

Improving the Long-Term Care Outbreak Response in Ontario

AMO's Final Submission to the Long-Term Care COVID-19
Commission

January 2021

Improving the Long-Term Care Outbreak Response in Ontario: AMO's Final Submission to the Long-Term Care COVID-19 Commission

Executive Summary - List of Recommendations

The Association of Municipalities of Ontario (AMO) submits the following recommendations to the Commission on behalf of the municipal governments that operate 100 (16%) of the 626 long-term care (LTC) homes in Ontario.

| Topic | Recommendations |
|---|---|
| Vision for Long-Term Care (LTC) & Leadership Culture | <ol style="list-style-type: none"> 1. The Ministry of Health, Ministry of Long-Term Care, and the Ministry for Seniors and Accessibility, should co-develop a vision with the long-term care (LTC) sector that recognizes while LTC is part of the health care continuum, LTC homes should not be treated or operationalized as health care institutions. 2. The Ministry of Long-Term Care should work with the LTC sector to foster a common culture that is distinct from acute care and build capacity for strong and empowered leadership in LTC. 3. The Ministry of Long-Term Care should facilitate the development of a specialized Centre of Excellence for municipal and non-profit homes to promote strong leadership in the sector. 4. The Ministry of Health and Ministry of Long-Term Care should require that there be Infection, Prevention and Control (IPAC) accountability at the highest level of management, and that there be a clear reporting structure on IPAC matters. 5. The Ministry of Long-Term Care and the Ministry of Colleges and Universities should work with post-secondary institutions to ensure that curriculums of professional health programs include an understanding of the culture of LTC and appropriate applicability of IPAC measures in the setting. 6. The Ministry of Labour, Skills Training and Development and the Ministry of Long-Term Care should work with the LTC sector to examine the overall labour relations environment in LTC and explore potential ways to improve that environment. |
| Public Health and Safety | <ol style="list-style-type: none"> 7. The Ministry of Health should continue to prioritize COVID-19 vaccinations of LTC home residents, staff, and essential caregivers, as rapidly as possible, and where feasible, facilitate vaccinations for staff on site. 8. The Ministry of Health should continue to prioritize COVID-19 testing of LTC home staff, residents, volunteers, and visitors, and that test results be shared with LTC home management as quickly as possible. 9. The Ministry of Health should conduct an awareness campaign to address vaccine hesitancy among health care workers. |

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| | <ol style="list-style-type: none"> 10. The Ministry of Health and the Ministry of Long-Term Care should review the adequacy of IPAC programs under the <i>Long-Term Care Homes Act, 2007</i> in preventing and managing infectious disease outbreaks. 11. The Ministry of Long-Term Care should continue to increase operational funding to implement effective IPAC measures in homes (i.e. place an IPAC specialist in each home and increase IPAC training and guidance to all LTC staff). 12. The Ministry of Long-Term Care should continue to enhance funding for the minor capital funding program to support operators to improve structural compliance and enable more effective IPAC in homes. 13. The Ministry of Health should continue to support homes in addressing inventory management challenges of personal protective equipment (PPE) and ensure that LTC homes are prioritized for appropriate PPE. 14. The Ministry of Health, in partnership with the Ministry of Long-Term Care, should invest in local public health workforces to address the needs of the increasing complexity of the pandemic response in LTC homes and maintain critical core public health services at the same time. 15. The Ministry of Health should increase local public health and provincial (i.e. Public Health Ontario) resources for IPAC and outbreak management in LTC homes. 16. The Province should ensure immediate access to resources is provided, including staff and professional teams, to assist homes in outbreak. 17. The Ministry of Health and Ministry of Long-Term Care should review the IPAC hub and spoke model and establish a Framework of Values to ensure that the hospital institutional based approach is mindful, appropriate, and adaptable for LTC home settings. |
| Funding | <ol style="list-style-type: none"> 18. The Ministry of Long-Term Care should provide municipal governments with adequate, sustainable funding that reflects the true costs of operating a LTC home, including special consideration for smaller LTC homes. 19. The Ministry of Long-Term Care should enhance provincial funding to effectively redevelop existing municipal and not-for profit homes, particularly those with 3-4 bed wards. 20. The Ministry of Long-Term Care should increase core operational funding by at least at the rate of inflation (reflective of sectoral costs), across all funding envelopes every year. 21. The Ministry of Long-Term Care should extend and maintain the High Wage Transition Fund for at least the duration of the COVID- |

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| | <p>19 pandemic and consult with AMO and other LTC sector associations about future replacements for the Fund.</p> |
| Planning and Communications | <p>22. The Province must have representation from municipal LTC homes in regional, systems planning, and implementation tables from the beginning when managing any similar scale outbreak responses in the future.</p> <p>23. The Province should focus on LTC homes at the same time as hospitals in future outbreaks.</p> <p>24. The Province should ensure that the Province, Local Health Integration Networks (LHINs), local public health units, and in the future Ontario Health Teams, work collaboratively to ensure consistent messaging and a structured and respectful response from local health partners to support LTC homes.</p> |
| Staffing Measures | <p>25. The Province should begin immediately actioning the December 2020 LTC Staffing Plan.</p> <p>26. The Ministry of Health should develop a health human resources strategy to address staffing issues, especially in northern and rural areas that face human resources challenges.</p> <p>27. The Province should invest resources in better training for PSWs and explore ways to regulate the PSW profession that does not have a negative impact on current and future PSW staffing in LTC homes throughout the province.</p> <p>28. The Ministry of Long-Term Care should continue funding as a priority for new caregiver roles outside of the traditional PSW and nursing workloads.</p> <p>29. The Province must continue to extend the Emergency Orders to allow redeployment of staff into the LTC sector until the pandemic ends or when staffing issues are fully addressed, whichever happens first.</p> <p>30. The Province should expand the issuance of pandemic pay to a broader range of staff in LTC homes, including nurses, other staff who do front-line work, as well as their supervisors.</p> <p>31. The Ministry of Long-Term Care should ensure that AMO and other LTC sector associations are represented in the Province's technical working group that will discuss how to improve working conditions (including increased full-time work and compensation).</p> |
| Care for Residents | <p>32. The Ministry of Long-Term Care should commit to full 100% provincial funding for the average of four hours of care per resident per day and accelerate the implementation.</p> <p>33. The Ministry of Health must immediately reverse the changes and reductions to pharmacy funding on a permanent basis to support LTC pharmacy services over the long-term.</p> |

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| | <p>34. The Ministry of Long-Term Care should enhance specialized support programs, including Behavioural Supports Ontario, Physician Assistants, and specialized Nurse Practitioners to complement staffing levels in LTC homes as well as review the base funding model for residents with responsive behaviours.</p> <p>35. The Ministry of Long-Term Care should provide dedicated funding for consistent training to build staff competencies related to emotionally focused and person-centred care to manage dementia and other responsive behaviours.</p> <p>36. The Ministry of Long-Term Care should review the adequacy of the existing design standards to ensure that current and future LTC homes supports all residents, including those with dementia.</p> <p>37. The Province (including the Ministry of Long-Term Care, Ministry of Health, and the Ministry of Seniors and Accessibility) should incentivize campuses of care when considering new bed development decisions.</p> <p>38. The Ministry of Long-Term Care and the Ministry of Health should work to foster a more collaborative approach to admissions to LTC during a pandemic situation, especially when transferring residents from acute care.</p> <p>39. The Ministry of Long-Term Care and the Ministry of Health should provide residents and families with standardized education and training across the sector related to personal protective equipment, infection prevention and control, diversity, and inclusion, and provide the resources needed to assist with this including training sessions and webinars for residents, essential care providers, and families.</p> <p>40. The Ministry of Long-Term Care should develop a strategy, in consultation with Indigenous People and ethno-cultural groups, and provide resources to support the long-term care sector to develop culturally safe and responsive programming through training, development of resource toolkits and staffing measures.</p> |
| Inspections – Enforcement and Compliance | <p>41. The Ministry of Long-Term Care should take a risk-management approach to inspections that achieves a better balance between enforcement for underperforming LTC homes and facilitate coaching for compliance for high-performing LTC homes.</p> <p>42. The Ministry of Long-Term Care should facilitate the collection and dissemination of best practices around inspections and provide training opportunities through a Centre for Excellence for the not-for-profit and municipal LTC sector.</p> <p>43. The Province should strengthen the role of IPAC inspections during outbreak situations, and better coordinate inspections by the Ministry of Long-Term Care, Public Health and the Ministry of Labour related to IPAC.</p> <p>44. The Ministry of Health and the Ministry of Long-Term Care should provide further guidance and direction on how IPAC Hubs,</p> |

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| | Ministry of Labour inspectors, and public health inspectors should work together for greater effectiveness. |
| Mental Health and Well-Being | <p>45. The Ministry of Health, the Ministry of Long-Term Care, and the Ministry for Seniors and Accessibility should ensure that the LTC sector has access to mental health specialists and a plan to address the broad mental health needs of LTC home residents, staff, and their caregivers that will remain long after COVID-19.</p> <p>46. The Ministry of Health and the Ministry of Long-Term Care should continue to work with LTC sector associations to review visitors' policies, including for essential caregivers, to strike an appropriate balance between health and emotional well-being considerations.</p> <p>47. The Ministry of Long-Term Care should invest in virtual technology and better broadband access and other means of connection to address the social isolation felt by LTC residents.</p> |
| Palliative Care Delivery | <p>48. The Ministry of Long-Term Care should train and support homes around the adoption of a palliative care approach.</p> <p>49. The Ministry of Long-Term Care should ensure that LTC staff members are equipped with training on palliative care delivery.</p> |

Introduction

The Association of Municipalities of Ontario (AMO) is a non-partisan, non-profit association representing municipal governments across the province. Municipal governments work through AMO to achieve shared goals and meet common challenges. As the frontline order of government closest to people, municipal governments are active players in Ontario's health system that understand the health needs of local communities.

Although health is a provincial responsibility under Canadian federalism, municipal governments, and District Social Service Administration Boards (DSSABs) co-fund and deliver several health services. These services assist with health-related needs in the community that improve local population health outcomes. Long-term care (LTC) is one of those health services – although not all municipal governments are required to operate a LTC home.

Municipal governments operate 100 (16%) of the 626 LTC homes in Ontario that are mandated under the *Long-Term Care Homes Act, 2007*. Municipal homes pride themselves on providing high quality services and safe environments for their residents. In support of that work, AMO [continues to advocate](#) for improvements for seniors and the LTC sector.

Participation in the Commission

AMO appreciates the concerted efforts of the Long-Term Care COVID-19 Commission (Commission) to investigate how and why coronavirus (COVID-19) spread in LTC homes, what was done to prevent the spread, and the impact of key elements of the existing system on the spread.

Since the Commission was launched by the Ontario Ministry of Long-Term Care in July 2020, AMO has provided the Commission with perspectives from municipally operated LTC homes who have been impacted by COVID-19. Interim recommendations were submitted to the Commission in October 21, 2020 (Appendix A), and we [met with the Commission](#) on October 26, 2020.

This submission provides a set of final recommendations for the Commission to consider in its report to the provincial government. In our view, implementing these changes will help the Province address successive waves of the COVID-19 pandemic and mitigate against a similar occurrence of an infectious disease outbreak in LTC homes in the future.

Context

Given that not all municipal governments operate LTC homes, AMO makes recommendations that affect policy, planning, and supports (financial and non-financial), rather than detailed technical operational advice. The Commission is encouraged to consider the operational advice provided by individual municipal LTC home operators, and AdvantAge Ontario – the association that represents municipal and non-profit LTC service providers.

AMO's recommendations were created through the collective effort of a dedicated sub-working group of AMO's Health Task Force. The group is comprised of elected officials and municipal staff who work in LTC, public health, and other municipal services (see Appendix B for a list of members).

This group brought unique and diverse perspectives from across all areas of the province and AMO appreciates their efforts, particularly given their other priorities.

The AMO Health Taskforce and Board of Directors have also endorsed this submission.

Recommendations

The COVID-19 pandemic disproportionately impacted residents in LTC homes and exposed the structural weaknesses in the LTC system. As of January 29, 2021, there have been 14,346 resident cases and 5,858 staff cases in Ontario. Tragically 3,491 residents and 11 staff have lost their lives to this disease.¹

Although municipal LTC homes have been affected by COVID-19, those operators have fared better in both the number of COVID-19 cases and deaths compared to those seen in not-for-profit and for-profit LTC homes.²

Based on the collective expertise and experience in managing COVID-19 in the LTC sector thus far, AMO submits 48 recommendations for action across nine (9) themes:

- Vision for LTC & Leadership Culture
- Public Health and Safety
- Planning and Communications
- Staffing Measures
- Care for Residents
- Funding
- Inspections - Enforcement and Compliance
- Mental Health and Well-Being

The recommendations outlined in this paper are built on the premise that all the players involved with long-term care, in their respective roles and responsibilities, need to be adequately resourced. Ultimately, long-term care needs to be guided by a systems approach based on who can do what is best for the homes and residents. To ensure that residents receive the quality care they deserve in healthy and safe environments, all players across the health care continuum must work in a collaborative and coordinated manner. This is likely to include a longer-term exploration of options and possibilities, which municipal governments would welcome.

¹ Government of Ontario. COVID-19 in Long-Term Care Homes. <https://covid-19.ontario.ca/data/long-term-care-homes> (accessed January 29, 2021).

² Nathan M. Stall et al. CMAJ. August 17, 2020. "For-profit long-term care homes and the risk of COVID-19 outbreaks and resident deaths." <https://www.cmaj.ca/content/192/33/E946> (accessed January 8, 2021).

I. Vision for Long-Term Care & Leadership Culture

At its core, LTC is part of the continuum of health care, and should be integrated, but not subsumed into the health care sector. That is because LTC homes are distinct in their vision and purpose. Different from a retirement home or supportive housing, LTC homes are places where adults receive emotionally focused and person-centred care and receive help with most or all daily activities and have access to 24-hour nursing and personal care.³

Under the *Long-Term Care Homes Act, 2007*, a LTC home is primarily the home for its residents. It is to be operated as a place in which its residents may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual, and cultural needs adequately met.⁴ This reality is fundamentally different from a hospital's institutional or acute-health care mindset.

With the needs between the residential and institutional care so vastly different, so is the culture and leadership required. Experience with the COVID-19 pandemic has shown that LTC needs a vision and culture that reflects the true nature of LTC homes. The sector must welcome leaders into the sector and promote leadership from within all levels of the organization. A strong and empowered leadership is critical to attract and retain the highest quality staff that can deliver emotionally focused and person-centered care to residents, and build an environment that staff want to work in, and residents want to live

Once a strong vision and leadership culture for LTC is in place, the sector can begin sharing this information with professional health programs and work on systemic improvements across the labour relations environment.

³ Government of Ontario. About Long-Term Care. <https://www.ontario.ca/page/about-long-term-care> (accessed January 8, 2021).

⁴ Government of Ontario. LTCHA Guide, Phase 1. http://health.gov.on.ca/en/public/programs/ltc/docs/litcha_guide_phase1.pdf (accessed January 8, 2021).

Vision for LTC & Leadership Culture: Recommendations

1. The Ministry of Health, Ministry of Long-Term Care, and the Ministry for Seniors and Accessibility, should co-develop a vision with the long-term care (LTC) sector that recognizes while LTC is part of the health care continuum, LTC homes should not be treated or operationalized as health care institutions.
2. The Ministry of Long-Term Care should work with the LTC sector to foster a common culture that is distinct from acute care and build capacity for strong and empowered leadership in LTC.
3. The Ministry of Long-Term Care should facilitate the development of a specialized Centre of Excellence for municipal and non-profit homes to promote strong leadership in the sector.
4. The Ministry of Health and Ministry of Long-Term Care should require that there be Infection, Prevention and Control (IPAC) accountability at the highest level of management, and that there be a clear reporting structure on IPAC matters.
5. The Ministry of Long-Term Care and the Ministry of Colleges and Universities should work with post-secondary institutions to ensure that curriculums of professional health programs include an understanding of the culture of LTC and appropriate applicability of IPAC measures in the setting.
6. The Ministry of Labour, Skills Training and Development and the Ministry of Long-Term Care should work with the LTC sector to examine the overall labour relations environment in LTC and explore potential ways to improve that environment.

II. Public Health and Safety

Excellence in LTC requires effective leadership and access to specialized expertise, including in Infection Prevention and Control (IPAC). The COVID-19 pandemic demonstrated the critical role that enhanced IPAC measures played in curbing the spread of the virus. Other lessons that have been learned include:

- While hospitals play an important role in supporting LTC homes that are in outbreak, consideration must be given to the difference in LTC culture (e.g. homes, not institutions). A mutually agreed upon framework of care would be useful, as would an exploration of where public health can be a bridge between the LTC homes and hospitals.
- Testing of LTC home residents, staff, and essential caregivers is critical and results should have been prioritized. Adequate staff and dedicated funding was sorely needed.
- LTC staff should be vaccinated in the LTC home where feasible to avoid requiring LTC staff to travel to a congregate setting (e.g. hospital).
- IPAC measures were most effective when an IPAC specialist was provided to every home. It allowed for higher standards, greater training and guidance to other LTC staff.
- PPE inventory management and prioritizing PPE for LTC homes were measures needed at the earliest stages of the pandemic and ideally before it began.
- More public health resources for IPAC and outbreak management in LTC was sorely needed, and current resources on the ground are stretched to capacity.

AMO is encouraged to see PPE inventory management was provided for new and existing staff during 2020 and continues in 2021, and the Ministry of Long-Term Care's new IPAC guidance (January 2021) has been helpful. To implement this and make effective IPAC a long-term reality beyond the pandemic, dedicated IPAC staffing, equipment and supplies, and most of all ongoing funding will be needed.

Assistance when warranted is crucial from all orders of government including the Red Cross Teams and the Canadian Armed Forces. Other resources can also be brought to bear including municipal Community Paramedicine programs. It is important though that additional provincial funding should support this and cover 100 percent of the cost. The provincial pilots to serve people waiting for admission to LTC homes can also be leveraged if there is a need to control new admission during outbreaks.

Public Health and Safety: Recommendations

7. The Ministry of Health should continue to prioritize COVID-19 vaccinations of LTC home residents, staff, and essential caregivers, as rapidly as possible, and where feasible, facilitate vaccinations for staff on site.
8. The Ministry of Health should continue to prioritize COVID-19 testing of LTC home staff, residents, volunteers, and visitors, and that test results be shared with LTC home management as quickly as possible.
9. The Ministry of Health should conduct an awareness campaign to address vaccine hesitancy among health care workers.
10. The Ministry of Health and the Ministry of Long-Term Care should review the adequacy of IPAC programs under the *Long-Term Care Homes Act, 2007* in preventing and managing infectious disease outbreaks.
11. The Ministry of Long-Term Care should continue to increase operational funding to implement effective IPAC measures in homes (i.e. place an IPAC specialist in each home and increase IPAC training and guidance to all LTC staff).
12. The Ministry of Long-Term Care should continue to enhance funding for the minor capital funding program to support operators to improve structural compliance and enable more effective IPAC in homes.
13. The Ministry of Health should continue to support homes in addressing inventory management challenges of personal protective equipment (PPE) and ensure that LTC homes are prioritized for appropriate PPE.
14. The Ministry of Health, in partnership with the Ministry of Long-Term Care, should invest in local public health workforces to address the needs of the increasing complexity of the pandemic response in LTC homes and maintain critical core public health services at the same time.
15. The Ministry of Health should increase local public health and provincial (i.e. Public Health Ontario) resources for IPAC and outbreak management in LTC homes.
16. The Province should ensure immediate access to resources is provided, including staff and professional teams, to assist homes in outbreak.
17. The Ministry of Health and Ministry of Long-Term Care should review the IPAC hub and spoke model and establish a Framework of Values to ensure that the hospital institutional based approach is mindful, appropriate, and adaptable for LTC home settings.

III. Funding for Sustainability and Viability

Adequate funding is required to sustain and improve the quality and safe care that LTC residents deserve. Current funding levels and funding allocation models are not keeping pace with the increasing acuity of residents. Provincial funding, including emergency funding, should be adequate, sustainable and reflect the true costs of operating a LTC home. Funding is key to implementing many of the recommendations outlined in this submission.

Decades of underfunding have stretched the capacity of municipal LTC homes to manage with the additional costs associated with the COVID-19 pandemic, let alone to meet the basic needs of residents in normal operating circumstances. In 2021 and beyond, municipal governments will have to manage rising pandemic costs and declining revenue across several program areas. They cannot afford to continue to fill in the gap where core operating, and capital funding is lack from the Province.

Regarding redevelopment, the Ministry of Long-Term Care needs to fund and prioritize the redevelopment of existing municipal LTC homes that still have 3- and 4-bed wards to build a sustainable and viable LTC sector.

In the meantime, the Province's must find an alternative to the High Wage Transition Fund that they have committed to sunset in March 2021. Not replacing the Fund will result in less funding for LTC services and may lead to service reductions. The Fund must continue past March 2021, as it provides thousands of dollars of funding each month which has likely been integrated into 2021 budgets already. Municipal homes have incorporated this into base funding over the years and has used it to support higher wages in the sector which is essential to aid employee recruitment and retention.

Municipal governments support the creation of a provincial technical working group to review components of the LTC funding model (e.g. Case Management Index and High Intensity Needs Fund). AMO can bring a unique perspective to that working group on behalf of municipal LTC homes.

Funding: Recommendations

18. The Ministry of Long-Term Care should provide municipal governments with adequate, sustainable funding that reflects the true costs of operating a LTC home, including special consideration for smaller LTC homes.
19. The Ministry of Long-Term Care should enhance provincial funding to effectively redevelop existing municipal and not-for profit homes, particularly those with 3-4 bed wards.
20. The Ministry of Long-Term Care should increase core operational funding by at least at the rate of inflation (reflective of sectoral costs), across all funding envelopes every year.
21. The Ministry of Long-Term Care should extend and maintain the High Wage Transition Fund for at least the duration of the COVID-19 pandemic and consult with AMO and other LTC sector associations about future replacements for the Fund.

IV. Planning and Communications

Effective planning and communications were vitally important to evidence-based decision-making in the sector during the COVID-19 pandemic. Input from the LTC sector was critical in developing regional systems planning, and implementation strategies, and needed earlier at the pandemic's onset.

Many municipal LTC homes found that communication and coordination at the provincial level was unsatisfactory initially around the pandemic. The Ministry of Long-Term Care, the Ministry of Health, the Office of the Chief Medical Officer of Health, and local public health units did not always issue clear guidance and direction, and at times there was a lack of consistency between what was provided by these groups.

Moreover, when conditions changed, direction was not always adapted and communicated out quickly to LTC homes. Sometimes the Province's directives were communicated late on Friday that required implementation on a Saturday or by Monday. That did not allow for enough lead time to implement the required changes correctly and communicate out to residents, staff, volunteers, and their families.

In both scenarios, LTC homes were left to navigate through and make decisions in good faith and with best intentions. Fortunately, this has improved over the course of the pandemic.

Going forward, the Province needs to work collaboratively with Local Health Integration Networks (LHINs), local public health units, and in the future Ontario Health Teams, to ensure there is consistent messaging and a structured and respectful response from local health partners to support LTC homes.

The Province should rely on expertise of the LTC sector, and earlier, when managing any similar scale outbreak responses in the future. This cooperation will help the Province prepare responses for LTC homes at the same time as hospitals.

Planning and Communications: Recommendations

22. The Province must have representation from municipal LTC homes in regional, systems planning, and implementation tables from the beginning when managing any similar scale outbreak responses in the future.
23. The Province should focus on LTC homes at the same time as hospitals in future outbreaks.
24. The Province should ensure that the Province, Local Health Integration Networks (LHINs), local public health units, and in the future Ontario Health Teams, work collaboratively to ensure consistent messaging and a structured and respectful response from local health partners to support LTC homes.

V. Staffing Measures

The longstanding staffing challenges in LTC were exacerbated by the COVID-19 pandemic. It showed how challenging it is to successfully recruit and retain critical staff in a time of crisis. Many municipal homes needed to 'staff up' and are now facing the second wave with less staff than in the first one.

AMO supports the Province's use of Emergency Orders to ensure that staff can redeployed into the LTC sector at least until the pandemic ends. This allows municipal LTC homes to leverage existing staff to fill gaps left due to illness or other accommodations needed for existing LTC staff.

By contrast, the issuance of "pandemic pay" to only a select group of PSW workers was problematic during the pandemic. The Province should address the wage compression and morale issues that have inadvertently been created by issuing pandemic pay to only a subset of staff in LTC homes.

The Ministry made considerable improvements to staffing through both their [July 2020 Staffing Study](#) and their [December 2020 Long-Term Care Staffing Plan](#). The actions outlined in the Staffing Plan (and reiterated from the Staffing Study) must be implemented immediately. Adequate and dedicated funding is also needed to ensure these changes can be successfully implemented to manage the COVID-19 pandemic, and beyond.

It is important that the Ministry of Health and the Ministry of Long-Term Care work together to develop an overall health human resource plan, or else the Staffing Plan will be implemented in isolation that may have unintended consequences. There are shortages of health professionals from physicians to nurses to personal support workers (PSWs), which is why AMO was encouraged to see both the demand and supply issues around PSWs and registered nursing staff identified in the Staffing Plan.

Municipal LTC homes and AMO should be involved with the Province's technical working group to identify opportunities, best practices, and potential barriers to enhance scheduling methods and increase full-time positions.

Any efforts to improve working conditions for LTC workers and promote more full-time employment should consider impacts on other sectors that support seniors to age in place and defer admission into a LTC home. One such sector is home and community care. PSWs in both LTC and home and community care should receive similar treatment or else there will be migration to the employers that pay the best. This retention issue is already seen where LTC homes lose staff to hospital employers.

In the meantime, the Ministry of Long-Term Care should continue funding new caregiver roles outside of the traditional PSW and nursing workloads. These additions have been invaluable resources for residents and LTC staff.

Staffing Measures: Recommendations

25. The Province should begin immediately actioning the December 2020 LTC Staffing Plan.
26. The Ministry of Health should develop a health human resources strategy to address staffing issues, especially in northern and rural areas that face human resources challenges.
27. The Province should invest resources in better training for PSWs and explore ways to regulate the PSW profession that does not have a negative impact on current and future PSW staffing in LTC homes throughout the province.
28. The Ministry of Long-Term Care should continue funding as a priority for new caregiver roles outside of the traditional PSW and nursing workloads.
29. The Province must continue to extend the Emergency Orders to allow redeployment of staff into the LTC sector until the pandemic ends or when staffing issues are fully addressed, whichever happens first.
30. The Province should expand the issuance of pandemic pay to a broader range of staff in LTC homes, including nurses, other staff who do front-line work, as well as their supervisors.
31. The Ministry of Long-Term Care should ensure that AMO and other LTC sector associations are represented in the Province's technical working group that will discuss how to improve working conditions (including increased full-time work and compensation).

VI. Care for Residents During COVID-19, and Beyond

AMO was pleased to see the Province commit to increase direct care for LTC residents to an average of [four hours per resident per day](#) by 2024-25. The response was well received by the many stakeholders who called for the increase the levels of direct care, and to sustain existing services to help protect residents. Municipal governments look forward to more details on about the initiative, including how the Ministry of Long-Term Care will provide funding, and define what hours are captured in that standard.

Municipal governments appreciate the pause on changes to the pharmacy funding during the pandemic and would recommend that the Ministry of Health reverse permanently the previous decision. Other areas that could increase resident care include enhancing resources to support residents with responsive behaviors to manage during COVID-19 and in future outbreaks.

Caring for residents during outbreaks of COVID-19 presented challenges for those with responsive behaviors as it was more difficult to ensure that LTC residents with higher acuity did not pose a higher transmission risk to other residents, staff, and essential caregivers.

COVID-19 also highlighted the need to:

- Foster a more collaborative approach to admissions to LTC during a pandemic situation, especially when releasing residents from acute care back to LTC;
- Review the base funding model for residents with responsive behaviours;
- Dedicate funding for consistent training to build staff competencies related to emotionally focused and person-centred care to manage dementia and other responsive behaviours; and
- Enhance specialized support programs, including Behavioural Supports Ontario, Physician Assistants, and specialized Nurse Practitioners to complement staffing levels in LTC homes.

The Ministry of Long-Term Care should review the adequacy of the existing design standards to ensure that current and future LTC homes supports all residents, including those with responsive behaviours such as dementia. One opportunity is to make changes during redevelopment, either through supporting smaller living spaces, or redesigning spaces within them. When considering new bed decisions, the Province should take into consideration the campus of care model, and a holistic view of the needs for seniors and LTC residents.

The Ministry of Long-Term Care should develop standardized education and training across the sector related to PPE, IPAC, and diversity and inclusion. The Ministry should provide the resources needed to assist with this including training sessions and webinars for residents, essential care providers and families.

Attention is also needed to ensure that culturally safe and responsive programming is provided even through outbreak situations. Provincial support could assist the LTC sector to help create the conditions to achieve this. Appropriate consultation with Indigenous People and ethno-cultural groups is necessary as part of this effort.

Care for Residents: Recommendations

32. The Ministry of Long-Term Care should commit to full 100% provincial funding for the average of four hours of care per resident per day and accelerate the implementation.
33. The Ministry of Health must immediately reverse the changes and reductions to pharmacy funding on a permanent basis to support LTC pharmacy services over the long-term.
34. The Ministry of Long-Term Care should enhance specialized support programs, including Behavioural Supports Ontario, Physician Assistants, and specialized Nurse Practitioners to complement staffing levels in LTC homes as well as review the base funding model for residents with responsive behaviours.
35. The Ministry of Long-Term Care should provide dedicated funding for consistent training to build staff competencies related to emotionally focused and person-centred care to manage dementia and other responsive behaviours.
36. The Ministry of Long-Term Care should review the adequacy of the existing design standards to ensure that current and future LTC homes supports all residents, including those with dementia.
37. The Province (including the Ministry of Long-Term Care, Ministry of Health, and the Ministry of Seniors and Accessibility) should incentivize campuses of care when considering new bed development decisions.
38. The Ministry of Long-Term Care and the Ministry of Health should work to foster a more collaborative approach to admissions to LTC during a pandemic situation, especially when transferring residents from acute care.
39. The Ministry of Long-Term Care and the Ministry of Health should provide residents and families with standardized education and training across the sector related to PPE, IPAC, diversity, and inclusion, and provide the resources needed to assist with this including training sessions and webinars for residents, essential care providers, and families.
40. The Ministry of Long-Term Care should develop a strategy, in consultation with Indigenous People and ethno-cultural groups, and provide resources to support the LTC sector to develop culturally safe and responsive through training, development of resource toolkits and staffing measures.

VII. Inspections – Enforcement and Compliance

LTC home inspections are an important way to ensure that LTC residents are receiving high-quality services and living in healthy and safe environments.

Municipal LTC homes support the need for regular, ongoing inspections, and that there should be consequences for negligent inaction by home operators.

However, the Ministry of Long-Term Care's approach to inspections is currently considered punitive and not collaborative as it was practiced in the past. Some municipal LTC homes describe the current approach as judgmental or a process of 'blaming and shaming.' This contributed negatively to an already stressful situation, and the found that these inspections did not yield the results that were intended.

To that end, the Ministry of Long-Term Care should take a risk management approach to inspections and review the culture and manner of inspections is. Rather than a punitive approach, a risk management approach would encourage that inspections be done in a more collaborative and assistive way to help homes especially in times of crisis.

It would also allow high-performing homes who fared well in the COVID-19 pandemic to benefit from coaching for compliance, while providing the necessary enforcement measures for under-performing homes that need it most. There should also be a greater emphasis on collecting, sharing, and promoting best practices so that LTC homes of all types can learn from each other.

Inspections, Enforcement and Compliance: Recommendations

41. The Ministry of Long-Term Care should take a risk-management approach to inspections that achieves a better balance between enforcement for underperforming LTC homes and facilitate coaching for compliance for high-performing LTC homes.
42. The Ministry of Long-Term Care should facilitate the collection and dissemination of best practices around inspections and provide training opportunities through a Centre for Excellence for the not-for-profit and municipal LTC sector.
43. The Province should strengthen the role of IPAC inspections during outbreak situations, and better coordinate inspections by the Ministry of Long-Term Care, Public Health, and the Ministry of Labour related to IPAC.
44. The Ministry of Health and the Ministry of Long-Term Care should provide further guidance and direction on how IPAC Hubs, Ministry of Labour inspectors, and public health inspectors should work together for greater effectiveness.

VIII. Mental Health Supports for Residents and Staff

The emotional health and well-being of LTC residents, staff, caregivers, and their families are something that needs to be addressed well after the COVID-19 pandemic ends. Almost 40% of LTC homes are in outbreak as of January 29, 2021,⁵ which has put great strain on already overworked staff who have had to implement strict lockdown measures and all the while, keep residents safe and calm in the face of increasing deaths.

It is critical the Ministry of Long-Term Care support LTC homes in address the broad mental health needs of LTC home residents, staff and their caregivers that will remain long after COVID-19. That

⁵ Government of Ontario. COVID-19 in Long-Term Care Homes. <https://covid-19.ontario.ca/data/long-term-care-homes> (accessed January 29, 2021).

could include providing LTC residents and staff access to mental health specialists and implementing strategies in the Staffing Plan to alleviate the current staffing shortages. Doing so will help staff do their jobs effectively, reduce residents' challenging responsive behaviours, and assist caregivers and families in the process.

The input and support of family and friends is critical, especially during an emergency situation. Social isolation of residents can occur during lockdowns and restricted contact by family, friends, and volunteers. Virtual technologies, with proper broadband access, may be employed to address this and mitigate social isolation.

Mental Health and Well-Being: Recommendations

45. The Ministry of Health, the Ministry of Long-Term Care, and the Ministry for Seniors and Accessibility should ensure that the LTC sector has access to mental health specialists and a plan to address the broad mental health needs of LTC home residents, staff, and their caregivers that will remain long after COVID-19.
46. The Ministry of Health and the Ministry of Long-Term Care should continue to work with LTC sector associations to review visitors' policies, including for essential caregivers, to strike an appropriate balance between health and emotional well-being considerations.
47. The Ministry of Long-Term Care should invest in virtual technology and better broadband access and other means of connection to address the social isolation felt by LTC residents.

IX. Palliative Care Delivery

In the face of increasing deaths, the COVID-19 pandemic has shone a light on the need for more consideration about the end of life for LTC residents. Palliative care is a philosophy of care and a unique set of actions that aim to improve the quality of life for all residents with life limiting illness. It aims to improve the quality of life for both patients and their families when restorative care is no longer an option for the resident.

There is some effort underway to formalize and integrate palliative care approaches in LTC homes, but more could be done. The Province can play a supportive role to help LTC homes to help develop formative palliative care in LTC homes. Under the *Long-Term Care Homes Act*, LTC homes are required to provide palliative care education to their staff. This could be enhanced with more support from the Province through resources for training.

Palliative Care Delivery: Recommendations

48. The Ministry of Long-Term Care should train and support homes around the adoption of a palliative care approach.
49. The Ministry of Long-Term Care should ensure that LTC staff members are equipped with training on palliative care delivery.

Conclusion

Our seniors and LTC residents deserve high-quality care and utmost safety, both during the COVID-19 pandemic and in the years ahead. As municipal governments who provide care for seniors and in some instances, LTC residents, AMO appreciates the opportunity to provide these recommendations to the Commission.

Appendices

Appendix A: Initial Response to the Long-Term Care COVID-19 Commission – Interim Recommendations on an Ongoing Provincial Pandemic Response

Appendix B: AMO Sub-Working Group on Long-Term Care Members

Appendix C: AMO Health Taskforce Members

Appendix A: Initial Response to the Long-Term Care COVID-19 Commission



AMO's Initial Response to the Long-Term Care COVID-19 Commission

Interim Recommendations for an Ongoing Provincial Pandemic
Response

October 2020

AMO's Initial Response to the Long-Term Care COVID-19 Commission: Interim Recommendations for an Ongoing Provincial Pandemic Response

Introduction

The COVID-19 pandemic has had a disproportionate impact on residents in long-term care (LTC), as the vast majority of the deaths due to COVID-19 in Canada have been in LTC homes. This has affected families and communities across the province and country in profound and tragic ways. The pandemic has also exposed the structural weaknesses in the LTC system, especially chronic underfunding which limited the ability to respond effectively in the first wave.

The Association of Municipalities of Ontario (AMO) welcomes the opportunity to provide initial input to the Long-Term Care COVID-19 Commission (commission). AMO is a non-partisan, non-profit association representing municipal governments. Ontario's municipal governments work together to achieve shared goals and meet common challenges through AMO. One such cause is promoting healthy age-friendly communities which includes municipal LTC homes, operated in an efficient and effective manner.

While the provincial government is responsible for LTC legislation, regulation and program requirements, municipal governments are mandated under the *Long-Term Care Act, 2007* (LTCHA) to operate 16% (100+) of the 626 LTC homes in the Province. Municipal homes pride themselves on providing high quality services and safe environments for their residents. More about our association and advocacy for seniors and LTC is found on the [AMO website](#).

AMO acknowledges the provincial response to date and the support that has been provided. However, more action is needed in both the short-term to mitigate against future waves of COVID-19, and over the long-term to address persistent structural issues.

To that end, this document outlines our association's short-term recommendations to inform the commission's interim report about the ongoing provincial pandemic response with a targeted focus on what is needed for winter 2020/2021. Appendix A of this submission is a backgrounder that was sent to the Commission to provide an overview of the municipal role in governance and funding for LTC. AMO will provide a more comprehensive submission to the Commission with mid and long-term recommendations before the end of the year.

Context

AMO appreciates the opportunity to provide our perspective on how municipally funded and operated LTC homes have been impacted by COVID-19 thus far. The recommendations have been formulated by a sub-working group of AMO's Health Task Force and reflect the AMO Board's general positions on LTC. The sub-working group is comprised of a mix of elected officials and municipal staff working in LTC, public health, and other municipal services. Our working group members bring their unique and diverse perspective from across all areas of the province and municipal service sectors. See Appendix B for a list of the working group members.

We also work closely with AdvantAge Ontario, the association that represents municipal and non-profit LTC service providers. AMO's aim is to provide high level recommendations about policy, planning, funding, and the provisions of non-financial supports to the sector rather than detailed technical operational advice.

AMO encourages the commission to consider our recommended actions that, if implemented, would help provide a more effective pandemic response during winter 2020/2021. Initiatives need to be put into motion now to make sure this pandemic response can sustain itself for as long as is necessary. This involves examining how staffing models, the physical structure of LTC homes, governance models, regulations and inspections, and access to IPAC measures affected the COVID-19 response. Our seniors and LTC residents deserve high-quality care and utmost safety, both during the COVID-19 pandemic and beyond.

Recommendations

I. Planning and Communications for Successful Outcomes

Effective planning and communications are vitally important to evidence-based decision-making as a sector. In developing these plans and implementation strategies, it is critical that the input of the LTC sector including municipal homes be included and that their expertise be leveraged.

1. The Province, including the Ministry of Long-Term Care (MLTC) and the Office of the Chief Medical Officer of Health, should continue ongoing second wave planning and develop a clear strategy for issuing clear direction at appropriate times as conditions change.
2. The Province must have representation from the municipal LTC sector in regional and systems planning and implementation tables.

II. Staffing Measures to Attract and Retain Highly Trained and Qualified Staff

The longstanding staffing challenges in LTC have been exacerbated by the COVID-19 pandemic. It continues to be a challenge to successfully recruit and retain critical staff during this time. Many municipal homes need to 'staff up' and are facing the second wave with less staff than in the first one. Initiatives that can be implemented quickly or started now to address staffing issues into the future are needed.

3. The Province should work with the LTC sector to develop a province-wide health human resources strategy to address staffing issues, including overcoming the challenges of insufficient human resources, such as nurses and personal support workers, in certain regions, especially in northern and rural areas.
4. The Province should expand the issuance of pandemic pay to a broader range of staff in LTC homes, including nurses and other staff doing front-line work as well as their supervisors.
5. The Ministry of Long-Term Care (MLTC) should extend and maintain the High Wage Transition Fund for the duration of the COVID-19 pandemic past March 2021 and consult with AMO and other LTC sector associations about the future of the Fund.
6. The Province must continue to extend the Emergency Orders to allow redeployment of staff into the LTC sector as needed until the pandemic ends or when staffing issues are fully addressed whichever happens first.

III. Care for Residents During COVID-19

Sick residents require more attentive and responsive care. There have been calls from many stakeholders to increase the levels of direct care, as well as to sustain existing services to help protect residents. Now is the time to act on this. Enhancing resources to support residents with responsive behaviors to manage during COVID-19 is also needed.

7. The MLTC should provide adequate provincial funding to care for an aging population with complex medical conditions and challenging behaviours such as dementia and commit to full 100% provincial funding for an average of four hours of care per resident per day.
8. The MLTC must immediately reverse the changes and reductions to pharmacy funding during the pandemic and work on alternative options for funding to support LTC pharmacy over the long-term.
9. That the MLTC enhance specialized support programs, including Behaviour Supports Ontario and specialized Nurse Practitioners to complement staffing levels in long term care homes.

IV. Funding for Viability and Sustainability During COVID-19

Decades of underfunding has stretched the capacity of municipal homes to manage with the additional costs associated with the pandemic. While emergency funding was critical and helpful, more may be needed now will be needed into next year. At the same time, adequate base funding is needed for the core operating and capital needs. Municipal governments are facing pressure with additional pandemic costs across several program areas and experiencing declining revenue because of the pandemic. They cannot afford to continue to fill in the gap where provincial funding is lacking.

10. That the MLTC review the adequacy of the emergency COVID-19 funding against incurred costs through to March 31, 2021, and provide more funding as needed by the LTC sector.
11. That the MLTC provide for and give advance notice as soon as possible about ongoing emergency COVID-19 funding in the 2021-22 fiscal year.
12. That the MLTC increase core operational funding at least at the rate of inflation or higher in both this current fiscal year and next.
13. That the MLTC enhance and increase funding for the minor capital funding program to support operators to improve structural compliance and enable more effective IPAC in homes.

V. Increasing Public Health and Safety

The provincial government should also provide direct and indirect resources to the LTC sector. This could include providing funding for IPAC measures in homes including for education and training and paying for staffing backfill. As well, the sustained funding of crucial third party supports such as local public health is needed. More timely testing results are also crucial.

14. That the MLTC and Ministry of Health (MOH) should review the adequacy of IPAC programs under the *Long-Term Care Homes Act, 2007* in preventing and managing COVID-19 outbreaks and put in place higher standards with increased funding to homes to implement these standards.
15. That the MLTC should provide ongoing and enhanced operational funding to implement effective IPAC measures in homes including training and continue to provide guidance based on health expertise.
16. That the MOH prioritize COVID-19 testing for LTC home staff, residents, and visitors.

17. That the MOH should invest in local public health workforces to both address the needs of the increasing complexity of the pandemic response in LTC homes and maintain critical core public health services at the same time.
18. That the MOH increase Public Health resources for IPAC and outbreak management in LTC and other higher risk settings.
19. That the MLTC and MOH review the IPAC hub and spoke model to ensure that the hospital institutional based approach is mindful, appropriate, and adaptable for LTC home settings.

VI. Mental Health Supports for Residents and Staff

There have been mental health impacts on both staff and residents because of the pandemic. Attention to supporting mental health will help sustain people during this time. Ensuring the emotional well-being of both staff and residents will help staff do their jobs effectively, and reduce residents' challenging behaviours. Continued visits by family and friends can play a role but under controlled conditions.

20. That the MOH and the MLTC invest in the resources needed to support the mental health of staff and residents in LTC.
21. That the MLTC and the MOH continue to review and consult the LTC sector associations on appropriate visitors' policies, including for essential caregivers, to strike a balance between health and emotional well-being considerations.

Conclusion

AMO appreciates the opportunity to provide interim recommendations to the commission. We look forward to speaking with your team further and will be providing more comprehensive recommendations further on in the process.

Appendix A: Backgrounder on Municipal Role in Long-Term Care in Ontario

Context

The Association of Municipalities of Ontario (AMO) welcomes the independent Long-Term Care (LTC) COVID-19 commission created by the Ministry of Long-Term Care (MLTC). AMO is interested because while the provincial government is responsible for LTC legislation, regulation and program requirements, municipal governments are mandated under the *Long-Term Care Homes Act, 2007* (LTCHA) to operate 16% (100+) of the 626 LTC homes in the Province.⁶

Municipal governments want to help improve the LTC system, and share lessons learned of how municipal LTC homes fared in the first wave of COVID-19. To that end, AMO's Health Task Force created a sub-working group on LTC to inform the commission about how the municipal LTC homes handled COVID-19, and how the pandemic exacerbated long-standing issues in the sector.

This brief is part of AMO's preliminary submission for consideration by the commission. It provides background for the commission around the history of the municipal role in LTC, and how municipal LTC homes are differentiated compared to for-profit and charitable/not-for profit homes. AMO staff are available to speak with your team if there are any questions on the material.

History of Municipal Governments in LTC

Municipal governments have been involved in LTC since 1868 when the *Municipal Institutions Act* mandated that counties with over 20,000 people must provide Houses of Refuge for people who are homeless. In 1947, the *Homes for the Aged Act* replaced the Houses of Refuge and pivoted to focus on seniors. The Province provided 25% of the cost of building new Homes for the Aged for seniors.

Two years later, the Province increased provincial funding and mandated that these municipalities establish a Home for the Aged. New regulations also ensured greater consistency in care.

In 2007, the LTCHA was enacted which prescribed the requirements for every upper and single-tier southern municipality, and the option for northern municipalities to operate a municipal home.

Municipal Role in LTC Today

Municipal governments are funders, service providers, and employers of LTC. Of the nearly 80,000 LTC beds in Ontario, just over 20% are operated by municipal governments (16,000+).⁷ The LTCHA requires each upper and single-tier municipal government in southern Ontario to establish and maintain at least one municipal home. They can provide this service directly or jointly with other municipal governments. Northern municipalities *may* operate a home, either on individual basis or jointly. In some case, northern municipal governments jointly fund a home managed by a District Board of Management.

⁶ Advantage Ontario. "[Ontario Municipalities – Proud Partners in Long Term Care](#)." (November 2018).

⁷ Advantage Ontario. "[Ontario Municipalities – Proud Partners in Long Term Care](#)." (November 2018).

As the order of government closest to seniors' issues in our communities, municipal governments pride themselves on providing high quality services and safe environments for their residents. Many operate additional homes and offer services that surpass provincial requirements. More about our association and advocacy for seniors and LTC is found on the [AMO website](#).

However, today's LTC homes provide health care services to an increasingly complex patient group with high-acuity needs. They serve people who require 24-hour medical care and supervision within a secure environment. This requires significant financial resources to deliver this much-needed care.

To help cover costs, municipal governments have contributed an additional \$90 million since 2012 (a 36% increase), when the estimated municipal contribution was \$268 million. In 2016, municipal governments contributed \$350 million over and above the provincial funding subsidy, not including capital expenditures.⁸ In 2017 alone, municipal governments invested \$2.1 billion in seniors' programs and other health services.⁹

In addition, municipal governments are responsible for providing a wide range of programs and services, which allow them to leverage other services – including social, paramedic and transportation services – to meet the needs of people in their LTC homes. This includes providing direct services across the continuum of care including wellness and prevention programs to promote active lifestyles including community recreation programs and Seniors Active Living Centres, community-based services, and housing and residential programs. Many municipal governments operate long-term care homes within a campus of care model enhancing the range and integration of services to residents.

The municipal LTC sector is supported by significant volunteer hours (710,000 volunteer hours, equivalent to 366 full-time positions in 2016 alone).¹⁰ This plus non-profits help in many communities, particularly in northern and rural Ontario, where it is challenging to recruit and retain qualified staff.

Despite the commitment to provide high quality services to senior residents in their communities, AMO members have expressed mixed feelings about the mandated municipal role primarily because of the rate of additional municipal subsidy that is required. Many municipal governments see this as an indication of chronic underfunding of the system.

AMO generally holds that health care is a provincial responsibility and the limited municipal property tax base was never designed to raise the revenue for health and other social service programs. LTC homes have evolved since their initial inception as residential care for seniors.

While AMO is not advocating for municipal governments to get out of the LTC business, our members have long called for adequate funding for this health care service. The fact that most, if

⁸ AMO. "[A Compendium of Municipal Health Activities and Recommendations](#)." (January 2019).

⁹ Note that there is no public reporting of specific municipal contributions to quantify the amounts to subsidize LTC. Municipal expenditures for LTC are not disaggregated from other municipal expenditures for 'assistance to aged persons' under provincially-set Financial Information Return reporting requirements.

¹⁰ Advantage Ontario. "[Ontario Municipalities – Proud Partners in Long Term Care](#)." (November 2018).

not all, municipal governments subsidize operations and capital maintenance may be an inhibitor to municipal take-up of new opportunities to develop new LTC homes in their communities.

Municipal LTC Governance and Accountability

Municipal councils comprised of elected officials are the governing body of LTC homes. Management committees may be designated. Meetings are open to the public and transparent although in-camera sessions may be held for certain matters as outlined in the *Municipal Act* where confidentiality and privacy needs are required to be assured.

Municipal councils are accountable and provisions in the LTCHA dictate how. In 2017, the government made changes and removed previous due diligence standards for board members and implemented a more absolute duty to ensure compliance. The standard for LTC home board members is much higher than that of public hospitals.

The result is increased liability for board and committee members. It requires boards to spend time on staff oversight and compliance than just on traditional governance duties. Board members are liable for actions taken by the home, not just breaches of statutory provisions that they commit themselves to.

Appendix B: AMO Working Group Members

1. **Graydon Smith**, President, Association of Municipalities of Ontario (AMO), and Mayor, Town of Bracebridge, Chair of AMO's Health Task Force
2. **Monika Turner**, Chair of Working Group, Director of Policy, Association of Municipalities of Ontario (AMO)
3. **Michael Jacek**, Senior Advisor, Association of Municipalities of Ontario (AMO), alternate Chair of Working Group
4. **Cathy Granger**, Director of Long-Term Care , Regional Municipality of Peel
5. **Sandra Hollingsworth**, Councillor Ward 1, City of Sault Ste. Marie
6. **Dr. Robert Kyle**, Commissioner & Medical Officer of Health, Regional Municipality of Durham, and Past Chair, Association of Local Public Health Agencies (aLPHa)
7. **Dean Lett**, Director, Long-Term Care, City of Ottawa
8. **Lisa Levin**, CEO, AdvantAge Ontario
9. **Dan O'Mara**, Mayor, Municipality of Temagami
10. **Kelly Pender**, Chief Administrative Officer, County of Frontenac
11. **Kevin Queen**, CAO & District Administrator, District of Kenora Home for the Aged
12. **Jane Sinclair**, General Manager, Health & Emergency Services, County of Simcoe, and Chair, AdvantAge Ontario
13. **Amber Crawford**, Policy Advisor, Association of Municipalities of Ontario (staff resource)

Appendix C: AMO Health Task Force

1. **Graydon Smith**, President, Association of Municipalities of Ontario (AMO), and Mayor, Town of Bracebridge, Chair of AMO's Health Task Force
2. **Bernie MacLellan**, Councillor, County of Huron and Mayor, Municipality of Huron East
3. **Cathy Granger**, Director of Long-Term Care, Regional Municipality of Peel
4. **Dan McCormick**, CAO, Rainy River District Social Services Administration Board
5. **Donald Sanderson**, CEO, West Parry Sound Health Centre
6. **Doug Lawrance**, Mayor, Municipality of Sioux Lookout
7. **Gary Carr**, Regional Chair, Region of Halton
8. **Jane Sinclair**, General Manager Health and Emergency Services, County of Simcoe
9. **Jesse Helmer**, Councillor, City of London
10. **Joanne Vanderheyden**, Mayor, Municipality of Strathroy-Caradoc
11. **Katherine Chislett**, Commissioner of Community & Health Services, Regional Municipality of York
12. **Lisa Levin**, Executive Director, AdvantAge Ontario
13. **Loretta Ryan**, Executive Director, Association of Local Public Health Agencies of Ontario (alPHA)
14. **Mabel Watt**, Manager, Policy Integration, Region of Halton
15. **Nancy Polsinelli**, Commissioner, Health Services, Regional Municipality of Peel
16. **Neal Roberts**, Chief of Middlesex-London Emergency Medical Services Authority and OAPC Board Member (Past President)
17. **Norm Gale**, City Manager, City of Thunder Bay
18. **Penny Lynn Lucas**, Councillor, Township of Ignace
19. **Peter Dundas**, OAPC Board Member (President) and Chief Paramedic Services, Regional Municipality of Peel
20. **Dr. Robert Kyle**, Commissioner and Medical Officer of Health, Regional Municipality of Durham
21. **Sandra Hollingsworth**, Councillor – Ward 1, City of Sault Ste. Marie
22. **Monika Turner**, Director of Policy, Association of Municipalities of Ontario (AMO)
23. **Michael Jacek**, Senior Advisor, Association of Municipalities of Ontario (AMO)