

**PANDEMIC
RESPONSE in
Long-Term Care
Homes**

**Brian Pollard,
Mike Heenan,
Olha Dobush**

**February 12,
2021**

OVERVIEW

- ▶ **Incident Management System (IMS) Structure**
 - ▶ Hospital Support in LTCHs
 - ▶ IPAC Teams
- ▶ **LTC Stabilization**
 - ▶ LTC Planning and Recovery Table
 - ▶ Preparedness Assessments
 - ▶ LTC Stabilization Consultations
 - ▶ IPAC Hubs
- ▶ **IMS II**
- ▶ **Prevention and Containment Investments including COVID-19 Emergency Funding**
- ▶ **Antigen Testing in LTCHs**

IMS Structure

- ▶ On April 21, 2020, an Incident Management System (IMS) structure was established to coordinate operational support to LTCHs.
- ▶ IMS met daily to organize efforts across providers and government to make rapid decisions that support long-term care homes in need.
- ▶ Attendees included: MOH, MLTC, OH, Other advisors (hospitals).
- ▶ LTCHs identified by the IMS for support are those struggling to control outbreaks, implement infection prevention and control recommendations and guidelines, ensure necessary staffing levels, maintain appropriate supplies of personal protective equipment (PPE), and complete surveillance testing of residents and staff.

Hospital Supports in LTCHs

- ▶ LTC sector is part of the broader health system. COVID-19 response requires heavy reliance on health system and other partnerships, in particular with the hospital sector for additional staffing capacity, IPAC expertise and emergency response.
- ▶ Partnerships with the hospital sector have been both formal and informal.
- ▶ IMS worked collaboratively to ensure LTCHs received management and other support from hospitals to LTCHs expeditiously.
- ▶ April 24, 2020: MLTC Minister's Directive issued under the *Long-Term Care Homes Act, 2007* that required LTCHs to accept hospital assistance.
- ▶ April 26, 2020: Memo to CEOs of hospitals were notified that rosters would be created of hospital staff to be available to be deployed to LTCHs
- ▶ Formal partnerships have occurred by way of Voluntary Management Contracts (VMC), and by way of Mandatory Management Orders (MMO) pursuant to section 156 of the [Long-Term Care Homes Act, 2007](#) and [O. Reg. 201/20](#) under the *Reopening Ontario (A Flexible Response to COVID-19) Act*

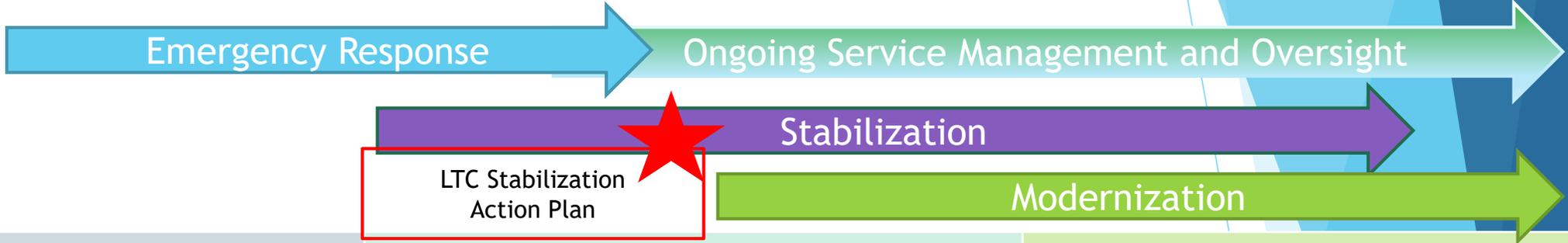
IPAC Teams

Wave 1 (Spring 2020)

GOAL: IPAC Teams were created to support LTCHs with IPAC preparedness and deployment of IPAC support and experts in outbreak situations.

- ▶ **Early April and Ongoing:** hospitals went to LTCHs to provide support and complete IPAC assessments.
 - ▶ Hospital assessments showed many LTCHs required support from IPAC experts.
- ▶ **Beginning Mid April:**
 - ▶ MLTC/MOH put together “SWAT Teams” to go into high-risk (red) homes. SWAT Teams included: Public Health Units (PHUs), PHO, OH and/or, MLTC inspectors.
 - ▶ SWAT Teams focused on assessing capacity of homes to manage outbreaks in the areas of PPE supply, staffing levels, IPAC protocols, and leadership.
 - ▶ PHO/PHU, OH and/or, MLTC inspectors provided oversight and support remotely to medium-risk (yellow) homes
 - ▶ MLTC inspectors and OH monitored low-risk (green homes) to determine if were moving to a higher risk level
- ▶ **Late April and Ongoing:** PHO educated and trained LTCHs on IPAC. PHO offered existing education platform virtually for LTCH leadership and staff.

LTC Stabilization: Phases of LTCH Sector Work



Stabilization Work in the context of emergency management and modernization 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 create the conditions for stability and quality resident care in a COVID environment | To transform LTC to a resident-centred, leading edge sector where the people of Ontario would have confidence that their loved ones would have quality of life |
| Governance | LTC-IMS Table Covid-19 Command Table Central Coordination Table | Recovery and Planning Table Covid-19 Command Table | LTC Modernization Committee |
| 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 (incl. supply sources, clinical capacity, on the job training, leadership capacity) Health and Safety (incl. IPAC, supply of PPE, training) Infrastructure and Capacity Adjustments (incl. occupancy levels, 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 Sector Performance and Oversight Funding Reform |

LTC Recovery and Planning Table

(Summer 2020)

- ▶ Established following conclusion of work of IMS to provide expert advice, partner input and implementation oversight to drive the stabilization of long-term care coming out of the COVID-19 pandemic and to prepare for future waves.
 - ▶ Maintain gains achieved in protecting residents and staff, and managing the COVID-19 public health emergency
 - ▶ Lead stabilization efforts for the sector, recognizing the varying status of individual homes
 - ▶ Advise regarding resource and capacity needs and help develop strategies to address them, and
 - ▶ Support implementation of stabilization strategies
- ▶ Attendees included: MOH, MLTC, Ministry of Seniors and Accessibility, OH, PHO, representatives from LTC sector and hospital sector, LTC Clinician representative, Essential Family Caregivers' representative

Preparedness Assessments

Summer / Early Fall 2020

- ▶ Framework for assessing preparedness and planning.
- ▶ Framework not intended to be a checklist; provided a set of goals and an outline for the key factors of preparedness to help guide the preparedness assessment and planning exercise. Planning exercises may take different forms, such as surveys, table-top exercises, interviews, focus groups.
- ▶ Focused on human resources, IPAC, and partnerships and sustained operations.
- ▶ LTCHs were requested to work with local partners, such as OH Regions, to complete the assessments.
- ▶ Results indicated that:
 - Planning exercises helped strengthen regional and local partnerships across the homes and health system partners.
 - Systemic staffing challenges and availability of health care professionals (including personal support workers) are key gaps.
 - IPAC capacity and training requires ongoing focus and action.

Document References: Memo to LTCH Licensees dated July 31, 2020 from DM Steele: “Working Together for COVID-19 Wave 2 Preparedness.”; LTC COVID-19 Preparedness Assessment Framework July 2020; Memo - Preparedness Results (2020-09-04) v5 Recovery and Planning

LTC Stabilization Consultations

Highlights of Feedback from the Sector and Partners

| Subject | | Feedback from Sector and Partners |
|--------------|-----------|--|
| Partnerships | Successes | Partnerships were a great asset in the stabilization of staffing in LTCHs. |
| | Gaps | <ul style="list-style-type: none">• <u>Partnership roles</u> were unclear. Generally, roles were decided by each region and by local organizations; however, it was not always clear which organization/team would take on each task.• <u>Hospital Involvement:</u> Hospitals were more challenged in terms of understanding the difference between running a hospital and a LTCH home. Larger hospitals were stretched with resource allocation (i.e., IPAC support, testing etc.). |
| IPAC | Gaps | <ul style="list-style-type: none">• Lack of knowledge re the appropriate use of PPE and basic IPAC knowledge.• Varying directions and guidance from local PHUS.• Need to re-frame and clarify government guidance documents to clearly articulate requirements.• LTCHs require additional support on foundational capacity, infection control, outbreak prevention and support from other partnerships.• Need to find a method of ensuring IPAC compliance in LTCHs. |
| Staffing | Successes | <ul style="list-style-type: none">• Staffing levels key to successfully managing/preventing virus spread in homes.• Some homes offered full-time contracts for three months, which stabilized staffing. However current funding isn't enough to allow them to continue to do so. |
| | Gaps | <ul style="list-style-type: none">• Money has been a significant motivator for staff - the level of compensation has been a significant challenge. Staff have chosen to go somewhere where they will be paid more. |

IPAC Hubs

- ▶ During Wave 1, there were significant outbreaks in LTCHs that pointed to gaps in IPAC practices.
- ▶ IPAC Hubs initiative was developed in Wave 2 to create local centres of IPAC expertise to support LTCHs, formalizing work started in Wave 1.
- ▶ IPAC Hubs provide support to ensure that homes can build their IPAC knowledge and strengthen their programs to prevent and limit outbreaks; providing elements of the ‘content’ domain required to have a strong and protective IPAC program.

IMS II

Wave 2 (Fall 2020 / Winter 2021)

- ▶ Activated on September 23, 2020. Met three times per week.
- ▶ Part of MLTC and MOH surveillance and risk assessment for rapid response
- ▶ Continue to use and leverage relationships with key partners, such as OH, hospitals, public health to provide needed support to LTCHs
- ▶ Actions are based on the risk assessment stratification of homes and include following four levels of response:

| Vigilance | Early Warning | Alert | High Alert |
|--|--|---|--|
| The new normal state in the absence of a vaccine Regular monitoring of triggers | Awareness, enhanced precaution and preventive measures to manage risk before outbreaks occur | Rapid response to contain outbreak and manage risks | Highest level of response Marshals the greatest range of resources and actions, including remedial action, to manage risk |

Prevention and Containment Investments

March 17th 2020:
Minister announced **\$50M** investment in emergency funding



April 1st
Minister announced **\$88M** in additional prevention and containment funding



April - May
Worked with associations and developed funding approach



June
Worked with associations and refined funding approach



August - September
Additional **\$135M** to cover costs incurred from July to September



September 29
Additional **\$270M** to cover costs incurred to the end of the fiscal year.



January 6th
An additional investment of **\$268M** as part of the second wave COVID-19 investments.



2020

2021

\$811M for Prevention and Containment

COVID-19 Emergency Funding

- ▶ Since March 2020, over **\$1.38 billion** in COVID-19 emergency funding allocated to the LTC Sector:
- ▶ On March 17th, 2020, initial emergency funding of **\$50 million** to fund the extraordinary costs related to the rapid response required to prevent and contain the spread of COVID-19. This was followed by an additional prevention and containment allocated of **\$88 million** on April 9, 2020.
- ▶ To provide further support, the Fall Preparedness Plan included nearly **\$540 million** in LTC investments to prepare LTCHs for future waves of COVID-19. This included the following investments:

\$405 million in COVID-19 Prevention and Containment Funding

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 in IPAC Minor Capital

To support homes making investments in minor capital repairs and renovations to improve infection prevention and control (e.g., renovations to support physical distancing, replacing equipment that cannot be cleaned, etc.)

\$40 million in Occupancy Funding

To support homes that have been impacted by the changes in occupancy numbers due to COVID-19 and are incurring staffing and other operating costs.

\$30 million in Infection Prevention and Control Staffing and Training

To support homes with the cost of infection and prevention and control staffing personnel. The fall preparedness plan also included an additional **\$10 million** for infection and prevention control training.

\$2.8 million to extend the High Intensity Needs Fund

An investment to extend the High Wage Transition Fund to ensure that gaps in long-term care staffing can continue to be addressed during the pandemic. This brings the total investment to \$11.2M and extends the fund to March 31, 2021

COVID-19 Emergency Funding

To further support the LTC sector, the government made the following investments:

| | |
|----------------------|--|
| \$130 million | For emergency surge capacity and other initiatives such as the deferral of co-payment increase and the provincial portion of the temporary pandemic pay provided to non-management staff in LTC homes. |
| \$16 million | To establish a Specialized Care Centre to be operated by Toronto Grace Health Centre to provide additional LTC surge capacity in the General Toronto Area. |
| \$3 million | to support the Independent Commission for Long-Term Care. |
| \$167 million | To provide temporary targeted wage increases for personal support workers in long term care homes. This represents the LTC portion of the \$461 million committed in October 2020, to temporarily enhance wages for personal support workers and direct service workers in long-term care, hospitals, home and community care and social services sectors. |

As the second wave of COVID-19 gathers pace, **\$398 million** in additional funding is being invested to support the LTC sector in managing the second wave. This includes:

| | |
|----------------------|---|
| \$268 million | Additional prevention and containment funding to long-term care homes to support additional costs associated with screening, staffing, and supplies; |
| \$42 million | To ensure adherence to critical testing and screening requirements. This will allow LTC homes to hire third parties, such as security guards, to ensure that people entering LTC homes are adhering to applicable screening and surveillance requirements; and, |
| \$88 million | To reimburse long-term care homes for lost revenue as a result of restrictions on admissions and reduced occupancy of spaces in long-term care homes. |

LTCH Antigen Screening Pilot

Objective: This pilot is helping the government to understand how Panbio antigen tests work as a screening tool for long-term care homes, to help staff feel safer coming to work and to help protect our most vulnerable population, by potentially identifying positive cases that might have otherwise been missed.

Target Population:

- LTC staff, students, volunteers, caregivers, support workers, and general visitors at LTC homes that are not in outbreak.

Pilot description:

- Participation is voluntary and must be for a minimum of 3 weeks.
- LTC homes have flexibility in the frequency and targeting of individuals for Panbio testing. For example, homes may test weekly, bi-weekly or more frequently depending on their capacity.
- The Panbio antigen test must be used at the same time as a lab-based PCR test.
- Does not replace any screening or testing required in accordance with the *Long-Term Care Homes Act, 2007* or any other Directives or policy.

58 LTC homes are participating to date, which includes 12 large operators.

- Continuous enrollment is underway
- See Appendix E for details on participating LTC homes.

Early learnings for Panbio pilots are demonstrating:

- Good performance of the Panbio test (negative Panbio results confirmed by negative PCR tests)
- Setting up and operating a Panbio clinic on site at a home has proven feasible
- NP swab was reported a barrier to staff participation in the Panbio pilot
- While test administration/testing kit was easy to use, some staff reported certain challenges with some manual actions (e.g., squeezing Panbio extraction tube multiple times throughout the day caused sore fingers for staff)
- Additional staff resource/s were required to process tests

Employer Antigen Screening Pilot Results

- Since November 21st, rapid screening has identified 89 confirmed COVID-19 cases of 53,645 total tests performed
- Early pilot data shows a positivity rate of approximately 0.20%. Over 80% were confirmed via lab-based PCR
- The results of the pilot indicates the ability of asymptomatic screening with antigen tests to find COVID-19 cases that otherwise would not have been caught.
- The majority of LTC homes who responded to a survey on pilot results agreed that the pilot increased the sense of protection and security at work, and felt it was a positive addition to their workplaces.
- The largest concern about participating was impact on ability to work (54%) and resources required to support this program.

Provincial Testing Deployment in LTC Homes

- ▶ On January 8th, MLTC updated the Minister's Directive (COVID-19: Long-term care home surveillance testing and access to homes) to include rapid test as an acceptable test for surveillance testing of staff, visitors.
- ▶ MLTC gave direction to the LTC sector on January 27 and February 5 that homes are to transition to rapid antigen testing for asymptomatic persons entering non-outbreak homes starting in February as part of continued efforts to enhance protection.
- ▶ The program aims to leverage the opportunity that rapid antigen tests provide for earlier detection of potentially infected individuals to help prevent entry and/or spread of COVID-19 in homes.
- ▶ Frequency of testing varies (i.e., up to 3 times per week for staff, student placements and volunteers and “day of” for caregivers, support workers and general visitors (where permitted)).
- ▶ Homes have until mid-March to complete the transition; weekly PCR testing continues until the home has fully implemented the rapid antigen testing program.