

June 2, 2021

New Vaccination Directive for LTC Homes, Ontario Long-Term Care COVID-19 Commission Report and Deferral of LTC Co-Payment Increase

Dear Residents and LTC Team Members,

One week after the new visiting policy changes that permit “General Visitors” to your homes for outdoor visits, OARC wishes to extend a heartfelt thank you to all your team members, who did their very best to bring people together on VERY short notice. We empathize with the excitement associated with the good news, and the Human Resource and timing challenges that were addressed to bring the visits to fruition. Team members, you remain our heroes!

New Directive from Government:

As vaccination uptake continues to rise across the province and within LTC homes, hope for the optimization of freedoms, activities and access to various people and places necessary for quality of living continues to rise. Yesterday, the Ministry of LTC, through the Associate Deputy Minister of Pandemic Response and Recovery (Erin Hannah) released a memo, detailing a new policy directive for all LTC homes. Today’s announcement extends congratulations for an ‘incredibly successful vaccination campaign in the long-term care sector. Currently, an estimated 97% of all residents are fully immunized, and 88% of staff (team members) and virtually all caregivers have received at least one dose.’ The purpose of the directive is to require all LTC homes to have a COVID-19 immunization policy; an across the province expectation that **all homes** will create and adopt a policy that requires **all staff, student placements and volunteers** to do one of three things:

- 1) Provide proof of vaccination against COVID-19; or
- 2) Provide a documented medical reason for not being vaccinated against COVID-19; or
- 3) Participate in an educational program approved by the licensee.

Homes will be given a transitional period of 30 days to make necessary preparations and develop supporting processes and will be required to track and report on the implementation of the policy along with statistical information (ongoing numbers to each of the 3 questions above) to the ministry. This policy comes into effect on **July 1, 2021**. In

understanding reasons why people remain hesitant and/or resistant to receiving a COVID-19 vaccination, the goal with this policy is to ensure that the importance and benefits of the vaccine are well understood, and that any lingering questions are addressed via education within the LTC home.

OARC supports this policy and is hopeful that the inherent message will reinforce that vaccination is key to getting through this pandemic and to living life without major restrictions that are harmful to wellbeing. Quality of living is so much more than physical protection and health – it is a balance involving psychosocial, emotional health that is nurtured through human connection and engagement in purposeful and meaningful activities and opportunities to exert self-determination. Unfortunately, infection protection and control measures have denied opportunities for full wellbeing, the strongest, most evidence-based solution rests in high vaccine uptake levels.

I would like to take this opportunity to encourage all Residents' Councils to harness the momentum and positive messaging of this government directive. Consider developing YOUR own messaging, directly through the voice of your Residents' Council to staff (team members), volunteers and students. Consider creating posters, emails, etc., that express thanks to those who have been vaccinated, encouraging others to follow suit.

LTC homes are **HOMES** for over 100,000 people each year in Ontario. Residents' access to people, activities, freedoms and assurance that their care providers/team members are well protected is essential to the wellbeing of each resident.

To read Erin Hannah's memo, the Minister's Directive and a resource guide containing supporting documents and ideas for education, click on the links below:

- AsDM Memo:
[http://www.ontarc.com/documents/MOHLTC/20210602AsDM Memo Immunization Policy 2021-05-31 FINAL.pdf](http://www.ontarc.com/documents/MOHLTC/20210602AsDM%20Memo%20Immunization%20Policy%202021-05-31%20FINAL.pdf)
- Minister's Directive:
[http://www.ontarc.com/documents/MOHLTC/20210602MinistersDirective LTCH COVIDvaccinationpolicy2021-05-31FINAL 2.pdf](http://www.ontarc.com/documents/MOHLTC/20210602MinistersDirective_LTCH_COVIDvaccinationpolicy2021-05-31FINAL_2.pdf)
- Resource Guide:
<https://www.ontarc.com/documents/MOHLTC/20210602RESOURCEGUIDEMinDirectiveLTCHCOVID-19ImmunizationPolicy2021-05-31FINAL.pdf>

Ontario's Long-Term Care COVID-19 Commission Final Report:

On April 30, 2021, the Ministry directed, independent Commission concluded with the submission of a 320-page final report listing context and reasons why COVID-19 led to the crisis in LTC homes, and details 85 recommendations. While the report is factual, gives evidence and draws conclusions, it is a highly emotive document that embraces, explains and builds recommendations around quality of living and working, emotional-based care, resident-centeredness, dignity, Residents' Rights, and acknowledges the importance of residents' experience, voice, choice and human connection.

The process utilized by the Commission engaged over 700 people including families, residents, staff, hospitals, long-term care homeowners and operators, public health units, inspectors, experts, researchers, government officials, etc. OARC was pleased, and privileged, to work with the Commissioners, and their lawyers on several occasions to leverage the voice of residents to the highest degree possible. OARC facilitated several 'resident forums' which provided virtual meeting space for residents to speak directly with the Commissioners over the course of several weeks, yielding personal conversations with over 60 LTC residents across Ontario. The Commissioner's commitment to truly hearing and learning about residents' experience was evident and is likewise reflected thoroughly in the final report. OARC is indebted to the efforts of the Commissioners and their team.

The three Commissioners, upon the completion of their work sent the following message to the OARC team:

"The Ontario Long-Term Care COVID-19 Commission's mandate was to investigate how COVID-19 spread within long-term care homes and the impact of the spread on residents, staff, and families. Because of the ongoing pandemic, we had to do our work by video conference. The Ontario Association of Residents' Councils (OARC) was instrumental in the Commission's ability to speak with residents in long-term care homes about the impact of the pandemic and the restrictions imposed in long-term care homes to prevent the spread. OARC generously agreed to assist the Commission in its effort to meet with as many residents as possible. OARC advertised the meetings to residents, hosted the meetings and co-facilitated them with Commission staff. Through OARC's efforts, we were able to provide an opportunity for many residents to share their stories with the Commission. Hearing the experiences of residents was fundamentally important to our work because we were able to hear first-hand from those most impacted by the pandemic. The voices of the residents put a human face on the problem we were examining and helped guide our thinking on recommendations. Historically, the voices of long-term care residents, families, loved-ones, and staff will serve as both an oral history and a lasting reminder of the devastating impact of COVID-19 in Ontario. Collectively those voices will underscore the importance of taking sustained action to prevent this from ever happening again. We were

grateful to have had the support of the OARC in our work.”

Frank Marrocco, Angela Coke, Jack Kitts, Commissioners, Long-Term Care COVID-19 Commission

The report as stated, is very lengthy, and I in no way could do it justice with a few words here in this bulletin. I will however strive to pull some highlights, in point form:

- **Executive summary:** *“The Commission’s purpose was to shine a spotlight on this tragedy, to determine its causes and to make recommendations to help prevent the future spread of disease in long-term care homes. That spotlight revealed that Ontario was not prepared for a pandemic and that the province’s long-term care homes, which had been neglected for decades by successive governments, were easy targets for uncontrolled outbreaks. Staff, long-term care residents and their families suffered terribly during this pandemic. Residents and long-term care staff who lost their lives to COVID-19 paid the ultimate price.” Pg.8*

- **Challenge to government and society:** *“The resolve to act on this Commission’s recommendations cannot fail or falter with the passing of the next news cycle or economic downturn. Many of the lessons of SARS were forgotten. We cannot forget the lessons learned from this pandemic. The Commission makes its recommendations with the singular purpose of protecting long-term care residents, staff and their loved ones in the years to come. Another pandemic should be expected. Next time, Ontario must be ready.” Pg.10*

- OARC is pleased that many of the recommendations seem to consider the constant messaging from OARC during the pandemic:
 - Effective, transparent and ongoing communication from homes to residents and families is needed
 - Residents’ Councils are necessary vehicles for residents to voice their concerns, ask questions, hear from/provide support to peers and receive valuable information that instills hope, confidence and connection. They are extremely important and need to be recognized and supported through pandemic/outbreak times. Residents need the opportunity to voice concerns, celebrations, advise management and provide peer to peer support. Outbreak should not mean that Residents’ Councils are dismantled or paralyzed in their effectiveness.
 - Access to free, reliable, stable internet is a human right in this day and age

- The presence of ambiguous, conflicting, confusing communication and directives from government to homes yielded vastly different experiences amongst residents across the province
- Layering of home specific policies and/or Public Health directives on top of Ministry of LTC/Ministry of Health directives contributed to the confusing and different experience amongst residents
- The pendulum of physical protection swung to the extreme side of the spectrum to the neglect of psychosocial and emotional wellbeing. Residents reported that they and their peers were suffering dramatically due to loneliness and lack of human connection.
- Prolonged isolation had dire effects physically, emotionally, spiritually, psychologically on residents and their families.
- Resident Support Aides/ Resident Support Ambassadors have been critical in providing necessary 'hands' to help team members and meet non-care resident needs. In many homes, these people alone have carried the visiting program so essential to residents' wellbeing. i.e., the staffing must affect the quality of living for residents in a positive manner, providing enough people to meet the medical, social, non-care needs of all residents.
- Early and consistent counselling, emotional support for the harsh negative outcomes due to prolonged isolation, lack of human contact, relational deprivation, and peer to peer support
- Residents and family members often feel nervous about reporting or complaining in fear that their words may result in some form of repercussion. When they do muster enough courage to speak up, there needs to be action, attention and communication that addresses their concerns in a timely manner.
- LTC homes require many more PSWs over the course of the next few years to reach the target of 4 hours per care per resident. **OARC wishes to be involved in the PSW curriculum development to enhance the teaching with respect to resident-centeredness, culture change, leveraging the resident voice, importance of Residents' Councils, etc.**
- Infection protection and control practices are impossible in rooms that provide accommodation for 3-4 people. Smaller, more private home-like settings are optimal.
- Compliance and measuring performance are important but needs to be done in a less punitive manner, with incentives to reward homes that are doing amazing work in supporting residents' quality of living.

Some specific recommendations include:

- **Recommendation #22:** LTC homes should make counselling services available to the residents and staff living and working in LTC during the pandemic. (Hon. Merilee Fullerton, Minister of LTC, acknowledged this recommendation publicly, and said that the Ministry of LTC would cover the costs of this expense.)
- **Recommendation #30:** The MLTC should amend the Ontario Regulation 79/10 to include a presumption against prohibiting all visitors to LTC homes experiencing an outbreak because of the negative effects of isolation on the quality of life and health of LTC residents. Any changes to visiting rules during an infectious disease outbreak must seek to place the minimum possible restrictions on visits to LTC residents.
- **Recommendation #32:** Licensees must ensure that their home maintains an up-to-date contact list for all persons, including essential caregivers, designated by the resident and/or their substitute decision maker. Management of each home should delegate a member of the management team to coordinate regular communication with families and lives ones about key activities and issues in the home. LTC home’s licensees, operators and their directors must be held accountable for ensuring that the home communicates proactively and regularly with residents’ chosen contacts.
- **Recommendation #34:** LTC residents require social and other connections both inside and beyond the LTC home. To ensure this need is consistently met, the province should make the following legislative amendments:
 - (a) The Residents’ Bill of Rights should be amended to include the right to the technology required to permit residents to “communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference”; and
 - (b) The law should be amended to require LTC licensees to provide reliable Wi-Fi and consistent, frequent access to technology, such as computer tablets and smartphones, to facilitate residents’ remote visits with those outside of the home.
- **Recommendation #41:** The government must, with the assistance of key stakeholders (including residents, families and loved ones, and front-line staff), immediately identify specific and measurable targets that clearly track the government’s Staffing Plan implementation progress. It should also develop a way

of measuring the success of the Staffing Plan as it impacts resident care and quality of life, as well as outcomes for staff.

- **Recommendation # 48:** The government's target average care per day per resident provided by allied health professionals (dietitians, speech language pathologists, physiotherapists, social workers, recreational therapists, etc.) should be increased from 36 minutes to 60 minutes.
- **Recommendation #54:** The government should, with the assistance of relevant stakeholders, establish and implement standardized minimum training and education requirements for PSWs.
- **Recommendation #61:** The model for building and developing LTC homes must also include appropriate incentives to:
 - a) create smaller, self-contained units within existing and new homes
 - b) build smaller group homes to expand choices as part of a continuum of care for seniors; and
 - c) integrate homes into the broader health and social services community.
- **Recommendation #73:** To support LTC homes in their compliance and quality improvement efforts, the MLTC should establish a dedicated ministry compliance support unit as recommended by Justice Gillese in the LTCH public inquiry. The compliance unit should encourage and assist with compliance training tools, compliance coaching, sharing best practices, and tracking and reporting on improvements.
- **Recommendation #77:** The government must provide the funding necessary to implement the comprehensive inspection regime. This funding must include ensuring that there are enough inspectors to conduct the required inspections, and that those inspectors are provided with the education and training required to conduct the inspections effectively.

OARC has been involved with training effort with inspectors in the past and would welcome future opportunities to do so.

- **Recommendation #80:** On more than one occasion the Commission was reminded about the importance of whistleblower protections. It therefore recommends strengthening the protections offered in the context of *Health Protection and Promotion Act* investigations.

- **Contained within the Appendices of the report:**

- LTC homes maintain various leadership positions to ensure that all relevant legislative and regulatory requirements for LTC homes are met. These roles and responsibilities are discussed below:

- **Residents' and Family Councils:**

The LTCH Act, 2007, contemplates two groups that can play a role in advocating for the rights of residents within homes - Residents' Councils and Family Councils. Licensees must cooperate and meet with Residents' Councils and Family Councils when asked and consult with the Councils at least once every 3 months on the operation of the home. Licensees cannot attend Residents' Council or Family Council meetings unless invited. Licensees must also seek the advice of the Residents' Council and Family Council when developing, carrying out and acting on the results of resident and family satisfaction surveys. These surveys must be conducted at least once a year. Finally, licensees cannot interfere with or prevent either of the two Councils from carrying out their duties.

All LTC homes must have a Residents' Council. Only residents of the home are permitted to be members of the Council. All LTC residents have the right to participate in the Residents' Councils and raise concerns regarding the operation of their home to their Residents' Councils without interference or fear of coercion, discrimination or reprisal. Residents' Councils have the power to, among other things:

- Advise residents of their legal rights and obligations as well as the legal rights and obligations of the licensee
- Attempt to resolve disputes between licensees and residents
- Advise the licensee of any concern or recommendations the Council has about the operation of the home
- Review documents related to the MLTC inspection of the home and financial statements related to the home
- Report recommendations and concerns regarding the home's operation to the licensee or Ministry
- Review the home's menus and food provision plans

When the Residents' Council raises a concern or recommendation with the licensee, the licensee must respond to the Council in writing within 10 days.

To read the Commissioners' report in its entirety, please click here:

<https://files.ontario.ca/mltc-ltcc-final-report-en-2021-04-30.pdf>

We are in a period of deep contemplation, and determination to not let the chaos and tragedy of this past year be in vain. OARC, along with LTC stakeholders and government, aligned with public will, will not allow LTC living and working to return to how it was pre-COVID-19. We are in an era of change and OARC is committed to ensuring positive, sustainable and meaningful change happens.

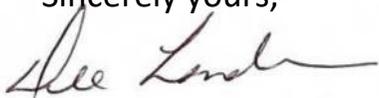
Deferral of LTC Co-Payment Increase

Due to the COVID-19 outbreak, the annual long-term care home resident co-payment rate increase (also known as the daily rate that residents pay to live in their long-term care home, which increases slightly every year) will be **deferred for six months until January 1, 2022**. The Ontario government has announced that they will ensure that long-term care homes will not lose any revenue resulting from this deferral. The government will fully fund the level of care increases that would have been collected from basic accommodation co-payments. In addition, the government will compensate for the preferred accommodation premium increases that would have been applicable during the deferral period.

Residents who are currently on the Long-Term Care Rate Reduction Program will not be impacted by this deferral as their reduced rate is based on what they can afford. Residents will be required to reapply when the current Rate Reduction cycle expires on **June 30, 2021**.

Click here: <http://www.ontarc.com/documents/MOHLTC/20210602MOLTCLong-TermCareHomeAccommodationCharges.pdf> to read the bulletin outlining more details on the applicable copayment rates. This information should be communicated to every resident living in long-term care homes.

Sincerely yours,



Dee Lender
Executive Director, OARC