

Ontario Health COVID-19 Commission Foundational Briefing

Ontario Health Role in COVID-19 Pandemic Response

Date: September 30 2020

Agenda

- Opening Remarks
- Ontario Health & Local Health Integration Networks' Legislative Framework and Accountabilities
- Ontario Health Overview
- OH and COVID-19



Ontario Health & Local Health Integration Networks' Legislative Framework and Accountabilities

Agenda

1. Ontario Health

- a) Legislative Framework - *Connecting Care Act, 2019 (CCA)*
- b) Governance Framework and Mandate
- c) Legislative Authority

2. Local Health Integration Networks (LHINs)

- a) Legislative Framework - *Local Health System Integration Act, 2006 (LHSIA)*
- b) Governance Framework and Mandate
- c) Legislative Authority
- d) Legislative Authorities in Long-Term Care

Ontario Health – Legislative Framework

- Established in April 2019 under the *Connecting Care Act, 2019 (CCA)*
 - Crown agency created by the Government of Ontario with a mandate to connect and coordinate Ontario’s health care system
 - To date, 6 agencies and non-home and community care executive functions of the 14 LHINs have transferred (TGLN and Trillium Gift of Life (TGLN) have not yet transferred).
 - Regional leads appointed to assume CEO leadership of the 14 LHINs and now report directly to Ontario Health’s President and CEO.
- In December 2019, 5 regional leads were appointed to assume CEO leadership of the 14 LHINs, reporting directly to Ontario Health’s President and CEO

December 2 2019

Cancer Care Ontario

eHealth Ontario

Health Force Ontario Marketing and Recruitment Agency

Health Quality Ontario

Health Shared Services Ontario

14 LHINs’ Executives
(does not include home and community care)

April 1, 2020

Ontario Telemedicine Network

Ontario Health – Governance

- 21 corporate board/governance processes consolidated into one
- OH and TGLN governed by 13-member Board of Directors appointed by the Lieutenant Governor in Council and accountable to the Minister of Health
- 12 of the 13 Board Members are cross-appointed by the Lieutenant Governor in Council to each of the LHINs and are accountable to the Minister of Health with oversight of:
 - Ontario Health, TGLN, 14 LHINs
- Governance framework includes:
 - Minister's Mandate Letter
 - MOU between OH and Minister of Health
 - Accountability Agreement between OH and Minister of Health
 - Various Directives such as the Agencies and Appointments Directive

Ontario Health – Legislative Authority

OH's objects from the CCA s. 6 and O.Reg. 376/19 s. 1:

- (a) to implement the health system strategies developed by the Ministry;
- (b) to manage health service needs across Ontario consistent with the Ministry's health system strategies to ensure the quality and sustainability of the Ontario health system through,
 - (i) health system operational management and co-ordination,
 - (ii) health system performance measurement and management, evaluation, monitoring and reporting,
 - (iii) health system quality improvement,
 - (iv) clinical and quality standards development for patient care and safety,
 - (v) knowledge dissemination,
 - (vi) patient engagement and patient relations,
 - (vii) digital health, information technology and data management services, and
 - (viii) support of health care practitioner recruitment and retention;
- (e) to support or provide supply chain management services to health service providers and related organizations;
- (f) to provide advice, recommendations and information to the Minister and other participants in the Ontario health care system in respect of issues related to health care that the Minister may specify;
- (g) to promote health service integration to enable appropriate, co-ordinated and effective health service delivery

Ontario's LHINs – Legislative Framework

- Established under LHSIA
 - LHINs have a mandate to plan, fund and integrate the health care system (see LHIN objects at s. 5 of LHSIA)
 - 14 separate Crown agencies covering the geography of Ontario
 - LHINs are also responsible for providing home and community care services under *Home Care and Community Services Act, 1994* (HCCSA)

Ontario's LHINs – Governance

- Each LHIN is governed by a 12-member Board of Directors
 - 12 of the 13 members of the Board of Directors of OH are cross-appointed to each of the 14 LHIN Boards
- Each LHIN Board of Directors has delegated certain authorities and reporting relationships to the President and CEO of Ontario Health
- Five individuals serve as LHIN CEOs, each appointed as CEO to several LHINs. The LHIN CEOs are cross-appointed as Ontario Health Regional Leads
- Governance framework includes:
 - Minister's Mandate Letter
 - MOU between each LHIN and the Minister of Health
 - Accountability Agreement between the Minister of Health and each LHIN
 - Various Directives such as the Agencies and Appointments Directive
- LHIN Boards are accountable to the Minister of Health

Ontario's LHINs – Legislative Authority

- The objects of the LHIN's are to plan, fund and integrate the local health system to achieve the purpose set out in LHSIA s. 5. Some of the objects include:
 - (a) to promote the integration of the local health system to provide appropriate, co-ordinated, effective and efficient health services;
 - (e) to evaluate, monitor and report on and be accountable to the Minister for the performance of the local health system and its health services, including access to services and the utilization, co-ordination, integration and cost-effectiveness of services;
 - (h) to undertake and participate in joint strategies with other local health integration networks to improve patient care and access to high quality health services and to enhance continuity of health care across local health systems and across the province;
 - (i) to disseminate information on best practices and to promote knowledge transfer among local health integration networks and health service providers;
 - (k) to allocate and provide funding to health service providers, in accordance with provincial priorities, so that they can provide health services and equipment;
 - (l) to enter into agreements to establish performance standards and to ensure the achievement of performance standards by health service providers that receive funding from the network;
 - (m.1) to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons;
 - (m.2) to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the *Home Care and Community Services Act, 1994*;
 - (m.4) to fund non-health services that are related to health services that are funded by the Minister or a local health integration network;

Ontario LHINs – Legislative Authorities in Long-Term Care

Placement Co-ordination

- LHINs are the designated placement co-ordinators under the LTCHA
 - See s. 153 O. Reg. 79/10 under the LTCHA: “Every person or entity that is not a local health integration network is ineligible for designation as a placement co-ordinator.”
- As placement co-ordinators, LHINs are responsible for:
 - Determining eligibility for admission
 - Providing applicants with information about long-term care
 - Assisting applicants with placement related application processes
 - Prioritizing applicants for admission
 - Monitoring and managing waitlists
 - Authorizing admissions to long-term care homes

Home and Community Care Services in Long-Term Care Homes

- LHINs provide or arrange certain home and community care services (i.e. therapies and limited nursing services) for long-term care home residents pursuant to HCCSA (O. Reg. 386/99 s. 2(3), 2.1(2), 3.6)

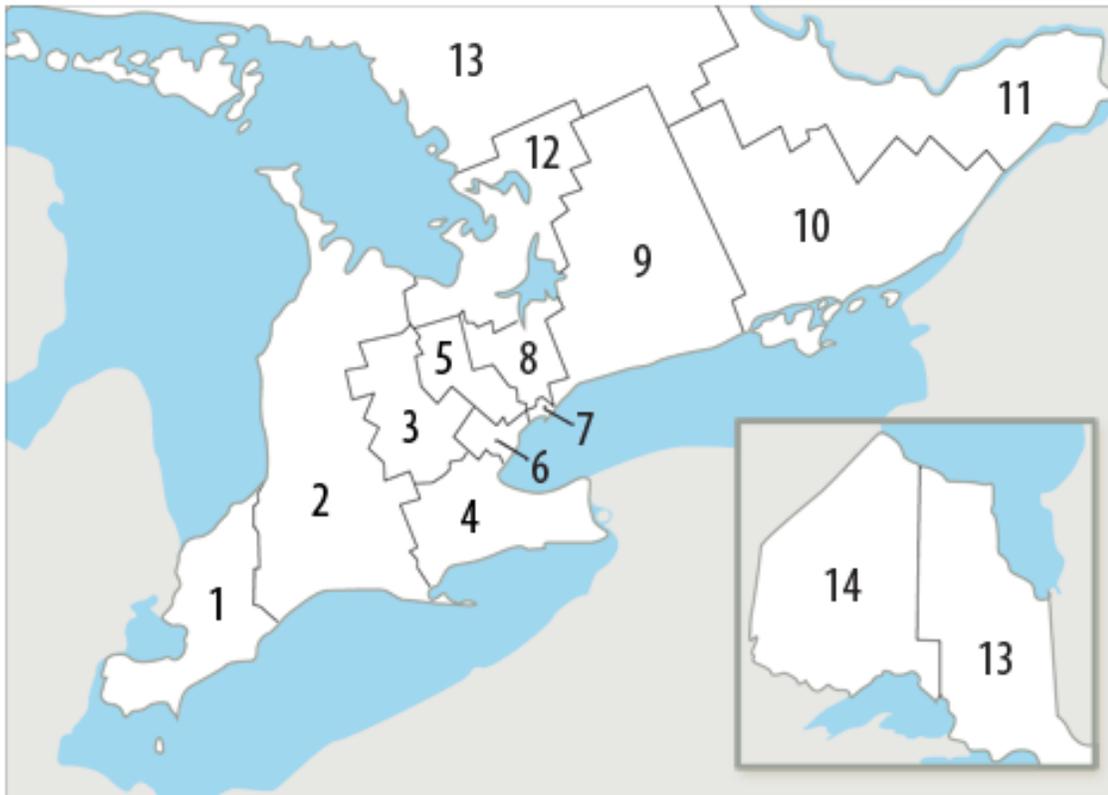
Ontario LHINs – Legislative Authorities in Long-Term Care

Funding under the *Local Health System Integration Act (LHSIA)*

- Section 19 of LHSIA provides the LHINs with the authority to fund health service providers (including long-term care homes – LHSIA s. 2(2)) in accordance with the Ministry-LHIN Accountability Agreement (MLAA)
 - The Ministry of Long-Term Care sets the funding for long-term care homes through policies (MLAA Sched. 2, s. 3)
- Each long-term care home must enter into a service accountability agreement (LSAA) with the LHIN in its geographic area (LHSIA s. 20(1))
- Certain authorities the LHINs have with respect to other health service providers do not apply to long-term care homes:
 - LHINs cannot issue operational or policy directives to long-term care homes (LHSIA s. 20.2)
 - LHINs cannot appoint investigators or supervisors for long-term care homes (LHSIA s. 21.1(2), 21.2(2)(b))

Ontario LHINs

Local Health Integration Networks (LHINs) plan, integrate and fund local health care, improving access and patient experience



1. [Erie St. Clair](#)
2. [South West](#)
3. [Waterloo Wellington](#)
4. [Hamilton Niagara Haldimand Brant](#)
5. [Central West](#)
6. [Mississauga Halton](#)
7. [Toronto Central](#)
8. [Central](#)
9. [Central East](#)
10. [South East](#)
11. [Champlain](#)
12. [North Simcoe Muskoka](#)
13. [North East](#)
14. [North West](#)



Ontario Health: Leadership and Organization

Ontario Health

Health Quality
Ontario

Health**Force**Ontario

Health Shared Services
Ontario

 Ontario's **LHINs**



Ontario Health



eHealth Ontario

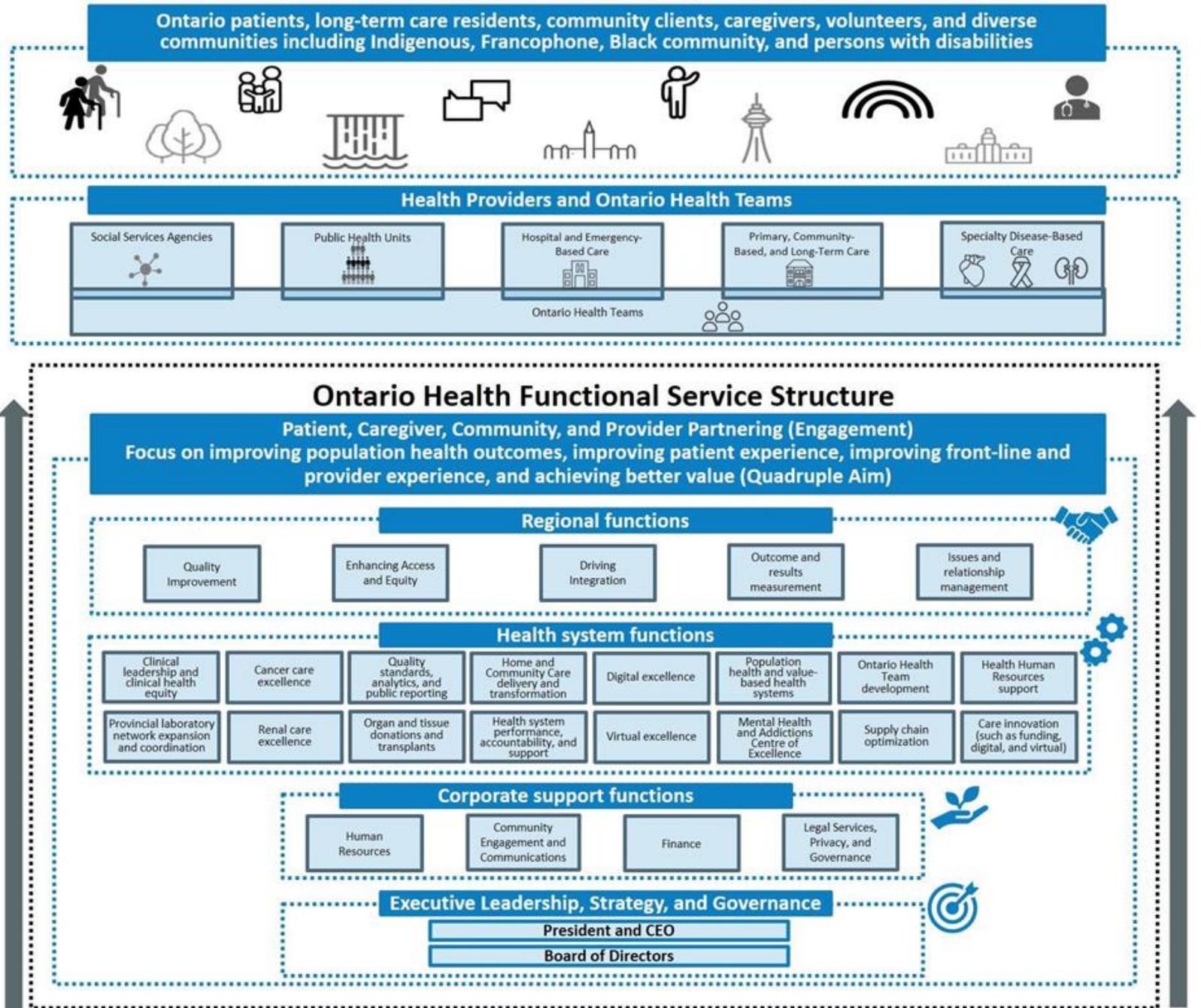
 Cancer Care Ontario

 **otn.** Care.Connected.

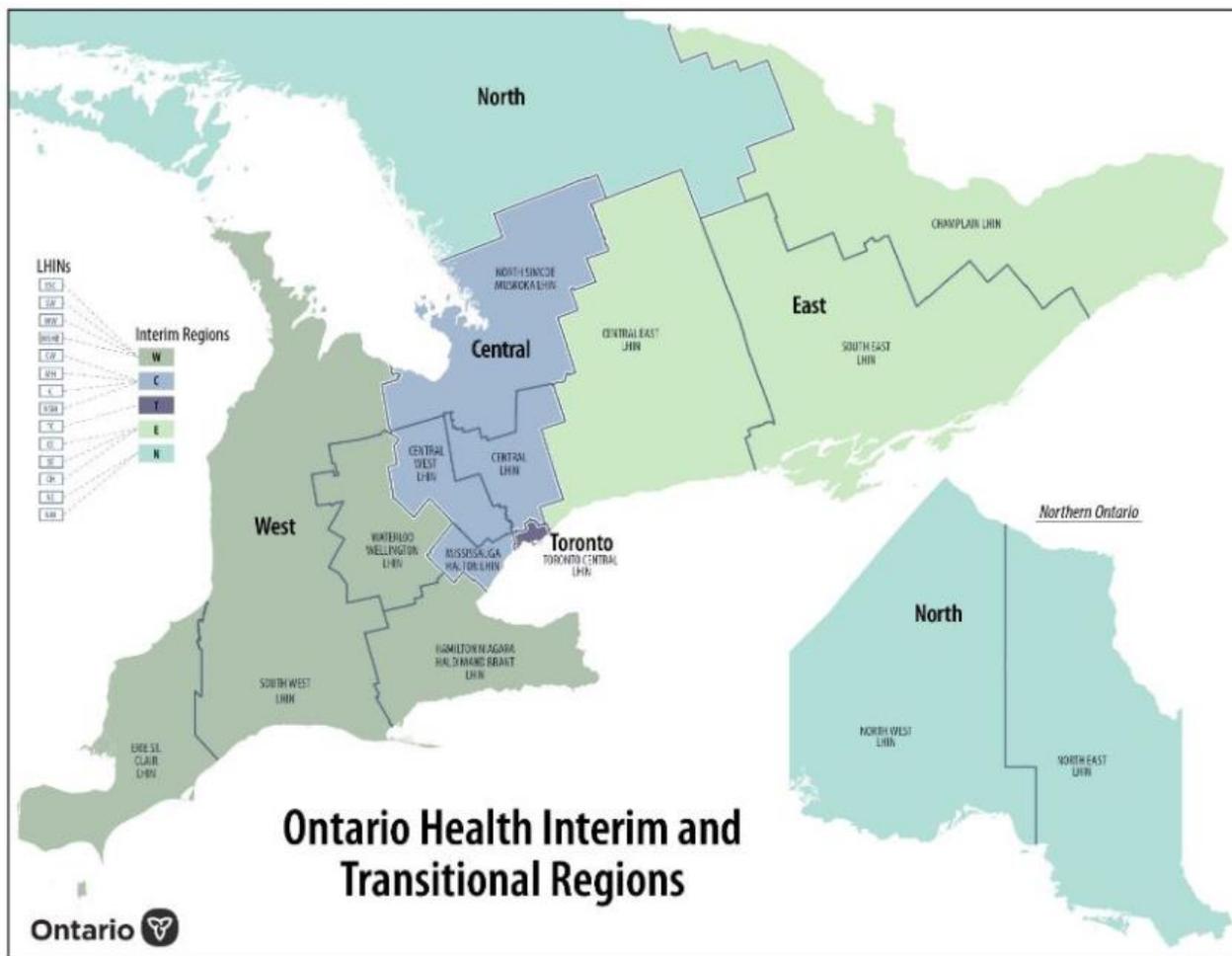
 Trillium
Gift of Life
Network

Ontario Health brings 21 agencies into a single organization with a mandate to connect and coordinate our province's health care system, to help ensure that Ontarians receive the best possible care.

Ontario Health Operating Model



Ontario Health Interim and Transitional Regions



14 Local Health Integration Networks were reorganized into 5 interim geographical regions in November 2019, for transition of certain LHIN functions and oversight responsibilities into Ontario Health. These five interim and transitional geographical regions are based on existing geographic boundaries as set out in the current LHIN's governing legislation.

Region	LHIN Corporations
West	Erie-St. Clair, South West, Hamilton Niagara Haldimand Brant, Waterloo Wellington
Central	Mississauga Halton, Central West, Central, North Simcoe Muskoka
Toronto	Toronto Central
East	Central East, South East, Champlain
North	North West, North East



Ontario Health and COVID-19

Ontario Health's Early Role in Pandemic Planning

JAN 23

- Shared Services division, in coordination with MOH, established a response readiness strategy should Ontario Health and/or the LHINs need to respond to a potential outbreak/exposure.

JAN 25

- Ontario saw its first case of Coronavirus, and Ontario Health, through its Toronto Region began to work with our hospital partners, and the Toronto Public Health Unit on the tracking and management of cases.

JAN 28

- Developed client and staff screening protocols, based on Public Health guidance, for LHIN HCC frontline staff and their contracted Health Service Providers (SPOs).

JAN 30-31

- Initiated PPE Supply Capacity Surveys for LHINs and 100+ home health care providers.
- With OHA, mapped provincial capacity of isolation & negative pressure rooms.

FEB 3

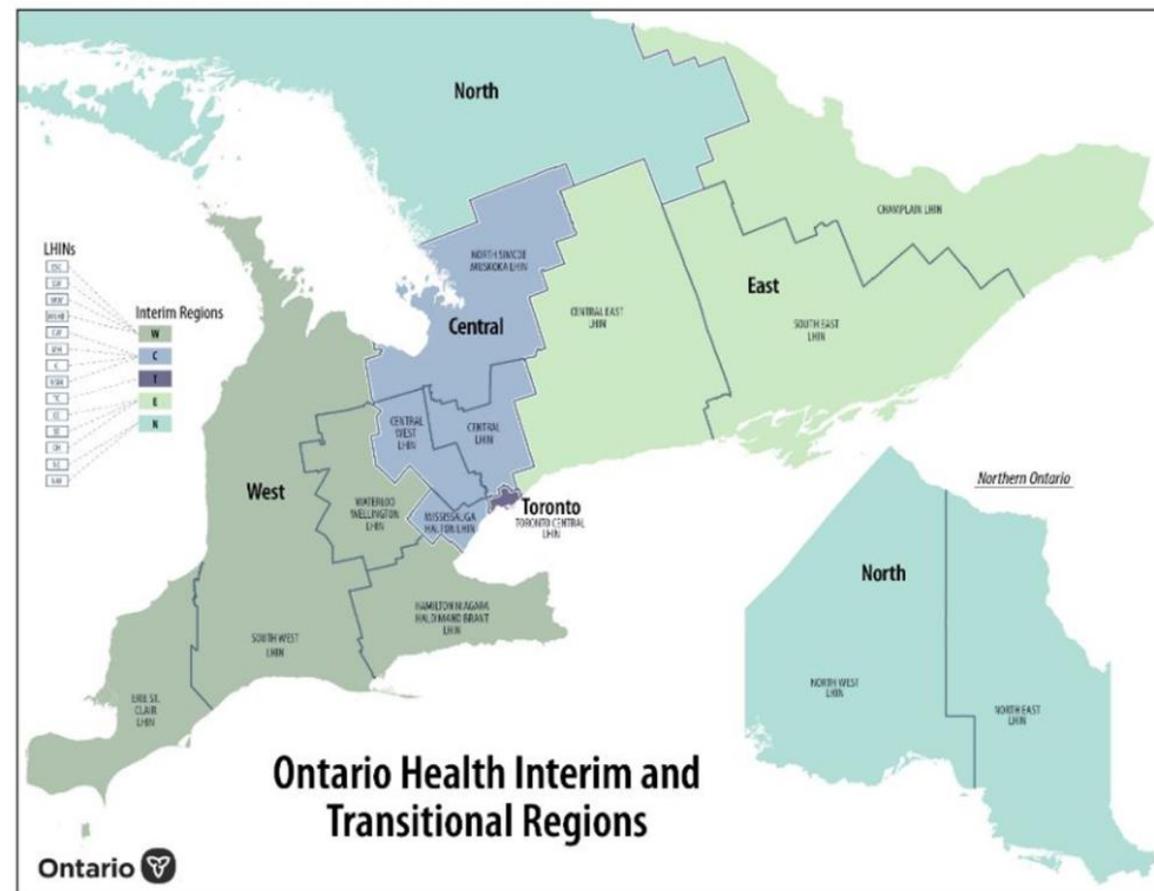
- Launched PPE Supply Capacity Surveys across various health care sectors via respective associations
- OH East Region worked locally to help marshal resources to the repatriation of travelers.

Regional Planning & Implementation Tables

Established March 2nd, to link health sector partners and public health leadership to coordinate knowledge exchange to develop plans at the regional and local level to prepare Ontario to respond to the COVID-19 outbreak.

Planning Framework

- Phase 1: Containment and Elimination
- Phase 2: Mitigation and Response
- Phase 3: Recovery



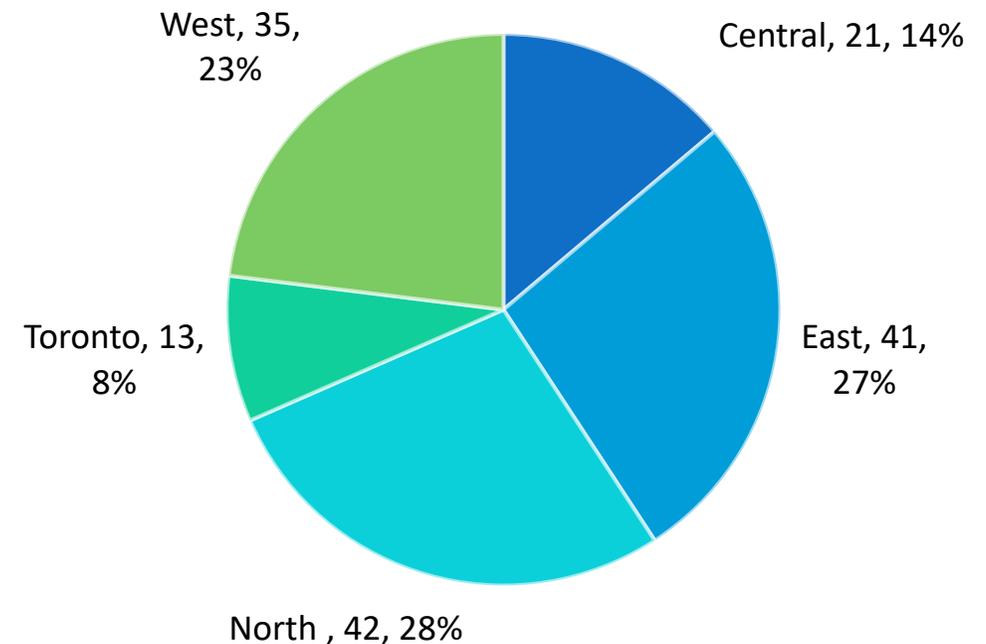
Testing: Assessment Centres

- The first priority of the Regional Planning and Implementation tables was to enhance surveillance, by enhancing testing capacity, lab capacity and syndromic surveillance.
- Ontario Health took the lead in working with hospitals to establish alternate testing sites to divert the flow of potential COVID positive patients from EDs to COVID testing sites in order to free up the ED department for other urgent patient care.
- Working with MOH, Ontario Health established a set of minimum requirements set in a *Planning Assumptions and Operational Readiness Checklist for COVID-19 Assessment Centres*.
 - Enabled the timely design and implementation of COVID-19 Assessment Centres
 - Required sign-off from the respective CEO, the local Public Health Medical Officer, and the respective Ontario Health Regional Lead.

152 Assessment Centres Open across the province

Data as of September 24, 2020

Distribution of Assessment Centres by Region



2 M Visits

2 M Tests Completed

Testing: Telehealth Support and Public Health Ontario

Supports Provided by Ontario Health

Telehealth (MAR - JUN)

- As part of MOH engagement of partners to support Telehealth during the COVID-19 outbreak, OH Region/LHIN staff volunteers were deployed to support increasing response capacity.



— 420+ LHIN nurses across the province were trained in Telehealth work



— Contributed 52,000+ hours of nursing expertise



— Completed 71,513 calls for Telehealth

Public Health Ontario (APR – JUN)

- OH staff from across the agency were deployed to support Public Health Ontario contact tracing efforts.



— Reached more than 720 contacts during a 9-week run

Testing: Laboratory Capacity

In late March, Ontario Health was approved to establish the Provincial Diagnostic Network and was tasked with rapidly enhancing provincial lab capacity to address the growing COVID-19 testing backlog.

Scaling Lab Testing Capacity

- In April, the lab capacity was increased from just under 4000 tests/day to approximately 50,000 tests/day today.

Testing Strategy Expert Panel

- Established in April to provide recommendations to the CMOH regarding testing strategy, including:
 - testing guidance expansion regarding priority population groups, the role of asymptomatic testing
 - influenza and COVID-19 testing within schools to support the reopening plan
 - Testing Strategy Coordination related to the evolution of the provincial testing strategy

Testing Turnaround Time

- Reduce turnaround times from test collection to result provision

Personal Protective Equipment (PPE)

PPE Shared Services Taskforce

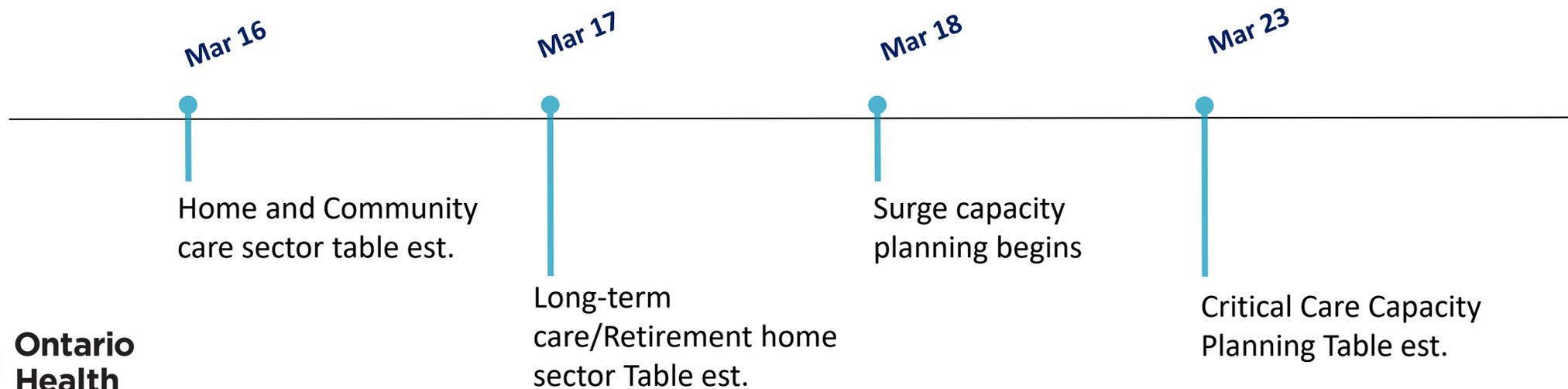
- Established provincial sourcing team to provision PPE to support health system when existing health service provider (HSP) supply chain was unable to meet demand.
- Over 1 billion units of PPE and Critical Supplies have been ordered

Regional Supply Chain Network Management

- Established OH regional supply chain network responsible for intake/escalation processes, warehousing, and distribution associated with urgent PPE requests
- Supported demand for PPE by looking for regional solutions before escalation to MEOC, enabling MEOC to focus on reactive urgent escalations
- OH Regions proactively distributed provincially allocated PPE using their knowledge of the local environment
- From late April to September regions have shipped 45.9 million units of PPE to 4,324 health service providers. Long term care homes specifically have received 11,062,197 units of PPE across 457 homes.

Surge Capacity Planning

- Ontario Health, in partnership with the MOH and Ontario hospitals, began planning and coordination efforts to free up capacity in hospitals and support critical care and ICU capacity in Ontario hospitals.
- A team from OH, the MOH, the Ministry of Long-term Care and others began work to centralize the work of assessing additional spaces in the community, such as hotels and retirement homes, which could be safely utilized to alleviate immediate hospital and long-term care capacity pressures.



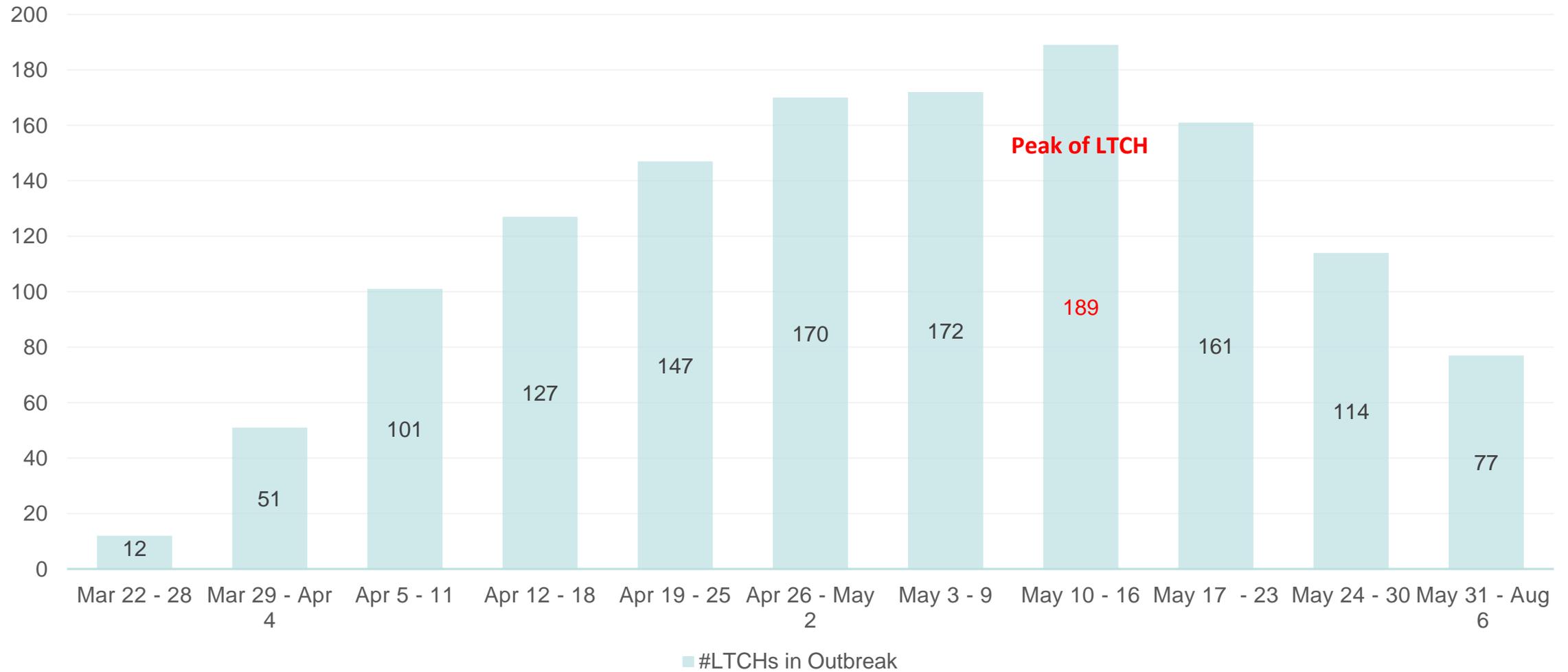
COVID-19 Scorecard

- A COVID-19 Scorecard was developed to monitor the progression of the pandemic and the capacity of the system to respond (e.g. lab testing, acute care, telehealth).
- On March 16, OH compiled the first report for presentation at Command Table, and continued to evolve the report over the course of the pandemic in close collaboration with the Ministry of Health and Public Health Ontario.
- The Scorecard was initially comprised of data from existing sources, such as:
 - iPHIS - Integrated Public Health Information System
 - ACES - Acute Care Enhanced Surveillance database
 - Critical Care Information System, etc.
- It evolved to be a mix of additional existing sources, such as:
 - Telehealth Ontario
 - Assessment Centres
 - Provincial Diagnostic Network



LTC Outbreak Support

Long-term Care home Outbreak Timeline



Overview of OH COVID Support to LTCH Sector

Utilizing five OH Regional COVID Response Tables to assess status of homes and develop action plans and to support local and regional needs of the health system in responding to the pandemic

Regional
Response
Coordination

Provided MOH and MLTC daily assessments of LTC risk and need -- updated through OH Regional monitoring and evaluation tool developed and implemented to monitor progress of LTC homes

LTCH
Management
Orders

Establishing partnership for LTCHs with local hospitals to provide essential supports to LTC homes and safe resident care such as IPAC assessment, PPE training and health human resources (HHR).

Health
Human
Resources

*Recruitment and support for employee return to work
Established regional HR Rapid Response Teams to support LTC home workforce needs*

OH
Provincial
& Regional
Support

Canadian
Armed
Forces

Liaised with Canadian Armed Forces to deploy supports to priority homes term care homes, as identified by the province.

Personal
Protective
Equipment

PPE sourcing, guidance, regional warehousing, distribution, and HSP escalation management

COVID 19
Testing
Strategy

Developed regional partnerships to support testing of residents and staff at LTC homes

Regional Response Teams

- Regional Response Teams worked with each of their homes to assess needs and provide essential supports including:
 - Infection Prevention and Control (IPAC) assessment and PPE training
 - Testing/swabbing of residents and staff
 - Deploying staff to LTCHs including essential medical staff
 - Identifying hospitals that could receive decanted (Non acute) residents where homes were unable to support care for residents
- Similarities in areas for additional support among LTCHs in outbreak with **High** risk assessment:
 - Health Human Resources
 - Infection Prevention and Control (IPAC) measures(i.e. cohorting of residents, proper PPE usage)
 - Leadership to provide the essential guidance and crisis support to stabilize the home.

★ **MAR 17**

APR

TODAY

• Ontario declares state of emergency

• Regional Response Teams put in place typically involving the local Public Health Unit, a hospital partner in the community and Ontario Health

• OH Response Teams work together to support ongoing outbreak. Homes risk assessed as **High, Medium, Low**

• OH Response Teams become more active as outbreaks LTCHs increase

HHR: Long-term Care Support

Approach	Description	Tools Developed	System Benefit
Rapid Response HR Teams	<ul style="list-style-type: none"> Provincial and regional teams organized to provide HHR support for LTC 	<ul style="list-style-type: none"> Return-to-work toolkit to assist LTCHs and RHs to stabilize their healthcare workforce 	<ul style="list-style-type: none"> Assessed and identified LTCHs requiring HHR support Prioritized LTCHs for immediate matching, deployment and coordinating resources
OH/LHIN Staff Deployments	<ul style="list-style-type: none"> OH/LHIN Staff volunteer to work in other congregate settings based on need 	<ul style="list-style-type: none"> Secondment templates Comprehensive training and orientation LTC Reference Guide 	<ul style="list-style-type: none"> Facilitated the deployment of LHIN employees to LTCHs most in need As of mid-August, LHIN staff provided over 17,000 hours of support LTCHs
OPS Staff Deployments	<ul style="list-style-type: none"> OPS Staff volunteer to work in other congregate settings based on need 	<ul style="list-style-type: none"> Workforce Matching Portal 	<ul style="list-style-type: none"> Facilitated the deployment of OPS staff to LTCHs most in need
Home and Community Care Staff Support	<ul style="list-style-type: none"> design funding models, such as sessional rates, to enable easier deployment 	<ul style="list-style-type: none"> SPO Amending Agreement Sessional Services Operational Protocol Sessional Service Funding Model/ Rates Invoice Template Deployment Staff Tracking Tool 	<ul style="list-style-type: none"> Facilitated redeployment of HCC HHR staff to provide non-HCC services in congregate settings
MOH Workforce Matching Portal	<ul style="list-style-type: none"> Launched in partnership with MOH to solicit interest for recruitment from the public 	<ul style="list-style-type: none"> Comprehensive screening materials to support rapid assessment and recruitment of potential candidates to work in COVID-positive LTC homes. OH rapid response teams undertook screening and interviews with 1000s of applicants OH/OPS Agreement with LTCHs 	<ul style="list-style-type: none"> Trained and coordinated 53 screeners from OPS and OH to screen over 3200 candidates Referred recommended candidates to Regional HR Leads for matching to LTCH Provided HR Support for smaller and independent homes to hire matched candidates.

HHR: Ontario Health LTC Support – Overview

KEY NOTES

3220

Resumes downloaded

3220

Number of Candidates assigned for Screening

3204

Number of Candidates Screened

1461

Candidates forwarded to the region for Matching and Hiring

626

Candidates matched to LTCH homes

Resumes downloaded

Resumes assigned

Completed Screenings

Forwarded to the Region

Candidates matched to homes

100%

3220

3220 (100.0%)

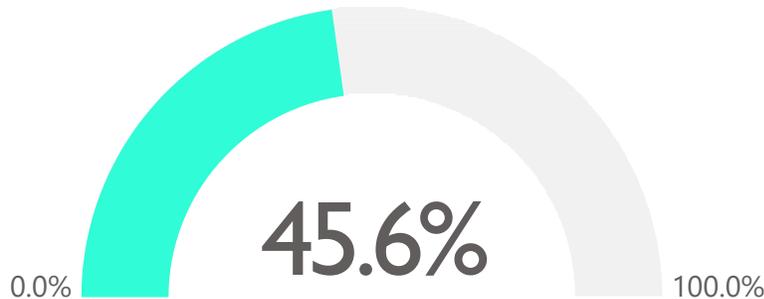
3204 (99.5%)

1461 (45.6%)

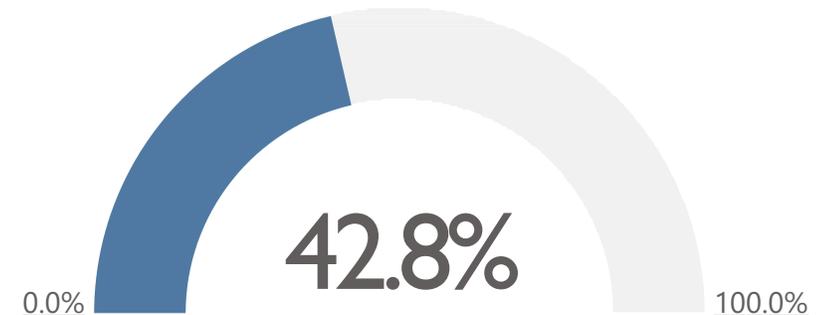
626 (42.8%)

19.4%

Candidates forwarded for Matching and Hiring



Candidates matched to LTC homes

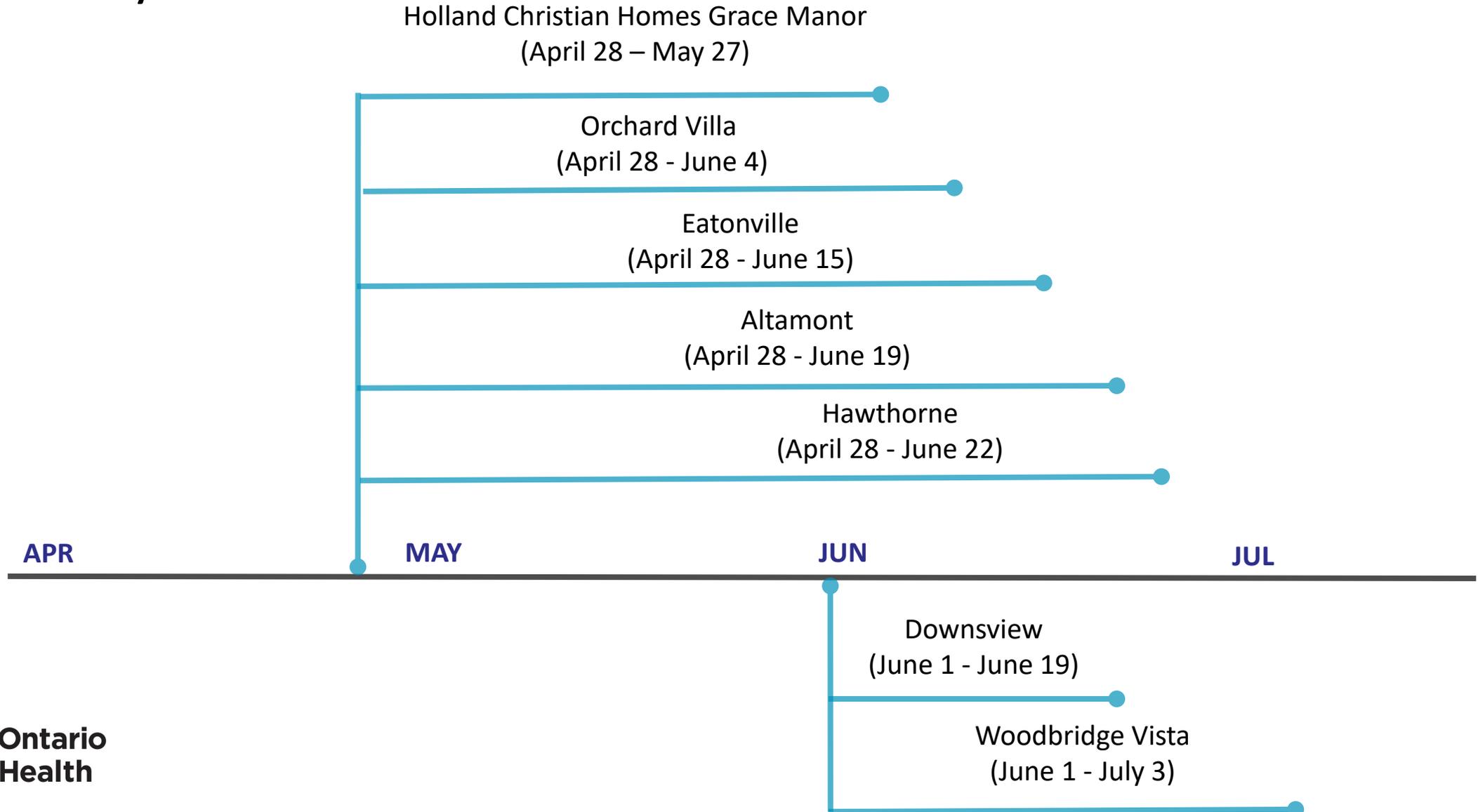


Testing Strategy in Long-term Care

- As part of the province's Long-term Care Action Plan announcement on April 15th, a key action was to increase testing of LTC home residents and staff
- OH Regions responded in multiple ways:
 - Deployed teams from Assessment Centres to LTC homes to deliver onsite testing for LTC residents and staff
 - Deployed mobile testing teams into homes to help with swabbing of staff and residents
 - Worked with local paramedics to enable testing models through partnerships with LTC homes
 - Between April 15 and May 31, 26,687 residents and 31,191 staff were tested.
 - Continued surveillance testing of LTC staff 2 x monthly

Canadian Armed Forces Support

April 28 – July 3



MLTC Management Orders

On May 12, MLTC announced an Emergency Order for issuance of MMO, with the first management order issued on May 25, 2020

Long-Term Care Home	Operator	Managing Hospital Partner
Villa Columbo	Villa Colombo Homes For The Aged	Humber River Hospital
River Glen Haven	ATK Care, Inc.	Southlake Regional Health Centre
Camilla	Sienna Senior Living	Trillium Health Partners
Downsview	GEM Health Care Group	Humber River Hospital
Woodbridge Vista	Sienna Senior Living	William Osler Health System
Forest Heights	Revera	St. Mary's General Hospital
Altamont	Sienna Senior Living	Scarborough Health Network
Eatonville	Rykka Care Centres/Responsive	Unity Health Toronto
Guildwood	Extendicare	Scarborough Health Network
Hawthorne	Rykka Care Centres/Responsive	North York General Hospital
Orchard Villa	Southbride Health Care Group	Lakeridge Health



Questions