

---

**Subject:** Seniors Services Quality Improvement Report – July to September 2020  
**Report to:** Public Health and Social Services Committee  
**Report date:** Tuesday, December 8, 2020

---

## **Recommendations**

1. That this report **BE RECEIVED** for information.

## **Key Facts**

- The purpose of this report is to provide Committee and Council with highlights of quality initiatives and outcomes for the third quarter of 2020 for Seniors Services. Areas of focus in this quality report include key updates on:
  - Ontario's Long-Term Care COVID-19 Commission Report and associated topics including:
    - Staffing in Long-Term Care Homes
    - IPAC Capacity Building and Partnerships
    - Ongoing Family Access to LTC Homes: Essential Caregivers

## **Financial Considerations**

The Ministry of Long-Term Care (MLTC) and Ontario Health West are the primary sources of funding for the Seniors Services division. Other funding sources include user fees and levy. The activities referenced in this report are expected to exceed the originally approved 2020 operating budget. Additional funding from the province has supported increased costs due to implementation of pandemic related orders, directives and guidance. However these incremental costs have exceeded the budget and are not fully addressed through additional provincial funding. The shortfall is being presented to the Ministry and has been regularly reported to council.

## **Analysis**

As the pandemic unfolds there are many issues arising that have operational implications for Senior Services. This report seeks to provide context on a few of these emerging issues and the respective impact on long-term care.

## **Ontario's Long-Term Care COVID-19 Commission**

The provincial government launched a commission into COVID-19 in Ontario's long-term care system in September 2020. The intent of the commission is to provide the government with guidance on how to improve the long-term care system and better protect residents and staff from any future outbreaks.

The Commission is expected to submit their final report to government by April 30, 2021. The Commission provided recent communication in advance of the final report because now that the second wave of COVID is upon us, there is a sense of urgency as the virus presents a particularly high level of risk in long-term care homes.

The recommendations fall under three key areas of focus:

### **1. Increase Staffing**

- increase the supply of PSW's and address the requirement for an appropriate staff mix
- more full-time positions must be created to ensure staffing stability and retention and resident continuity of care
- develop and implement a comprehensive human resources strategy
- increase permanent funding to support a minimum daily average of four hours of direct care per resident per day
- ensure that families and caregivers have ongoing, safe and managed access to LTC residents

### **2. Strengthen Healthcare Sector Relationships and Collaboration**

- where there are LTC homes likely to have difficulties (whether based on past experience, high infection rates in the surrounding communities or other data) a collaboration model should be mandated immediately (i.e. hospitals, Public Health and LTC Homes)
- formalize relationships proactively – clearly define supports and surge capacity for each LTC home to quickly mobilize when an emergency situation arises

### **3. Improve IPAC Measures**

- Ensure every LTC home has a dedicated IPAC (Infection Prevention and Control) lead
- enhance LTC ministry resources and capacity to provide compliance support
- provide highest priority access to testing and quick turn-around of results for residents and staff
- residents who are COVID-positive, especially in older homes, should be given the option to transfer to alternate settings (i.e. hospital) to avoid further transmission of the virus and to help them recover

The Commission's final report will provide an account of what happened in the first wave of the pandemic and provide a broad range of recommendations that deal with pre-COVID systemic challenges and factors that contributed to COVID-related outcomes in LTC homes.

The Ministry has provided a response to some of the recommendations made in the report with respect to: staffing, IPAC capacity building and partnerships, and ongoing family access to homes.

### **Staffing in Long-Term Care Homes**

Long-Term Care Homes have been advocating for an increase in direct care staffing for many years. Ontario's Long-Term Care COVID-19 Commission confirmed the need for enhanced front-line staff in preliminary recommendations.

The provincial government announced on November 2, 2020 that staffing in long-term care homes across Ontario will be increased to four hours per resident per day. The province pledged to achieve that standard by 2024-2025. The lengthy time line on the implementation is, in part, because meeting the new standard will involve training a significant number of new personal support workers, registered practical nurses and registered nurses.

Currently there is a health human resource shortage across the province including in Niagara. Long-Term Care Homes across Niagara currently have many vacant positions. A recent local Health Human Resources survey identified that there are currently 460 PSW vacancies, 17 RPN vacancies and 78 RN vacancies in LTC homes across Niagara. In order to address these existing vacancies, as well as the additional positions required to meet the four hours per day standard, there will need to be a concerted focus on recruiting more health care workers in Niagara and on training many more future health care workers.

Work has been initiated with the District School Board of Niagara through the Skills Catalyst Funding Agreement to support an enhanced class of personal support worker students this January, and the Region's Seniors Services division is pleased to be able to provide support to this effort through the offering of student placements. Seniors Services is also participating in the Provincial Health Force Ontario program that incentivizes new graduates to pursue a career in Long-Term Care.

The move to a four hour per resident day standard will have a significant positive impact on resident care in Long-Term Care Homes. To ensure that homes are able to fill

current and future vacancies, Seniors Services will continue to work in collaboration with Human Resources, Communications, AdvantAge and post-secondary institutions in support of creative recruitment and training efforts.

### **IPAC Capacity Building and Partnerships**

The MLTC has announced a new infection prevention and control initiative, with associated funding, to support IPAC staffing, training and partnerships.

IPAC Hubs are local networks that will be established to support capacity building in LTC homes and congregate settings. They will enable access to IPAC expertise, collaborative assistance and just-in-time advice, guidance and direct support on IPAC practices for both prevention and response. The IPAC hubs will work in partnership with Public Health and Public Health Ontario.

The expected role of LTC homes in the IPAC Hubs is to build on existing infection, prevention and control programs and expertise through the Hub model as follows:

- IPAC delivery/programming in the home as per Hub expectations
- Collaboration with the hub to optimize IPAC
- Disseminating knowledge, expertise and assistance from the hub
- Providing access to education programs to enhance knowledge and skills of staff

Seniors Services will be moving forward as part of this IPAC Hubs program.

### **Ongoing Family Access to LTC Homes: Essential Caregivers**

Essential caregivers are a new concept introduced by the Ministry of Long-Term Care (MLTC) during the pandemic. Essential Caregivers are defined as essential visitors designated by the resident and / or their substitute decision maker. Their role is to provide direct care to a resident that may include feeding assistance, mobility assistance or cognitive stimulation. Essential Caregivers are usually family members but may also be friends, privately hired caregivers, paid companions and / or translators.

The MLTC details that each resident may designate a maximum of two caregivers and that this designation has to be submitted to a home in writing.

To mitigate risk of transmission of COVID19, essential caregivers are now required to be COVID tested weekly. They are required to provide proof that they have tested negative for COVID-19 within the previous week and not subsequently tested positive each time they actively screen upon entry to the home.

Essential caregivers, unlike infection prevention and control practices prior to the pandemic, are now permitted to continue to come to a home during an outbreak and / or if the resident they are caring for is in isolation. However, essential caregivers are not permitted to visit a second resident who is self-isolating or symptomatic and / or a second home in outbreak.

Long-Term Care Homes provide education to all essential caregivers including training on how to safely provide the type of care they will be assisting with (e.g. feeding assistance training). To support the continued safety of residents and staff in this unprecedented time, all essential caregivers are also required to regularly review the visitors' policy and to complete infection prevention and control training with a focus on safe donning and doffing of personal protective equipment and effective hand hygiene.

As we see increased community spread of illness in Niagara, there have been a number of COVID positive cases among essential caregivers at the regional long-term care homes. Essential caregivers, like staff, must follow universal masking and eye protection protocols to decrease the risk of transmission of the virus to residents. LTC Homes continue to work with the province and Public Health to strike a balance between safety of residents and the unintended consequences to residents if they are unable to access essential caregiver support. The most recent change to testing guidance has introduced weekly COVID-19 testing for all essential caregivers with a requirement to provide evidence of a negative test result as part of the active screening process.

### **Alternatives Reviewed**

Not applicable.

### **Relationship to Council Strategic Priorities**

Healthy and Vibrant Community – supporting the delivery of quality care to Niagara's Senior population.

### **Other Pertinent Reports**

- COM 13-2020 Seniors Services Quality Improvement Report – January to March 2020

---

**Prepared by:**

Kim Eros  
Associate Director Clinical and Support  
Services, Seniors Services  
Community Services

---

**Recommended by:**

Adrienne Jugley, MSW, RSW, CHE  
Commissioner  
Community Services

---

**Submitted by:**

Ron Tripp, P.Eng.  
Acting Chief Administrative Officer

*This report was prepared in consultation with Henri Koning, Director Seniors Services, Michelle Johnston, Project Manager, Community Services, Jordan Gamble Program Financial Analyst, Corporate Services, Carol Rudel Administrator Seniors Community Programs, Jennifer Butera Outreach Services Program Manager, Viviana Menendez Central Support Services Administrative Lead, Jennifer Laughher Administrative Lead, Seniors Community Programs.*

**Appendices**

Appendix 1            Seniors Services Report Card 2020

## Appendix 1

## Seniors Services Report Card Q3 2020

## Seniors Long Term Care Home Metrics

Measures	Definition	2019 Q4	2020 Q1	2020 Q2	2020 Q3
<b>Resident Satisfaction Survey</b>	This metric provides a measure of resident perception of services and overall rating of a great place to live. The survey is issued annually. In 2019 the average for the eight Niagara Region LTC Homes was 95%. The 2019 MBN average for upper-tier municipalities was 93%.				94
<b>Pressure Ulcers</b>	This is a measure of the number of residents with worsened stage 2-4 pressure ulcers. (provincial average: 2.6%).	2.96	2.91	2.71	3.02
<b>Outbreaks</b>	The resident home area may be declared in outbreak by Public Health if two or more residents residing in the same resident home area have two or more consistent infectious symptoms (in 2019 the total number of outbreaks was 16). <sup>i</sup>	3	6	3	9
<b>% of Residents who have fallen in the last 30 days</b>	This is a measure of the percent of residents who sustained a fall in the last 30 days. (provincial avg: 16.40%)	16.65	17.01	17.15	17.49
<b>% of Residents with New Fractures</b>	This is a measure of the percent of residents who sustained a fracture during this quarter. (provincial avg: 1.4%)	1.075	1.36	1.13	1.30

---

 Seniors Community Programs

<b>Measures</b>	<b>Definition</b>	<b>2019 Q4</b>	<b>2019 Q1</b>	<b>2020 Q2</b>	<b>2020 Q3</b>
<b>Number of unique individuals served in 2019-2020</b>	Individual is counted once in a calendar year regardless of the number of services one individual may be accessing.	1614	1611	1247	1263
<b>% satisfied with overall services</b>	Average across all Seniors Community Programs.				
<b># of complex case consultations</b>	Multi-agency collaboration is required to support the diverse needs of the individual in developing a community plan of support/care.	4	11	2	12

---

<sup>i</sup> For COVID-19, Public Health will declare an outbreak if a single resident or staff test positive for COVID-19. Two of the nine outbreaks in Q3 were COVID-19 outbreaks. Each outbreak was associated with a single COVID-positive case.