

The Honourable Frank N. Marrocco, Chair
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

L'honorable Frank N. Marrocco, président
Angela Coke, commissaire
Dr Jack Kitts, commissaire

Dear Minister Fullerton:

**“Devastating, emotional”... “lonely, depressed”... “muzzled, trapped”...
“broken-spirited, boredom”... “terror awakened”**

- Words used by LTC residents and Board Members, Ontario Association of Residents' Councils, to describe their lived experiences during the first wave of COVID-19.

Many witnesses have shared heart-wrenching accounts of their experiences during the first wave of the pandemic that resulted in tragic loss of life, suffering and devastating impacts on residents, families and staff. We have heard that long-term care (LTC) homes were forgotten in the initial provincial plans to control the spread of COVID-19 until residents started dying, and pleas that this not be repeated when this crisis is over. We have also heard many opinions on why 45% of LTC homes did not experience an outbreak. We will continue to gather valuable information that will inform our final recommendations to protect residents and staff of LTC homes in the future.

What we do know so far is that, at the end of April 2020 in the first wave of the pandemic, 55% of all LTC homes experienced COVID-19 outbreaks, and 75% of all COVID-related deaths in the province were in long-term care. Some common characteristics among the most impacted homes were: location in communities with high infection rates; insufficient leadership capacity; pre-existing and COVID-related staffing shortages; and a lack of strong infection prevention and control measures, including difficulty cohorting and isolating positive residents, often because of limitations of the physical environment.

We are sending this letter today because the second wave is upon us and, given the continuing urgency of the situation and high risks in long-term care homes, our Commission is making some early recommendations that focus on staffing, collaborative relationships, and infection prevention and control (IPAC). Based on the information we have gathered to date, we feel confident in providing these early recommendations now, consistent with the precautionary principle, instead of waiting for more certainty as the pandemic continues to grow.

These early recommendations do not represent our final word or the full range of findings and recommendations on the issues we were commissioned to investigate. We are continuing our investigation, and plan to submit our final report to the government by April 30, 2021.

independent thorough inclusive timely | indépendante approfondie inclusive opportune

Increase Staffing

“So since at least 2001, numerous reports have been written confirming what staff who work in long-term care have known, that long-term care is grossly inadequate, their staffing, and given the acuity and care needs of the residents which has grown year over year.”

- Beverly Mathers, CEO, Ontario Nurses Association

All witnesses agreed that residents of LTC homes in 2020 are a much frailer group than residents were ten or twenty years ago; 81% of residents have some type of cognitive impairment, and often residents have advanced and ongoing medical conditions. For that reason, the quality of care and quality of life for long-term care residents depend on an adequate supply and mix of skilled and qualified staff available to meet their clinical, recreational, social and daily living needs.

We have heard repeatedly and consistently about critical staffing shortages pre-COVID and the reasons for long-standing recruitment and retention challenges in long-term care homes. The staffing challenges have been well documented with numerous reports on the subject. Covid-19 exposed these challenges in stark terms. Similarly, those previous reports as well as witness testimony have commented on how improving the employment environment for workers can enhance the ability to attract people willing to work in the LTC sector and ultimately improve the quality of resident care. We recognize the ministry is providing funding to increase staffing as part of the fall COVID-19 Long-Term Care Preparedness Plan, including a temporary wage enhancement for personal support workers (PSW) to March 2021. In addition, **we recommend the following:**

1. In addition to increasing the supply of PSWs, ensure that LTC staff recruitment efforts address the requirement for an appropriate staff mix to meet the increasing acuity and complex care needs of residents.
2. While all witnesses agreed on the need for staffing flexibility given the 24/7 nature of homes' operations, more full-time positions must be created to ensure staffing stability and retention, and resident continuity of care.
3. Beyond these initial steps, identify the permanent investments required to develop and implement a comprehensive human resources strategy that addresses the full range of staffing issues in the sector. The ministry's Long-Term Care Staffing Study, released in July 2020, identifies the best path forward. Further "study" of the Study is not necessary. What is required is the Study's timely implementation.
4. Consistent with that study, the Commission recommends a minimum daily average of four hours of direct care per resident. The government needs to increase permanent funding for more nurses and support staff, to enable homes to increase their staff to resident ratio, and provide more hours of care, based on residents' needs.
5. Given the essential role of families and caregivers in supporting not just physical care needs but the psycho-social well-being of residents, we reinforce the calls from residents, families and caregivers to ensure that families and caregivers have ongoing, safe and managed access to long-term care residents.

Strengthen Healthcare Sector Relationships and Collaboration

“We know the nurse managers, the nurse practitioners. We’ve worked with them longitudinally. And really, if you’re going to have success, you have to have pre-existing partnerships.”

- Dr. Kieran Moore, Medical Officer of Health and CEO of KFL&A Public Health

We learned that communities with pre-existing relationships between LTC homes and healthcare partners were better able to mobilize resources and support homes experiencing outbreak. We have heard from numerous witnesses that early interventions and support, from public health units and hospitals, were successful in preventing outbreaks, and in homes where outbreaks have occurred, they succeeded in bringing them under control. This was accomplished through onsite leadership in the homes, effective IPAC training, effective testing and screening to prevent transmission from the community into the homes, and early intervention to identify COVID-positive residents who then could be cohorted to avoid further spread. We believe that by working together with local healthcare partners, LTC homes can mitigate the impact of a second wave surge.

While hospitals may have less capacity than they did in the first wave, they are still the logical source of local, on-the-ground medical and IPAC expertise and resources to support long term-care homes in crisis, along with support from local public health units.

We recommend that:

1. In the short term, where there are LTC homes that are likely to have difficulties (whether based on past experience, high infection rates in the surrounding communities or other data), a collaboration model should be mandated immediately. These relationships between LTC homes, local hospitals and public health units must be based on trust, collaboration and respect on all sides for the expertise all parties bring to the priority of ensuring the health, safety and well-being of residents.
2. Your ministry work with the Ministry of Health to formalize these relationships proactively. There is no need to wait until an outbreak has occurred before a local hospital assists or is compelled to assist a LTC home. Clearly defined supports and surge capacity for each LTC home must be in place and quickly mobilized when an emergency situation arises.

Improve Infection Prevention and Control (IPAC) Measures

“..during the initial wave, we really saw the relevance and necessity to have dedicated IPAC support for long-term care homes across the province..”

- Jane Sinclair, Chair, AdvantAge Ontario

We have heard repeatedly that adherence to evidence-based IPAC measures is essential to avoid transmission from the surrounding community into the home and to prevent COVID-19 spread to both staff and residents in the home. We heard that in many cases, it was unclear who was accountable for compliance with IPAC measures, including having sufficient supply and adequate training for staff. We understand that in many older LTC homes, the physical infrastructure is a barrier to safe IPAC practices such as cohorting COVID-positive patients. We are aware of system-wide challenges with testing, surveillance and contact tracing, which are necessary to reduce outbreaks.

Continuing to strengthen IPAC measures is critical to protect residents, staff, visiting families and caregivers from outbreaks. In this regard, **we recommend the following:**

1. Ensure every LTC home has a dedicated IPAC lead who can monitor, evaluate and ensure compliance with proper protocols; support and provide basic training for all staff, and access the local IPAC centre of expertise, as required.
2. Enhance LTC ministry resources and capacity to provide compliance support immediately. In the short term, inspection staff from your ministry and others who can be trained, as well as from the local Public Health Unit, should be sent into homes to conduct timely, focused inspections to ensure homes are properly implementing proactive IPAC measures, and are responding effectively to their assessment results. These inspections should prioritize visits to homes based on the same risk measures as those used for our first recommendation under Relationships and Collaboration section above.
3. Given long-term care residents are a highly vulnerable population and to date have suffered the highest COVID-19 death rates, provide highest priority access to testing and quick turn-around of results for residents and staff. The government should also prioritize LTC homes for point of care and less invasive tests as they become available.
4. Residents who are COVID-positive, especially in older homes, should be given the option to transfer to alternate settings to avoid further transmission of the virus and to help them recover. Given that many LTC homes cannot effectively cohort and isolate because of physical infrastructure limitations, each home should work with its hospital, public health partners and others to put plans in place to quickly decant residents to other facilities, if it is appropriate and safe to do so. The plan should identify these facilities in advance.

As you know, the Commission was announced on July 29, 2020 with a mandate to investigate among other things, why COVID-19 had such a devastating impact on residents, their families and staff of long-term care homes in Ontario. The investigation will determine the adequacy of measures taken by the province and other parties to prevent, isolate and contain the spread, and provide recommendations on how to better protect the residents and staff in our LTC homes in the future. The work of our Commission differs from traditional commissions where inquiries and recommendations are made after the crisis has occurred. We are conducting our work during the COVID-19 pandemic, and as a second wave of infections is occurring in the province, including in long-term care homes.

As part of the investigation phase to date, we have met with more than 200 individuals from almost 50 groups, including experts, associations, unions, long-term care home operators, residents, families and government officials. Our website identifies those who have appeared before the Commission to date and includes presentation slides and transcripts (www.ltccommission-commissionsld.ca). We have also received numerous written submissions to date from individuals and associations interested in contributing to the work of the Commission.

Based on our ongoing investigation, our final report will provide an account of what happened in the first wave of the pandemic and provide a broad range of recommendations that deal with pre-COVID systemic challenges and factors that contributed to the tragedy in long-term care homes.

We look forward to receiving your responses to our early recommendations and your appearance before the Commission as we continue our investigation.



The Hon. Frank N. Marrocco
Chair



Angela Coke
Commissioner



Dr. Jack Kitts
Commissioner

cc. Hon. Christine Elliott, Deputy Premier and Minister of Health