

Appendix A – Current Status to Interim Recommendations

Increase Staffing	Response
<p><i>1. In addition to increasing the supply of PSWs, ensure that LTC staff recruitment efforts address the requirement for an appropriate staff mix to meet the increasing acuity and complex care needs of residents.</i></p>	<p>Staffing is critical in ensuring safe and quality care for long-term care home residents, including an appropriate mix of staff roles to address residents' complex needs.</p> <p>We are taking urgent action to continue stabilizing long-term care homes and providing necessary supports as the second wave of the pandemic continues, as well as addressing longer-term staffing challenges.</p> <p>On Sept. 28, 2020, we announced an investment of \$52.5 million to recruit, retain and support more health care workers in the province.</p> <p>This includes an investment of \$26.3 million to support recruitment and retention of Personal Support Workers (PSW) and other unregistered staff (investment in PSW training, a new PSW Return of Service Program, supportive care workers training and accelerated PSW certification for those with prior health care experience).</p> <p>It also includes an investment of \$26 million targeted at increasing recruitment of nurses: Ontario's Nursing Graduate Guarantee program and an investment in increased nursing positions in areas of high need.</p> <p>We have also announced \$461 million to temporarily enhance wages for personal support workers across various sectors. This includes a \$3 per hour increase for approximately 50,000 eligible workers in long-term care, intended to be in place from October 1, 2020 to March 31, 2021.</p> <p>We will continue to explore and implement further actions to increase staffing in the immediate term, recognizing the critical role of nursing staff in addition to Personal Support Workers.</p>

	<p>We know from the findings of the July 2020 Long-Term Care Staffing Study that concerted and sustained action is necessary to address the many long-standing staffing issues in the sector. The government is preparing a Staffing Strategy for release before the end of the calendar year.</p>
<p><i>2. While all witnesses agreed on the need for staffing flexibility given the 24/7 nature of homes' operations, more full-time positions must be created to ensure staffing stability and retention, and resident continuity of care.</i></p>	<p>These three recommendations reinforce the important recommendations of the Long-Term Care Staffing Study released in July 2020.</p> <p>We are very grateful to the experts and sector partners who contributed to the Staffing Study, providing the government with advice on staffing in the long-term care sector.</p>
<p><i>3. Beyond these initial steps, identify the permanent investments required to develop and implement a comprehensive human resources strategy that addresses the full range of staffing issues in the sector. The ministry's Long-Term Care Staffing Study, released in July 2020, identifies the best path forward. Further "study" of the Study is not necessary. What is required is the Study's timely implementation.</i></p>	<p>Building on this advice and your recommendations, the government is preparing a Staffing Strategy for release before the end of this calendar year. This includes considering how to support and ensure that sector partners are part of the needed change.</p> <p>We recently announced that the province is increasing the hours of direct care for each long-term care resident to an average of four hours per day. This commitment will make Ontario the leader among Canadian provinces in the quality of care for seniors.</p>
<p><i>4. Consistent with that study, the Commission recommends a minimum daily average of four hours of direct care per resident. The government needs to increase permanent funding for more nurses and support staff, to enable homes to increase their staff to resident ratio, and provide more hours of care, based on residents' needs.</i></p>	<p>This new commitment to improve quality of care includes:</p> <ul style="list-style-type: none"> • Average daily direct care of four hours a day per resident. Direct hands-on care is provided by nurses or personal support workers to support individual clinical and personal care needs. • Hard targets set over the next four years to achieve this standard by 2024-25. Progress against these targets will be measured and reported regularly. • Unprecedented changes to educate and recruit the tens of thousands of new personal support workers, registered practical nurses and registered nurses that will be required.

	<p>Meanwhile, the government continues to provide Prevention and Containment Funding to all long-term care homes to assist them with the incremental costs associated with responding to COVID-19. This includes the ability to use funds to support more full-time shifts, particularly in response to the single-employer requirements for long-term care staff.</p> <p>Even though occupancy in some long-term care homes has dropped, the government has maintained full funding. This funding can allow homes to retain full staffing levels, even as occupancy may be dropping.</p> <p>We recognize, however, that many homes struggle to find available qualified staff to fill vacant positions and both our immediate actions and the Staffing Strategy will need to address practical solutions to build up the pool of available workers.</p>
<p><i>5. Given the essential role of families and caregivers in supporting not just physical care needs but the psycho-social well-being of residents, we reinforce the calls from residents, families and caregivers to ensure that families and caregivers have ongoing, safe and managed access to long-term care residents.</i></p>	<p>The Ministry's updated visiting policy, released on October 5, 2020, recognizes the important role that essential caregivers play in the care and well-being of residents. The policy provides guidance to long-term care homes to connect caregivers with training, education and resources on protective personal equipment and infection prevention and control, so caregivers can care safely for their loved ones.</p> <p>Working with Public Health Ontario (PHO), the government has developed a set of training materials related to Infection Prevention and Control (IPAC) to support family members and caregivers. This training is available on PHO's website and has been developed to help family members and caregivers to provide safe care to their loved ones over the course of the pandemic.</p> <p>The government is committed to continuing to work with Family Councils Ontario and other partners to continue to identify any additional supports that may be required as the situation evolves.</p>

Strengthen Healthcare Sector Relationships and Collaboration	Response
<p><i>1. In the short term, where there are LTC homes that are 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. These relationships between LTC homes, local hospitals and public health units must be based on trust, collaboration and respect on all sides for the expertise all parties bring to the priority of ensuring the health, safety and well-being of residents.</i></p>	<p>The government values meaningful health system and community partnerships as a means of supporting long-term care homes to provide quality and safe care to their residents, including efforts to prevent and respond to outbreaks. The actions over the past several months continue to support long-term care homes in building effective collaboration and respectful, trusting partnerships across the health care sector.</p> <p>To sustain and enhance the partnerships established during the first wave of COVID-19 and to build capacity across Ontario, the Ministry of Long-Term Care encouraged all long-term care homes this summer to participate in the planning being undertaken by regional planning tables. These local level partnerships are facilitated by Ontario Health (OH) and include public health, hospitals and other health sector players.</p>
<p><i>2. Your ministry work with the Ministry of Health to formalize these relationships proactively. There is no need to wait until an outbreak has occurred before a local hospital assists or is compelled to assist a LTC home. Clearly defined supports and surge capacity for each LTC home must be in place and quickly mobilized when an emergency situation arises.</i></p>	<p>The Ministry of Long-Term Care, working with the Ministry of Health, Ontario Health and other system partners, monitors daily a range of data and local risk factors to help prioritize action at the community level, including further leveraging relationships with hospitals and public health. An Incident Management System (IMS) has been established to provide rapid advice, direction and action to support the situation in homes as needed.</p> <p>Over the past several months, many Ontario Health Teams have demonstrated remarkable responsiveness to the COVID-19 outbreak by simplifying the purchase of personal protective equipment, supporting the staffing of long-term care homes and expanding virtual care options. They've done so by breaking down long-standing barriers to better connect care, both in support of residents and staff.</p> <p>The Ministry also continues to facilitate hospitals to assume temporary management of long-term care homes, where necessary, to help these homes manage resident care while responding to COVID-19 outbreaks.</p>

	<p>The government is committed to ensuring that all long-term care homes are mapped to hospital partners, and that all parties understand their shared responsibilities and are positioned to respond quickly in case of an outbreak. The Ministry of Long-Term Care will continue formalizing these hospital and long-term care home relationships as necessary and plans to release guidance on the roles and responsibilities of system partners to manage outbreaks and support homes experiencing difficulties.</p>
<p>Improve Infection Prevention and Control (IPAC) Measures</p>	<p>Response</p>
<p><i>1. Ensure every LTC home has a dedicated IPAC lead who can monitor, evaluate and ensure compliance with proper protocols; support and provide basic training for all staff, and access the local IPAC centre of expertise, as required.</i></p>	<p>Ontario’s COVID-19 fall preparedness plan includes new investments and actions to assist long-term care homes in accessing the expertise they need with infection prevention and control, along with testing and surveillance measures to help protect residents, staff, and caregivers.</p> <p>The current investments include:</p> <ul style="list-style-type: none"> • \$405 million to help homes with operating pressures related to COVID-19, including infection prevention and containment measures, staffing supports, and purchasing additional supplies and PPE; • \$61.4 million for minor capital repairs and renovations in homes to improve infection prevention and control. These repairs and renovations may include minor upgrades to support physical distancing, plumbing or water supply cleaning, updating HVAC systems, or repairing or replacing furniture and equipment that cannot be fully cleaned; • \$40 million to support homes that have been impacted by the changes in occupancy numbers due to COVID-19. As the sector has been directed to stop admissions of third and fourth residents to larger rooms, this funding will help stabilize the homes through the transition to lower occupancy rooms; • \$30 million to allow long-term care homes to hire more infection prevention and control staffing, including \$20 million for additional personnel and \$10 million to fund training for new and existing staff. This

	<p>new funding will enable homes to hire over 150 new staff. Some homes have already recruited these IPAC personnel.</p> <p>These investments are intended to complement and strengthen investments already made by the sector in this area.</p> <p>In addition, in cooperation with the Ministry of Health and operationalized by Ontario Health regions, regional centres of infection prevention and control (IPAC) expertise are being established to ensure access to training, education and support for both the prevention and strong management of any future outbreaks. Through a provincewide network, long-term care homes will be able to access IPAC expertise, collaborative assistance and just-in-time advice, guidance and one-on-one support on infection prevention and management practices.</p> <p>These centres of IPAC expertise are already operational in hotspot areas and are working with homes. The full complement of regional centres will be operational in the coming weeks.</p> <p>Furthermore, through partnership with the Ministry of Health and Public Health Ontario, online courses were launched in early September, aimed at core IPAC practices and tailored to various roles in long-term care homes, including clinical and non-clinical staff and caregivers.</p> <p>The Ministry will continue to identify the impacts of these investments to inform the future scale up of infection prevention and control supports.</p>
<p><i>2. Enhance LTC ministry resources and capacity to provide compliance support immediately. In the short term, inspection staff from your ministry and others who can be trained, as well as from the local Public Health Unit, should be sent into homes to</i></p>	<p>Long-term care home inspectors are currently completing inspections in high risk homes.</p> <p>The Ministry of Long-Term Care, in collaboration with the Ministry of Health, Ontario Health and Public Health Units, reviews key information relating to all homes regularly to identify homes with high and emerging risk.</p>

<p><i>conduct timely, focused inspections to ensure homes are properly implementing proactive IPAC measures, and are responding effectively to their assessment results. These inspections should prioritize visits to homes based on the same risk measures as those used for our first recommendation under Relationships and Collaboration section above.</i></p>	<p>Resources are deployed to assess IPAC and other critical compliance risks. The Ministry continues to collaborate with partners to deploy available resources, recognizing the complementary roles of Ministry of Long-Term Care, Public Health and Ministry of Labour, Training and Skills Development.</p> <p>The Ministry of Long-Term Care will move forward quickly to determine how inspection capacity can be enhanced.</p>
<p><i>3. Given long-term care residents are a highly vulnerable population and to date have suffered the highest COVID-19 death rates, provide highest priority access to testing and quick turn-around of results for residents and staff. The government should also prioritize LTC homes for point of care and less invasive tests as they become available.</i></p>	<p>Public Health Ontario Laboratory has issued guidelines to Public Health Units and facilities preparing and processing COVID-19 outbreak specimens to ensure that diagnostic testing for declared outbreaks continues to be processed by laboratories on a priority basis.</p> <p>Further to the recent Health Canada approval of new rapid testing modalities and recommendations from the Testing Innovation/New Modalities Task Force, the Ministry of Long-Term Care is collaborating with the Ministry of Health, Ontario Health and Public Health Ontario on deployment of new rapid test modalities in Ontario, including prioritizing select long-term care homes in outbreak. The new rapid testing options are being implemented alongside PCR testing to allow for assessment of efficacy of these tests and support provincial scale up.</p>
<p><i>4. Residents who are COVID-positive, especially in older homes, should be given the option to transfer to alternate settings to avoid further transmission of the virus and to help them recover. Given that many LTC homes cannot effectively cohort and isolate because of physical infrastructure limitations, each home should work with its hospital, public health partners and others to put plans in place to quickly decant</i></p>	<p>The Ministry of Long-Term Care has received clinical advice that decanting COVID-19 positive residents to alternate settings should not be standard practice but examined on a case-by-case basis.</p> <p>Where residents require acute care, and their goals of care support this, residents are to be transferred to acute care.</p>

<p><i>residents to other facilities, if it is appropriate and safe to do so. The plan should identify these facilities in advance.</i></p>	<p>The Ministry will work with the Ministry of Health and sector partners in the development of guidelines which will assist in the transferring of residents to alternate settings where appropriate.</p>
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