

LTC COVID-19 Commission

Belmont House Perspective

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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

Impact of COVID-19 from the perspective of Belmont House

I will address this Pandemic from the perspective of:

- Before the COVID-19 Pandemic was declared by W.H.O.
- When the Pandemic was declared
- Wave 1
- Wave 2 Preparedness

Long-term Care Providers

Three different providers in the Long-term Care Sector:

- Municipal/Regional Homes (City of Toronto, Region of Peel, etc)
- Non-profit Charitable Homes (Belmont House)
- For-profit Homes (generally by Chains- Chartwell, Extendicare, etc)

Belmont House Measures Before Pandemic Declared – February

- Monitored World and Canadian situation on COVID-19
 - Determined that we were likely seeing a pandemic and determined to prepare as such
- Reviewed Pandemic Plan which was based on SARS
 - Senior management meetings to prepare for Pandemic
 - Assessed plans related to staffing, food, infection control, PPE.
- Personal Protective Equipment
 - Assessed PPE inventory
 - Checked with suppliers on outstanding orders and discovered that orders would not be filled and PPE going to government stockpile.
 - Determined we needed to stockpile PPE and looked to other suppliers
 - CEO Alliance Network (20 NFP – LTC homes in GTA) worked together to source suppliers for PPE
 - Prepared to introduce universal masking before government required – Belmont early March, Gov't April 8
 - Incurred additional expenses for PPE that resulted in a deficit budget (hoped for future funding from the MOLTC)
 - Made cloth masks for staff to use outside of Belmont

Belmont House Measures Before Pandemic Declared – February (cont'd)

- Occupational Health & Safety
 - Began discussions with Committee re preparing for the Pandemic
- Belmont House Board of Directors and the Belmont House Foundation Board
 - Began discussions with both Boards on the need for PPE and the additional expenses that will be incurred which will result in a deficit.
 - Belmont House Foundation granted \$250,000 to ensure adequate PPE
 - Fundraising plans were being developed

Belmont House Measures throughout Pandemic

- Regular communication
 - Daily management debriefs which included the Assistant Director of Care/Infection Control Nurse
 - Email blasts, letters, memos to residents/staff/families and townhall conference calls with families
 - CEO walkabouts to provide emotional support to staff.
 - CEO and management team answered many phone calls on a regular basis.
- Family connection
 - Allowed family members to come into the home to see loved ones if the resident was deemed palliative or had a change in health.
- PPE
 - Continued regular ordering of PPE to ensure adequate supplies
 - Management did regular walk abouts to ensure staff compliance with PPE
 - Regular staff training on PPE

Belmont House Measures throughout Pandemic (cont'd)

- Testing
 - Monitored residents for early signs of symptoms and tested for any change in health status
 - Requested staff with any cold symptoms to be tested
- Staffing
 - Re-organized work of the management & administrative staff to support nursing and dietary staff.
 - Hired private pay caregivers from families to work as nursing aides.
 - Hired more recreation staff to support family communication/visits
 - Increased cleaning in the home

Belmont House Measures throughout Pandemic (cont'd)

- Employee Appreciation to keep up staff morale
 - Hero Board, thank you letters from residents, families
 - Special luncheons, special food treats
- Occupational Health & Safety
 - Weekly meetings to address issues/suggestions
- Fundraising
 - To cover the costs of PPE
 - Purchased 2 family interaction plexiglass screens, IPADS to increase resident/family interaction
- Belmont House Board of Directors and the Belmont House Foundation Board
 - Regular communication on COVID-19 and the Home
 - Approvals of financial resources to support needs

Long-term Care Within The Healthcare System during the Early Part of the Pandemic

- The primary focus was on ensuring that hospitals were prepared for the pandemic (based on what was being seen around the world)
- LTC homes felt ignored since we weren't even able to purchase PPE from our suppliers because it was going to the Province or to hospitals
- Government supported the push to move seniors out of hospitals to long-term care and crisis lists for all long-term care homes grew with hospital patients
- LTC homes were told to take care of seniors who had COVID-19 and not send to hospitals.
- In the early days - it appeared that all the healthcare experts that the Government was listening to were from the hospital sector.

COVID-19 Outbreak at Belmont House

End of April:

- Universal masking in place since early March
- a private caregiver tested positive and then a Belmont employee
- No LTC residents or retirement tenants contracted COVID-19
- Outbreak declared by Public Health and we maintained outbreak procedures for 14 days
- All residents, tenants, and staff tested for COVID-19

Oct. 4:

- a private caregiver tested positive
- Only resident of caregiver tested and others that showed cold symptoms
- No LTC resident or retirement tenant tested positive
- 14 days of outbreak procedures
- Public Health did not declare an outbreak but put home under investigation

Human Resource Challenges

One-employer Rule for LTC Homes

- Issues:
 - Government directive on one-employer for LTC home employees is restricting our ability to meet our staffing needs
 - Don't have all our employees because of the one-employer rule
 - Hospitals and private pay caregivers are not required to follow one-employer rule
 - Disincentive to work in LTC, if you want another part-time job
 - Constantly recruiting but people don't stay long since hospitals and municipal homes need staff and pay more
 - Belmont is covering shifts with lots of overtime (more expensive, staff not taking full vacation, and risk of burn-out)
- Suggestions:
 - Permit LTC homes that have multiple locations to share staff
 - Provide for a rapid COVID-19 test that can be analyzed on-site, and eliminate the one-employer rule
 - LTC employees should not be restricted to one employer when hospitals and private caregivers are not (we need our employees back)
 - Need creative education programs to develop more healthcare professionals quickly
 - on-site training and virtual learning through partnerships with Colleges
 - Paid tuition and paid on-site training (learning while working) paid by Government

Human Resource Challenges (cont'd)

Pandemic Pay & PSW Only Special Rate

- Issues:
 - Very successful, and made people feel appreciated/recognized for risking their well-being
 - Did not recognize management/administrative staff that had to roll-up their sleeves since we had staff shortages
 - Ended in August and there is no further pandemic pay for Wave 2
 - New PSW Only Special Rate
 - does not recognize the other staff
 - Compresses the wage difference between RPNs and PSWs which disrupts internal equity
 - Does not help with recruitment of PSWs since Municipal homes pay more than Charitable and For-profit homes- so still losing staff to Municipal homes and hospitals.
- Suggestions:
 - Re-instate pandemic pay for all LTC employees at \$4 per hour until vaccine is available to LTC residents and staff.

Human Resource Challenges (cont'd)

Recruitment & Retention

- Issues:
 - Government hiring portal was not successful – people don't want to work in a home with an outbreak
 - Long-term care has a bad image now
 - LTC home seen as high risk employment - employees have died in LTC
 - Very few redeployment of hospital employees in Wave 1 to assist
 - Hospitals have indicated no redeployment of hospital employees in Wave 2
 - Wages & benefits in all 3 providers different
 - Hospital and Municipal/regional homes have higher hourly rates, benefits
 - Charitable Homes – cannot compete with Hospitals & Municipal/regional homes
 - For-profit Homes – cannot compete with Hospitals & Municipal/regional homes
- Suggestions:
 - Need to ensure a safer working environment for employees with adequate PPE and rapid COVID-19 test results
 - Maintain Pandemic Pay
 - Continue to give employers the ability to create temporary support positions without having to negotiate with unions

Other issues related to staff workload

Physicians

- For the first few months had virtual care, physicians back on-site in the summer
- Extra workload for nursing staff to support virtual care
- Physicians told to care for any residents with COVID-19 in the home and not to send to hospital
- Suggestion: The LTC Commission should speak with the Ontario Long-term Care Clinicians Association

Coroner/death of a LTC resident

- Funeral homes not allowed to enter building, so nursing staff had to prepare the body and bring to the front door

Staff Testing for COVID-19

- done by Belmont staff and only analyzed at hospital lab (when available)

Personal Protective Equipment

- Issues:
 - Availability of most PPE has improved, but prices are climbing
 - No N95 masks available through regular supply chain – only through special requisition process with Ontario Health
 - Government has agreed with all Unions that employees can demand a N95 mask during an outbreak – but the Home does not have and will require time to receive shipment from Ontario Health
 - Province and Municipal/regional homes have access to their stockpile which also covers fire and paramedical services – this is not available to non-profit and for-profit homes.
 - Recent public announcement that Government will provide 8 weeks of PPE, but official letter says ‘up to 8 weeks’ – again unclear messaging – and who determined the amount of 8 weeks supplies
- Suggestions:
 - All LTC homes should have all PPE required without waiting for an outbreak
 - We have to be proactive in our infection control and not reactive.

COVID-19 Testing

Staff

- Issues:
 - The MOLTC provided access to testing for all staff in mid April (which was late)
 - Partnership with hospital is not always consistent
 - When hospital is not available then we look for a private lab (Life Labs)
 - Hospital lab results within 48 hrs. versus private labs have 4-5 days turnaround
 - Ordering swab kits can take 3-5 days for deliver
- Suggestions:
 - Expand hospital lab capabilities for Wave 2 to handle LTC staff testing
 - Require faster swab kit delivery

Residents – going well, but back to only testing residents with symptoms

COVID-19 Testing (cont'd)

Essential Caregivers

- Issues:
 - Testing availability has been reduced by Province
 - Testing is now by appointment and only at a pharmacy for non symptomatic
 - Takes too long to get an appointment 3-4 days and then 4-6 days to get results
 - Not an effective or efficient process
 - Means that many essential/family caregivers will be denied access to their loved ones through these delays
- Suggestions:
 - Allow essential caregivers to be tested at the LTC home
 - Change requirement of every 14 days to align with the schedule of staff testing at the LTC home which is 2x/month (but Belmont on every 14 days schedule).
 - Less expensive and less time consuming than going to a pharmacy

Screening

- Issues:
 - Expensive to have additional staff to conduct screening (taking temperatures and reviewing questions).
 - Screening needs to cover all 3 shifts per day for staff and all essential caregivers, and essential visitors.
- Suggestions:
 - That Government provides funding to implement technological solutions for taking temperatures and questions for screening.
 - Recently announced minor capital funding could be used

Infection Prevention & Control

- Issues:
 - Takes staff time and financial resources to ensure that staff are regularly trained on infection prevention & control procedures.
 - Monitoring/tracking and preparation for COVID-19 staff/resident testing takes a great deal of time and doing this with less staff.
- Suggestions:
 - Need on-going financial support from government to ensure staff training
 - Need dedicated infection control nurse/practitioner during this Pandemic

Financial Challenges

- Issues:
 - Incurred significant expenses in early part of pandemic to purchase PPE
 - Continue to incur significant expenses for PPE and overtime costs for staffing
 - Have spent \$1.1 million related to COVID-19 in 2020.
 - Have received approximately \$575,000 from Government and expect an additional \$92,000 for each month of Oct., Nov., Dec. (\$851,000 for 2020), shortfall of \$250,000 that the home has to cover.
- Suggestions:
 - Increase the additional government funding to cover the full costs of PPE, screening, and additional staff expenses

Visiting Guidelines

- Issues:
 - Strict guidelines in Wave 1 restricting family members or private caregivers
 - Relied on skype, window visits, outdoor visits
 - Significant increase in additional staff hours to accommodate visiting guidelines
 - New guidelines in August allowed essential caregivers in the building and short absences and temporary (overnight) absences for LTC residents
 - Inside visits required attesting to having a COVID-19 negative test – should require proof
 - Didn't logically align with allowing residents out of the building with people that have not been tested.
 - Now all staff nervous about this increased outdoor activity that could lead to COVID-19 entering the building.
 - Sept/Oct - Government took too long to react to increasing COVID-19 positive cases and revisiting visiting guidelines in high alert area (Toronto)
 - example – when essential caregivers were restricted on October 5, there was no mention of cancelling short absences and temporary (overnight) absences given Toronto was a high alert area. Through advocacy efforts, the government did cancel short absences and temporary absences effective Oct. 16.
 - Belmont outbreak in April and then in October was a result of a caregiver
- Suggestions:
 - The MOLTC needs to seek advice from the long-term care associations or long-term care experts before developing policies and practices for long-term care homes.

Hospital Partnerships

- Issues:
 - The requirement for hospital partnerships was not done soon enough
 - Even with the announcements it took 2 emergency orders directed at hospitals to help LTC homes
 - The assistance from hospitals was not consistent across the province.
 - The assistance was to cover PPE, infection control/prevention, testing, and re-deployment of hospital staff.
 - For many homes this did not occur.
 - Hospitals did not have the capacity to help all homes given the number of LTC homes in Ontario compared to the number of hospitals in Ontario.
 - Expectation of hospital support is unrealistic
 - Belmont received only support for infection prevention & control assessment and lab testing with no PPE or hospital staff support.
 - Wave 2 – Hospitals have already identified that they cannot provide hospital staff in the event of staff shortages in LTC homes that have outbreaks. This is also confirmed by Government letter dated Sept. 11.
 - Where can a home turn to for additional staff during an outbreak???
- Suggestions:
 - The new visiting guidelines for essential caregivers to be allowed in the home during the outbreak may help but we cannot rely on families to perform as staff.
 - Promote on-site rapid test that does not require lab processing

Public Health

- Inconsistencies across the Province in testing and determining outbreaks
- Early on – homes not tested for COVID-19, so it spread quickly

Government Communication and Policy Development

Issues:

- On a number of occasions, the LTC homes heard of policy changes on the news instead of in advance from the Government
- Government treating infection control procedures as if it was a flu and not allowing for the unknown of the COVID-19 virus
- Did not know who was in charge – Ontario Health?, Toronto LHIN?, Ministry of Health?, Ministry of Long-term Care – all with their own communication and directives
- Same documents coming from different branches of Government
- PPE supply – focus on conservation because of lack of supply
- Need to increase consultation with the LTC sector on policies/directives that affect the LTC sector

Suggestions:

- One source of information
- Be clear in message
- Identify who does what

Employee view – looking out

- Issues:
 - Early on LTC employees took on the additional workload of physician virtual care, and preparing the resident's body for the funeral home
 - No appreciation from outside parties on the downloading of work on already short staffed homes and stressed employees.
 - LTC employees feeling anxious again because of the increasing positive cases in the Province and in Toronto
 - Would like to restrict the number of people entering the building
 - Want to know that PPE is always available for them including N95 masks
 - Want quicker test results – rapid tests
 - All employees want to be recognized with increased wages during the pandemic
- Suggestions:
 - Previously covered

Wave 2 Preparedness Perspective of LTC homes

- Overall, long-term care homes do not feel prepared or adequately supported for Wave 2.
- Overall Preparedness – not as good as we could have been, given lessons learned, and the 3 key areas of PPE, Testing, and Staffing have not been resolved.
- IPAC
 - Helpful to have the support of hospital partner for assessment/suggestions, and the weekly support meetings.
- PPE
 - N95 only available through government requisition process and supplies rationalized.
 - LTC homes feel that government will only supply in outbreak – therefore reactive versus proactive.
- Testing
 - Process not seen as effective and efficient
 - Testing done on-site at LTC homes by LTC staff – therefore takes time away from resident care
 - Delays in test results for LTC residents and staff.
 - Hospital partner for testing not always available, therefore no consistency
- Human Resources
 - LTC held responsible for ensuring staffing even during an outbreak. More \$ from the MOLTC does not mean we can get the bodies.

How Far Have We Come

- PPE
 - March/April – significant shortages and inflated prices /no N95 masks
 - July/August – supplies available and prices coming down but not to pre-pandemic prices /no N95 masks
 - October – supplies available and prices climbing
 - no N95 masks available in market, being stockpiled and distributed by Government through a order process that requires justification of use and small availability
- Testing
 - March – only symptomatic people tested in community and LTC homes
 - Mid April – process to test all LTC residents and employees begins with priority to homes in outbreaks
 - May/June – all LTC homes must test staff 2x per month – going well
 - July/August - anyone in the community can be tested at assessment centres with 24-48 hr test results
 - October – all LTC homes must test staff 2x per month, and only symptomatic people can be tested at assessment centres and asymptomatic people must go to pharmacies - both by appointment.
 - Increased inconvenience with making an appointment which can take 3-4 days
 - Longer times to get test results – 4-6 days
 - Not an effective process for essential caregivers or LTC staff who are not tested at the home

How Far Have We Come

- LTC Staffing
 - Pre-pandemic LTC homes were experiencing staff shortages
 - March/April – Government introduced the one-employer rule which reduced staffing further
 - Pandemic Pay – did not alleviate the staffing shortages but helped with retention
 - PSW recruitment initiative for new graduates & \$3 increase per hour
 - Helpful
 - Does not have a significant impact on increasing #s of PSW because homes gave many available shifts to existing part-time staff and have to guarantee shifts for returning PSWs when one-employer rule lifted.
 - \$3 temporary pay increase for PSWs is causing morale issues for other positions and distorting internal pay equity.
 - Still losing staff to hospitals and municipal homes

Conclusion

What worked well:

- Believe that government is doing the best they can, but should move faster
- Additional funding to cover COVID-19 expenses is very welcome, but we need more

What can be improved on:

- LTC associations/homes need to be more involved in the development of policies/guidelines that affect how they operate and how they provide care and services to LTC residents.

Wave 1 issues still not resolved for Wave 2:

- PPE supply
- Testing
- Staffing shortages
- The cost to the homes not fully covered by Government

Thank you
For your time
For listening to a LTC home