Health collaborates extensively with long-term care homes in York Region. It proactively conducts environmental audits, assists in identifying gaps and solutions and provides IPAC and outbreak expertise and advice. This includes working with homes to prepare for respiratory season, proactive participation in a homes IPAC committee and providing guidance during an outbreak

THEME: RESIDENT-CENTRED CARE

ALIGNMENTS WITH YORK REGION SUBMISSION

Commission's Recommendations *York Region Priority Recommendations	Alignments with <u>York Region's Submission to Ontario's Long-Term Care COVID-19 Commission</u>
<p>Summary:</p> <ul style="list-style-type: none"> • *Recommendation 34: Amend Residents' Bill of Rights to include right to technology and amend regulation to require licensees to provide reliable WiFi and access to technology • Recommendation 37: Amend Residents' Bill of rights to align more closely with prohibited grounds of discrimination in Ontario Human Rights Code • Recommendation 38: Licensees must recognize and respect residents' social, cultural, religious, spiritual, and other histories and choices, including recognizing and respecting 2S-LGBTQ+ spousal and chosen family relationships and ensure residents are provided with culturally and linguistically specific care • Recommendation 39: Design and implement a provincial strategy to increase French language long-term care services and increase the number of French language beds • Recommendation 50: Long-term care home licensees must recruit home management that have the leadership skills and capacity to lead and to create a respectful and inclusive workplace • *Recommendation 58: Actively promote and provide funding for homes transitioning to recognized alternate, person-centred models of care • *Recommendation 62: Provide additional support and incentives for applications from organizations that prioritize the availability of culturally and linguistically specific care 	<p>Technology and Equipment:</p> <ul style="list-style-type: none"> • Recommendation 18: Provide and fund the development and use of innovative technologies and equipment that can support the social and emotional well-being of residents <p>Legislative Reforms:</p> <ul style="list-style-type: none"> • Recommendation 22: Review regulatory framework to ensure it is consistent with and supports the goal of true resident centred-care

ANALYSIS

Informed by internal and external consultations

What We Heard	What is Needed from the Province	Implications for York Region
<ul style="list-style-type: none"> • Residents and the Resident Council Leadership and Families and Family Council Leadership at the Region’s Homes noted that resident centred-care should consider: <ul style="list-style-type: none"> ○ More focus on the dining room experience ○ Autonomy and independence over their care ○ Improved communication from staff, especially during outbreak ○ More recreational and culturally and linguistically diverse programming ○ More opportunities to be outdoors ○ Increased full-time positions for staff ○ Commitment to a minimum level of care per resident ○ Primary staff/case manager role to communicate with family ○ Increased participation for residents in community activities ○ More mental well-being supports ○ Infrastructure that supports interaction and engagement with residents • Resident-centred care should include individualized care and interventions, including understanding the profile of residents and their preferences. This may necessitate more data collection • Resident-centred care models require a cultural shift in all aspects of a home’s operations. Care is currently provided in a compliance-focused culture which impacts all staff interactions • Addressing staff mental health and well-being also important to ensuring resident-centred care can be provided 	<ul style="list-style-type: none"> • Legislative changes and changes to the oversight process to ensure staff have more time to spend with residents. For example, meal times are strictly defined by the Long-Term Care Homes Act which does not allow time for residents to interact with each other and with staff • Funding models and indicators should be aligned with resident-centred approaches (e.g., relationship-based care model, butterfly model, etc.) 	<ul style="list-style-type: none"> • The Region’s Homes are reviewing feedback from staff, residents and families to identify opportunities to better support engagement and interactions with residents and improve communication and programming for residents to enhance resident-centred care • The Homes will continue to collaborate with partners (e.g., public health, nurse practitioners, psychogeriatric consultants, physiotherapists, etc.) on strategies for resident-centred care when managing outbreaks • Communications with residents, families and substitute decision makers have been enhanced but will require ongoing resourcing to sustain • The Homes have been providing additional wellness supports for staff, including on-site crisis counselors, 24/7 crisis hotline, management team debrief sessions and communication huddles to communicate with staff twice daily • The Homes have been providing enhanced wellness supports for residents including one-to-one programming (e.g., virtual visiting with family friends, virtual pet therapy and individualized programming), an on-site full-time social worker, and emotional support through one-to-one counselling support.

THEME: REGULATION AND OVERSIGHT

ALIGNMENTS WITH YORK REGION SUBMISSION

Commission’s Recommendations <i>*York Region Priority Recommendations</i>	Alignments with <u>York Region’s Submission to Ontario’s Long-Term Care COVID-19 Commission</u>
<p>Summary:</p> <ul style="list-style-type: none"> • *Recommendation 29: Fundamental principle of Long-Term Care Homes Act should explicitly acknowledge that long-term care residents have complex physical and mental health needs and promise that licensees will ensure residents’ needs are met • Recommendation 30: Amend regulation to include presumption against prohibiting all visitors to long-term care homes • Recommendation 31: Amend regulation to recognize the role of “essential caregiver” • Recommendation 32: Licensees must ensure that their home maintains an up-to-date contact list for all persons • Recommendation 33: Long-term care homes must permit video monitoring technology to be set up and used in an appropriate manner at request of resident • Recommendation 52: Amend regulation to define ongoing training requirements for long-term care professionals • *Recommendation 53: 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 66: Require licenses to publicly post current information about individuals with decision-making authority at owner/license level, the accountability agreement between local health integration networks/Ontario Health and the home and most recent audited Long-Term Care home Annual report • Recommendation 68: Long-term care home licensees should be required to provide public reports on key performance indicators at least annually • *Recommendation 71: Provide an independent accreditation process for all homes • Recommendation 73: Establish a dedicated ministry compliance support unit • *Recommendation 75: develop a coordinated, comprehensive long-term care home inspection regime involving the Ministry of Labour, Training and Skills Development and the public health units 	<p>Oversight:</p> <ul style="list-style-type: none"> • Recommendation 21: Consider a standardized approach to oversight which focuses on quality improvement and resident-centred care including a review of inspection protocols <p>Legislative Reforms:</p> <ul style="list-style-type: none"> • Recommendation 22: Review regulatory framework to ensure it is consistent with and supports the goal of true resident centred-care

<ul style="list-style-type: none"> • Recommendation 76: Inspection regime must include annual comprehensive Resident Quality Inspections (RQIs), annual inspection of IPAC program, and targeted inspections responsive to complaints and critical incidents • Recommendation 78: There should be proportionate and escalating consequences for non-compliance 	
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ANALYSIS

Informed by internal and external consultations

What We Heard	What is Needed from the Province	Implications for York Region
<ul style="list-style-type: none"> • Legislation is the primary barrier to implementing innovative care models in the homes as requirements are not set up to be person-centred. Changes require immense amounts of administration and documentation which may disincentivize improvements • Inspection results should be transparent where information is widely available and shared (e.g., centralized disclosure system) • Clear and systematic approach to inspections is needed with a genuine focus on improving quality and performance • Public Health well-positioned to be proactive with IPAC inspections 	<ul style="list-style-type: none"> • Coordinated approach between all Ministries with regulation/oversight • Amend the Long-Term Care Homes Act so that along with Public Health, the Ministry of Long-Term Care and the Ministry of Labour, Skills and Development would participate on a home's IPAC committee • Establish a dedicated Ministry compliance support unit to provide support and guidance to homes • Streamline Long-Term Care Homes Act oversight mechanisms to first focus on the highest risk and/or most common issues that have a significant impact on residents' quality of care and/or quality of life • Remove provincial restrictions around mealtimes and allow homes to set schedules based on resident needs and desires 	<ul style="list-style-type: none"> • There have been past attempts at setting up a PSW registry. Regulatory requirements will be more stringent. This may have an impact on wages and benefits • The Region's Long-Term Care and Senior Services Annual Performance Report is publicly available. It includes information on compliance, resident feedback, and inspections. It does not yet include an annual review of the Homes' IPAC program, which may involve leveraging stakeholders (e.g., Public Health, OHTs) to support this process

THEME: INTEGRATED SYSTEMS

ALIGNMENTS WITH YORK REGION SUBMISSION

Commission's Recommendations *York Region Priority Recommendations	Alignments with <u>York Region's Submission to Ontario's Long-Term Care COVID-19 Commission</u>
<p>Summary:</p> <ul style="list-style-type: none"> • *Recommendation 27: 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: 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 59: Increase funding to home care services, including innovative models of delivering home care, and to community-based supports for seniors 	<p>Partnerships:</p> <ul style="list-style-type: none"> • Recommendation 24: Include long-term care homes in the governance structure of every Ontario Health Team across the province as a key partner in planning and delivery of local health care to ensure representation on planning and decision-making tables

ANALYSIS

Informed by internal and external consultations

What We Heard	What is Needed from the Province	Implications for York Region
<ul style="list-style-type: none"> • One-size-fits all approach may not be successful model for Ontario Health Teams (OHTs) • Formalizing communities of practice developed during the pandemic would be helpful • Comprehensive system planning is needed for seniors with the long-term care sector engaged throughout the process 	<ul style="list-style-type: none"> • Guidelines on how an integrated continuum of care will work to ensure consistency across the Ontario Health Teams • Establish service system manager role for seniors to oversee and manage seniors' care in a coordinated manner 	<ul style="list-style-type: none"> • The Region can continue to use its influence to drive system transformation for seniors, including continued advocacy and more active lobbying efforts to senior levels of government. Advocacy can be done in partnership with community partners and Ontario Health Teams to ensure a strong voice and message

<ul style="list-style-type: none"> • Currently no service system manager to oversee and manage coordination, administration and funding for seniors' care • Long-term care needs to be present at all provincial Ontario Health Teams Tables to have its perspectives represented • Equalize funding across continuum of care to open more options for seniors • Develop policies and technology to permit sharing of client information across partners with Ontario Health Teams • Seniors prefer to age at home. Further supports need to be provided to seniors in their home/community • Transitional programming for seniors awaiting long-term care is required to alleviate pressure on community programming 	<ul style="list-style-type: none"> • Support OHTs in formalizing models and structures including clarity of roles and responsibilities established during COVID-19 • Provide stable/sustained funding for OHTs with flexibility based on local need • Invest in the full system of supports for seniors, including home and community care and supportive housing as development of new beds will not be enough to meet demand for long-term care • Provide equitable funding for home and community care to expand programming and additional services promoting aging in place • Provide investments for transitional programming to support seniors with complex needs waiting for long-term care • Release and implement the Ontario Seniors Strategy 	<ul style="list-style-type: none"> • System integration of resident data would improve admissions, communications with care partners (e.g., hospitals), and may reduce transfers to hospitals in some instances • The Region is a signed partner with all three Ontario Health Teams in York Region. In this role, the Region 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
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THEME: QUALITY IMPROVEMENT

ALIGNMENTS WITH YORK REGION SUBMISSION

Commission's Recommendations *York Region Priority Recommendations	Alignments with <u>York Region's Submission to Ontario's Long-Term Care COVID-19 Commission</u>
Summary: <ul style="list-style-type: none"> • Recommendation 67: Long-term care homes should monitor and report publicly on additional indicators to provide important information to residents, families and the general public • Recommendation 69: Consult with Canadian Institute for Health Information (CIHI) and long-term care stakeholders to create a transition plan to introduce the new assessment and reporting system in Ontario 	Oversight: <ul style="list-style-type: none"> • Recommendation 21: Consider a standardized approach to oversight which focuses on quality improvement and resident-centred care including a review of inspection protocols

ANALYSIS

Informed by internal and external consultations

What We Heard	What is needed from the Province	Implications for York Region
<ul style="list-style-type: none"> • Changing quality improvement assessments would require significant training, technology, and staffing • Quality improvement in the health care system is often focused on outputs (e.g., amount of care plans). A focus on clinical outcomes would help to support improved quality improvement indicators • Important to consider the administrative effort to track and report on measures when considering new quality improvement indicators • Important to select and define meaningful outcomes and adjust for resident complexity and contextual factors • Quality assessments will need to be administered centrally as there is a risk of bias in reporting if there are financial rewards for demonstrated improvements as homes currently measure their own performance 	<ul style="list-style-type: none"> • Provide resources to support enhanced data management and analytics • Provide standardized survey for all homes to use to measure resident satisfaction • Quality improvement data collection, reporting assessment should be done by an independent third party with feedback provided to homes • Implement one fully digital reporting system to replace the multiple information sharing systems that currently exist between LTC and their many reporting partners 	<ul style="list-style-type: none"> • The Homes already submit a Quality Improvement Plan (QIP) to the Ministry of Long-Term Care and legislation requires annual program evaluations to be completed. In addition, the Homes have sought and achieved voluntary accreditation by the Commission on Accreditation for Rehabilitation Facilities (CARF) Canada • The Homes are considering how to meaningfully assess resident and staff experiences on a more routine basis. Feedback from residents, staff and caregivers is essential in assessing the quality of care and satisfaction in the Homes. There is potential to leverage validated tools already being used in the sector to measure this experience

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