

Ontario Long-Term Care COVID-19 Commission

Thomas G. Wellner, President and CEO
Dr. Rhonda Collins, Chief Medical Officer
Wendy Gilmour, Senior Vice President Long Term Care

Biographies of Presenters



Thomas Wellner, President and Chief Executive Officer

Thomas Wellner is President and CEO of Revera. Since joining Revera in early 2014, Mr. Wellner has led the organization through transformational changes, developing the company's strategic direction to grow, innovate and lead in the sector. He has worked with a number of strategic partners in Canada, the U.S. and the U.K. to grow Revera's portfolio to more than 500 properties internationally. The beginnings of his career at Eli Lilly, where he held a variety of global operational and leadership roles, have been followed by years of global experience in biotech, pharmaceuticals and health care services, having previously lead a number of organizations including LifeLabs, CML HealthCare and Therapure Biopharma. Mr. Wellner holds an Honours Bachelor of Science degree in Life Sciences from Queen's University and has completed the ICD Directors Education Program at Rotman School of Management as well as executive education through Harvard Business School. He sits on the Boards of a number of public and private companies.

Biographies of Presenters (cont'd)



Dr. Rhonda Collins, Chief Medical Officer

Dr. Rhonda Collins brings passion and expertise in memory care, dementia, falls prevention and clinical quality improvement to the role of Chief Medical Officer – a first for the seniors living sector in Canada.

Dr. Rhonda Collins has been with Revera since 2017. Dr. Collins is a family physician with a certificate of added competence in Care of the Elderly. She is Assistant Clinical Professor in the Department of Family Medicine at McMaster, a clinical consultant for the Senior's Mental Health Outreach Team at St. Joseph's in Hamilton and lead physician at a MINT Memory Clinic, a board member of OLTC, a member of the American Medical Director's Association and has sat on several regional and provincial tables throughout the pandemic. She has been a Medical Director and attending physician at several homes and is familiar with the challenges facing our physicians and staff in long term care.

Biographies of Presenters (cont'd)



Wendy Gilmour, Senior Vice President, Long Term Care

Wendy Gilmour leads Revera's Long Term Care division, which employs more than 12,000 people dedicated to providing high quality, compassionate care to more than 10,000 seniors across Canada. Ms. Gilmour joined Revera in 2014, bringing her deep experience in leading private and public sector healthcare organizations. Prior to Revera, she served as Senior Vice President of Operations at CML Healthcare, and Vice President of Clinical Support Services at Sunnybrook Health Sciences Centre.

Ms. Gilmour serves on the Board of Directors of the Ontario Long Term Care Association. She holds an MBA from the University of Alberta.

About Revera

- Wholly-owned subsidiary of the Public Sector Pension Investment Board
- Revera owns or operates more than 500 residences across Canada, the United States and the UK, including retirement living, assisted living, memory care and complex care such as LTC
- In Ontario, Revera owns and/or operates 52 LTC homes with 6,000+ residents and 7,000+ employees
- Revera has partnered with long-horizon infrastructure organizations who in turn, are owned by Canadian institutions and who are aligned with our care-first oriented principles
- Our partnership and scale allows us to makes investments that put our residents and staff first, including:
 - Revera Innovators in Aging Program, a \$20M commitment to bring innovations to seniors
 - hiring a Chief Medical Officer (Dr. Collins) and a Chief Elder Officer (Hazel McCallion)

Overview of Presentation

- Revera's response to the first wave of COVID-19
- Revera's preparation for the second wave of COVID-19:
 - Pandemic Playbook
 - Pandemic Response Plan
 - Building and Infrastructure
 - External Advisory Committee
 - Analytics and Insights
 - Clinical and Operational Initiatives
 - Staffing
- The impact COVID-19 has had on care homes in Ontario has been enormously traumatic for residents, families, staff members, frontline workers and our wider communities. Revera will continue to work tirelessly to contain the spread of the virus within its homes and protect our residents and team members

Revera's Response to First Wave of COVID-19

- Multi-pronged approach to mitigate the effects of COVID-19:
 - co-founded CAPEs, an initiative that organized PPE supplies for nearly 400 private and not-for-profit LTC operators in Ontario and across the country; Revera has invested millions of dollars in this initiative
 - co-founded the CaRES fund, which provides emergency support and assistance for frontline workers and their families
 - monetary and non-monetary incentives to attract and retain staff
 - daily meetings and “high alert” systems
 - leadership and business continuity meetings
 - single source of communications from Dr. Collins to medical directors
 - enhanced surveillance testing and extensive IPAC training
 - heightened cleaning protocols and use of room dividers

Revera's External Advisory Committee

- **Dr. Bob Bell (Chair)**, Former Ontario Deputy Minister of Health and former President and CEO of University Health Network
- **Dr. Diana Anderson**, Healthcare architect and board-certified internist, Dochitect
- **Bob Bass**, Bass Associates Professional Corporation
- **Dr. Vivek Goel**, Professor, Dalla Lana School of Public Health; Founding President and CEO, Public Health Ontario
- **Santiago Kunzle**, Director & Principal, Montgomery Sisam Architects Inc.
- **Dr. Mark Loeb**, Professor, Departments of Pathology and Molecular Medicine and Health Research Methods, Evidence, and Impact, McMaster University
- **Dr. Allison McGeer**, Professor, Departments of Laboratory Medicine and Pathobiology and Public Health Sciences, University of Toronto
- **Michael Nicin**, Executive Director, National Institute on Aging
- **Krystyna Ostrowska**, Medical Microbiologist/Infectious Disease Specialist, Trillium Health Partners and LifeLabs, and Lecturer, University of Toronto
- **Dr. Samir Sinha**, Director of Geriatrics, Sinai Health System and the University Health Network

Revera's External Advisory Committee (cont'd)

- Revera is the only operator that has struck an independent expert advisory panel
- The External Advisory Committee provides a review of activities undertaken and recommendations for future planning
- **Revera intends to share its learnings throughout the senior living sector to support the efforts of other operators in meeting the needs of our population**

Pandemic Playbook

- Highlights best practices for each phase of a pandemic
- The Playbook covers four key phases of a pandemic:
 1. Prevention & Preparedness
 2. Outbreak
 3. Post Outbreak Recovery
 4. Reopening

Pandemic Playbook (cont'd)

- Examples of best practices identified in the Playbook :
 - all residents, visitors and staff are screened twice daily, including temperature and symptoms
 - isolate symptomatic residents
 - staff wear surgical masks at all times
 - isolate residents who leave the home for 14 days
 - cohort residents by home area and diagnosis
 - separate as many residents as possible into single rooms; maximum 2 residents per room
 - set dining tables so they are 2 metres apart
 - IPAC program consistent with Public Health Ontario and World Health Organization

Pandemic Response Plan

- 5 different work streams of Revera's Pandemic Response Plan:
 1. Building and Infrastructure
 2. External Advisory Committee
 3. Analytics and Insights
 4. Clinical and Operational Initiatives
 5. Staffing

Pandemic Response Plan

– Building and Infrastructure

- Aging infrastructure results in a higher propensity for COVID-19 outbreaks
- “C” / “D” homes (with multiple four bed wards and shared bathroom facilities) comprise almost half of the LTC beds in Ontario and are mostly owned by private operators who do not have access to private donations and additional funding that other operators have
- Reducing the capacity of wards to two residents has, when combined with other measures, mitigated COVID-19 occurrences, but is a stop-gap measure. Funding empty beds is counter-intuitive
- 38,000 people in Ontario waiting for LTC beds
- Need to cost-effectively and quickly build large volumes of replacement and new LTC beds
- Revera is singularly positioned to develop thousands of best in class LTC beds in Ontario

Pandemic Response Plan

– Building and Infrastructure (cont'd)

- Revera has applied for licenses to build thousands of new LTC beds:
 - this will address many of the environmental factors that lead to increased magnitude of outbreaks (elimination of ward beds, larger common areas, enhanced access to outdoor areas, smaller cohorts, less shared spaces in general and better IPAC capabilities)
 - new homes will provide safer and more appealing spaces for our team members, which will have a positive impact on current staffing challenges
 - our residents, their families and our staff know that existing C/D homes cannot continue as they are – they need to know now that we have deployable tangible and concrete plans for a permanent solution.

Pandemic Response Plan

– External Advisory Committee

- To develop practical and actionable steps towards improvement and best practices in six areas:
 1. IPAC
 2. Testing and tracing
 3. Building design standards and physical home improvements
 4. Recruitment, retention and labour strategies
 5. Research opportunities for treatments and vaccines
 6. Rethinking the range of senior living options

Pandemic Response Plan

– External Advisory Committee (cont'd)

- Preliminary recommendations:
 - IPAC standards must be comprehensive and consistent within the organization and across the PHUs, particularly relating to proper usage of PPE
 - universal screening/testing of all those who enter the home and contact tracing
 - more care hours/positions (with funding) but with flexibility so as to reduce administrative burdens on trained care providers
 - creative solutions for certification, including processes that balance co-op/practical experience with education
 - reduced cohorts
 - screens and temporary partitions

Pandemic Response Plan

– Analytics and Insight

- Retained team of data scientists at Accenture to conduct the COVID-19 Insights, Correlation & Action Project
- This project seeks to proactively mitigate future COVID-19 waves
- Overall objectives include:
 - building capability to predict outbreaks so as to proactively allocate resources (e.g., hiring, PPE & testing)
 - designing and implementing an action-plan for identified “focused sites” in order to prevent future outbreaks
- Machine learning models were built to predict sites which require the most attention and allow us to best allocate our COVID-19 resources

Pandemic Response Plan

– Analytics and Insight (cont'd)

- The models use multi-variable analyses to predict:
 - the propensity of an LTC site experiencing a COVID-19 outbreak in the next 30 days;
 - whether the number of cases in a potential outbreak will be high (5 + cases); and
 - whether the duration of a potential outbreak will be long (3+ weeks).
- The modelling is preliminary and continues to evolve over time
- Based on the preliminary findings, Revera has prioritized three areas for homes which require more attention:
 1. IPAC
 2. Staffing and workforce management
 3. Site Leadership

Pandemic Response Plan

– Clinical and Operational Initiatives

- Comprehensive screening, testing, and tracing program
- Use of digital applications to track signs, symptoms and infections at the resident level and by room level
- Retained infectious disease specialists to help enhance IPAC strategies and training
- Central warehousing program to improve the supply chain control of PPEs
- Additional private pay testing to support surveillance/safety

Pandemic Response Plan

– Staffing

- Team of Talent Sourcing Associates with responsibility for sourcing, screening, and pipelining frontline hourly candidates
- A cross-functional committee of leaders from retirement, long-term care, finance, human resources, and talent management have developed a plan to ensure that recruitment is a top priority and that sites will be properly staffed throughout changes in the operating environment
- Redeployed over 150 people from other positions in our support office who went through over 10,000 applications and hired 2,500 new employees

Preliminary Recommendations

- Universal screening and routine testing of all staff and residents
- Everyone entering a home should attest that they have been tested and are symptom-free. They should also have the date and time in/out of their visit tracked, as well as limit their movement within the home
- Staff should attest twice daily that they have no symptoms suggestive of COVID-19 and should not work if symptomatic. Workers who stay home should be provided sick pay so that there is no incentive to work while symptomatic
- IPAC standards in LTC homes should be brought to the same level as those in acute care, but adapted to the fact that these are residents' homes
- Establish more full time PSW positions and increase flexibility
- Maintain the single-site employer mandate, but allow for deployment of employees between homes across a single organization/operator
- Leverage cross-sector support

Preliminary Recommendations (cont'd)

- Promote short term re-hiring of retired health care professionals who are able to assist in emergency situations
- Implement personal service assistant or resident support aide positions to supplement the PSW work
- Reporting requirements should be changed to 'exception only'
- The PSW certification process should be more akin to a co-op process where students can work in LTC homes to finish their qualifications
- Enhance recruitment of foreign-trained PSWs
- Heighten communication to staff regarding safety measures in place in order to reduce absences (or non-recruitment) based on fear
- Heighten cleaning protocols and air ventilation maintenance
- Increase use of screens and temporary partitions
- Streamline and accelerate redevelopment approvals, prioritize government development agreement changes and support access to affordable land