

MEMORANDUM**COM-C 21-2021**

Subject: Ontario's Long-Term Care COVID-19 Commission Final Report
Date: May 11, 2021
To: Public Health and Social Services Committee
From: Adrienne Jugley, Commissioner

The Ontario Long-Term Care Commission delivered its final report April 30, 2021 ([Ontario's Long-Term Care COVID-19 Commission](#)). The report follows two interim recommendations released in October 2020 (CWCD 290-2020) and December 2020 (CWCD 336-2020).

The Commission details 85 recommendations in 11 categories. The recommendations in the report address interconnected, underlying issues that contributed to why COVID-19 spread through long-term care (LTC) homes in the way it did. The Report details recommendations that are intended to build a community of care' through the promotion and funding of person-centered care.

"The sector's future must be grounded in respect, dignity, compassion and kindness for the people who live and work in long-term care." Justice Marrocco.

Below is a listing of the 11 categories of recommendations and some key highlights.

Pandemic preparedness

- Pandemic plans (provincial and LTC home plans) to be guided by the precautionary principle, "Where there is reasonable evidence of an impending threat to public health, it is inappropriate to require proof of causation beyond a reasonable doubt before taking steps to avert the threat".
- The Ministry must ensure a pandemic stockpile of personal protective equipment and supplies.

Addressing the aftermath of COVID-19 for residents and staff

- The pandemic has had a significant and lasting impact on the emotional and psychological well-being of staff and residents in long-term care. Counselling services should be available to residents and staff living and working in long-term care during the pandemic.
- Infection prevention and control (IPAC) enhancement:
 - Appoint a full-time dedicated nurse per 120 beds as the home's IPAC Practitioner to oversee, implement and maintain the home's infection prevention and control program.
 - Maintain specific minimum IPAC education, training and certification requirements.

Strengthen health care system integration

- Ensure inclusion of long-term care homes in Ontario Health Teams.

Improve resident-focused care and quality of life

- Ensure that essential caregivers who have complied with IPAC training requirements are allowed to enter the home in outbreaks.
- 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.
- Physicians must be required to physically attend when needed and within 24 hours of the request for care, when providing care to LTC home residents.
- Diversity and inclusion - the Ministry of Long-Term Care (MLTC), LTC Licensees, management and staff must respect and support diversity in the care and services provided to LTC residents.

French language services

- Design and implement a provincial strategy to increase French language LTC services and increase the number of French language beds.

Address the human resources challenges

- Staffing needs and capacity are paramount. There is an urgent need for skilled staff.
- Accelerate LTC staffing plan implementation (increase staffing to 4 hours of care per resident per day, and workload should be changed so staff can spend more time providing direct care to each resident).
- Increase the number of skilled staff.
- Expand the use of Nurse Practitioners - the Commission supports that the proper ratio for Nurse Practitioners in long-term care facilities to be set at a minimum of one full-time Nurse Practitioner for every 120 residents.
- Retain and attract qualified staff – to be achieved through improve working conditions and compensation, enhanced education, training and development, and the regulation of personal support workers.
- Enhance oversight of the Medical Director – introduce a system of formal oversight by the MLTC, Ministry of Health and College of Physicians and Surgeons.

Funding

- Increased investment in care.

Increase accountability and transparency in long-term care

- Improved public performance indicators and standards (continue the existing 6 indicators; introduce further indicators including family and staff experience, Medical Director engagement, and staffing indicators such as direct care staffing mix and direct care staff-to-resident ratios).
- The government should consult with the Canadian Institute for Health Information (CIHI) and long-term care stakeholders and then create a transition plan to introduce a new assessment and reporting system in Ontario.

Comprehensive and transparent compliance and enforcement

- Compliance – establish a compliance unit to encourage and assist with compliance training tools, compliance coaching, sharing best practices and tracking and reporting on improvements.

- Inspections – introduce a coordinated system between Ministry of Long-Term Care, Ministry of Labour and Public Health (sharing of information and reports).
- Enforcement – introduce proportionate and escalating consequences.

Health Protection and Promotion Act investigations

- Ensure opportunity for continued access to reports / documents from the pandemic.

Responding to the Commission's Report

- The MLTC should, on the first and third anniversaries of the release of this report, provide follow-up reports.

The Report acknowledges that the recommendations may require additional funding, legislative or regulatory amendments and will certainly require considerations of other supporting actions by government actors and long-term care homes.

For the Region's directly operated homes, the recommendations outlined in the Commission Report clearly align with the priority areas that Niagara Region Seniors Services has been focusing on – relational resident centered care, leveraging technology, staff training and engagement to optimize care outcomes, inclusion, and staff recruitment.

Seniors Services is reviewing the recommendations to initiate (or continue) work on those that can be completed within current resources, and to develop plans for implementation of the remainder of the recommendations. Progress updates related to these recommendations and provincial directives will be provided to the Public Health and Social Services Committee through ongoing quality reports.

Respectfully submitted and signed by

Adrienne Jugley, MSW, RSW, CHE
Commissioner