



Long-Term Care in Ottawa: We Need Change Now!

A Statement of Concerns

May 2020

Preamble

With the unfolding COVID-19 crisis in long-term care (LTC) homes in our city and across the province and country, the Council on Aging of Ottawa (COA) is unwavering in its commitment to improving care in this sector. Pre-existing and systemic vulnerabilities as well as values and attitudes towards seniors' care have been laid bare by this pandemic. This has happened despite extensive recommendations by experts, over many decades, for improvements in LTC. This includes specific recommendations for managing pandemics, such as in the 2006 report by [Ontario's SARS Commission](#). We need permanent changes to LTC. This will require adequate funding and support for a vital service in this community. **And we need it now!**

The recent position paper [Long-Term Care in Ottawa: We Need Change Now!](#) outlined COA's vision for LTC, identified four priorities for change, and highlighted measures for monitoring these needed changes. **This Statement of Concerns focuses on changes needed right now to reduce the risks of COVID-19 to seniors living in Ottawa's 28 long-term homes.**

We are in the early stages of this pandemic. The Council will be monitoring developments over time. Sadly, seniors have borne the brunt of this pandemic in Canada and elsewhere. With proper care and planning for such emergencies, many of the deaths and illnesses could have been prevented. Our hearts go out to LTC residents, family members, and staff who have been impacted by this pandemic. This should never happen again!

We need change now!



Concern #1: Critical shortages of care staff

The long-standing problem of a critical shortage of staff in LTC was exacerbated by the pandemic. Short-term measures have been initiated. Frontline staff have seen temporary salary increases. Movement of staff between LTC homes has been restricted. Response-teams have been deployed from hospitals and the military to help in LTC. **Unless appropriate minimum staffing requirements are legislated for all work in LTC and a comprehensive health human resources strategy for LTC is initiated now, this sector will continue experiencing the same problems clearly revealed during this pandemic.** Both staff shortages and the exclusion of volunteers and family members from LTC homes have certainly impacted the provision of basic care needs for residents during this pandemic.

COA recommends the following for immediate action:

1. Fund more direct-care staff (e.g., RNs, RPNs, PSWs) with a regulated minimum of care hours per resident appropriate to the complexity of care needed. These care standards must include provisions for emergency situations where surge capacity may be required.
2. Provide direct-care staff, whether full-time or permanent part-time workers, with wages and benefits equivalent to those available in public hospitals.
3. Take immediate action, during a pandemic, to restrict staff from working in more than one location, with appropriate compensation for lost income.
4. Restrict externally-contracted agency employees from working in multiple LTC homes.
5. Have a plan for the deployment of critical staff to LTC in the event of staff shortages.
6. Develop, update, and communicate emergency plans for pandemics and infection outbreaks that may require surge capacity or specialized services.



Concern #2:

Inadequate infection prevention and control

Many LTC homes lack the capacity and resources to deal with serious public health emergencies, let alone one as significant as COVID-19. Several critical factors have contributed to the high death toll. These include the physical environments in LTC homes (See Concern #3 for details), limited space for isolation rooms, shortages of personal protective equipment (PPE), lack of training in infection control, and a suboptimal level of testing for residents and staff. Some government directives have started to address these issues; for example, stopping admissions from hospitals, issuing directives related to the provision of PPE, and improving testing and surveillance.

COA recommends the following for immediate action:

1. Ensure LTC homes adhere to the strictest public health standards for congregate housing and vulnerable populations.
 - a. Ontario standards should be informed by advice from the Ontario Medical Officer of Health.
 - b. Public Health authorities must work closely with LTC staff throughout this pandemic and must have a permanent role in surveillance, education, and support to LTC.
2. Ensure a sufficient supply of PPE, now and in future, for staff and visitors to all LTC homes, and make sure that everyone is trained in their proper use.
3. Implement sufficient testing and surveillance for staff and residents, now and throughout this pandemic.
4. Implement and monitor strict isolation procedures for residents and staff who have tested positive.
5. Conduct regular on-site inspections, follow-up on deficiencies, and apply serious penalties for non-compliance.
6. Implement on-going staff training in all dimensions of infection prevention and control.



Concern #3:

Inadequate standards for physical environments

As stated in COA's report, Long-Term Care in Ottawa: We Need Change Now!, 31% of available beds in Ottawa are not currently up to Ministry standards. The spread of COVID-19 has been exacerbated by the continuing use of ward rooms. **The physical environments in LTC homes are long overdue for a fundamental redesign.**

COA recommends the following for immediate action:

1. Streamline Ministry approvals and processes, and increase financial and other support to LTC homes, for the structural adaptation of available physical space to meet public health safety standards for pandemics and infection outbreaks. This would improve the ability to isolate residents while respecting their privacy. It would also provide private space for staff to change and rest without risking contamination.
2. Update physical standards for new LTC homes and for renovations to existing ones to reduce the risks to residents and staff during pandemics and for improved infection control. This would include, among other changes, requiring single-occupant rooms with individual bathrooms, and an appropriate number of isolation rooms.
3. Ensure existing LTC homes in Ottawa meet current safety and design standards within the shortest possible time.
4. Encourage new models of care and recognize that person-centered care may be supported by models other than the current 32-bed standard.



Concern #4:

Weak communication with residents and family

At the beginning of this pandemic, COA noted that communication with residents and families was weak in many LTC homes. Sometimes families learned of COVID-19 outbreaks through the media. **This pandemic has demonstrated the importance of open and regular communication.**

COA recommends the following for immediate action:

1. Notify, within 24 hours, residents and their designated family member or contact person, as well as family councils, should a resident or staff member test positive for COVID-19, experience a COVID-19-related death; or, should a resident or staff member who has not been tested suffer a serious illness.
2. Identify a key staff member, and a back-up, as the primary points of contact for each resident and designated family member or contact person.
3. Experiment with innovative communication methods to keep residents in touch with families and friends, for example, regular video or phone contacts and safe meeting places and procedures.
4. Recognize the mental health consequences of prolonged physical distancing or lockdowns on residents, families, and staff. Secure necessary care is available to all who need it now and in the future.



Concern #5:

Need for accountability and transparency

We are encouraged by the openness of researchers, practitioners, and communities in sharing best practices in a timely fashion during this crisis. The COA applauds Ottawa Public Health's reporting on outbreaks in Ottawa institutions, including LTC homes, as well as data recently made available on the Ontario government's [website](#). These approaches need to continue throughout the pandemic.

COA does not see the value in an extensive, and no doubt expensive and lengthy post-mortem "inquiry" into pandemics and LTC. There is extensive research and advice readily available to improve LTC. **We need to move forward with critical improvements now and not delay these important changes.** An independent review that focusses on transforming seniors' care and commits to providing more funding to this sector would be welcomed.

The Council recommends the following for immediate action:

1. Continue regular updates on outbreaks and outcomes by institutions and LTC homes throughout the pandemic. Regularly review the situation and make necessary changes quickly.
2. Encourage regular and open exchanges of best practices in managing the pandemic in LTC homes, discover what is not working, and recommend or require changes.
3. Review and simplify inspection rules and processes for LTC while ensuring that all homes adhere to current health and safety standards, including infection control measures. The focus should be on helping homes improve, rectifying problems, and modelling best practices.
4. Strengthen the role and visibility of the Ontario Patient Ombudsman with respect to LTC concerns and complaints.
5. Reassess the role of the federal government in funding, in developing national standards, and in addressing critical national shortages of staff and equipment in LTC.



Conclusion

People touched by long-term care in Ottawa need everyone's support, rather than criticism, during this unprecedented crisis. This pandemic has shone a spotlight on many weaknesses in LTC. It has put the residents who live in LTC, their family members who love and support them, and the staff who work there at great risk.

While this *Statement of Concerns* is specific to the current situation in LTC homes, many of our concerns and proposed recommendations also extend to seniors living in the community and receiving home and community care services as well as to those living in retirement and group homes. These vulnerable seniors also need out attention and protection during this pandemic.

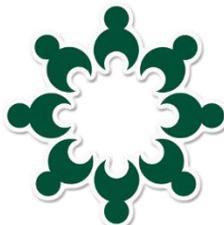
The time for action is now. **The Ontario government needs to show leadership in making LTC changes a priority now.** It needs to provide more funding, new standards, better communication, and ongoing accountability. The health system's capacity for withstanding pandemics must also include the long-term care sector. Seniors in Ottawa expect and deserve this. Residents and family members need access to information and support. They must feel they are a part of the solution. We need to value and protect these essential services and the frontline workers in LTC. **We need change now!**

For more information on LTC and to access resources now, go to:

coaottawa.ca/we-need-change-now

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