
From: McPhail, Roxanne <Roxanne.McPhail@york.ca> **On Behalf Of** Regional Clerk

Sent: Tuesday, November 2, 2021 2:06 PM

Subject: Regional Council Decision - Analysis of Ontario's Long-Term Care COVID-19 Commission's Final Report and Recommendations for Urgent Provincial Action

On October 28, 2021 Regional Council made the following decision:

1. Council approve the priority recommendations set out in Attachment 1 for urgent provincial action to transform the long-term care sector including recommendations related to accelerated staffing investments, sustainable and long-term provincial funding across the seniors continuum of care, pandemic preparedness and legislative and regulatory changes to align with resident-centred care as informed by [Ontario's Long-Term Care COVID-19 Commission's Final Report and Recommendations](#).
2. The Regional Chair, on behalf of Regional Council, send this report and a letter to the Ministers and Deputy Ministers of Health, Long-Term Care, Finance, Seniors and Accessibility, Municipal Affairs and Housing, Labour, Training and Skills Development, and Children, Community and Social Services, and communicate Council's request that the Province urgently act on the priority recommendations identified by York Region.
3. The Regional Clerk provide a copy of this report to the Members of Parliament and Members of Provincial Parliament representing York Region requesting their support to advocate for urgent provincial action on the priority recommendations identified by York Region.
4. The Regional Clerk circulate this report for information to local municipalities, York Region Human Services Planning Board members, Home and Community Care Support Services Central, Ontario Health Teams in York Region, Ontario Health Central Region, AdvantAge Ontario, Ontario Long-Term Care Association and the Association of Municipalities of Ontario.

The original staff report is attached for your information.

Please contact Lisa Gonsalves, General Manager, Paramedic and Seniors Services at 1-877-464-9675 ext.72090 or Joseph Silva, Director, Strategies and Partnerships Branch at 1-877-464-9675 ext.74182 if you have any questions with respect to this matter.

Regards,

Christopher Raynor | Regional Clerk, Regional Clerk's Office, Corporate Services

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Our Mission: **Working together to serve our thriving communities – today and tomorrow**

The Regional Municipality of York

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

Report of the Commissioner of Community and Health Services

Analysis of Ontario's Long-Term Care COVID-19 Commission's Final Report and Recommendations for Urgent Provincial Action

1. Recommendations

1. Council approve the priority recommendations set out in Attachment 1 for urgent provincial action to transform the long-term care sector including recommendations related to accelerated staffing investments, sustainable and long-term provincial funding across the seniors continuum of care, pandemic preparedness and legislative and regulatory changes to align with resident-centred care as informed by [Ontario's Long-Term Care COVID-19 Commission's Final Report and Recommendations](#).
2. The Regional Chair, on behalf of Regional Council, send this report and a letter to the Ministers of Health, Long-Term Care, Finance, Seniors and Accessibility, Municipal Affairs and Housing, and Children, Community and Social Services and communicate Council's request that the Province urgently act on the priority recommendations identified by York Region.
3. The Regional Clerk provide a copy of this report to the Members of Parliament and Members of Provincial Parliament representing York Region requesting their support to advocate for urgent provincial action on the priority recommendations identified by York Region.
4. The Regional Clerk circulate this report for information to local municipalities, York Region Human Services Planning Board members, Home and Community Care Support Services Central, Ontario Health Teams in York Region, Ontario Health Central Region, AdvantAge Ontario, Ontario Long-Term Care Association and the Association of Municipalities of Ontario.

2. Summary

This report analyzes recommendations from Ontario's Long-Term Care COVID-19 Commission's Final Report, seeks Council approval of the priority recommendations for urgent provincial action proposed in Attachment 1, and requests a letter be sent to Provincial Ministries involved with long-term care and seniors advocating for action on the priority recommendations set out in Attachment 1.

Key Points:

- In April 2021, Ontario's Long-Term Care COVID-19 Commission released its final report with 85 recommendations to improve the long-term care sector
- The majority of the Commission's final recommendations reflect the 28 recommendations from [York Region's Submission to the Ontario Long-Term Care COVID-19 Commission](#), approved by Council in [January 2021](#)
- The Commission's report includes many positive references to York Region's Submission and its two presentations to the Commission
- Informed by extensive internal and external consultations and York Region's Submission, staff have identified 23 priority recommendations from the Commission's report for urgent provincial action to transform the long-term care sector and developed a detailed analysis of the impact of the Commission's recommendations
- In addition to identifying urgent supports for long-term care, consultations also identified the need for transformation of the whole system for seniors' care with further provincial investments in home and community care, affordable senior-friendly housing and innovative community-based solutions
- The Region has already begun taking steps to strengthen operations at Newmarket Health Centre and Maple Health Centre, however fully operationalizing changes resulting from the Commission's recommendations will require significant funding, guidance and support from the Province

3. Background

York Region operates two long-term care homes, but has a limited role in the long-term care homes system

There are currently 29 long-term care homes in York Region providing a total of 4,041 beds. The Region operates two long-term care homes, Maple Health Centre and Newmarket Health Centre, which provide 232 beds (approximately 6% of the total amount of beds). Of the remaining homes, 14 are operated by for-profit organizations and 13 are operated by non-profit organizations.

Despite funding and operating the Homes, the Region has a limited role in the key decisions that impact its Homes. The Ministry of Health and Ministry of Long-Term Care license, approve and regulate long-term care homes with Home and Community Care Support Services (formerly Local Health Integration Networks) arranging all applications, waitlist maintenance and admission to long-term care homes.

The Region is currently short by 2,000 long-term care beds and by 2041 that shortage will climb to almost 15,000

On [March 18, 2021](#), the Province announced 7,500 new long-term care spaces with an investment of \$933 million for 80 projects across the province as part of its commitment to

add 30,000 new long-term care beds over the next 10 years. To date, 1,530 of those beds have been allocated to York Region.

As discussed in the [November 2020](#) Forecast for Long-Term Care and Seniors' Housing Implications Report, the rapid growth in the seniors population will place pressure on long-term care services in York Region. York Region was already short 2,000 beds in 2019, and by 2041, York Region will be short by nearly 15,000 beds.

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

Former Minister of Long-Term Care, Dr. Merrilee Fullerton, appointed the [Ontario Long-Term Care COVID-19 Commission](#) on July 29, 2020 with a mandate to investigate how COVID-19 spread within long-term care homes, how residents, staff and families were impacted and the adequacy of provincial and other measures to prevent, isolate and contain the spread.

The Commission conducted its investigation during the second wave of the pandemic from September 2020 to March 2021, interviewing more than 700 individuals and receiving over 300 submissions. The Commission released two interim reports in [October 2020](#) and [December 2020](#).

In January 2021, the Region presented to the Commission and made recommendations to address long-standing issues within the long-term care sector which were exacerbated by COVID-19

In Fall 2020, the Region prepared a submission to the Commission outlining the challenges faced by the Region's two Homes. The [York Region Submission to the Ontario Long-Term Care Commission](#) was approved by Council in [January 2021](#). It identified 28 recommendations for immediate action to be taken by the Province. Recommended areas for action included resources and funding to effectively manage outbreaks, additional funding to support the true costs of operating a long-term care home, addressing severe staff shortages across the entire continuum of care for seniors, creating a culture grounded in continuous quality improvement, and strengthening partnerships to integrate long-term care into the health care system.

On [January 29, 2021](#), Gino Rosati, Regional Councillor and Chair of Community and Health Services, Katherine Chislett, Commissioner of Community and Health Services, Lisa Gonsalves, General Manager, Paramedic and Seniors Services and Dr. Catherine Meunier, Medical Director for the Region's two municipally-operated homes, presented to the Commission on York Region's Submission.

York Region Public Health also presented to the Commission

On [February 25, 2021](#), Dr. Karim Kurji, York Region's Medical Officer of Health, at the request of the Commission, presented to the Commission and discussed the experiences and challenges of York Region Public Health during the COVID-19 pandemic. The presentation also included recommendations related to infection, prevention and control

(IPAC), outbreak management, partnerships and collaborations, and public health resourcing and structure.

Ontario’s Long-Term Care COVID-19 Commission released its Final Report in April 2021 with 85 recommendations addressing shortcomings in the long-term care sector

The Commission’s Final Report was released to the Minister of Long-Term Care on April 30, 2021. It contained 85 recommendations to address the significant, well-known shortcomings in the long-term care sector, including IPAC, staffing, funding, oversight and compliance issues. The Commission notes its recommendations may require additional funding, legislative or regulatory amendments and supporting actions by various government actors and long-term care homes. The Commission recommends the government provide a progress report on implementation of these recommendations in April 2022 and April 2024.

The release of the Commission’s report reflects broader public support for long-term care sector reform. Results from an [Angus Reid Survey](#) conducted in July 2021 demonstrate that Canadians expect system transformation in long-term care with three quarters saying either significant or a total overhaul is necessary. In terms of what needs to change, one in three Canadians include staffing (e.g., raise pay for long-term care workers), administrative practices (e.g., preparation for future pandemics) and infrastructure (e.g., build newer, modern residences) as top priorities for action.

The Province has not released an official response to the Commission’s report or recommendations. The Ministry of Long-Term Care is currently consulting with sector organizations, including AdvantAge Ontario, on reforms to the *Long-Term Care Homes Act, 2007* (the Act). Staff have heard from AdvantAge Ontario that these reforms will be tabled in the Fall and anticipate that amendments will address some of the Commission’s recommendations.

Many of the Commission’s findings and recommendations align with York Region’s experiences and submission

The Commission’s Final Report contains several references to York Region’s presentations and submission:

- York Region was proactive in placing many preventative infection prevention and control (IPAC) measures in advance of provincial direction, including the “single employer” policy and conducting IPAC and environmental audits (Single employer policy required long-term care staff to only work for one employer to limit the spread of COVID-19)
- The Region demonstrated strong municipal and public health leadership, including the Long-Term Care Medical Director reaching out to long-term care homes in Washington State and British Columbia during their outbreaks to learn from their experiences very early in the pandemic

- York Region Public Health filled personal protective equipment (PPE) shortages for many long-term care homes in York Region
- York Region subsidizes the cost of operating its two municipally-operated long-term care homes with tax levy funding, paying 46.6% of the total cost of care in 2019, whereas the provincial subsidy pays 39.5% with residents' fees and service charges making up remainder
- The Region's Homes received 470 documents from the Province for analysis, interpretation and/or action between the beginning of the pandemic and January 2021
- Staffing shortages were not as severe in the Region's Homes as in other homes in the sector due to redeployment of Regional staff to assist
- The Region's Homes did not experience an outbreak in wave 1

Other sector organizations have released reports responding to the Commission's Final Report

AdvantAge Ontario and the Association of Municipalities of Ontario have released reports in response to the Commission's Final Report:

- AdvantAge Ontario has released [Response to the Ontario LTC COVID-19 Commission Final Report](#), which details the organization's position on the 85 recommendations, and [Proposed Amendments to the Long-Term Care Homes Act \(LTCHA\)](#) which recommends a complete overhaul of the Act to enable critical transformation in seniors' care in Ontario
- Association of Municipalities of Ontario has released [Moving Forward on Long-Term Care COVID-19 Commission Final Report](#), which proposes recommendations for the Ministry of Long-Term Care in response to the Commission's Final Report, and [Long-Term Care Staffing Plan – Four Hours of Care Standard Implementation](#), which proposes recommendations to the provincial government to ensure implementation of the four hours of care standard meets the needs of municipal governments

Staff have reviewed these reports and the recommendations align with the priority recommendations for urgent provincial action identified in Attachment 1. Staff support the additional actions identified in these reports for the Province to consider when implementing the Commission's recommendations.

4. Analysis

The Commission's recommendations reflect the majority of the recommendations proposed by York Region

The majority of the Region's 28 recommendations are reflected in the Commission's recommendations, with the exception of those related to reversing pharmacy funding reductions, expanding criteria for High Intensity Needs Funding, and receiving accurate, up-to-date information from Home and Community Care Support Services Central (formerly

Central Local Health Integration Network). Details on these recommendations are provided in Attachment 1.

The Commission's recommendations also align with recommendations put forward in York Region Public Health's presentation to the Commission:

- Infection prevention and control expertise with on site dedicated resource expertise in each long-term care home
- Emergency preparedness whereby long-term care partners engage in emergency preparedness and planning, including tabletops or other exercises involving communicable disease outbreaks
- Partnerships and collaboration and continued work across agencies (e.g., hospitals, ministries, IPAC hubs, etc.) to support long-term care including clarification of roles and responsibilities
- Increasing the long-term care workforce and improved full-time staffing complements

Public Health's current collaborative role in the prevention, detection and management of infectious disease outbreaks supports the Commission's recommendations

The Commission's Final Report includes several recommendations proposing enhancements to and further support and collaboration between Public Health Units and long-term care homes. This aligns with the vision York Region Public Health follows in its work with all long-term care homes in York Region. On an annual basis and during outbreaks of respiratory and enteric pathogens, York Region Public Health proactively engages with long-term care homes focusing on outbreak management, infection prevention and control and education, such as:

- Providing guidance and consultation on IPAC measures and participating in home's infection control committees
- Providing outbreak management preparedness and support, including enhanced disease surveillance, reporting activities and recommendations for outbreak control measures based on identified pathogen(s)
- Supporting homes with outbreak prevention (respiratory and enteric) through IPAC education and training of staff and essential caregivers
- Providing updates to homes and supporting the interpretation of new directives and best practice guidance documents
- Assisting homes, upon request, with the review and implementation of IPAC policies and procedures for staff, residents, and essential care givers

York Region Public Health's existing strong collaborative relationships with the Region's 29 long-term care homes would be further strengthened by the Province's adoption of the

Commission's recommendations as they relate to Public Health's role. Public Health will continue to be guided by the [Ontario Public Health Standards](#) and [Institutional/Facility Outbreak Management Protocol](#) and any new direction received from the Province. Further enhancements to public health's roles and responsibilities through the adoption of Commission recommendations may need to be complemented with additional resources and funding for Public Health in infection prevention and control and outbreak management.

Staff have identified priority recommendations from the Commission's report for urgent provincial action, informed by extensive consultations with internal and external stakeholders

Provincial action on all 85 recommendations is required to bring transformative change to the long-term care sector. Tackling change within a system as large, complex, and diffuse as long-term care will take time, consideration and effort. However, feedback from consultations with internal and external stakeholders demonstrated that there are several recommendations that require urgent action by the Province.

Attachment 1 sets out 23 priority recommendations identified by staff for urgent provincial action. Attachment 2 provides a detailed analysis of the Commission's recommendations, informed by consultations, as well as alignments between the Commission's recommendations and York Region's Submission. The proposed priority recommendations for urgent action align with the recommendations from York Region's Submission.

Internal consultations included subject matter experts from all areas of both Homes and corporate and departmental partners. Consultations were also held with residents and families from the Region's two homes.

External consultations were held to obtain insight from community partners on the Commission's recommendations. Those engaged included members from the Ontario Health Teams in York Region and Seniors Cluster Response Table under the COVID-19 Community Coordination Initiative (expanded to include interested members of the York Region Human Services Planning Board).

PRIORITY RECOMMENDATIONS FOR URGENT PROVINCIAL ACTION AND ANALYSIS

Accelerated staffing investments will help build a strong workforce in long-term care and ensure resources are in place for potential future outbreaks

To help address the urgent need for skilled staff in long-term care homes, the Province should implement Commission **recommendations 36, 40, 43, 44, 49, 51 and 54**, which primarily relate to accelerating the implementation of [Ontario's Long-Term Care Staffing Plan](#), providing further full-time employment opportunities and enhancing education and training.

The Province must accelerate its staffing investments to provide the resources needed to build a strong long-term care workforce and to increase the overall pool of qualified candidates. Staffing targets in the Plan are to be achieved by 2024 to 2025, however, these

investments and changes need to be in place much sooner. Staff recommend they be in place by 2022 to 2023 to address immediate and significant staffing challenges, including the need for additional staffing resources during outbreaks to manage the pandemic when it moves into an endemic state and to prepare for the planned development of new long-term care beds.

Recommendation 43 requests that the Province ensure delivery of the Staffing Plan for long-term care does not undermine the delivery of home care services. Community partners noted that excessive focus on long-term care staffing investments may divert resources from the home and community care sector. A balanced approach must be taken with consideration of equitable funding and wages between the sectors, particularly pay equity for personal support workers.

The Region's Homes are currently undertaking a staffing model and schedule study to ensure the Region is positioned to meet Staffing Plan requirements. The Region has consistently invested in staffing in its homes; however, this has required significant tax levy investments. Any improvements in staffing must be accompanied by increased provincial funding for long-term care homes. Staff support the Association of Municipalities of Ontario [recommendation](#) that the Province fully fund the implementation of the four hours of care standard for municipal homes, reimbursing their current staffing levels and wage rates. This will help ensure municipal homes that invest resources for higher levels of care have equal access to four hours of care funding.

Long-term, sustainable provincial funding is critical to address existing challenges and to implement the Commission's recommendations

To ensure provincial funding reflects the true costs of operating a long-term care home, the Province should urgently implement Commission **recommendations 56 and 77**, which request an enhanced funding model for long-term care and funding to implement a comprehensive inspections regime.

In internal consultations, staff noted that provincial funding for nursing and personal care is inadequate. As a result, York Region must continuously invest additional tax levy funding in its long-term care homes to help achieve requirements set by the Province, provide high quality care to residents and to perform beyond what is expected of a well-run home by provincial standards. In 2020, the Region contributed \$16.9 million (44.6% of the total costs) in tax levy funding to cover the total gross operating costs of the Region's two homes.

Throughout the COVID-19 pandemic, the Homes have benefitted from being a part of a municipal structure with access to much needed additional funding, staffing and supports which other private and non-profit homes do not have. This structure enabled both Homes to be more proactive and better positioned to implement numerous provincial changes. Without these vital resources and supports, the situation in the Region's Homes may have been significantly worse during the pandemic.

As noted by AMO, municipalities cannot continue to fill the shortfall in provincial funding. The Region's Submission strongly advocated for long-term, sustainable provincial funding to

effectively meet the care demands of residents and further funding will be needed to implement the sector improvements required by the Commission's recommendations. Provincial funding allocated to the sector must also be accompanied by support on best practices and guidelines to ensure the funding is spent appropriately within each home.

The Province should also implement recommendations 13 and 14 of York Region's Submission which were not addressed in the Commission's Final Report. These recommendations advocate for reversing pharmacy cuts and expanding criteria for High Intensity Needs Funding.

Pandemic preparedness and infection prevention and control are crucial in safeguarding the long-term care sector

To ensure residents remain protected and are not exposed to risks from the spread of infectious diseases, the Province should urgently implement Commission **recommendations 2, 5, 23 and 24**, which include amending long-term care legislation to provide specific requirements for infectious disease outbreak plans and requiring a dedicated IPAC specialist in each home. The foundation of the Commission's pandemic preparedness and IPAC recommendations is the adoption of the precautionary principle which states that reasonable action to reduce risk should not await scientific certainty.

The Province must ensure IPAC is embedded in upstream education (e.g., nursing and Personal Support Worker professional education and development programs) with investments in further in-person and on-the-floor training to strengthen and reinforce IPAC knowledge and competency. Long-term care homes should also apply the precautionary principle to ensure IPAC principles in homes meet best practices in training and education for staff. Consultations with staff noted that IPAC training and education are the key to pandemic preparedness and outbreak management.

Although the Commission recommends one dedicated IPAC specialist in a home (one per 120 beds), this may not be sufficient to run a robust and enhanced IPAC program. Additional investments in dedicated IPAC staff for long-term care, Public Health and hospital resources may be required to support pandemic planning.

Changes to home operations are required to improve and support resident-centred care

To encourage improved resident-centred care and enable staff to holistically address residents' needs, the Province should urgently implement Commission **recommendations 34, 58 and 62** to provide residents with a right to technology, promote and provide funding to homes transitioning to person-centred models of care and provide additional support for applications that prioritize the availability of culturally specific care.

Consultations with residents and families at the Region's Homes noted that resident-centred care should consider improvements to the dining room experience, allowing residents to have autonomy over their care, improved communication between staff and residents, and

culturally and linguistically diverse programming. This aligns with the Commission's findings and recommendations for improving resident-centred care.

The Region regularly explores opportunities to better support engagement and interactions with residents and plans improvements to more meaningfully assess resident and staff experiences on a more routine basis. This feedback will help the homes in identifying actions to improve resident-centred care.

Legislative amendments and changes to the oversight regime are needed to achieve a culture in long-term care grounded in resident-centred care

The Province must urgently implement Commission **recommendations 29, 53, 71 and 75**, which propose legislative and regulatory changes to support resident-centred care.

The Province must amend the *Long-Term Care Homes Act* (the Act) as recommended by the Commission to remove barriers and provide funding that encourages homes to adopt alternate, person-centred models of care. One of the major tenets of resident-centred care is allowing homes to use creativity, flexibility and innovation to provide care to residents. However, this approach does not align with the prescriptive nature of the Act. In addition, many homes have adopted more progressive resident-centred models, for example, the butterfly model in Peel Region. However, provincial funding does not cover the cost of these new models of care.

Further amendments to the Act beyond the Commission's recommendations may also be required. AdvantAge Ontario's [Proposed Amendments to the Long-Term Care Homes Act, 2007](#) highlights that substantive, systemic change is needed, not only to the compliance regime but also to the principles that underpin the Act to change the culture of long-term care. AdvantAge Ontario recommends legislative changes to the Act to recognize the special role of municipal and non-profit homes, enhance resident-centred models of care and reinforce continuous quality improvement.

Investments across the seniors' continuum of care will provide further options for seniors to stay in their homes or communities longer until they need long-term care

To ensure seniors are supported by comprehensive home and community care services, the Province must urgently implement Commission **recommendation 59** for increased funding for home care and community support services. This includes innovative models of delivering home care and community-based supports for seniors to acknowledge the importance of giving individuals the choice to age at home or their communities where possible.

The needs of seniors should be planned for holistically with long-term care considered as one component in the continuum of care. In consultations, community partners highlighted that seniors overwhelmingly prefer to age at home, however are unable to due to a lack of support and availability of services in the community. Seniors whose needs could be better addressed at home are often diverted to more costly long-term care.

Additional investments are also required to support the development of transitional programming for seniors with complex needs in the community awaiting long-term care. Consultation participants noted that current community programming cannot support the increasingly complex care needs of these seniors.

Improved integration of long-term care in the health care sector will help support system change and transformation

To ensure long-term care is further represented and integrated within the health care system, the Province should urgently implement Commission **recommendations 27 and 28** to fast-track implementation of Ontario Health Teams and for the Ministry of Health, Ontario Health and the Ministry of Long-Term Care to work together to ensure a coordinated continuum of care that includes all long-term care homes.

Integrating long-term care into the governance structure of every Ontario Health Team in the Province will allow health care partners to work collaboratively with the long-term care sector which has the on-the-ground expertise to understand how to deliver the most optimal care. Currently, long-term care is represented in the governance structure of all three Ontario Health Teams in York Region which has proved beneficial in integrating long-term care considerations into health care planning. As a signed partner with all three Ontario Health Teams in York Region, the Region has been able to leverage its partnerships to ensure the shared experiences, expertise and knowledge of the Region's homes help inform health care decision-making moving forward.

The Province should also consider Recommendation 19 from York Region's Submission which was not included in the Commission's Final Report. This recommendation supports improved information sharing between long-term care homes and Home and Community Care Support Services Central, which currently manages the waitlist for the Region's long-term care homes. Misinformation upon referral by Home and Community Care Support Services Central does not equip the Homes to make informed decisions based on the care and safety of all residents.

Operationalizing sector improvements will require guidance, support, resources and funding from the Province

As the Province considers the recommendations from the Commission, it must also recognize the guidance, support, resources and funding required by homes to operationalize these changes. Clear guidance, collaboration and coordination must be provided to each home as it should not be the sole responsibility of individual homes to determine implementation. Best practices should also be shared across the sector to allow homes to learn from each other.

The Region's homes have been proactively implementing changes and improvements to operations

While the Province has yet to implement recommendations from the Commission, the Homes have begun taking steps in response to recommendations that require urgent action. The

Homes are in the process of recruiting for a dedicated IPAC Specialist to build and enhance IPAC expertise within each home. The Homes are also reviewing organizational design to improve workforce stability. 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 2022 budget submission.

BROADER IMPACT ON SENIORS' CONTINUUM OF CARE

Long-term care system transformation must also consider transformation of the full continuum of care for seniors

While the Commission had a mandate to investigate the long-term care sector, a critical theme that emerged in the Region's consultations was the need for a fundamental shift in how aging and support for seniors are viewed.

Currently, long-term care is seen as the default option for seniors with complex care needs. The [November 2020](#) Forecast for Long-Term Care and Seniors' Housing Implications Report demonstrated there will not be enough long-term care beds to service the Region's aging population and they will need to find other options for housing, home care and related supports. There is a significant gap in housing options for seniors, including purpose-built rental and condominiums, and in the range of community supports available. Long waitlists for assisted living and long-term care often result in seniors, many with complex care needs, living unsupported in the community.

Although more long-term care beds are required, focusing primarily on long-term care will not lead to the innovative thinking and solutions required to transform the system, moving away from the traditional way seniors' care has been handled. The Province is undertaking health care system transformation which offers an opportunity to reimagine seniors' care and the type of programming and services required to support people to age-in-place in their own homes and communities. Long-term care should only be a last resort. This transformation should include comprehensive system planning for seniors, integration across the sector to eliminate siloes, and coordinated care planning with information following each step of an individual's healthcare journey.

The Province should also consider identifying and establishing a service system manager for seniors' care to coordinate and bring together the currently fragmented seniors' services sector. Consultations highlighted the difficulty in transforming seniors' care when there is currently no service system manager to oversee and manage planning, delivery, administration and funding for the entire continuum of care for seniors. There are several provincial ministries and agencies, such as Ontario Health, involved with overseeing seniors' care. The number of ministries listed in Recommendation 2 of this report further demonstrates the fragmentation in the system.

The Region is well positioned to understand and advocate for the local health needs of seniors

As a municipal government, the Region can help in building a stronger and more integrated seniors' services sector. This includes continued advocacy and more active lobbying efforts, in partnership with sector organizations, community partners and Ontario Health Teams, to other levels of government for investments in programs and services required by York Region seniors. The Region will also be looking at opportunities to leverage partnerships and coordination tables established during the COVID-19 pandemic, including the COVID-19 Community Coordination initiative, and its developing relationships with the three Ontario Health Teams in York Region to identify and support innovative community-based approaches to address the needs of seniors. Further information on the Region's involvement with Ontario Health Teams can be found in the memo brought forward in [September 2020](#).

A key planning document to support the Region's efforts is the [York Region Seniors Strategy](#), approved by Council in November 2016. The Seniors Strategy provides strategic direction for the Region in responding to growth in the seniors' population and identifies actions and areas for advocacy. As part of the Seniors Strategy Refresh, which staff anticipate bringing forward to Council in June 2022, the Region will continue to advocate for additional long-term care beds as well as investments in affordable senior friendly housing options and other support services seniors need to remain in their own homes longer. However, the Region is one player in the complex system of programs and services that serve seniors. The Seniors Strategy Refresh will identify actions where the Region has a mandate to act and advocacy efforts where others have a role to play to address seniors' needs. Further information on the plan for the Seniors' Strategy Refresh can be found in the memo brought forward in [June 2021](#).

These actions support 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 and continuum of care for seniors 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

Table 1 shows the 2020 operating costs for the Region's two long-term care homes. Total gross operating costs for the Region's homes was \$44.9 million in 2020.

Table 1
Long-Term Care 2020 Operating Costs

Costs and Revenues	\$ (million)	% of total
Long-term care operating costs	33.1	87.7%
Allocated corporate support costs*	4.6	12.3%
Sub-Total	37.7	100.0%
COVID-19 operating & allocated support costs (January to December 2020)	7.2	100.0%
Gross Operating Costs	44.9	100%

*Allocated corporate support costs include administrative and departmental resources (e.g., Finance) allocated to the long-term care budget.

Table 2 shows the 2020 sources of revenue for the Region's two long-term care homes. In 2020, the Region contributed \$16.9 million (44.6% of total costs to run the Homes) in tax levy funding to cover the total gross operating costs of the Region's Homes.

Table 2
Long-Term Care 2020 Revenues

Revenues	\$ (million)	% of total
Fees and Services**	5.3	13.9%
Provincial Subsidy	15.7	41.4%
York Region Net Tax Levy	16.9	44.6%
Sub-Total	37.8	100.0%
COVID-19 Provincial Subsidy***	7.1	15.7%
Total Revenues	44.9	100.0%

**Fees and services include resident contributions and other sources of revenues such as donations

*** Includes additional Provincial funding related to April to December 2020 received in 2021

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 York Region and York Region residents in need of long-term care services will benefit from the recommendations of Ontario's Long-Term Care COVID-19 Commission as

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

7. Conclusion

Provincial action on all 85 recommendations from the Commission is needed to address long-standing challenges in the long-term care sector and to move the sector towards a future that upholds respect, dignity, compassion and kindness for the people who live and work in long-term care.

Action on all of the Commission's recommendations will take time; however, there are many areas where long-term care homes require immediate support. The proposed 23 priority recommendations identify where provincial action can begin urgently, particularly to ensure long-term care homes have the supports required to continue to respond to the COVID-19 pandemic and are well-equipped to implement other improvements. This includes recommendations related to accelerated staffing investments, sustainable, long-term provincial funding across the seniors continuum of care, pandemic preparedness and legislative and regulatory changes to align with resident-centred care.

Looking beyond long-term care, it is clear that transformation of the whole continuum of care is needed for seniors. The future of seniors' care requires a new vision grounded in a senior's right to choose where they age. This system transformation requires equitable investments in home and community care, comprehensive planning and coordination for seniors' care, and collaboration and strong partnerships across all levels of government, community partners, and sector organizations to support seniors across the continuum of care.

The Region will continue to advocate for seniors' needs, influence decision-making and planning, and support key players across the sector to address issues related to the aging population.

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 Branch 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

September 24, 2021
Attachments (2)
eDOCS #13135145

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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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>Commission’s Recommendations *York Region Priority Recommendations</p>	<p>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

insisting that municipal governments streamline their approval process for long-term care home development <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

<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 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 <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 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 	<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

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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