

Ontario's Long-Term Care COVID-19 Commission

Presentation by Jacobs

February 10, 2021

Jacobs' Representatives

- **Diana Anderson, MD, M.Arch**, is a healthcare architect (American College of Healthcare Architects), an internist (American Board of Internal Medicine) and a geriatrician. As a “dochitect”, Diana combines educational and professional experience in both medicine and architecture. A Co-Founder of the Clinicians for Design group, this international network of leaders seeks to inspire and accelerate the design of environments and systems. As a Principal at Jacobs, Diana provides thought leadership at the intersection of design and health. She is a current research fellow in geriatric neurology at the VA Boston Healthcare System.
- **Ansar Ahmed, P.Eng., PMP**, is a Vice President at Jacobs and Market Development Lead for the Healthcare sector in Canada. Ansar is an engineering professional with over 30 years of public and private sector experience delivering successful infrastructure projects across Canada. Leveraging nearly 20 years of experience in the Ontario Public Service including as Senior Manager in charge of Intergovernmental Affairs, Strategic Policy and Issues & Media, Ansar understands the complex dynamics at play where public policy, infrastructure planning and development and public & stakeholder interests intersect.

Initial Thoughts

- The global pandemic has placed us in a unique moment in time.
 - Broad consensus on the pressing need for immediate action related to Long-Term Care
 - Unique opportunity to achieve meaningful change focused on creating resiliency within the LTC sector.
 - Not the time for “quick-fixes” or “easy-wins”; need for a thoughtful, well-planned and system-wide approach to short-term and long-term investment in this critical sector.
- Challenge is that too much of the recent public discourse appears to be focused, unfortunately, on assigning blame for the current situation, or safeguarding against future potential claims.
- As Architects, Engineers and Scientists, our focus at Jacobs is to pivot away from the rearview mirror and focus on examining those aspects of the built environment which perhaps exposed LTC homes to increased risk, and residents to increased exposure to the COVID-19 virus.
- On Thursday January 21, 2021, Jacobs convened a roundtable, [Reimagining Elder Care in a Post-COVID Ontario](#)
 - Goal was to cut through the noise and assist the Province by helping them chart a path forward that ensures the right investments are made in the right areas with the right goals in mind.



Challenging today.
Reinventing tomorrow.

Re-Imagining Elder Care in a Post-COVID Ontario

Strategies to move beyond bricks-and-mortar and focus investments towards delivering meaningful change and sustainable solutions that enhance the quality of life for Ontario's elder population.



A VIRTUAL ROUNDTABLE | THURSDAY, JANUARY 21, 2021 | 9 AM – 12 PM

“While the pandemic’s impact has challenged us to react with immediate solutions, the paradigm shift needed in long term care going forward will take a proactive, inter-disciplinary and innovative approach. We are at an unprecedented juncture with the opportunity to ensure positive change towards resiliency in our facilities, operations and care models.”

Diana Anderson, MD, M.Arch | Jacobs | Physician, Healthcare Architect

Key Roundtable Takeaways

- The need to balance investments between LTC homes, and home-based care models, as well as to consider other opportunities for intermediate housing and care such as Programs of All-Inclusive Care for the Elderly (PACE) and Adult Day Health & Care Services.
- The importance of maintaining the characteristics of “home”; identifying individuals as residents as opposed to patients; and not inadvertently creating issues of isolation and reduced mobility by attempting to create safer living environments by creating physical restraints through designs to protect those with cognitive impairments.
- Acknowledging that a certain proportion of LTC residents would opt to age-in-place in their own homes if given the opportunity with the right type of supports and assistance.
- Exploring how to further scale proven models like Southlake@home, an innovative transitional bundled care program in northern York Region that is effectively reducing hallway healthcare and driving better Quadruple Aim outcomes.
- Promoting empathic design concepts that leverage the built environment as an instrumental therapeutic component of the healthcare experience for the elderly.
- Ensuring that investment planning is done at a programmatic, system-wide level and which is based on sound asset management principles built upon the routine and ongoing capture of consistent evaluative data across the sector.

Investment Decisions Needing an Urgent “Pivot”

- With plans underway to invest \$1.75B over 5 years into Ontario’s LTC sector, it is critical that these investments focus on making the right investments, in the right areas, with the right outcomes in mind.
 - Simply adding additional bed capacity may address the current waiting lists but will do little to make LTC homes any more resilient to infection transmission.

CONSIDER BALANCED INVESTMENTS
independent and regionally focused

PURSUE VALUE-BASED PROCUREMENT
apply output specifications and evaluative criteria that reward Empathic design considerations

MIGRATE AWAY FROM COMPLIANCE MONITORING AND ENFORCEMENT
towards an ongoing framework of building and site condition assessments

MOVE AWAY FROM TALLYING-BEDS
alone to focus on other parameters important for planning purposes

STANDARDIZED ASSET MANAGEMENT PRACTICES
to develop annual CapEx and OpEx programs across the sector

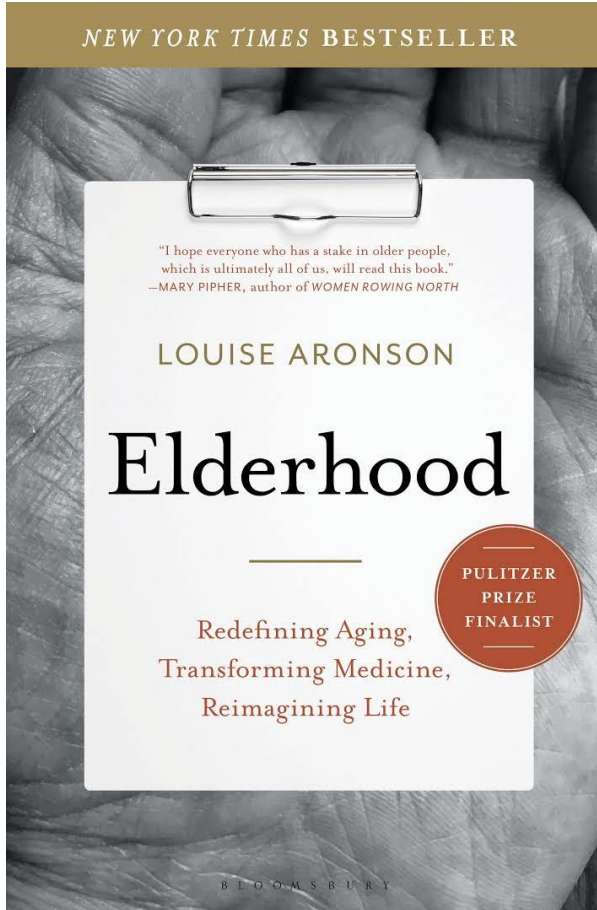
CONTINUALLY EVOLVE STANDARDS
based on current knowledge and global best practices

INVEST IN RESEARCH
to gather empirical data to support planning and investment decisions

AVOID “OVER-BUILDING”
as a quick response to the current pandemic

CONDUCT RESIDENT EVALUATIONS
independent and regionally focused

For Consideration



- In her book, Elderhood, noted Geriatrician, Louise Aronson describes an individual's progression from independence, to interdependence to complete dependence, "life's third act".
- Within this context, LTC homes, the facilities themselves, represent just a small portion of this journey.
- As the author writes,
"at the very moment that most of us will spend more years in elderhood than in childhood, we've made old age into a disease, a condition to be dreaded, disparaged, neglected and denied."
- In planning for long-term care, albeit with the best of intentions, we have conflated the idea of "care" with "medical-care"