NORTH YORK GENERAL
Making a World of Difference

Thinking Beyond

Presentation to the Ontario COVID-19 Long-Term Care Commission

January 27, 2021

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Susan Kwolek, Executive Lead, Voluntary Management Agreement
Dr. Kevin Katz, Medical Director of Infection Prevention and Control

Agenda

- **Opening remarks and introductions** – Karyn Popovich, Interim President and CEO
- **About North York General Hospital (NYGH) & our long-term care story** – Karyn Popovich
- **Root Causes and Patterns of LTC Outbreaks and Devastation** – Dr. Kevin Katz, Medical Director, Infection Prevention and Control
- **Hawthorne Place Care Centre VMA**– Susan Kwolek, Executive Lead, Voluntary Management Agreement & Dr. Kevin Katz
- **Tendercare Living Centre VMA** – Susan Kwolek & Dr. Kevin Katz
- **Recommendations** – Karyn Popovich, Susan Kwolek and Dr. Kevin Katz
- **Closing remarks** – Karyn Popovich

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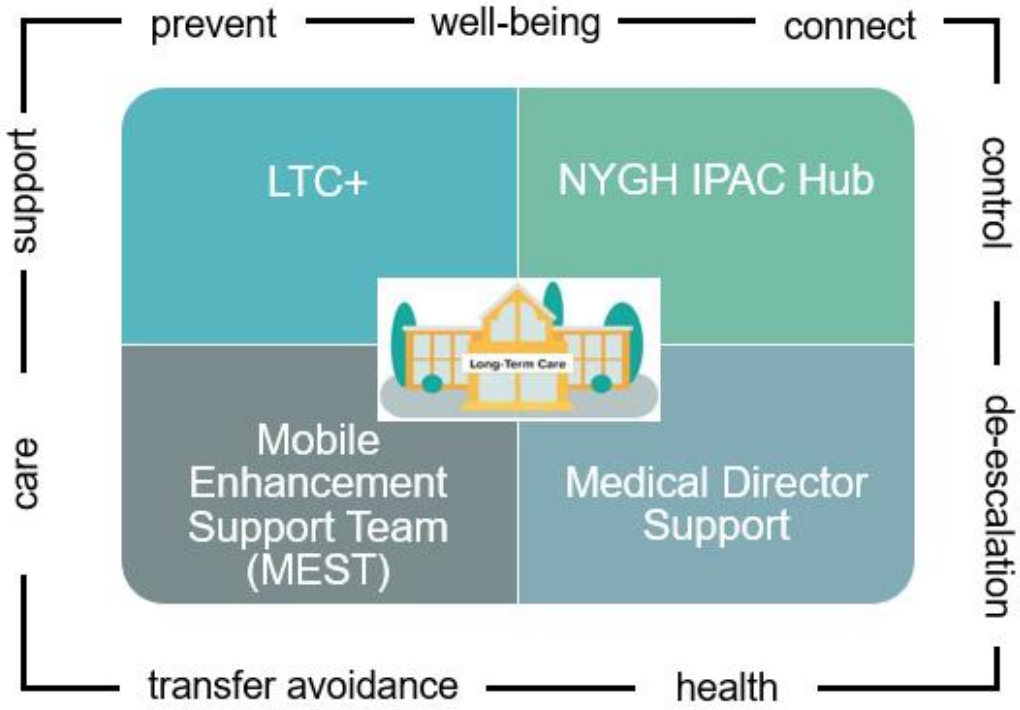
North York General (NYGH)

NYGH and Long-Term Care

IPAC SWAT Team and Hub



Residences Supported

- 9 Long-Term Care Residences
- 13 Retirement Residences
- 40+ Congregate Care Settings (group homes and shelters)

Root causes of COVID's devastation in LTC

- Poor infrastructure
  - Numerous Class C facilities with many/most multi-bedded rooms (doubles, triples, quad)
- Poor preparedness
  - No dedicated IPAC resources, little training
  - Local public health recognized to be the lead on LTCF/CLS communicable disease management.
    - No focus on prevention
    - Basic management of outbreaks
    - Little IPAC expertise
    - Unclear guidance during the first wave
- Poor resourcing & a lack of expertise
    - No dedicated IPAC professional (the expertise is truly in hospitals).
      - PIDAC recommends 1ICP:250 beds
    - No access to IPAC expertise through PHUs, PHO (wave 1, in particular)
    - Staffing levels
    - Environmental services
    - Lack of PPE during the first wave, compounded by messaging that PPE levels were adequate
- Accountability & for-profit considerations problematic for best practice IPAC implementation
  - Investment is required to prevent crises, while the focus has been on controlling crises
- Complete lack of onsite support and expertise when it mattered most
- Conflicting and frequently changing guidance

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Patterns in devastating LTC COVID outbreaks

1. Poor preparedness (education, training, supplies, etc.)
2. COVID introduced into the home with nosocomial transmission
3. Staff anxiety levels spike
4. A lack of onsite knowledge and expertise to quickly address concerns, implement appropriate measures (education/training, IPAC protocols, EVS enhancements with best practices, etc.).
5. Occasionally lack of PPE compounds the issue (mostly first wave)
6. Staff take measures they think will protect themselves (e.g., do not remove PPE between residents, wear PPE in the hallway, use double gloves or wear other ‘extra’ PPE). This fuels transmission between residents and contaminates common areas). Guidance from health authorities often unhelpful (e.g., PPE usage, cohorting)
7. Staff and residents begin to acquire COVID in significant numbers due to #6

Patterns in devastating LTC COVID outbreaks

8. Staffing numbers spiral due to absenteeism, which is quickly exacerbated by panic
9. Agency staff brought in
    - Little training and they too often use measures that propagate transmission
10. LTC medical leadership often ceases visits (sometimes in favour of remote visits or medical leadership also becomes ill)
11. Basic resident needs (hydration, nutrition) may become at risk
12. The cycle fuels itself until external intervention
13. Intensive training to build staff confidence they will be safe
14. Intensive audits of practices
15. Enhance resources (staffing, medical support, IPAC expertise and protocols, enhanced and improved environmental services staffing levels and implementation of appropriate healthcare cleaning protocols , PPE, communications, pest control, etc.)

VMA Hawthorne Place Care Centre

- CAF on site April 27 - June 22, 2020. Report received May 26 and Aug 14, 2020
  - Workload, verbal altercations, agency orientation, communication, IPAC practices, standard of care
- NYGH Situational Assessment - June 4-10
- Inspectors on site for 18 days until June 22, 2020 - report received August 26, 2020
  - 6 compliance orders: EVS and terminal cleaning, integrated plan of care, resident-to-staff communication, positioning and safe lifts, skin and wound, IPAC
- On site June 10, 2020; VMA signed June 16, 2020
  - Leadership, IPAC practices, EVS, quality of care, medical direction, staffing, training, OHS, communication, building maintenance

VMA Hawthorne Place Care Centre

- Leadership
  - Illness and vacancies
  - ED
  - Vacancies
- Clinical Workload
  - Impact on Staffing
    - Illness
    - Fear
    - Directive re single place of employment
  - Agency
    - Orientation and onboarding- mandatory MLTC training
  - Survivor - returning staff guilt – polarizing effect
- IPAC
  - Poor practices
  - Training
  - 4-bed rooms
- Quality of care
  - Medical coverage and oversight – virtual care
  - Medical director and administration
  - Medical consultation for acute illness

VMA Hawthorne Place Care Centre

- EVS and Building maintenance
  - Reliance on nursing for building safety off hours and weekend
  - Some protocols but lack of supervision - needed SOP to PIDAC standards, supplies
  - Leadership and staffing ratios
  - Disrepair, old facility, no AC, infestation
  - Kitchen vs dietary
- Staff Communication
  - Staff – no email addresses – phone blitz
  - Meeting overload for leaders
  - Disjointed team communication – huddles for professionals but not PSW and not focused on safety
  - Infrequent town halls – pandemic
- Resident and Family communication
  - Councils
  - Newsletters
  - Town Halls
- Grief and Trauma
  - Memorial
  - Mental health and emotional supports

VMA Hawthorne Place Care Centre

- Extension to VMA to Sept 23, 2020
  - Leadership vacancies
  - IPAC education and audits
  - EVS management

- Transition to December 31, 2020
  - Weekly with Executive Lead and Q2 weekly with MLTC
  - Transition indicators
    - Escalation of risk indicators
    - Destabilization indicators
    - Outbreak indicators

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VMA Tendercare Living Centre

- Assessment Dec 21, 2020
- On site since Dec 21, 2020 - 17 resident deaths, 38 staff ill
  - Rapid escalation over 10 days - staff illness, rapid decline in resident health and increase in resident deaths
- VMA December 25
- Inspection January 8 - 20, 2021
- January 26
  - Resident deaths 81; 189 residents infected
  - Staff illness - 105
  - Last resident case - January 9
  - Last staff case - January 14

VMA Tendercare Living Centre

- Staffing
  - Crisis - baseline
  - Enhanced
  - Agency
  - Other MEST, Ontario Shores, NYGH
  - Logistics - hotel, isolation facilities, laundry
- Medical coverage
  - MRPs
  - MD volunteers
  - Leadership
  - Medical Director
- EVS
  - Supplies and Equipment
  - Third Party contract
  - Leadership
  - Maintenance
- IPAC
- Communication

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Observations and Lessons

- Dedication to residents
- Registered staff and PSW ratios in pandemic
- Balancing home setting with health care needs and standards
- Grief and trauma
  - Staff
  - Residents
  - Family
- Working with owners
  - Hierarchy and bureaucracy
  - Ability to mobilize improvements with authority

Recommendations

- **LTC legislation orientation and VMA orientation**
- **Ensure capacity for prevention and early intervention**
- **Inspections**
  - More comprehensive review of home infrastructure and EVS etc.
  - Reports – more succinct, have more teeth for repetitive compliance orders, and more timely, especially during a crisis.
- **Culture**
  - Chronically unstable staffing, poor teamwork, unclear leadership
  - Instill resident-centric culture, partner with families
  - Staff engagement

Recommendations

- **Infrastructure**
  - Renew LTC's infrastructure across the province and eliminate multi-bedded rooms and shared washrooms, as much as feasible
- **Medical Leadership**
  - Should be moved to come under hospital Medical Advisory Committee oversight
- **IPAC**
  - Appropriate resourcing (1 IPAC practitioner:250 beds, at minimum, in accordance with PIDAC best practices).
  - Define LTC IPAC program requirements
  - Resources should come under hospital oversight
    - Appropriately resourced for front line ICPs, management/oversight, and medical IPAC leadership
  - Legislation may need adjustment to provide suitable authority for Hub and Spoke Hospital IPAC led teams
- **Environmental Services**
  - Best practices, with focus on healthcare standards
  - Education and PIDAC EVS toolkit, as an annual requirement
  - Appropriate staffing ratios and training

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System Level Recommendations

- Integrate LTC homes into Health System
  - Hospital oversight (IPAC, Medical Quality, CQI)
  - Implement National standards – Best Practices
  - Consider Innovative Models of Care
- Increased Accountability – For-Profit Homes – best practice standards
- Address Policy Fragmentation (PH, MLTC, MOH)
- Reform Compliance Approach – CQI
- Implement Consistent Infrastructure & Facility Standards
- Human Resources & Pay Structure – Provincial Strategy
- Improve Funding & Resources for LTC

NYGH and Long-Term Care

Seniors' Health Centre

- 192 Beds
- NYGH owned and operated
- Since 1985

Seniors' Health Centre Redevelopment & Expansion Proposal

- A new purpose-built Facility on 251 Esther Shiner Blvd:
  - 384 LTC beds (192 existing and 192 new licenses), five floors (~35,000sqft each)
    - 154 basic accommodation beds and 230 preferred private accommodations.
  - One additional floor dedicated to private retirement home beds
  - Two floors of retail and commercial space.
    - Primary care services, designed to serve residents of LTC Home, as well as adjacent community.
  - Underground Parking

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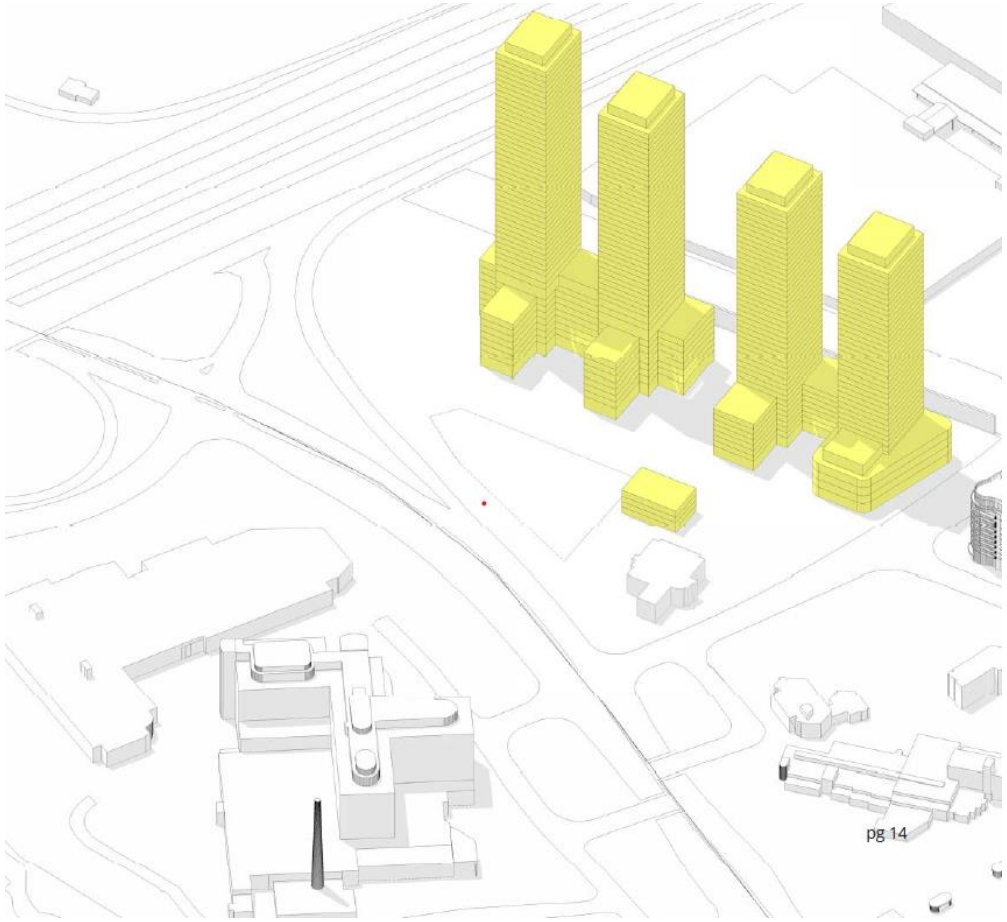
251 Esther Shiner (Oriole Yard)



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Thank you