

Ontario's Long-Term Care COVID-19 Commission

March 1, 2021



Agenda

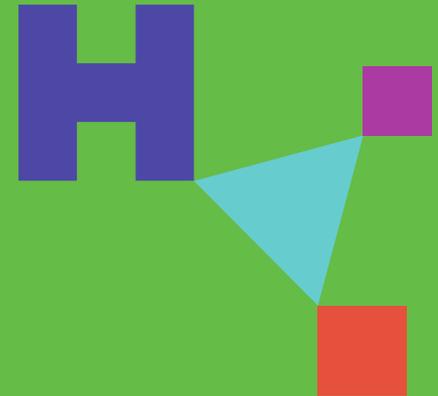
- 1) Introductions
- 2) OHA Reflections on Wave 2
- 3) Hospital Experiences During Wave 2
- 4) Considerations for the Future of Long-Term Care



1. Introductions

- **Sarah Downey**, President & CEO, Michael Garron Hospital
- **Janice Kaffer**, President & CEO, Hôtel-Dieu Grace Healthcare
- **Carmine Stumpo**, President & CEO, Orillia Soldiers Memorial Hospital
- **Anthony Dale**, President and CEO, OHA
- **Elizabeth Carlton**, Vice President, Policy and Public Affairs, OHA
- **David Brook**, Vice President, Labour Relations & Chief Negotiations Officer, OHA
- **Melissa Prokopy**, Director, Legal, Policy and Professional Issues, OHA

2. OHA Reflections on Wave 2 of the COVID-19 Pandemic in Long-Term Care



OHA Reflections on Wave 2

Key Dates

- **April 10, 2020** – Letter to the Premier, Urgent Efforts to Protect Loss in LTC
- **June 11, 2020** – Letter to the Premier, Need for Planning for the Second Wave
 - Included a specific request to develop a strategy for health care workers and the need for more preventative efforts to support vulnerable populations
- **July 13, 2020** – Media Statement, Request for a Contingency Plan for Wave 2
- **September 3, 2020** – Ministry of Health Briefing on Capacity Planning Framework
- **September 29, 2020** – Long-Term Care Preparedness Plan Released

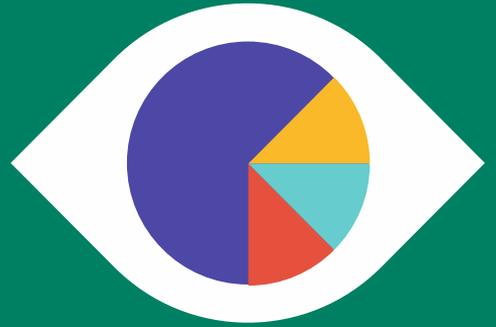
OHA Reflections on Wave 2

- Ultimately, long-term care homes experienced similar challenges during the second wave:
 - As of February 25, 2021, number of deaths in long-term care homes has exceeded Wave 1 (1,848 in Wave 1 vs. 1,886 in Wave 2)
- Significant number of long-term care homes under management orders since September 2020
 - As of February 18, 2021, 23 long-term care homes have come under management orders (4 mandatory and 19 voluntary); and 1 retirement home under a local public health unit order pursuant to the *Health Protection and Promotion Act*

Hospital Support to LTC During Wave 2

- Despite increased pressure on acute care during Wave 2, hospitals have continued to support long-term care homes
- OHA Survey to investigate extent and nature of support. Half of our 141 members responded:
 - 53 hospitals identified providing support to more than 150 LTC homes
 - Nearly 60% of hospitals provided supports on an informal basis, outside of pre-existing relationship or management order
 - On average, hospitals provided three types of supports concurrently.
 - IPAC support and staff redeployment were the most common
 - Many of these supports were also provided over a prolonged period
 - Almost half of respondents noted that supports to LTC were provided for more than two months, and 28% reported support to LTC of four months or longer.

4. Hospital Experiences During Wave 2



Hôtel-Dieu Grace Healthcare

~300 bed post-acute hospital

3 main streams of business

Adult Mental Health & Addictions

Children's Mental Health

Restorative Care – Rehabilitation

Support provided to Schlegel Villages of St. Clair (LTCH) and Augustine Villa (RH)

No formal management orders (partnerships are key)



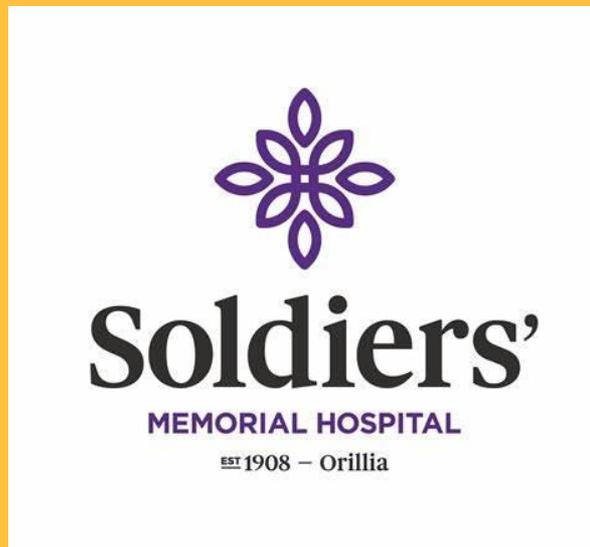
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Orillia Soldiers Memorial Hospital

~180 bed post-acute hospital serving Orillia and surrounding municipalities

- Active participant Couchiching Ontario Health Team
- Regional services (Renal, Women & Children, Mental Health)

Supported Trillium Manor (Orillia), Roberta Place (Barrie) and other congregate settings
No formal management orders



3. Considerations for the Future of Long-Term Care



Considerations for the Future of Long-Term Care

- We cannot return to the status quo – must use lessons learned to fundamentally reform seniors' care
 - Long-overdue conversation on a provincial, national and societal level
- Approach to caring for frail older adults is out of date – increasing levels of acuity and cognitive impairments, more complex care needs
- Strong correlation between capacity in long-term care and hallway health care in hospitals – relied upon as the default discharge destination
 - As of Feb. 2019, avg. time to long-term care placement was 161 days, with waitlist of nearly 35,000
- Whole-system approach to new models of care that focusses on the needs of our frail, aging population
 - Capacity planning across the continuum – including at home, in community settings, and in acute care and complex continuing care and rehab hospitals

Considerations for the Future of Long-Term Care

1. Partnership between Hospitals and Long-Term Care Homes

- Accountabilities established locally
- IPAC training and supports

2. Aging and Care at Home/In Place

- What is needed to provide care to people in homes and prevent unnecessary transfers to hospitals

3. Capital Redevelopment of Long-Term Care Homes

- 1/3 of beds in homes that have licenses that will expire in 2025

4. Improved/Enhanced Medical Oversight

5. Comprehensive HHR strategy

- Agile and stable workforce across entire health care sector is critical, current fragility and interdependencies
- There is a finite current number of health care workers in the province who are at risk of burnout and exit from the workforce post-pandemic

Questions?

