

Ministry of Health and Ministry of Long-Term Care

Keeping Ontario Safe:

Fighting Wave Two, Protecting Health Care and Stabilizing Long- Term Care

Prepared for the LTC Commission
October 6, 2020

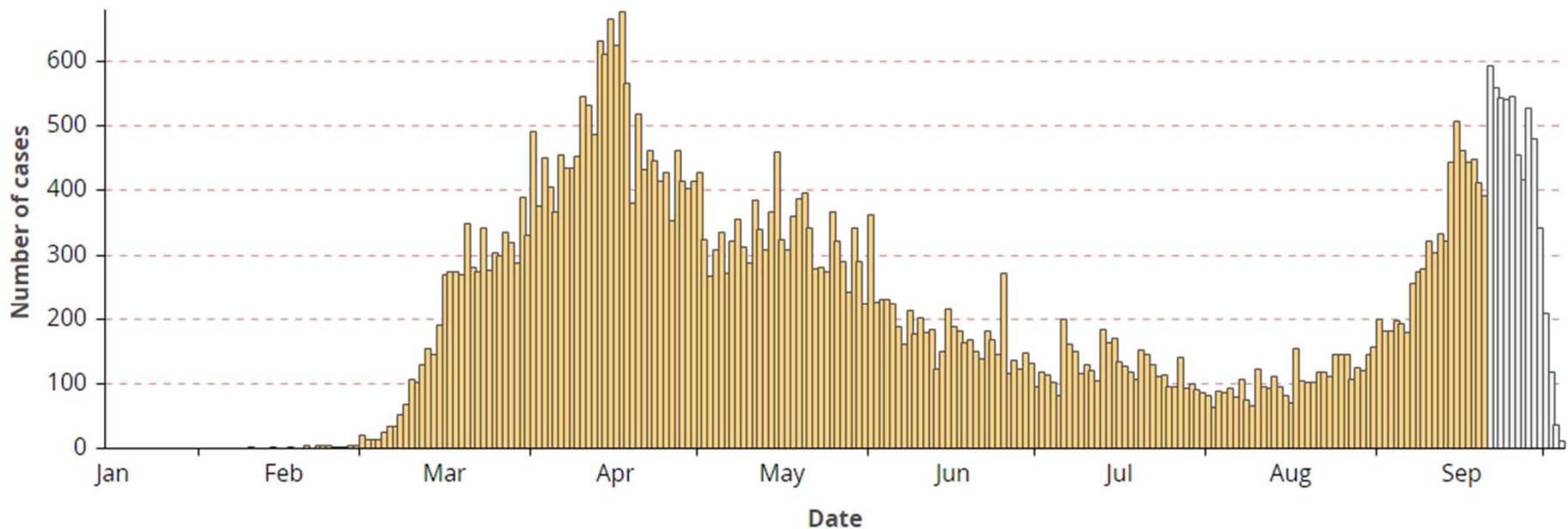
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Context for Fall 2020

- Swift action from health sector partners and the government during wave 1 helped to contain COVID-19, flatten the epidemic curve, and avoid a worst-case scenario. This progress allowed the province to begin to reopen, while protecting Ontarians.
- The province is now experiencing a rise in Covid-19 case numbers, and is taking action accordingly.

Confirmed Covid-19 Cases



Cases by episode date

Note: Grey bars are used to indicate days for which data are more likely to change as a result of lags in case identification, reporting and/or data entry.

Note: Episode date is missing for 10 cases in Ontario.

Lessons Learned From Wave One

- The Ministry and Ontario Health convened **46 reflection and planning ahead focus group sessions** between July 6 and 22, 2020 with approximately 300 experts and thought leaders from across the health care system and related sectors.
- They provided feedback on ***what worked well during the COVID-19 response*** and identified ***areas for improvement***.

<u>What Worked Well</u>	<u>Areas for Improvements</u>
<ul style="list-style-type: none"> ✓ Government demonstrated leadership and presence ✓ Decisive, quick actions at the onset ✓ Workforce mobilization, flexibility, local enablement ✓ System and public came together in response to COVID-19. 	<ul style="list-style-type: none"> • Need for a more integrated system approach with clear goals across settings and sectors • Prioritization and proactive decision-making (work back) around expenditures • Need for one source of truth – data, policy, guidance

- Although Ontario fared well ahead of early expert predictions, the wave one response revealed system gaps and points of weaknesses, including the impact in the long-term care sector and on other vulnerable populations.
- The Ministry is leveraging and will build upon the successes and lessons learned from wave one to prevent, to plan and to support the system where supports are needed most.

Early Actions and Accomplishments

In collaboration with partners, the Ministry has taken significant actions to enable the successful health system response to Wave One. Examples of key early actions and accomplishments include:

- ✓ **Robust outbreak management** with clear accountabilities, sufficient resources and practiced containment protocols.
- ✓ Opening of **148 dedicated assessment centres**.
- ✓ Direct investments to sustain provincial testing volumes of over 25K/day, with **more than 2.2 million tests conducted to date**.
- ✓ Rapid establishment and reinforcement of **strong public health actions**.
- ✓ Development of a **health human resource matching tool** to help match qualified Ontarians with health care providers in need of employees.
- ✓ Significantly **increased case and contact management capacity**, including the implementation of a new remote workforce of almost 2,000 staff.
- ✓ Significantly **increased hospital capacity** with the addition of **5,252 acute care** and **1,492 critical care beds** and the operationalization of **500 vented critical care beds** and **1000 medicine / post-acute beds**.
- ✓ **Expanded service capacity with Telehealth Ontario** to ensure timely responses to address increased daily call volumes and reduce call wait times.

Challenges for Fall 2020

Our health system faces several interconnected challenges this Fall.

1. **COVID-19:**
 - Need to be prepared for a variety of possible scenarios in the resurgence of COVID-19.
2. **Flu season:**
 - Fall flu and cold season will increase demands and pressures on the health care system.
3. **Reduce backlogs:**
 - Suspension of scheduled surgeries in wave one has created an estimated backlog of 187,672 surgeries and 376,929 diagnostic imaging scans. There is a need to implement a centralized wait list to manage these volumes efficiently.
4. **Prevent overcrowding:**
 - Acute care bed occupancy is over 89% of total capacity.
 - Reduction in shared accommodations, for infection prevention and control, has impacted capacity in long-term care (see below), as well as in hospitals (approximate estimate is 5% to 8% capacity reduction in hospital).
5. **Reduced long term care capacity:**
 - Suspension the use of 3- and 4- bed rooms (per Ministry of Long-Term Care policy) in homes have eliminated approximately 4,300 available long-term care beds which has resulted in an increase in Alternate Level of Care (ALC) patients in hospital.
6. **Health Human Resources:**
 - Key sectors have health human resources deficiencies that were exacerbated in wave one and many health care workers have experienced occupational fatigue and burn-out.
 - An estimated 6,000 Personal Support Workers (PSWs) are required to enhance services in home and community care to address reduced capacity in the hospital and long-term care sectors

Scenario Planning for Fall 2020

As part of its integrated capacity planning process, the Ministry adapted scenarios from the Public Health Agency of Canada and worked with Ontario’s Modelling Table to develop planning scenarios and approximate COVID-19 levels for Ontario to inform planning for the Fall.

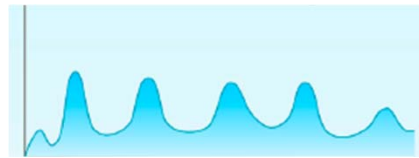
Additionally, **tabletop exercises** underway, allow regional and provincial partners to **simulate a range of potential COVID-19 scenarios** in order to **strengthen operational readiness** for a potential “Wave 2” of the pandemic.

1. Low Planning Scenario: Slow Burn



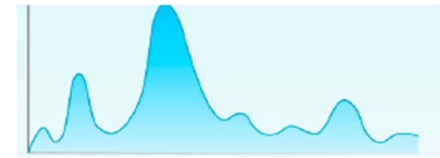
Smaller or no second wave of pandemic; A few localized outbreaks that are quickly contained

2. Moderate Planning Scenario: Peaks and Valleys



Moderate second wave or prolonged first wave; Some areas with little impact while others with localized outbreaks; Continuing infections in congregate settings

3. High Planning Scenario: Fall Peak



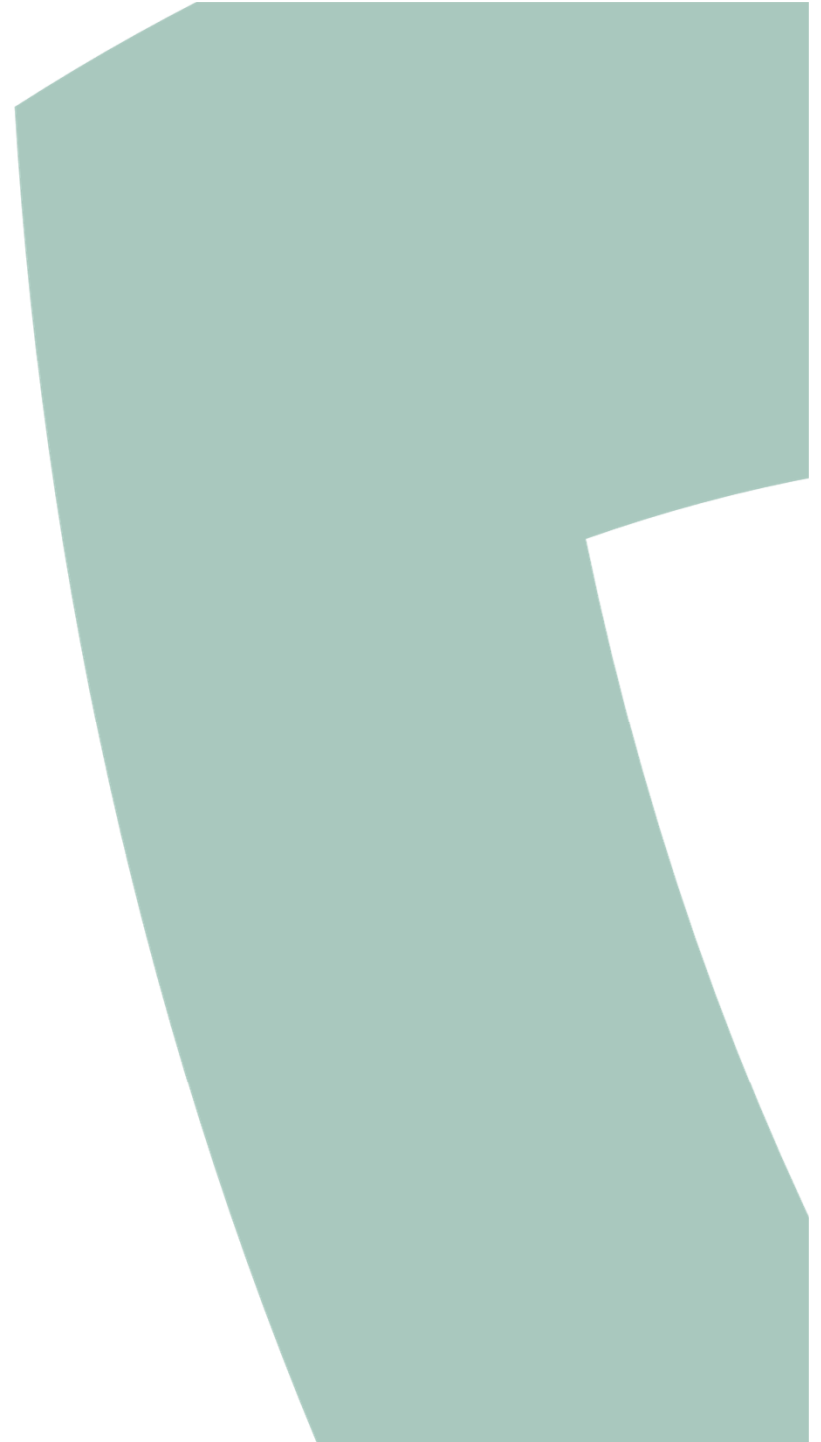
Equivalent to the ‘Italy’ worst case planning in Wave 1; Large second wave that taxes health care systems in areas with high population density ; Regional and local outbreaks that are hard to contain; Severe outbreaks in congregate settings

Scenario Planning: Tightening Public Health Measures

- While reopening decisions have been made provincially and regionally, the approach to tightening public health measures would:
 - be based on the same epidemiological data used for reopening (e.g., case counts and rates, transmission rates, public health capacity, health system capacity) and consultation with local Medical Officers of Health; and
 - be as specific as possible and would follow a staged approach as outlined below.

Situation	Response
Institutional or workplace outbreak	Targeted outbreak management (individual workplaces or institutions)
Increased community transmission	Reinforce preventive measures Mandatory facial coverings (where not already mandated)
Widespread community transmission	Gradually re-implement closures of businesses, services, public spaces (e.g. bars)

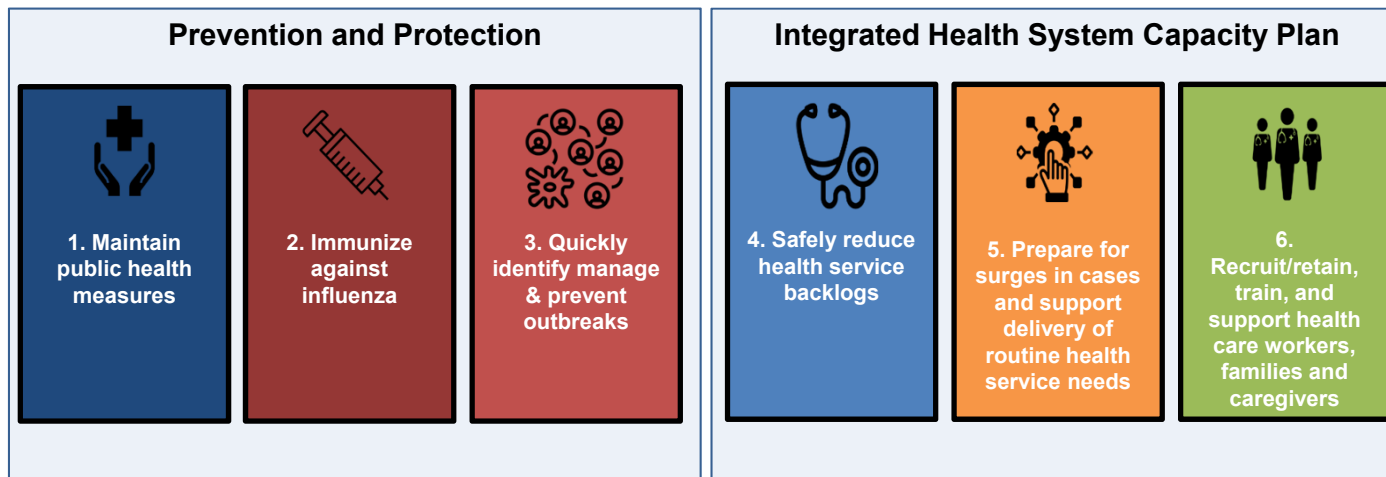
Fall Preparedness Strategy



Fall Preparedness Strategy

The fall preparedness plan takes an integrated and comprehensive approach that leverages multiple sectors, to support a robust response to COVID-19 and the delivery of services across the entire patient journey.

Six key readiness objectives to focus and track Ontario's preparations



Key Areas of Focus:

- Protecting our vulnerable populations, particularly in long-term care, with improved Infection Prevention and Control (IPAC) supports
- Reducing the backlog of surgeries and procedures
- Creating capacity outside the hospital setting to accommodate decreased capacity in long-term care homes
- Sufficient testing capacity to support re-opening and to inform outbreak management
- Sufficient supply of health human resources

Overview of Investments

The Ontario government is investing \$2.8 billion to ensure the province’s health and long-term care systems are prepared for the immediate challenges of the fall, including a second wave of COVID-19 coupled with flu season.

\$1.376 billion	• Maintaining strong public health measures
\$70 million	• Implementing the largest flu immunization campaign in Ontario’s history
\$30 million	• Quickly identifying, managing and preventing COVID-19 outbreaks
\$283.7 million	• Accelerating efforts to reduce health service backlogs
\$457.49 million	• Preparing for surges in COVID-19 cases
\$52.5 million	• Recruiting, retaining, training and supporting health care workers, while continuing to engage families and caregivers
\$540 million	• Supporting LTC Homes



1. Maintain public health measures; test, trace & isolate

Key Lesson Learned: Identify and stop the spread of the disease early, and help Ontarians understand the importance of maintaining public health measures.

Actions completed to date

- “Provincial Lab Network” with capacity for ~25K daily tests
- Investments to build capacity for up to 50K daily tests
- Comprehensive testing with low test positivity rates
- Agreement with Federal government for remote contact tracing staffing
- New Case and Contact Management (CCM) system launched with four health units
- Exposure Notification App launched July 31, 2020
- Government adoption of Chief Medical Officer of Health advice on public health measures (PHM) and regional reopenings.

Desired Outcomes and Priorities

- **Maintain Assessment Centres** to **collect COVID-19 and flu specimens**, and **assess patients for severe illness**
- **Scale up the number of COVID tests per day** to **support anticipated demand in the fall**, due to flu season and increased outbreaks from reopening and return to school, with additional **ability to surge** if needed
- **Increase contact tracing and case management capacity** to quickly follow-up on local outbreaks and avoid further spread
- Better understand the **public’s comprehension and uptake of public health measures** and inform targeted communications to support reduced barriers to adoption of measures

2. Immunize against influenza & other vaccine preventable diseases

Key Lessons Learned: Focus on prevention to reduce disease impact and strain on health system capacity.

Actions completed to date

- 300,000 additional flu vaccine doses ordered through national bulk purchasing program
- Allocation of high-dose influenza vaccine for seniors to pharmacies
- Planning initiated with the Ontario Pharmacist Association
- Prioritize allocation of early shipments of flu vaccine to long-term care homes, hospitals and retirement homes

Desired Outcomes and Priorities

- ***Ensuring responsiveness to anticipated increased demands for influenza vaccine this fall***
- ***Prioritizing vulnerable populations and health care workers for early vaccination***
- ***High vaccine uptake*** and efficient use of vaccine doses
- Ensuring the ***public is educated and motivated to get vaccinated for flu***



3. Quickly identify, manage & prevent outbreaks

Key Lesson Learned: It is essential to have clear outbreak management roles and responsibilities provincially, regionally and locally.

Actions completed to date

- Surveillance program developed to track and report cases and outbreaks of COVID-19
- Case and Contact management system launched for rapid identification of cases
- Rapid Response Table established to address outbreaks and support public health units
- Regional table top program to support integrated planning and refinement of outbreak protocols
- Pilot project by Toronto Public Health for people who cannot self-isolate in their family homes

Desired Outcomes and Priorities

- **Increased visibility into outbreaks and potential outbreaks**
- **Strong partnerships** to enable care (e.g., OHTs), support **isolation capacity** (e.g., hotels and supports) and **coordinated actions** and protocols to prevent, mitigate, or manage outbreaks
- **Enhanced regional IPAC supports for congregate care settings**

 **4. Safely reduce health service backlogs**

Key Lesson Learned: Reduce backlogs quickly and take action to avoid another ramp down of health services.

Actions completed to date	Desired Outcomes and Priorities
<ul style="list-style-type: none"> • Surgical restart approved by OH regional tables • Data surveillance on backlog and new volumes • Sufficient PPE purchased during first wave to support current projected demands • Regional governance and distribution model for PPE and swab distributions • Established Ontario-based manufacturing supply sources of hand sanitizer, gowns and face shields • Demand projections developed based on modelling scenarios 	<ul style="list-style-type: none"> • Reducing backlog of procedures and community services through innovative models and increasing capacity in the system to perform additional surgeries, MRI and CT scans • Procuring critical care supplies / equipment to help manage patient needs • Increasing virtual and digital capabilities to deliver care (community and post-operatively)



5. Prepare for surges in cases and support delivery of routine health service needs

Key Lessons Learned: Take every opportunity to support people in their communities and homes, and provide mental health supports to providers.

Actions completed to date

- Virtual care programs for home care and mental health and addictions
- Integrated home care programs to support congregate settings
- Virtual service implemented for community-based service providers
- Enhanced access to virtual care, including, creating temporary K-codes, onboarding physicians onto OTN, funding regional virtual care solutions and guidance to help physicians procure virtual care technology
- Tabletop exercises to support integrated planning and refinement of surge protocols
- Announced five new Ontario Health Teams; 17 more invited to complete full applications

Desired Outcomes and Priorities

- Create **more capacity in the community** to reduce reliance on hospital care by:
 - **Increasing capacity of community & cross-sectoral mental health and addictions supports;** and
 - **Providing enhanced home and community care capacity and supports**
- Contingency planning to deal with surges in acute and critical care
- **Digital first where clinically appropriate** including implementing **virtual care programs to help keep patients out of hospitals and ED** while providing access to normal acute and emergency care services
- Ensure Clinical Supplies and Equipment **inventory reliably meets demand**



6. Recruit/retain, train, and support health care workers, families and caregivers

Key Lesson Learned: Make sure the health system supports workers and caregivers in providing high quality care

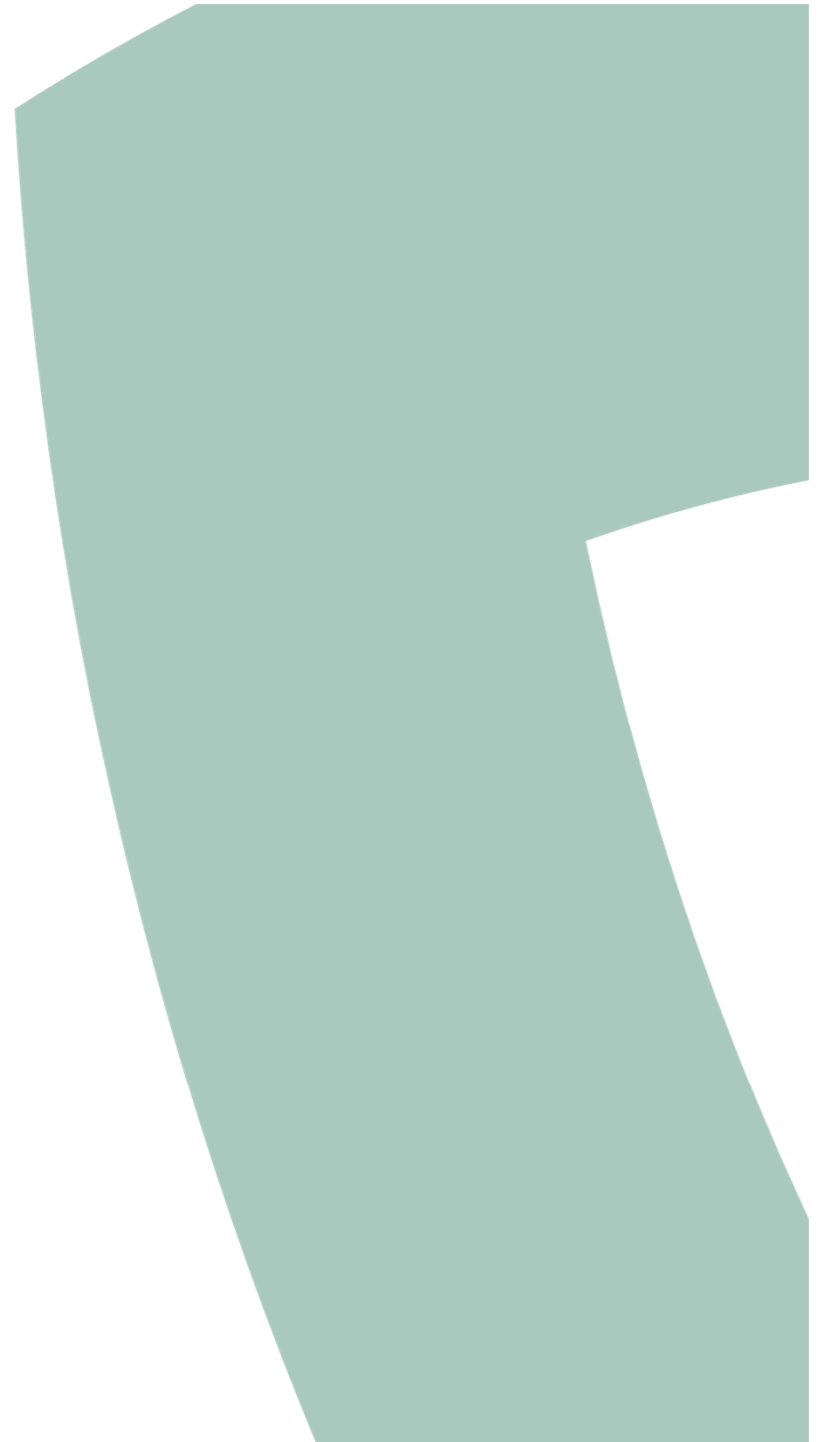
Actions completed to date

- Implemented a health workforce matching portal
- Investments to support personal support workers (PSWs) and supportive care workers, including accelerated raining and PSW Return to Service program.
- Additional support to nurses including the Nursing Graduate Guarantee and the addition of 800 more nurses to the system in areas in need.
- Pandemic pay for frontline providers and support staff
- Wage enhancement until March 31, 2021 for PSWs working in home and community care, long-term care and hospitals.
- Regular forums for labour partners and senior ministry leadership
- LTC visitor policy updated and released on July 15, 2020, and ongoing updates being considered

Desired Outcomes and Priorities

- **Sufficient Health Human Resources** to maintain services and meet surge demands with a strong focus on increased personal support worker capacity in community settings to address reduced hospital and long-term care beds
- **Engagement of patients, families and caregivers** to support excellence in care

Long-Term Care Fall Preparedness and Stabilization Plan

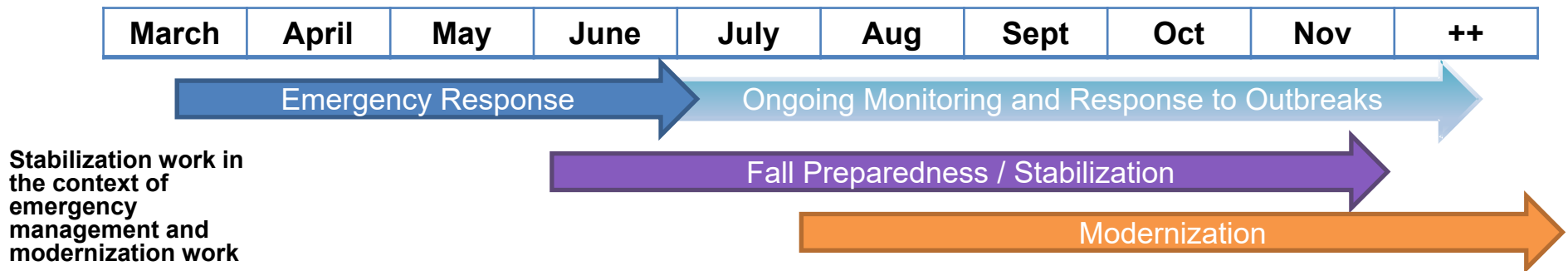


Context

“The Ontario government is committed to using every resource we have to support the province’s long-term care homes as we work to stop the spread of COVID-19” – COVID-19 Action Plan: Long-Term Care Homes, 2020

- In the wake of the COVID-19 public health emergency, efforts have been mobilized across ministries and health care sector partners to support the response and management of the long-term care homes to protect health and safety of residents and staff.
- The efforts put in place have been generating progress in the long-term care system responding and resolving outbreaks and the spread of the disease.
- Building on the learnings and efforts in the first wave, to sustain the gains achieved and build capacity in the sector to effectively prevent and respond/manage the outbreaks, the Ministry of Long-Term Care has been leading the fall preparedness planning for the long-term care sector.
- Actions coming out of this work were announced on September 29 - **COVID 19: Long-Term Care Preparedness Plan**, which:
 - Builds on lessons learned from emergency pandemic response.
 - Is positioned within the broader Health System Fall Preparedness Plan (led by the Ministry of Health).
 - Aligns with longer-term transformation and modernization agenda.

Phases of Long-Term Care Sector Work



	Emergency Response	Stabilization	Modernization
Goal	To maintain resident/staff safety, manage outbreaks and move homes out of crisis and return to a regular state of operation and management	To focus on prevention and building capacity of the sector to be able to respond to the pandemic	A 21 st century long-term care sector that is resident-centred and provides access to the highest quality of care for our most vulnerable people where and when they need it.
Governance	LTC-IMS Table Health Command Table Central Coordination Table	Recovery and Planning Table Health Command Table Central Coordination Table	
Examples of Work Streams	<ul style="list-style-type: none"> • IPAC assessment, training and monitoring • Emergency staffing • PPE supply • Emergency funding, regulations and orders • Management contracts and orders 	<ul style="list-style-type: none"> • LTC HR Stabilization • Ensuring Safety (incl. IPAC, supply of PPE, training) • Infrastructure and operational supports (incl. infrastructure adjustments, funding supports) • Health System Partnerships • Data Strategy 	<ul style="list-style-type: none"> • Bed Development/ Redevelopment • Staffing Study/Strategy • Community Paramedicine for LTC • Integrating LTC within a transformed health care sector

Emergency Response Learnings Informed LTC Fall Preparedness / Stabilization Plan

- A variety of studies, inquiries and reports identified key systemic challenges that were in place before/when COVID-19 was declared a pandemic.
- Emergency response actions, targeted engagement sessions, studies, jurisdictional scans and data surveillance identified additional factors of importance.



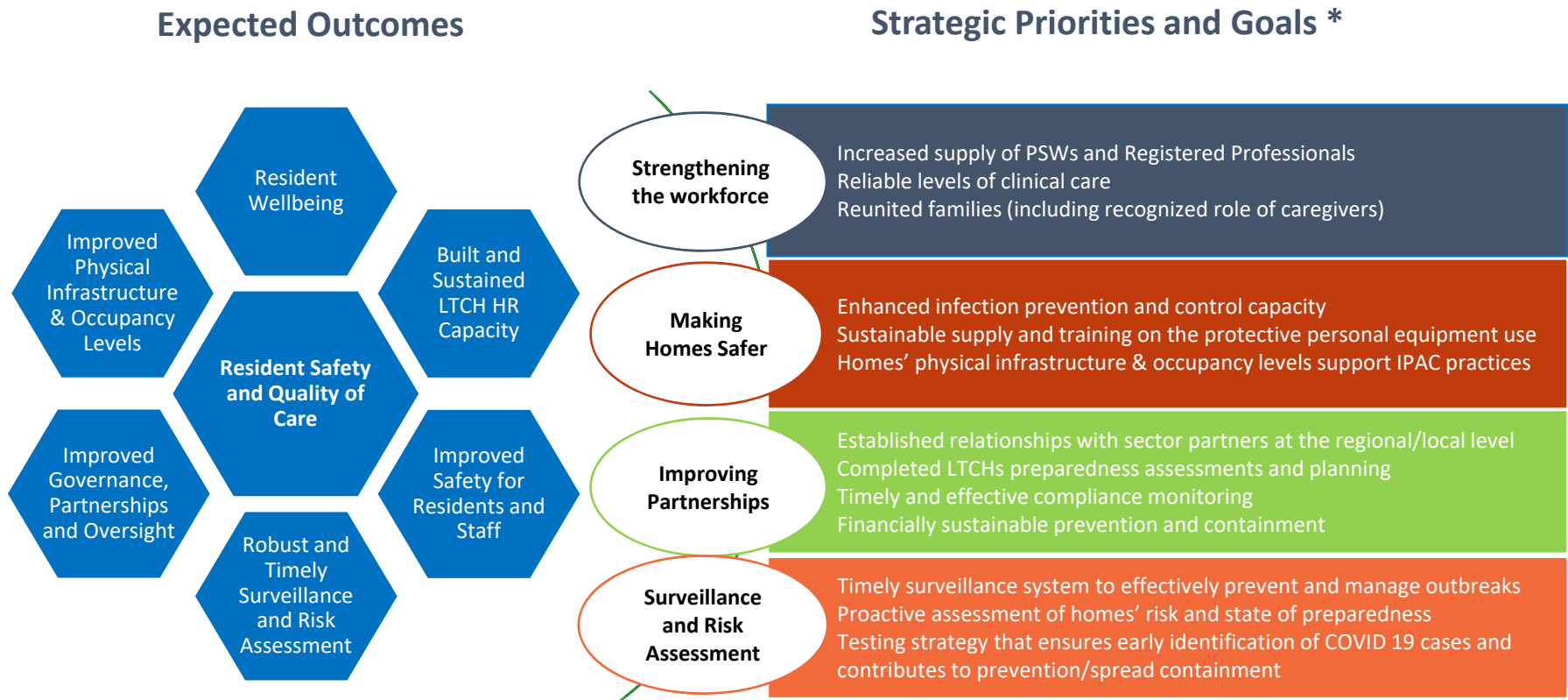
- High occupancy rates (close to/at capacity)
- Staffing shortages (recruitment, retention of Personal Support Workers)
- Aging infrastructure
- Increasing complexity of resident care

- Relationship between community infection rate and home outbreaks (infection in staff and visitors preceded residents' infection)
- Structural characteristics (e.g., c, d-type homes with more than 2 beds in a room) challenged outbreak prevention and containment
- Infection prevention and control is critical to outbreak containment and staff retention
- Rigorous risk assessment of homes and just in time surveillance is imperative for early intervention and rapid response
- Heavy reliance on health system and other partnerships for additional staffing capacity, infection, prevention and control (IPAC) expertise and emergency response
- Need for reliable clinical care and leadership quality in homes

LTC Stabilization Strategy

- The long-standing systemic issues facing long-term care homes have been brought sharply into focus by COVID-19.
- The fall preparedness plan outlines the actions the government is taking to support the long-term care sector to be ready to respond to continued waves of the pandemic.

Goal: focus on prevention and building capacity of the sector to be able to respond to the pandemic, while ensuring the health, safety and wellbeing of long-term care residents and staff.



* Many of these actions carry value and impact beyond the stabilization period and are important for building a stronger and more sustainable long-term care system.

Strengthening the Workforce

Key Lesson Learned: Heavy reliance on health system and other partnerships staffing capacity, IPAC expertise and emergency response. Need for reliable clinical care and leadership quality in homes.

Actions <i>(In collaboration with Ministry of Health)</i>	Expected Outcomes
<ul style="list-style-type: none"> • Increasing the pool and retention of available staff (Personal Support Workers (PSW) and registered personnel through a number of targeted initiatives: <ul style="list-style-type: none"> • PSW Return of Service Program to recruit up to 1,000 new PSWs in homes • PSW Fast Track Program to train 220 students through the condensed PSW certification program offered by Confederation College • PSW Supportive Care Program to train 160 new supportive care workers by Conestoga College • Nursing Graduate Guarantee (\$18M investment for 600 nurses' salaries and benefits) • Attending Nurse Practitioner (NP) Program for 15 new NPs • Extending High Wage Transition Fund (\$2.8M investment) • A temporary wage increase effective October 1 of \$3 per hour for approximately 50,000 eligible workers in LTC who deliver publicly funded personal support services • Enhancements to the Health Workforce Matching Portal to aid the critical emergency staffing • Extending staffing flexibility in long-term care through the <i>Reopening Ontario Act, 2020</i> • Revisions to the LTC Visiting Policy to reunite residents with families and recognize the role of caregivers as well as access to dedicated training for caregivers on IPAC and PPE 	<ul style="list-style-type: none"> • Increased Health Human Resources to maintain services and meet surge demands • Reuniting residents and families and recognition of caregivers to support physical and mental wellbeing of residents

Improving Infection Prevention and Control

Key Lessons Learned: Infection prevention and control (IPAC) is critical to outbreak prevention, containment and staff retention. Structural characteristics challenged outbreak prevention and containment.

Actions	Expected Outcomes
<ul style="list-style-type: none"> • \$30M investment for IPAC staffing, including personnel and training (will allow recruitment of over 150 additional staff) • \$61.4M investment for minor capital repairs and renovations to improve IPAC • In partnership with MOH, establishment of local centres of IPAC expertise (hub and spoke model) that could be accessed by and deployed to long-term care homes • Providing access to up to 8 week supply of personal protective equipment (PPE) for all LTC homes (continuing to top up supplies in emergency situations) • Dedicated and role-tailored IPAC training from Public Health Ontario • \$40M investment to support homes with reduced occupancy levels • Extending prevention and containment fund (\$405M investment) to help homes with operating pressures related to COVID-19, including IPAC, staffing and PPE. • Updating guidance for clinical care in homes and implementing best practices to support medical directors to improve quality and consistency of care • Together with MOH, prioritizing allocation of early shipments of flu vaccine to long-term care homes, hospitals and retirement homes 	<ul style="list-style-type: none"> • Improved infection prevention and control capacity • Sustainable supply and training on the protective personal equipment use • Homes' physical infrastructure & occupancy levels support IPAC practices

Improving Partnerships

Key Lessons Learned: LTC is part of the broader health system. Heavy reliance on health system and other partnerships for additional staffing capacity, IPAC expertise and emergency response.

Actions

Expected Outcomes

- LTC homes, in collaboration with Ontario Health Regions, completed assessment exercises to identify gaps and inform preparedness actions:
 - Assessments focused on areas of human resources, infection prevention and control, partnerships and sustainability of operations
 - Results informed regional and provincial actions to address gaps and help facilitate planning and preparedness at the home, regional and provincial levels
- LTC homes have been also encouraged to join and be active partners at the local/regional planning tables
- Investing in community paramedicine program, through the skills of community paramedics and working with municipal partners
- Continuing to facilitate temporary management partnerships between Ontario hospitals and long-term care homes to help the homes manage resident care in response to COVID-19 outbreaks. 13 partnerships have been facilitated since May.

- Strong partnerships to enable coordinated actions and supports to prevent and respond to outbreaks
- Look at innovative solutions like skills of community paramedics and working with municipal partners to help people stay in their homes longer
- Prioritize scarce health resources where they are most needed.

Surveillance and Risk Assessment

Key Lesson Learned: Relationship between community infection rate and home outbreaks (infection in staff and visitors preceded residents' infection). Rigorous risk assessment of homes and just in time surveillance is imperative for early intervention and rapid response

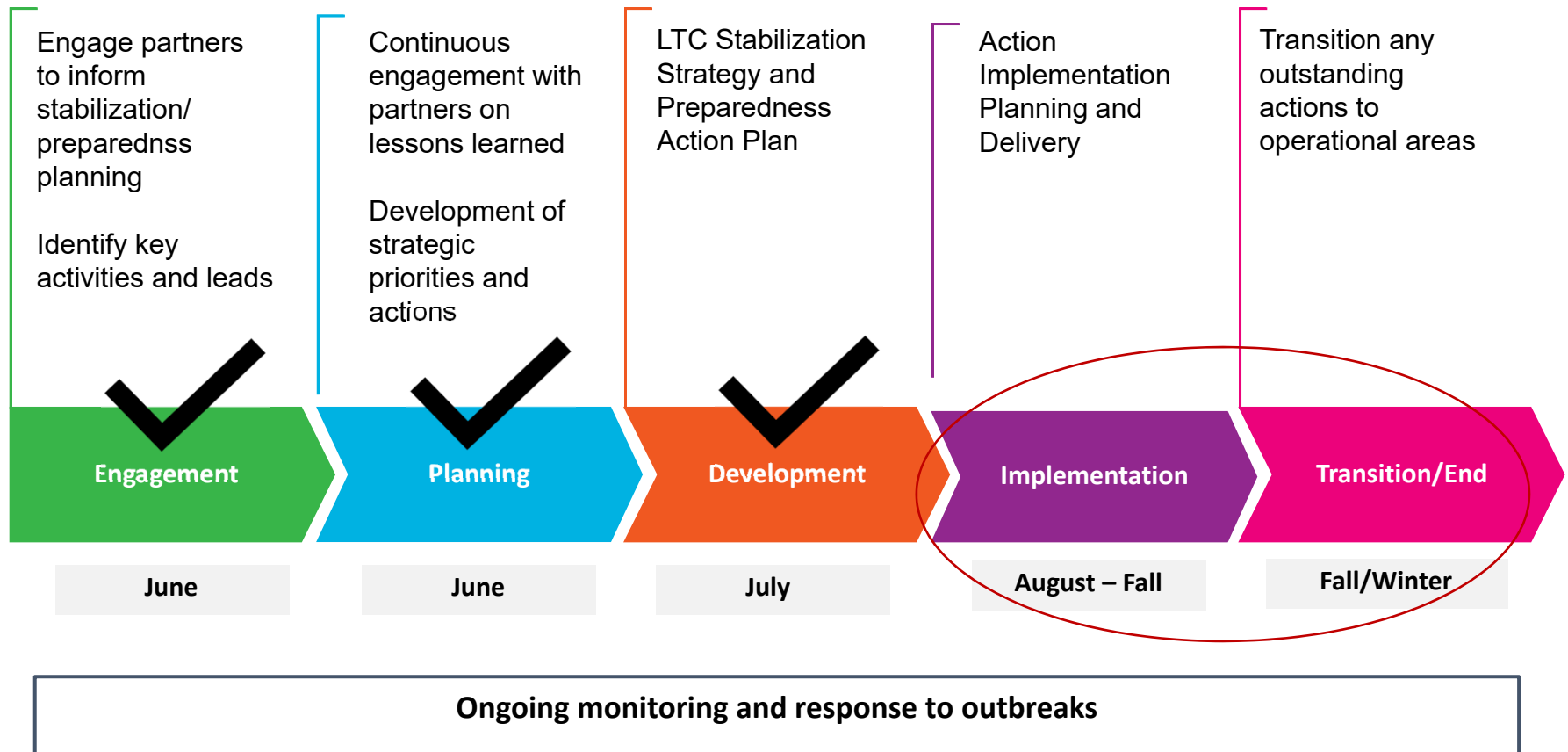
Actions

- A surveillance system, supported by sustained data collection to monitor and detect outbreaks. Enabled by:
 - Assessment and monitoring of risk, and prioritizing action at the community level
 - Escalation structure to provide rapid advice, direction and action to support the resolution of incidents in the long-term care sector (e.g., re-activated Incident Management Structure (IMS) table)
- Testing strategy for staff

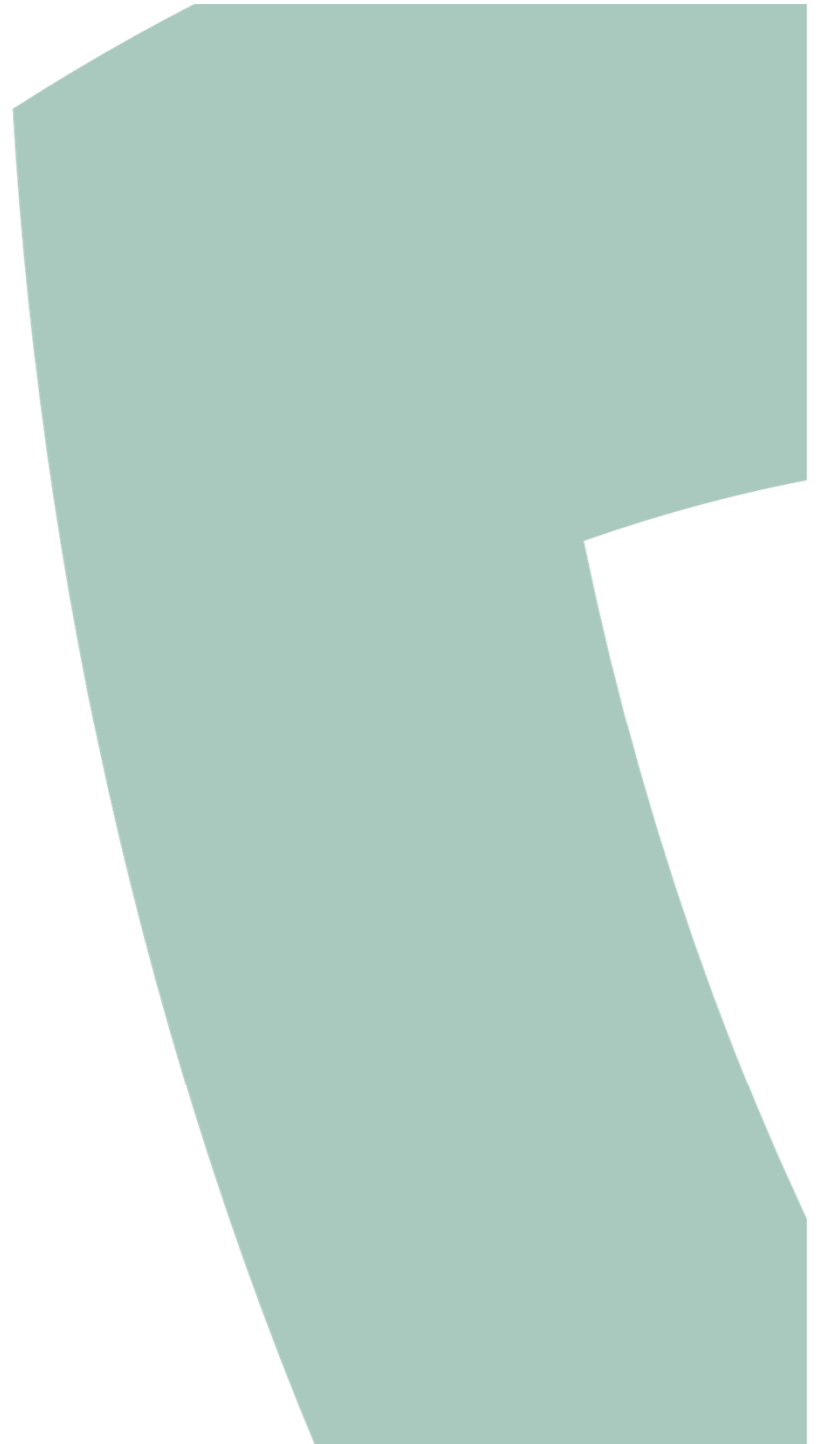
Expected Outcomes

- Increased visibility into outbreaks and potential outbreaks
- Strong partnerships to enable care and coordinated actions to prevent, manage outbreaks
- Continue to implement provincial testing strategy for residents and staff.

LTC Stabilization: Timelines



Appendix



Long-Term Care Partner Tables

