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**REPORT TITLE: COVID-19 Planning and Recovery in Long Term Care**

**FROM: Cathy Granger, Acting Commissioner of Health Services**

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## **RECOMMENDATION**

**That, the staffing strategy as outlined in the report from the Acting Commissioner of Health Services, titled “COVID-19 Planning and Recovery in Long Term Care” be approved;**

**And further, that the funding related to the adoption of the staffing strategy using a combination of COVID-19 related and other external funding be approved;**

**And further, that the Region of Peel continue to advocate to the Province to ensure that appropriate funding is provided to address long standing system pressures in its Long Term Care homes.**

## **REPORT HIGHLIGHTS**

- Ontario Health has identified human resourcing and infection prevention and control as areas of concern in Ontario’s long term care (LTC) sector.
- The Region of Peel’s LTC homes have implemented numerous strategies to respond to the pandemic including redeploying 67 Regional staff temporarily to LTC.
- As regional services reopen, additional staff are required temporarily to respond to the pandemic, as well as address operational needs that the pandemic has exacerbated.
- Staff recommend creating additional permanent full-time positions to support the pandemic response and ongoing needs in the LTC homes.
- Staff will revisit the staffing strategy and report back to Council post-pandemic.

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## **DISCUSSION**

### **1. Background**

The Region of Peel’s municipal Long Term Care (LTC) homes must protect residents and staff during the COVID-19 pandemic while continuing to provide high-quality safe, compassionate, person-centred care. This pandemic has surfaced long-standing systemic vulnerabilities in LTC homes, such as chronic under-resourcing, rising needs of residents, insufficient infection prevention and control training and practices, and staff working in multiple locations. Lessons from LTC homes in Canada and internationally have identified a range of promising practices to reduce the risk of COVID-19 outbreaks or mitigate its effects: preparation, prevention, people in the workforce, pandemic response and surge capacity, plan for COVID-19 and non-COVID-19 care, and presence of family.

## **COVID-19 Planning and Recovery in Long Term Care**

On July 31, 2020, the Ministry of Long-Term Care and Ontario Health requested that each LTC home participate in a preparedness assessment to plan and prepare for any potential future waves of COVID-19. The Region of Peel LTC homes participated in this assessment and planning exercise which focused on human resources, infection prevention and control, and partnerships and sustained operations. Ontario Health will be categorizing all LTC homes based on level of risk and will be developing support plans. The primary areas of concern that were identified in Ontario's LTC sector were human resourcing and infection prevention and control.

While the Province is investing in surge capacity for the LTC sector, it does not adequately support the ongoing needs in LTC. LTC association groups conservatively estimate that that LTC homes will require \$24 a day per LTC resident for the duration of this COVID-19 pandemic to provide minimal care to residents.

### **2. Findings**

#### **a) Current LTC COVID-19 Response**

Staff continue to review new COVID related Provincial directives and public health guidelines to ensure necessary information and training is disseminated to front-line staff in Regional LTC homes. The Region's LTC homes have also implemented numerous strategies in response to the COVID-19 pandemic. These have included cohorting of staff to units, creating Supportive Care Units to isolate outbreaks, providing virtual care, as well as virtual town halls with families and staff, and developing a family inquiry line. These practices have become part of the new normal in the Region's LTC homes.

#### **b) Human Resources**

The COVID-19 pandemic has required the Region's LTC homes to significantly revise staffing models as a result of new operational requirements from the ministry directives and staffing challenges. The Provincial Emergency Orders require that healthcare professionals only work in one location. This led to a loss of staff. Due to these immediate staffing needs, LTC staff were cross trained in other skills and 67 regional staff were redeployed temporarily to the five LTC homes. As regional services reopen, redeployed staff are required back in their base positions.

##### **i. Cohorting**

Cohorting of staff is an important component of the infection prevention and control measures to mitigate the risks of transmission of COVID-19. Provincial directives have guided LTC homes to implement staff and resident cohorting as part of preparedness planning in the COVID-19 pandemic. The cohorting for staff includes designating staff to work in specific units in the home as part of preparedness. Current facility staff pools are too small for essential cohorting to support infection control and additional cleaning tasks. Without additional staff, cohorting practices are not possible and longer shift patterns will continue to be required resulting in continued overtime. While longer shift models were trialed, this resulted in overtime pay and contributed to staff fatigue and burnout.

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### **ii. Resident Purposeful Engagement**

The emotional and psychological needs of residents are paramount to their quality of life. To ensure residents' emotional needs are met during the pandemic, Adult Day Services (ADS) Program staff were redeployed. As ADS staff return to provide community programming, their support for resident engagement will be lost which will result in worsening outcomes, such as increasing depression, antipsychotic use and falls, as well as decreased resident and family satisfaction. Additional Activation staff in cohorted areas would support meaningful and person-centred small group and individual engagement activities to ensure physical distancing and safety.

This pandemic has highlighted the impact of precarious work in the LTC sector. Even though the Region LTC homes have an average of 70:30 full-time to part-time equivalent positions, the homes continue to examine and prioritize full-time staffing complement.

### **iii. Infection Prevention and Control (IPAC)**

Systematic and rigorous IPAC measures are crucial to managing the COVID19 pandemic. Staff has been working collaboratively across the homes to provide standard IPAC policies, procedures and guidance for continued implementation. This includes COVID-19 screening twice daily of all staff and visitors, extensive enhanced cleaning requirements, staff surveillance testing, and physical distancing during resident activities and meals.

Numerous resources have been required to support personal protective equipment (PPE) logistics related to staff education and audits, inventory management, and quality control. Additionally, the Ministry of LTC requires mandatory PPE usage reporting twice a week which entails regularly counting and monitoring stock at each home. Staff have been working to address gaps identified prior to the pandemic and have fully implemented an inventory management system during the COVID-19 response.

## **3. Proposed Direction**

COVID-19 has exacerbated existing pressures within the LTC sector. While the municipal LTC homes have implemented creative solutions, staff resources must continue to plan and respond to the pandemic and ongoing operational needs. Staff recommends additional temporary resources to respond to COVID-19 and to support immediate changes to the LTC staffing model to stabilize the service and address precarious employment. A review of the service delivery model will be completed to determine longer-term staffing requirements.

### **a) Temporary resources required to respond to COVID**

Over the past six months, redeployed staff from other services across the Region of Peel have been used to support LTC in its COVID-19 response. However, with Peel entering into Stage 3 of recovery, these staff are now required to support other regional services. In order to ensure the health and safety of staff and residents, additional staff equivalent to 37 full-time positions are required for up to two years to support:

## **COVID-19 Planning and Recovery in Long Term Care**

- COVID-19 screening;
- outbreak management;
- infection prevention and control; and,
- resident engagement.

### **b) Changes to the Staffing model required**

#### **Immediate**

To address precarious employment and stabilize staffing, staff are proposing to convert currently approved part-time positions, such as Personal Support Workers and Dietary Aides, along with casual and temporary workers to create 20 full-time equivalent staff to maintain operational flexibility for 24/7 operations.

LTC also requires the addition of two permanent staff address the increasing complexity of resident care and to support the management of inventory.

#### **Longer Term**

Staff will continue to evaluate and update Council about the on-going need of the temporary resources required to ensure the health and safety of both residents and staff and support a quality of life for the residents.

### **c) Advocacy to the Province**

In response to serious gaps and challenges exposed by the COVID-19 pandemic, the Ministry of Long-Term Care (LTC) launched an independent LTC COVID-19 Commission (Commission) in July 2020. Regional staff have requested the opportunity to participate in the Commission's investigation. Staff will continue to engage with relevant ministries and sector partners, and leverage the work of the Commission to address the Region's specific challenges, advocate for adequate COVID-19 and long term funding, and highlight opportunities for improvements in person-centred care and workforce sustainability.

## **RISK CONSIDERATIONS**

Due to the uncertainty of this pandemic, there may be changes in operational needs as a result of Ministry directives and Public Health requirements related to screening, cohorting, cleaning, PPE stock and reporting, and surveillance testing. There is also uncertainty regarding the repatriation of staff that remain on pandemic leave due to the Provincial Emergency Orders requiring that healthcare professionals to only work in one location or other pandemic leave of absences. With the increasing pressures on staff, it is expected that staff sick time, leaves, and satisfaction will be impacted. The health and safety of staff and residents is at risk if adequate staffing levels are not enhanced or maintained.

## **COVID-19 Planning and Recovery in Long Term Care**

### **FINANCIAL IMPLICATIONS**

The proposed staffing and staffing model changes will require

#### **1. Temporary Staffing Resources to Continue COVID-19 Response**

The addition of 37 temporary full-time staff is expected to cost \$2.3 million a year will be funded through provincial funding that the Region of Peel has been allocated to address COVID-19 related costs. Advocacy for additional funding for costs not covered by existing funding will continue. This request will be included for consideration as part of the 2021 and 2022 Budget processes.

#### **2. Staffing Model Changes – Short Term**

##### **i) Conversion of Temporary Staff and Part-time Resources to Full-time Equivalent Staff**

The conversion of existing temporary and part-time staff resources to a total of 20 full-time equivalent staff will have a total annual net impact of approximately \$120 thousand on the operating budget for the incremental benefits costs as the budget for the salaries already exists in the budget. For 2020, the additional cost of \$30 thousand for the period from October 1 to December 31, 2020 will be funded through the tax rate stabilization reserve if the cost cannot be absorbed within the existing budget. The full annual net impact of \$120 thousand will be included as part of the 2021 Budget for Council's consideration.

##### **ii) Addition of Full-time Regular Staff to Sustain Service Levels**

The addition of two full-time regular staff, will have a combined annual net impact on the operating budget of approximately \$176 thousand. For 2020, the additional cost of \$45 thousand for the period from October 1 to December 31, 2020 will be funded through the rate stabilization reserves if the cost cannot be absorbed within the existing budget. The full annual net impact of \$176 thousand will be included as part of the 2021 Budget for Council's consideration.

#### **3. More Funding Needed for Longer Term sustainability**

The addition of the temporary resources will help to support COVID-19 screening, outbreak management, ongoing infection prevention and control and resident engagement. However, to respond to the serious gaps and challenges exposed by the COVID-19 pandemic, advocacy for additional longer-term funding is required for improvements in person-centred care and workforce sustainability.

### **CONCLUSION**

In keeping with Council's priority area to Enhance Seniors' Supports and Services, Peel Long Term Care centres continue to improve the quality of life and experience for those with complex medical needs. Additional resources and a proactive response to the COVID-19 pandemic will ensure that Peel Long Term Care centres continue to deliver services in accordance with provincial regulations, while providing innovative evidence-based programs within a home-like environment.

## COVID-19 Planning and Recovery in Long Term Care

*For further information regarding this report, please contact Susan Griffin Thomas, Director of Long Term Care, Ext. 2000, [susan.griffinthomas@peelregion.ca](mailto:susan.griffinthomas@peelregion.ca).*

*Authored By: Daiva Tirilis, Advisor, Long Term Care*

***Reviewed and/or approved in workflow by:***

Department Commissioner, Division Director and Financial Support Unit.

Final approval is by the Chief Administrative Officer.

A handwritten signature in black ink that reads "Nancy Polsinelli". The signature is written in a cursive style with a large initial 'N' and a long, sweeping underline.

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N. Polsinelli, Interim Chief Administrative Officer