

2020 Long-Term Care COVID-19 Pandemic Performance Analysis

Purpose

The purpose of this long-term care COVID-19 pandemic Performance Analysis is to update Council, as Homes' the Committee of Management, regarding the Homes' performance and compliance with additional key pandemic responsibilities for its long-term care Homes issued by the Chief Medical Officer of Health, the Minister for Long-Term Care and various provincial [emergency orders](#) in 2020.

Pandemic Performance Analysis

On January 23, 2020 the first presumptive case of COVID-19 was identified in Ontario. As cases began to rise a state of emergency was declared provincially on [March 17, 2020](#) and on [March 23, 2020](#) in York Region.

Since then, Council has been provided with regular updates on the Homes' response to the pandemic on; [May 1, 2020](#); [June 11, 2020](#), and [July 30, 2020](#); [September 10, 2020](#); [November 5, 2020](#) ([Attachment](#)); and [April 8, 2021](#) ([Attachment](#)).

Council has oversight of additional legislated requirements as the Homes' Committee of Management

During 2020, the Committee of Management had additional responsibilities for its long-term care Homes issued by the Chief Medical Officer of Health, the Minister for Long-Term Care and various provincial [emergency orders](#). Legislated requirements currently in effect for the Region's long-term care Homes are:

- [Directive #1](#) for Health Care Providers and Health Care Entities. This covers “the use of Droplet and Contact Precautions for the routine care of patients or residents with probable or confirmed COVID-19, and airborne precautions when aerosol generating medical procedures (AGMPs) are planned or anticipated on residents with suspected or confirmed COVID-19.” It was first issued on March 30, 2020 and remains unchanged. While it remains in [effect](#), it is out of date with current practices and guidance and Directive #5 prevails in any conflict
- [Directive #3](#) for long-term care Homes under the Long-Term Care Homes Act, 2007. The nature of this document has changed during 2020, but it remains the authority on how all Homes in the province are to respond during the pandemic. During 2020 it changed eleven (11) times. Each revision affects the policies and operational procedures that govern the Homes, e.g., visitors, isolation, resident absences, and outbreak procedures
- [Directive #5](#) for Hospitals within the meaning of the Public Hospitals Act and long-term care Homes within the meaning of the Long-Term Care Homes Act, 2007. As confirmed by the Chief Medical Officer of Health on June 28, 2021 “Directive 5 is the provincial

baseline standard for provision of personal protective equipment for hospitals, long-term care homes and retirement homes during COVID-19.” During 2020 this Directive changed 3 times

- [Minister’s Directive](#): COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes
- [Minister’s Directive](#): Long-Term Care Home COVID-19 Immunization Policy
- [O. Reg 77/20](#): Work Deployment Measures in Long-Term Care Homes
- [O. Reg 95/20](#): Streamlining requirements for Long-Term Care Homes
- [O. Reg 146/20](#): Limiting Work to a Single Long-Term Care Home
- [O. Reg 210/20](#): Management of Long-Term Care Homes in outbreak

The MLTC also issued several policies which supplement the Directives. Most notably the “Visitor Policy” which was first issued in July 2020 underwent eight changes. These have been streamlined in 2021 and consolidated into the [COVID-19 guidance document for long-term care homes in Ontario](#).

As described in the transcript to [meeting with Commissioners and York Region on Friday, January 29, 2021](#), in 2020 the Region’s Homes received over 470 documents from the Province including directive, policy guidance documents, question and answers (Q&As) and Ministerial or Director memorandums – all which required analysis, interpretation and decision on actions required and operational changes needed.

The Region’s Homes developed and leveraged partnerships during the pandemic

During 2020, Senior Services staff at all levels have developed new and leveraged existing internal and external partnerships in the Region to support both Homes. External partnerships include:

- Southlake Regional Health Centre and Mackenzie Health, the lead hospitals for Newmarket Health Centre and Maple Health Centre, were responsible for supporting the Home in delivering its 2020 Fall Preparedness Plan (for Wave 2 of COVID-19) as required by the [Ministry of Long-Term Care COVID-19: Long-Term Care Preparedness](#) (September 29, 2020). In addition, they provided infection and prevention control (IPAC) education and updates at the Homes’ COVID-19 Outbreak Management Meetings. Towards the end of 2020 and early into 2021, both hospitals began coordinating the COVID-19 vaccination of long-term care staff
- Central LHIN provided IPAC Extenders to support both Homes during COVID-19 outbreaks. The IPAC extenders provided IPAC support in the homes (e.g., on-the spot training for IPAC audits). A Central LHIN representative also attended the external outbreak management meetings during the COVID-19 Outbreak at both Homes
- Several other Regional agencies also provided support such as Closing the Gap, St. John’s Salvation Army and Red Cross

Senior Services staff have also enhanced internal partnerships with Regional corporate partners:

- York Region Public Health provided education on IPAC measures and conducted IPAC audits in both Homes
- The Region’s Paramedic Services provided a multitude of supports to the Homes. Paramedics Services’ procured all the PPE for public health and long-term care. Community Paramedics provided COVID-19 testing of healthcare workers and supported IPAC Audits and provided IPAC education

Satisfaction survey results demonstrate residents’ overall satisfaction with pandemic measures, although changes to visiting was a concern for some

The 2020 Residents Quality of Life Survey included questions on the Homes’ COVID-19 response. As shown in Table 1, the impact of COVID-19 pandemic on family outdoor visits received the lowest proportion of favourable responses.

**Table 1
2020 COVID-19 Satisfaction Survey Results**

Survey Topic	Proportion of favourable	
	Maple Health Centre	Newmarket Health Centre
The screening process upon arrival at the Home	100%	100%
Virtual Visiting for Residents	92%	96%
Virtual recreation activities for Residents	82%	88%
Family Visiting – Outdoor Visits	78%	84%
Family Visiting – Indoor Visits	92%	89%
Rating the Infection, Prevention & Control (IPAC) measures	100%	97%
Rating the communications sent to Families	96%	97%
Webinars hosted by the Management and Staff	90%	86%
Home’s overall response to COVID-19	100%	100%

Source: Residents Quality of Life Survey 2020, values represent proportion of favourable responses from residents who provided a response (e.g., excludes blanks or not applicable responses)

The Region's Homes remained free of COVID-19 until wave 2

The Homes continued to be impacted by the COVID-19 pandemic throughout 2020, with both Homes remaining outbreak free until wave 2.

Maple Health Centre was put in suspect COVID-19 outbreak on November 22, 2020 due to one active staff case. However, with no recurrent cases, public health declared the outbreak closed on December 12, 2020.

Newmarket Health Centre began a confirmed COVID-19 outbreak on November 7, 2020. The outbreak was declared over on February 16, 2021. At the peak of the outbreak, there were 22 active resident cases, with 23 residents in total being infected with COVID-19. Sadly, three residents died from contracting the virus. In addition, there were 15 active staff cases, with 33 staff in total being infected with COVID-19.

2020 Key Pandemic Actions by the Homes

Due to the COVID-19 Pandemic, all staff in the Homes needed to adapt to a new way of doing things.

Table 2
Key Pandemic Actions Taken by the Homes – 2020

Team	Key Pandemic Actions Taken
Recreational Programming	<ul style="list-style-type: none">• Recreational programming focused on decreasing the social isolation residents felt. Programs were modified to take place in hallways- such as dance parties, bingo, trivia; time was dedicated to more purposeful and meaningful conversations; and outside entertainment was put on (when permitted)• Supporting family connections remained a focus with between 450-600 virtual calls being supported between residents and their loved ones each month at each Home• One-to-one programming took the place of group programs as well as a multitude of virtual programming such as virtual pet therapy, virtual church service, virtual music therapy and in the last quarter of 2020 almost 20,000 resident interactions were supported
Production and Support Services	<ul style="list-style-type: none">• Moving from communal dining to in-room service and still maintaining some pleasurable dining experiences where possible such as special themed meals• Introducing blue light audits in high-touch areas to ensure the highest IPAC standards were maintained
Medical Supports	<ul style="list-style-type: none">• The role of the Medical Director has been instrumental in supporting the care of residents during the pandemic• Residents were provided with virtual consultations with attending physicians

Team	Key Pandemic Actions Taken
Education and Training	<ul style="list-style-type: none"> • Development of Designated Essential Caregiver IPAC training and Staff PPE e-learning modules • Through IPAC extenders, provided on-the-spot education to support real-time correction of IPAC practices • All staff completed a mandatory IPAC course (funded by HCCSS Central) • Modifying orientation and training requirements to on-board new hires
Communications	<ul style="list-style-type: none"> • Communications were enhanced to support the implementation of operational changes, including infection, prevention, and control measures, and to advise staff of new policies and procedures to safeguard the Homes in response to the COVID-19 pandemic. A process of outbreak communications for staff, residents, substitute decision makers and families was also established
Health and Well-being	<ul style="list-style-type: none"> • Wellness resources and supports are communicated to in bi-weekly communications “spreading hope and wellness.” These include link to corporate COVID-19 wellness supports and 24/7 crisis supports
Health and Safety	<ul style="list-style-type: none"> • Created and maintained a Safe Space Plan for each Home • Created and maintained a York Region COVID-19 Safety Plan
Maintenance	<ul style="list-style-type: none"> • Created isolation units in preparation for outbreak • Modified Home to support resident and staffing cohorting requirements (staff change rooms, separating the nursing stations) • Setting up Homes to accommodate inside and outside visits • Supported creation of screening and testing areas in each Home

Data and Continuous Quality Improvement

A PPE dashboard was created in April 2020. It maintains details on the inventory of all PPE at each Home.

A survey tool was created in December 2020 to enable staff to record IPAC audits at the Homes, including compliance with donning and doffing of PPE and isolation room preparation. This tool enables the Homes to know the number of IPAC audits completed, their compliance rates and to identify emerging themes in non-compliance and opportunities for more training and education.

A screening and testing app was created to actively screen all those who enter the Home.

In 2020, Maple Health Centre screened over 30,000 people who attended the Homes (staff, visitors, etc.) at an average of 3,300 per month. In comparison Newmarket Health Centre screened over 37,000 people at an average of 3,700 per month.

COVID-19 Vaccination

On [December 9, 2020](#) Health Canada authorized the first COVID-19 Vaccine (Pfizer-BioNTech) quickly followed by Moderna on [December 23, 2020](#). Long-term care staff and residents were identified as priority groups to receive this vaccine. Table 4 illustrates the number of staff and residents fully vaccinated as of July 2021.

Table 4
Proportion of Fully Immunized for COVID-19 – July 2021

	Maple Health Centre	Newmarket Health Centre	York Region Population (18+)	Ontario Provincial Population (18+)
Staff *	82.3%	81.3%	72.9%	73.0%
Residents	98%	94%		

Source: LTC COVID-19 Immunization Policy Data Collection (Staff); Internal COVID-19 Immunization Data (Residents); and [COVID-19 Vaccination Data](#)

* Proportions based on staff who worked July 1-31, 2021

Pandemic Funding Considerations

One-time Provincial funding provided financial support to the Homes during the Pandemic

In 2020 the Homes received \$7.1 million in one-time provincial funding for additional COVID-19 operating costs such as temporary pandemic pay, other temporary wage enhancements, IPAC funding, and additional minor capital funding. In [March 2021](#), the government allocated “a one-time funding adjustment to address the funding shortfall reported by long-term care homes from April 1, 2020 to December 31, 2020.”

Investing in Canada Infrastructure Program (ICIP) Grant

The Region received a [\\$5.75 million](#) grant for several infrastructure projects including renovations at both Homes. Of this grant, \$1 million is allocated to the Homes and Adult Day Programs to assist with IPAC upgrades such as touchless doors operators, new resident countertops, touchless washroom fixtures and new wash stations.

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