



21 September 2020

The Honourable Doug Ford, MPP
Premier of Ontario
Office of the

The Honourable Christine Elliott, MPP
Deputy Premier and Minister of Health
Ministry of Health

The Honourable Dr. Merrilee Fullerton, MPP
Minister of Long-Term Care

Dear Premier Ford, Minister Elliott and Minister Fullerton,

On behalf of our residents, families, staff and clinicians, we in the Long Term Care sector appreciate the partnership and support you have provided since this pandemic began. At the same time, we need to say plainly and directly that the Government of Ontario has not yet put the necessary supports and preventative measures into place that we in the sector have long made clear are essential to protecting our residents, staff, family members and other visitors against COVID-19 in an anticipated second wave. As you know, long-term care homes were at the epicenter of the first wave of the pandemic and we need immediate action to ensure the health and safety of our residents, hardworking staff and family members. In the absence of these measures and support from government, Ontario's long-term care homes are not currently ready to manage a second wave of COVID-19.

The tragic losses we experienced in the first wave highlighted the systemic issues in the long-term care sector that made our homes and their residents vulnerable to COVID-19. We now know these vulnerabilities can only be addressed by having all of us working together; long-term care home operators, government, labour partners, hospitals, public health, emergency services, community partners and, of course, our residents and families.

Your government's response in wave one, with the launch of the Long-Term Care Action Plan, was critical in helping our long-term care homes fend off and contain COVID-19. These measures have improved our homes' readiness for the next wave, but many vulnerabilities remain. Since June, we have been advocating for a Wave Two Action Plan to address these vulnerabilities in time for the fall and a potential surge in cases. Ontario, the province with the largest number of long-term care residents in Canada, finds itself behind other provinces that have already completed the recruitment and training of thousands of new front-line staff and have begun the implementation of other critical supports to ensure the health and safety of residents, staff and family visitors. The recent surge in cases in Ontario and other provinces is a warning that we have little time to waste. We need decisive action now.

The most basic underlying risk factor, which remains and we cannot change, is that congregate living for very frail people, mostly seniors, is inherently high risk for a highly communicable respiratory virus. This is why many jurisdictions, with different structures and policies for Long Term Care, have faced devastating impacts from COVID-19. Our residents are in congregate settings because they need care; indeed, 38,000 additional people in Ontario need Long Term Care and are on wait lists. Necessary measures to limit group activities and social contact because of COVID-19 have increased the frailty of some of our Long Term Care residents, so this challenge is even greater now than it was in the spring. This vulnerability does not exist because the government or the sector did anything wrong, but we have a duty together to mitigate the risk by addressing the factors we can control.

The single biggest risk we can manage is the severe staffing shortage in Long Term Care. As you know, this long predated COVID-19, and indeed long predated the election of your government. The long-standing shortage of staff, particularly personal support workers (PSWs), makes the system vulnerable to any additional strain or staff absence, and COVID-19 caused severe strains and severe staff absences. The staff shortage has not improved, and in fact, has been made worse.

Staff are exhausted and their mental health has diminished through the trauma they have experienced in either responding to severe outbreaks and tragic losses, or in working aggressively to prevent outbreaks. In the spring and summer, we had the benefit of additional "pandemic pay" and we were able to bring students into homes to add temporary staff capacity. Now, the additional "pandemic pay" program has ended, and many colleges are restricting students and faculty from working in Long Term Care, even those students and faculty who would ordinarily do so. As hospitals, schools and Ontario Health return to normal capacity, the redeploying of their staff to help long-term care is no longer a viable option. While our operators are relentless in their recruitment efforts, there simply is not enough qualified staff available. We cannot emphasize the importance of staffing too much – the most severe problems in the spring related to staff absences and the resulting lack of a sufficient workforce to provide necessary care. There simply are not enough staff in the homes to deliver timely and quality care for residents while maintaining enhanced IPAC practices. We need to do better for our residents and staff.

We are encouraged that the government has made a commitment to take action in response to the staffing study. While longer term action is required to address the system challenges, immediate action is required to address today's crisis. Government needs act now to implement, test and scale innovative solutions. Government must continue to support and help scale the recruitment of resident care aides who can serve as "resident experience ambassadors," providing one on one support to residents supporting their psychological and emotional wellbeing. These aides free up time for PSWs to deliver the physical and personal care residents require. Urgent action is also required to increase the supply of PSWs. One practical solution that could be implemented immediately is to allow new workers to begin on-the-job training towards PSW certification, with appropriate supervision, and complementary online training. Already recruited resident care aides and individuals displaced from industries such as restaurants and hospitality would be excellent candidates to become PSWs. This approach could have both short term and long term impacts in addressing the staff shortage. We have already engaged local colleges and Colleges Ontario, however, they are prevented from implementing these innovative programs by the strict rules in the Long-Term Care Homes Act. We need government to clear the path.

We must also support existing staff by ensuring they have confidence in the safety of long-term care homes which comes with assurance that they have the tools and

supports needed to succeed in fighting COVID-19. That requires swift action to address remaining vulnerabilities as outlined in our Wave Two Action Plan, most notably:

- PPE quality continues to be a challenge and as cases surge, provincially, nationally and internationally, the supply chain will become strained again. We need assurance that long-term care homes will be a priority for accessing provincial PPE supply.
- Testing logistics continue to be a challenge in some regions with insufficient supply of swabs and 6 to 8 day delays in tests results. Long-term care homes cannot take critical steps to isolate and cohort without timely access to tests. In addition, the invasive nasopharyngeal swab is causing strain for staff undergoing biweekly testing. A less invasive test is urgently needed to move to more frequent testing. Hours and days count.
- Infection Prevention and Control (IPAC) needs to be strengthened in long-term care. Each home needs to be supported and funded to have an IPAC consultant on staff and to lead the home's response, including ongoing training and compliance for PPE and IPAC protocols. This is a critical full-time role. While homes build this capacity, they will need the continued support from their hospital partners and public health units.
- Our physician leaders are critical to the health and safety of our residents, and the confidence of staff. Recognizing that they work in multiple care settings, including hospitals, and to prevent the spread of infection, some physicians provided virtual support to long-term care residents during wave one. This is effective when there exists strong coordination and collaboration with members of the care team and home management. In preparation for a second wave, better coordination and support for Ontario Long Term Care Clinicians is required to safely and effectively care of residents as an integrated part of the long-term care home care team. This may include a better compensation model to enable physicians to spend more time providing medical management of LTC homes overall, whereas now physicians are only compensated for the direct care of an individual patient. The OLTCC also advocates for additional measures to ensure clear guidance during a second wave.
- Congestion in our older long-term care homes continues to be a challenge. A clear policy is required on whether 3 and 4 bed wards are safe. While admission in 3 and 4 bed wards is prohibited, previously admitted residents continue to reside in these wards. As hospital capacity becomes strained, the pressure to admit into these beds is growing. A clear standard is required on

whether creating isolation rooms can serve as a safe alternative to taking these 5,000 ward beds out of operation. We need to carefully weigh the risks to the vulnerable lives of our residents with the broader system and community pressures and we need to work in partnership with our hospitals to develop clear, transparent, predictable pandemic response plans and protocols regarding the transfer of long-term care residents into hospital or alternate care settings.

Premier and Ministers, on behalf of our residents, families, staff and clinicians, we in the Long Term Care sector appreciate the partnership and support you have provided since this pandemic began. The Long-Term Care Action Plan of the first wave worked. As we have said, plainly and directly, without the support of government, we are not yet ready for a second wave of COVID-19. We know what actions need to be taken today in order to protect our residents, families and staff. These are measures and actions that are out of the control of the homes. Your government demonstrated its ability to act quickly and aggressively to stabilize the sector against this virulent disease. You must act now if we are to avoid the events of the first wave.

Regards,



Donna Duncan
Chief Executive Office
Ontario Long Term Care Association



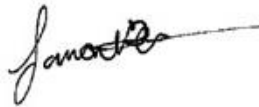
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