

LTC COVID-19 Commission

Belmont House Perspective on the Vaccination Rollout

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Belmont House

- Non-for-profit Charitable Long-term Care and Retirement Home
- Located in central Toronto
- 140 LTC beds and 81 retirement apartments
- On one campus of care
- Established in 1852

Belmont situation in Wave 2

- Experiencing continued suspect outbreaks with 1 employee or 1 essential caregiver.
- Various nursing care units are in isolation at different times
- Isolation procedures for 14 days is a significant burden on employees and the long-term care residents that have to remain in their rooms.
- Continue to purchase PPEs, but generally don't have an issue
- On-site COVID-19 testing for all staff and essential caregivers weekly
- Additional hours in nursing for COVID-19 testing and to allow the ADOC/IPAC Nurse to focus on COVID-19 needs.
- Daily management debriefs on COVID-19.

COVID-19 Vaccination Roll-out from the perspective of Belmont House

I will address this from the perspective of:

- Early stage – pilot project with UHN and the Pfizer Vaccine
 - Week of December 14, 2020
- Subsequent 3 weeks – December 21, 2020 to January 8, 2021
- January 11, 2021 to present
- The role of the Task Force, hospitals, and long-term care homes.
- Comments/Recommendations

Early stages of vaccination roll-out

- UHN given authority to receive/hold/distribute the Pfizer vaccine
- Pilot test for Toronto LTC homes during the week of December 14.
- Conference calls with government and UHN on Dec. 11, 12, 13 to prepare for staff vaccinations at the Michener Institute site.
- Photo op for LTC staff vaccination on Dec. 14 with 5 LTC staff from Re kai Centre
- December 15, 16, 17, 18 – vaccination days for staff
- Staff had to book on-line for appointment
- Week of December 21 – staff vaccinations only on Dec 22, 23, and ½ day on the 24th.
- No staff vaccinations scheduled for Dec. 25, 26, 27, 28 – next scheduled dates were Dec. 29, and 30 only
- Media attention on lack of progress and not dedicating everyday to vaccinations – UHN then added more days
- Belmont expressed interest in vaccinating our own LTC residents and essential caregivers once Moderna vaccine arrived – no response from Hospital
- Belmont expressed interest in being selected as a pilot site for the vaccination for retirement and LTC homes – selected for retirement home

Early stages of vaccination roll-out (cont'd)

Comments:

- Tight control of UHN based on their scheduling and not maximizing the time for the LTC sector, and not recognizing the skill set in LTC homes to carry out their own vaccinations with the arrival of Moderna.
- We felt that the staff vaccination program with UHN using Pfizer was very well organized, but we indicated that once Moderna arrived, that it was better that we did our own vaccinations and that the Hospital can focus on other priority groups.
- LTC homes quickly felt that planning was 'just in time' and that many appointments went to hospital employees.

Vaccination Task Force Phase 1 Priorities

Priorities in Phase 1 roll-out not followed as communicated

- Task Force identified priority of LTC staff and essential caregivers, and then LTC residents – before the broader rollout to all healthcare workers.
- The 3 weeks in December were dedicated to only LTC staff, and unfilled appointments went to hospital staff and not essential caregivers
- Challenged the Toronto LHIN and UHN on this issue, but they said that they were not ready for essential caregivers.
- Confusion on who was responsible for essential caregivers – the hospital or Toronto Public Health – Task Force Update #2 – identified essential caregivers
- Belmont continued emails to Toronto LHIN and UHN on the importance of vaccinating essential caregivers because this group has caused a number of outbreaks and should be treated as staff.
- Media pressure resulted in Michael Garron Hospital being asked to start vaccinating essential caregivers on Jan 1, 2, and 3 – but homes only had access to 10 people – conference call held at 3:30 p.m. on December 31 to LTC and retirement homes re rollout
- Belmont expressed our concern again that this was not efficient or effective in vaccinating essential caregivers since we had 230 essential caregivers
- Michael Garron then introduced on-line booking system on January 4
- As of now both UHN and MGH have extended vaccinations to essential caregivers.
- On-line booking systems have had technical difficulties

Vaccination Task Force Phase 1 Priorities (cont'd)

Comments:

- We felt that the hospitals were 'self-serving' by organizing days at short notice and then controlling booking deadlines (3 p.m. the day before) which resulted in not allowing LTC homes enough time to communicate and encourage staff to be vaccinated, therefore many of the vaccines went to UHN and other hospital staff.
- Could have allowed essential caregivers to book to fill up spots – Belmont had identified 100 essential caregivers ready to go.
- Belmont allowed 50 spots for employees week of December 21, but did not fill them – could have filled with essential caregivers.
- We continued to advocate for vaccinating our own essential caregivers.

Belmont selected for pilot for retirement home vaccination

- Belmont worked with Toronto Public Health and University Health Network
- Vaccination with Moderna, occurred on December 31 in the morning and vaccinated 70 retirement tenants and the remaining 14 retirement tenants were vaccinated on January 4
- Physician from UHN observed and said that everything was excellent
- Vaccines delivered by Belmont nursing staff.

Comments:

- Used this opportunity again to reinforce that Belmont can do our own vaccinations of LTC residents and essential caregivers

Vaccination process for LTC residents

- Again we challenged the thinking that the Hospital needed to have a team come to Belmont
- We reinforced that our staff/physicians were capable of overseeing the vaccinations
- UHN insisted that their team had to come out, so planning occurred on Jan. 4 & 5 – vaccinations arranged for morning of January 6

Comments:

- Based on our observation there wasn't anything that the UHN team did that Belmont staff couldn't do
- UHN team did 2 homes a day – could be faster if LTC homes did their own vaccinations
- Again reinforced our desire to vaccinate our own essential caregivers – request finally granted on the afternoon of January 6

Essential caregiver vaccinations

- After a considerable amount of lobbying for Belmont to receive the Moderna vaccine and vaccinate our own essential caregivers– finally approved on January 6
- Vaccinations scheduled for January 8 afternoon, and January 9 morning
- Done by Belmont physicians and nursing staff assisting
- Vaccinated 175 people

Comments:

- UHN insisted that the Medical Director had to do the vaccinations, if the UHN team did not come
- It was not required to have the Medical Director do the retirement home vaccinations in the pilot on Dec. 31 at Belmont

Belmont Vaccinations Rates (Jan.10/21)

- Employees – 64%
- Long-term care residents – 92% (with 10 families refusing)
- Retirement tenants – 100%
- Essential caregivers – 74%

Burdensome Administrative Processes

- The vaccine is the most visible step in the process, and the easiest.
- Significant LTC staff workload - the heavy lifting done by LTC homes includes:
 - educating staff, capable residents, families;
 - screening to ensure suitability for vaccination;
 - obtaining consent
 - observing residents post-vaccination
 - collecting data.
- These are all being done by the LTC staff and the hospital vaccine teams do nothing to support this.
- The homes do all the preparation, and when ready, should be able to proceed immediately with the immunization.

Comments

- For provincial rollout let LTC homes do everything OR have hospitals provide support to the entire process.

Covax System & Vaccination Update Reports

- Covax system documents all the required data collected to record the vaccination of the person.
- Covax training was required for LTC staff in preparing for documentation of who received vaccines – downloading this to LTC staff is unnecessary
- Privacy issues – all people vaccinated in Ontario can be seen by any LTC employee who is entering the data.
- LTC homes are required to update the Government 3 times per week on their vaccination rate by category – residents, employees, and essential caregivers

Comments:

- Keep it simple – record on excel spreadsheet and then send to UHN to upload instead of training LTC staff on the Covax system
- Technology consumed too much time for LTC staff, and had some technical difficulties.
- LTC staff don't need additional inefficient processes
- Get vaccination rates through Covax system instead of putting additional workload on LTC

Inconsistencies in roll-out

- Baycrest did their own vaccination of LTC residents on January 6, but Belmont was not allowed.
- Hospitals given vaccines to hospital staff that are not front-line

Comments

- Frustrating for LTC homes to hear of different processes for different homes when it is not necessary
- Would be interesting to know how many hospital staff were vaccinated in December at UHN compared to LTC staff.
- How does a Mt. Sinai hospital doctor get a vaccine?
 - Were all hospital employees on University Avenue invited for the 'extra doses'?

Delays in the vaccination program

- Too much control given to UHN – which is understandable with the Pfizer vaccine, but once Moderna arrived the roll-out could have included LTC homes doing their own staff, residents, and essential caregivers.
- Political pressure to get LTC done by January 21 – UHN has now brought in vaccination teams from Women’s College, Mount Sinai, and North York General to assist – but still controlled by UHN
- Why is the vaccination program so slow? – Is it due to the tight control/procedures of UHN, or lack of supply, or both?
- Task Force did not identify who would do the vaccinations within the Phases
- If Quebec could bring Pfizer into LTC homes then why not Ontario
- Pilot testing of Pfizer vaccine being brought into LTC homes in Ottawa area was communicated after it was done.
- Heard of City of Toronto opening a vaccination site – 1 week before it happened.

Comments:

- Don’t feel that the government is being transparent as to why the process is taking so long for LTC homes
- More transparency on the rollout would bring more comfort to people versus frustration
- If every home could vaccinate their own – we would be done by January 8 – one week after Moderna was available.
- Vaccination Task Force identified the 3 Phases of the rollout, but not who would be doing the vaccinations and when different players would enter the strategy
 - Now talking about using pharmacy students for future rollout, but wouldn’t allow LTC homes to do our own?
 - Lack of detail in the vaccination rollout, and who is participating.

Role/control of the Hospital

- How long will UHN or other major hospitals who were given the Pfizer vaccine, control the vaccination rollout based on what they think should happen or their opinion of the capabilities of LTC homes
- Jan. 7 – Dr. Birmingham participated in the TR LTC/CC table.
 - Raised the idea that many LTC homes could manage and administer the vaccine themselves, the response was essentially “of course you can. Baycrest did it yesterday.”
 - The first-hand experience is not consistent with this though. Our phone calls with our UHN contacts, and my conversations with members of the vaccine team did not provide this as an option.
- Physician attending LTC resident vaccination does recognize our ability to manage this on our own. He has asked us to offer our expertise and experience in the rollout to retirement homes. And we are vaccinating our essential caregivers independently.
- The experience with Michael Garron Hospital was different
 - Chester Village was a pilot test site for LTC and the first home for MGH and it felt like they were learning and working together.

Comments:

- Hospitals should be less and less involved as the vaccination process evolves to include more players
- Who should control the vaccination process – in the past – Public Health Units
- Government goes to Hospitals and academics too quickly before seeking input from other parts of the healthcare system.

Role/perception of the LTC home

- General theme in vaccination rollout is ‘whatever it takes to get it done’, but we should add ‘as quickly as possible’
 - Whether LTC homes do it on their own or as part of a team with hospitals – residents need to be vaccinated ASAP across the entire province.
 - In Edmonton, all LTC homes did their own vaccinations
 - In Ontario, many medical directors felt that the LTC homes can do their own and some medical directors indicated that they would appreciate assistance from hospital to vaccinate residents, etc.
- It is time to handoff the vaccination rollout to LTC homes, who have always done the annual flu vaccinations
- It is time that government and hospitals recognize and respect the skill levels of physicians and staff in LTC homes
- Outbreaks in LTC homes does not mean that we are not capable of doing vaccinations
- Hospital could not answer why the LTC homes in Toronto could not vaccinate their own residents.

Comments:

- Give LTC and retirement homes the option to determine what level of support that they may need from hospitals.
- Questioned Vaccination Task Force (Jan.13) re LTC homes doing their own and responded – ‘yes coming’
- Questioned Vaccination Task Force (Jan.13) re LTC homes doing their own for the second dose and responded – ‘yes’

Vaccine Hesitancy

- Media attention to LTC employee hesitancy to the COVID-19 vaccines
- Vaccine hesitancy has always existed in healthcare (beyond LTC)
- Annual flu vaccination rates are higher in LTC homes compared to hospital staff (both doctors and nurses)
- Hesitancy not recognized by the Vaccination Task Force
 - Only addressing this as of late last week with suggestions to the Homes on how to increase staff vaccinations
- Hesitancy could be related with access issues in going to the hospital or dealing with an on-line booking system.
- Belmont – 100 employees vaccinated in 3 weeks with UHN - 41 employees vaccinated on-site at Belmont on Jan. 6 – 1 hour.
- Belmont employees took photos of being vaccinated and we created a motivational video:
https://youtu.be/uy_kaqOQKNE

Comments:

- Could have been addressed in the strategy through communication materials directed to employees
- Can start working on a public awareness campaign for Phase 2 and 3
- Need to bring the vaccines to employees – City using Metro Convention Centre and expect 250 people vaccinated per day
 - Not efficient and does not deal with hesitancy issue

Communication/Education/Strategy

- LTC homes continue to hear of strategy changes on the news instead of in advance from the Government
- Need to know how each Phase is going to rollout now
 - Information coming out weekly, but feel it is related to media pressure and not strategy
- Government knew that the vaccines were coming, but Task Force established late
- Who is in charge – Task Force, Hospital, Ontario Health, Toronto LHIN, Ministry of Health, Ministry of Long-term Care – all with their own communication
- Was the LTC sector consulted for Phase 1, as to their role in the vaccination process
- Vaccination Task Force webinars started on January 9 for the LTC sector – well received and addressed some questions re rollout – but more in the sense of ‘it’s coming’.
- Vaccination strategy is high level broken into 3 Phases – need more detail – looks like the Task Force is planning as they go

Comments:

- Be clear in message and identify full rollout plan
- Identify who to contact if you have an issue with rollout.
- Identify who the players are in the rollout of vaccines in the different Phases – public would be more understanding if we knew the plan
- Could have developed a ‘toolkit’ to assist LTC homes to do their own vaccinations, and address vaccine hesitancy

Task Force Representation

- Any communication or education expertise?
- Any expertise on how do deal with vaccine hesitancy?
- Any LTC operators advising on rollout?

Other LTC issues

- Patient Flow
 - Many empty LTC beds due to outbreaks in GTA – yet hospitals needing to find and create beds in convention centers
 - LTC gets forgotten and is not seen as part of the system and therefore part of the solution
 - If we get outbreaks under control then we can admit hospital patients that need LTC, and then free up hospital beds
- LTC vaccinations across the province
 - Make all LTC homes a priority – not just in red and grey lockdown areas.
- How helpful are Hospitals when LTC homes have serious outbreaks?
 - Provide IPAC review/recommendations and some management oversight, but not staff who can provide care to LTC residents.

Conclusion

What worked well:

- UHN pilot for Pfizer vaccine to vaccinate LTC staff for the first week.
- Building a lot of excitement for the Pfizer and Moderna vaccines, but not anticipating how quickly LTC homes wanted the vaccines once available.

What can be improved on:

- LTC homes could have been more involved in the development of policies/guidelines for the vaccination of LTC staff, residents and essential caregivers.
- More detailed communication on vaccination rollout
- Education to address vaccine hesitancy
- Quicker rollout (when vaccines are available)
- Improve accessibility to vaccine – mobile buses, bring the vaccines to the people versus bringing the people to the vaccines

Thank you
For your time
For listening to a LTC home