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Submission to the Regulatory Registry

Fixing Long-Term Care Act, 2021 Regulations

Regional Municipality of Peel

February 17, 2022

Region of Peel Submission on *Fixing Long-Term Care Act, 2021* Regulations

Introduction

The Regional Municipality of Peel (the Region) applauds the Ontario government for taking important steps to strengthen legislation through the Fixing Long Term Care Act, 2021 (the Act) and its regulations. As a municipal long-term care (LTC) operator, the Region owns and operates 703 LTC beds across five LTC homes and cares for people with complex care needs, fills gaps in service to address community need and is a sector leader in transforming care through an emotion-based, person-centred approach.

While the regulatory changes under the Fixing Long-Term Care Act, 2021, are aimed at strengthening LTC service delivery and protecting residents, they will also have considerable impacts on the Region's own service delivery and operational objectives. This submission presents important feedback and key considerations for the Ministry of Long-Term Care (MLTC) on how the proposed regulatory changes will impact LTC delivery and residents.

Key Opportunities to Strengthen Regulations

In November 2021, the Region submitted several recommendations regarding proposed changes to the new Act. Many of these recommendations aligned with the Province's three pillars (1) to improve staffing & care; (2) protect residents through better accountability, enforcement & transparency; and (3) build modern, safe and comfortable homes by addressing home infrastructure & development. The Region also provided suggestions around a fourth pillar focused on infection prevention and control (IPAC) measures. Regional recommendations centred on stronger commitment to emotion-based models of care, enhanced infection prevention and control practices and continuous quality improvement. These recommendations form the basis for the Region's feedback on the proposed regulations included in this submission and summarized in Appendix I. Overall, they focus on several areas of opportunity and specific changes that will help to strengthen language, provide clarification for LTC operators, enhance flexibility to ensure requirements are met without placing undue burden on LTC homes, and strengthen the commitments set out in the new Act and regulations.

Important Considerations to Support Operationalization of Regulatory Changes

To start, the Region wishes to highlight a few overarching considerations that will impact the feasibility and operationalization of regulatory changes:

Timeframe for implementation: Generally, the Region is concerned with the time frame to operationalize changes as proposed in the draft regulations. It is expected that unless the final regulations contain a commencement provision, the regulations will come into force on the date they are filed, and licensees will be expected to comply with them as of that date. This could mean that licensees and LTC homes do not have sufficient time to adapt existing policies, introduce new changes, and train staff to implement new requirements outlined in the Act's new regulations.

Key Recommendation: Work collaboratively with the sector to identify appropriate timelines to provide sufficient time to update policies, address any gaps and complete staff training, especially when considering the current resourcing implications from ongoing COVID-19 response, outbreak management and staff capacity.

Costs related to implementation: In addition to timeframe, the anticipated costs to implement new regulations is expected to be high. Integrating changes as per regulations and implementing staff training to support changes in specific areas (i.e., change management), are expected to go well beyond the Ministry's estimate of $36,000 per home per year. Adequate funding to support implementation of the new Act's regulations is important to ensuring compliance and supporting LTC homes and residents.

Key Recommendation: With input from the sector, the MLTC should complete a full and comprehensive cost and benefit analysis of operationalizing changes outlined within regulations, using sector input. Based on a more accurate and complete costing estimate, the MLTC would need to ensure that adequate funding be allocated to each home, so that any changes going beyond current requirements (under the Long-Term Care Homes Act, 2007 regulations) be covered. Adequate funding to support implementation of the new Act's regulations is important to ensuring compliance and supporting LTC homes and residents.

Flexibility within regulations: The new regulations could place an increased administrative burden for LTC homes and do not streamline requirements which can potentially impact the ability (capacity) of LTC homes to dedicate resources for increasing direct care to residents.

Key Recommendation: Changes in requirements outlined in the new Act's regulations should note flexibility for homes to ensure care remains person-centered and can meet the varying cultural needs of residents.

Feedback on Specific Regulatory Changes: *Fixing Long-Term Care Act, 2021* Proposed Regulations

Improving Staffing and Care

The following sections outline specific areas in the regulation that are related to improving staff and care in LTC with a summary of recommendations highlighted in Appendix I.

Supporting emotion-based care

As a leader in emotion-based care in Ontario, the Region strongly advocates for the inclusion of emotion-based care in all areas of resident care within LTC homes. Emotion-based models of care ensure that design of LTC homes and delivery of care by staff can provide LTC residents with a caring, calming and more compassionate environment. To achieve this, regulations should more clearly articulate an emotion-based care approach to ensure residents are receiving person-centred care that is tailored to their needs.

Increasing direct hours of care

While the Region commends efforts to move towards a target of four hours of care for residents in LTC in the legislation, it is not enough when considering the direct and indirect care needs of residents. This original target around four hours of care was established in 2008, when the demographics and acuity of residents in LTC was much different from today. With additional pressures placed on homes during COVID-19 outbreaks and ensuring residents receive emotion-based care, the four hours of care requirement is no longer sufficient. Both the legislation and regulations should reflect the current and future needs of LTC residents. In addition to direct care delivered by staff and allied health care providers, recreation staff also play a large role in resident's emotional well-being in LTC. The hours of care requirements for recreation staff must also be increased to support meaningful engagement activities to ensure more frequency and consistency and maintain a smaller ratio of recreation staff to residents. By increasing the hours of care provided by recreation staff within the regulations, the emotional well-being of residents in LTC would be enhanced and contribute to a positive home environment.

Key Regulatory Recommendations:

- ***Residents, Rights, Care and Services (12, 22 – 24, 31):*** Incorporate all aspects of care noted in the Residents' Bill of Rights into the requirements of the plan of care (initial and ongoing). More specifically, s. 29 (3) which refers to the plan of care should be revised to ensure that the interdisciplinary assessment of a resident includes the assessment of the resident's emotion-based care needs.
- ***Targets and Periodic Increases (33):*** The Ministry of Long-Term Care should review the current direct care (hours of care) targets and align periodic increases highlighted in the regulations accordingly. Furthermore, The Ministry of Long-Term Care should incorporate hourly targets for recreation staff to improve the emotional well-being of LTC residents.

Palliative Care

The Region recognizes the importance of palliative care and the need for these discussions to take place with residents and their caregivers or substitute decision makers. However, there are some concerns around having these conversations with younger residents who may be living in LTC homes due to an intellectual disability or due to other circumstances. In these instances, it may not be contextually appropriate to speak about palliative care upon the admission. It is important to recognize the diversity among residents in LTC, and the role that culture can play in palliative care discussions. Palliative care in LTC homes should include consideration for the life-cycle, cultural needs and wishes of residents and their families as well as goals of care. This should be a part of the requirements in the regulations to ensure that residents receive person-centred care in their LTC home.

Key Regulatory Recommendations for *Palliative Care (61)*:

- LTC homes should have the ability to determine whether it is appropriate to have a conversation regarding palliative care with residents upon admission based on a set criteria. These criteria should be developed by the MLTC through consultation with the sector and should provide clear guidelines for palliative care conversations. Furthermore, the proposed regulations outline a palliative care requirement which refers to "quality of life

improvements". In order for LTC homes to meet this requirement, further clarification is required to define this term and what it would entail for an LTC home and for staff.

Nutritional Care and Hydration Programs

The proposed regulations for nutritional care and hydration programs underscore the importance of resources to support flexibility and choice for residents in LTC homes. While several of the proposed regulations focus on changes in menu planning and providing more choice for residents when it comes to their meal selections, LTC homes require funding to support such changes. Funding is particularly critical when considering the impacts to LTC homes that may need to adjust potential staffing needs and the need for a larger range of foods to meet resident preferences. For example, the decision around mealtimes for each resident would have a potential impact on staff that would be needed to assist with preparing meals and helping residents with feeding.

Key Regulatory Recommendations for *Nutritional Care and Hydration Programs (77-79, 81)*:

- An increase to the Raw Food or Nutrition Support funding envelope will be needed to accommodate the provision of fresh produce, local foods, and to improve selection of choice that meets residents' specific needs or food preferences.
- Regulation should clearly define any new meal categories, for example the regulations should provide clarification in section 77 (1) d. to clearly articulate the definition of a primary entrée.
- Regulation should clearly and explicitly state that menus should be reflective of cultural preferences and dietary restrictions.
- Regulation should clearly describe food quality management standards and requirements that dietary staff are expected to follow. This should include specific reference to quality, hygiene and cleaning practices, especially given the current pandemic.
- Regulation should also include language about flexible dining times based on individual preferences; recognize preference for later mealtimes (i.e.: continental breakfast), and lighter options.
- The new regulations should also build in an annual review of raw food costs and any corresponding increases / decreases annually to reflect inflation and the overall impacts to funding.

Food service workers, training and qualifications

The regulatory changes associated with food service workers must align with the increased meal choices and times for LTC home residents. To ensure residents are receiving the best possible care in their home, it is integral to have the staffing resources to implement and deliver a high-quality meal program. This involves re-examining the hours of work for food service workers, including registered dietitians and nutrition managers, as well as the training and qualifications for these staff. The role of a registered dietitian is of utmost importance in LTC homes as they review clinical information and develop appropriate meal plans for each resident. Additionally, food service workers also play a large role in spending time with and caring for residents as well as many non-resident duties within the home.

Key Regulatory Recommendations for *Food service workers, training and qualifications (82, 84)*:

- Increase the ratio of time that Registered Dietitians (RDs) have with residents to a minimum of 45 minutes/resident/month to carry out clinical and nutritional care duties. This would allow RDs to take on all clinical work related to nutrition and the dietary team leads can be used solely for the operations of food services and to support meal service and audits. For reference, a thorough quarterly assessment can take as long as 45 minutes just for one resident. There should be greater consideration determining the RD hours calculation relative to the percent of residents with complex of nutrition risks and needs (i.e. monthly assessments instead of quarterly for complex residents to reduce risk; participation in care conferences and other family meetings with all residents ensures nutrition is more appropriately assessed and reduces overall risk as well as enhances confidence among families and residents).
- Change the formula for calculating the staffing hours for Food Service Workers to increase the minimum required staffing hours per week. The current duties for this role are limited to dietary duties, and do not take into account the time that is spent with and to care for residents, the time spent on training, as well as non-resident duties. The Food Service Worker calculation also needs to consider infrastructure (the number of dining rooms required to be staffed at meal service times) which can increase the number of staff required to meet meal service delivery. The requirements should not simply focus on the number of meals served.
- The hours worked by a Nutrition Manager should be similar to a cook's hours where there is a minimum of 35 hours per week plus a formula dependent on the size of the home.
- Training for food service workers should acknowledge the time they need to complete their education. Therefore, in Section 84 regulations should change 'completed or enrolled' upon hiring and place 84a into 84 2a, to give time for food service workers to complete their education.
- A singular 'food handler training program' program should be outlined and applied across Ontario within the regulations to ensure consistency as these programs can differ from one municipality to the other.

Protect residents through better accountability, enforcement, and transparency

Quality

The concept of quality care has been an integral part of care delivery in LTC homes across the province. The proposed regulations focus on requirements for every LTC home's quality management program, however there may be room for tailoring these plans to meet the needs of each home. Accordingly, the components of a quality management program should be standardized across the sector with room for some customization. For example, this could include standards around enterprise and program level risk management, as well as a standardized survey tool for the sector which could be developed in consultation with LTC homes.

Key Regulatory Recommendations for *Quality (165 – 168)*:

- The Ministry of Long-Term Care should review Health Quality Ontario's quality improvement plans for LTC homes to ensure there is alignment with the annual reports.
- Section 167 of the regulations also states the requirement for a designated lead. In order for homes to meet this requirement, funding should be provided to LTC homes to ensure the designated lead has knowledge of quality improvement methodology and risk management. These concepts will be integral to meeting the quality management plan requirements for the sector.
- Section 168 highlights the requirement of an annual report for LTC homes. However, there is no identified alignment with the quality improvement plans that are required from LTC homes by Health Quality Ontario. Unfortunately, this lack of alignment will create administrative burden for LTC homes which will take time away from focusing on providing care to residents.

Specialized Care Units

The current definition of specialized care unit does not reflect that the specialized care unit is a transitional location for residents with advanced dementia with responsive behaviours. Unlike the current Specialized Care Centre at Toronto Grace Hospital, residents do not turnover within these units as intended because there are no agreements in place when substitute decision makers do not comply with the treatment plans. As a result, resident stays are longer than anticipated, which significantly increases the pressures on staff and causes a backlog on the waitlist for those residents that would comply with the proposed treatment plan by the experts in the interprofessional team. Furthermore, there's no enforcement within the traditional units to ensure that when goals of care have been reached or will not be reached for reasons explained above, that residents are transferred/discharge from this unit to their originating location (e.g. home, another LTC home, hospital, etc.). This lack of enforcement is further complicated by the fact that existing policy does not allow adequate leaves from current long term care beds to enable individuals eligible for the program to take advantage of the program without being at risk of losing their current bed. By having agreements in place, similar to the Specialized Care Centre at Toronto Grace Hospital, it will assist with turnover in a Transitional Behaviour Support Unit (TBSU).

Key Regulatory Recommendations for *Specialized Units (150, 216)*:

- Revise the term from Specialized Care Unit to Transitional Behavioural Support Unit (TBSU).
- Revise eligibility criteria for TBSU to include Dementia/BPSD diagnosis; specific types of assessments required.
- Include requirements for substitute decision makers including the need for consent to treatment and need for signed agreements that confirm substitute decision makers will comply with the interdisciplinary team of experts. If they refuse, then the residents should not be eligible for the specialized care and other services and if already admitted would be subject to discharge.
- Have the sending facility/location/provider sign an agreement to take the resident back when goals of care have been achieved.

- Revise Sec. 150 regarding the provision of absences to allow residents that are admitted to a transitional unit from a LTC home with the option of a 90 day leave to support eligible individuals living with dementia to leverage transitional supports in a more efficient and meaningful way.

Screening Measures and Ongoing Declarations

When it comes to providing resident care and services in an LTC home, screening measures and ongoing declarations are extremely important to ensure resident and staff safety. The proposed regulations should ensure that those working or volunteering in the home provide signed declarations and engage in vulnerable sector screening to continue their role within the LTC home. These declarations should be signed and audited annually to ensure there are no new charges or convictions associated with any staff, volunteers or independent contracts attending the home. The regulations should also clarify information pertaining to vulnerable sector checks for staff and volunteers of LTC homes.

Currently the Ontario Provincial Police (OPP) in some communities, including the Town of Caledon, does not conduct a vulnerable sector check for specific LTC staff who they believe do not fall under the definition for vulnerable sector check (e.g. dietary staff, maintenance staff) in accordance with the Criminal Records Act s. 6.3(3). To conduct a vulnerable sector check for these staff, the home has to provide a letter indicating these staff members are direct care staff in order for the OPP to conduct the vulnerable sector check. Clarification of the regulation or alignment with the OPP legislation is also needed to verify if only the direct care staff require a vulnerable sector check or all staff in LTC. Another option is to work with the OPP to enforce a broader definition of direct care staff that would encompass all staff within LTC homes in light of the vulnerability of the residents served.

Key Regulatory Recommendations for *Screening Measures and Ongoing Declarations (253 – 257)*:

- A Signed Declaration should be signed prior to commencement of duty (new hires) and annually by a staff member, volunteers, independent contractors in addition to after the person has been made aware that they have been charged or an order has been made and after the person has been convicted or a charge is otherwise disposed of.
- Auditing should be conducted, at a minimum annually, of all personnel charts/contracts to ensure there are no discrepancies between the Criminal Reference Check/Police record check and the signed Declaration.
- Aligning the FLTCA regulations with OPP expectations or collaborate with the OPP to apply a broader definition for direct care staff which would ensure all staff who work with vulnerable residents in LTC homes are required to complete a vulnerable sector check.
- The Regulations should clearly identify whether a vulnerable sector check is required for all staff or only direct care staff (nursing, PSWs, Physio. staff, etc.).
- Consider guidance regarding obtaining police record checks and keeping records of them on the site of each LTC home, in the case of municipal LTC owner/operators where democratically elected members of municipal Regional Council are the designated committees of management.

Visitor Policy

Throughout the COVID-19 pandemic, the importance of essential caregivers for residents in LTC homes became very apparent. Another area of importance that emerged was the need for strong infection prevention and control measures to ensure that COVID-19 would not spread in LTC homes. As a part of the visitor policy in the regulations, there must be a focus on ensuring infection prevention and control (IPAC) measures are captured by each home specifically in outbreak situations. In addition, when implementing restrictions on visitors during outbreak or containment, the MLTC should identify clear criteria around general visitors so that there aren't negative impacts to co-located programs with LTC homes which can continue to operate safely with appropriate IPAC measures (i.e. Adult Day Services, Meals on Wheels, etc.).

Key Regulatory Recommendation for the *Visitor Policy (268)*:

- The regulations should clearly articulate health and safety protocols for essential visitors/caregivers during an outbreak, and consider impacts to co-located essential health programs within LTC homes.

Compliance and Enforcement

Regulations focused on compliance and enforcement for LTC homes showcase the need to balance the use of administrative penalties with impacts to funding for resident. The proposed administrative penalties in the regulations are large and could further penalize homes and detract from resident care. It is important that regulations allow LTC home operators ample time and support to address any non-compliances before reinspecting and reissuing new penalties or fines, as to not lead to unnecessary additional non-compliances that create excess financial burden and negatively impact care. Further, in the case of two separate inspections that identify the same or similar infractions, there should be a process to recognize homes are in process of addressing the issue without further penalty.

Another observation within the new regulations are the use of financial penalties based on the umbrella legislation. These penalties should only be leveraged towards serious violations of specific subsections. For example, the Resident's Bill of Rights has different subsections where homes may only be non-compliant in a specific subsection and therefore, the fines should be focused on the relevant subsection(s) and should not affect the whole Resident's Bill of Rights.

Key Regulatory Recommendations for *Compliance and Enforcement (349,350):*

- Administrative monetary penalties should be carefully reviewed and excessive and frequent use should be avoided to ensure the financial burden of these penalties do not detract from resident care. Fines should not be issued on the first issuance of a Compliance Order unless there was negative outcome to one or more residents.
- A decision-making framework or tool should be developed to support inspectors to determine fines. Such a tool could provide clarity to LTC homes and mitigate instances where fines may appear arbitrary. Further, the decision-making process should include a higher level approval process within the MLTC compliance team to ensure objectivity and consistency. Should a process or tool be developed, it should also be shared with the LTC sector to support transparency and compliance.

- To avoid non-compliance, regulations should consider increasing and/or establishing a baseline structure of leadership requirements (minimum staffing and associated funding for recommended leadership requirements to provide oversight and proportional to the number of beds in a home). These changes could reduce risk, enhance quality of life of residents and staff and improve overall monitoring of all operations as well as client and family needs within the span of 24 hours/7 days a week operation.
- Consideration of a NEER rating system used previously by WSIB to help determine rebates and penalties through a 3-year view. Such a rating system could be leveraged as part of outcome indicator monitoring, accreditation status and help determine where penalties are appropriate.
- In instances where penalties have been identified as the appropriate course of action, they should be applied to funding in the following budget year so that there aren't immediate and adverse impacts to resident care (should monetary penalties impact planned funding in the current budget year).

Building modern, safe, and comfortable homes through infrastructure and development

In alignment with the Region's previous submission on the Act (November 2021), this submission calls for the MLTC to articulate a clear commitment to designing spaces with an end-user focus to address the challenges that are associated with dementia and progression of the disease, as this is not currently outlined in legislative requirements. These changes remain a gap within the Act and proposed regulations.

Key Regulatory Recommendations:

- Through regulations or policy guidelines, the MLTC should prioritize design standards for LTC homes and present clear standards that ensure homes provide a living environment that is smaller (10-12 people), dementia friendly, and more 'home-like' to support person-centered, emotion-based care.

Infection prevention and control

The Region commends the MLTC for incorporating many important considerations into Infection Prevention and Control (IPAC) section of the regulations. The new regulations address some of the recommendations that were put forward by the Region in its legislative submissions, including: minimum training/certification for the IPAC lead, auditing IPAC practices in the home, reporting requirements based on the Health Protection and Promotion Act, and that the contact information of the IPAC lead be provided to the IPAC Hub. However, there are a few areas which can be improved to ensure that LTC homes have a strong and well-resourced IPAC program. These include:

- Joint inspections with the local public health unit
- Shared reporting with the local medical officer of health
- Funding to maintain staffing levels, training for IPAC leads
- Not reinstating ward rooms with 3 and 4 beds
- Maintaining adequate personal protective equipment (PPE) in homes

From an operational standpoint, there may be challenges to comply with and implement the IPAC requirements in behavioural units. Gaps and potential interventions should be highlighted for operational needs. For example, additional staffing, training needs and funding may be required to manage behavioural units (Alzheimer/Dementia) as it is difficult to isolate, monitor and manage wandering residents during an outbreak. Additionally, the Region provides emotion-based care to its LTC residents and places a great emphasis on psychological wellbeing of residents. This may include activities such as walking around the LTC home to keep residents engaged.

In order to ensure that IPAC protocols are well-documented and followed, there must be funding provided to LTC homes to hire the appropriate individuals for these roles. More specifically, funding to hire a designated lead for the required hours with the education and experience in microbiology, adult education, epidemiology, program management, and certification in infection control is needed. The designated hours per week is 26.25 hours for a 69-200 bed facility, works out to being 9 hours less than an FTE. Furthermore, training costs for staff will also need to be explored. For reference, training costs alone equate to $66,000 for the Region's 1200 LTC home staff over a period of four days.

Key Regulatory Recommendations for the *IPAC Program (102)*:

- Section 7(1) should include that the IPAC lead participate in any local IPAC communities of practice.
- Section 7(6) should reference the need to work with local public health unit/medical officer of health on outbreak management.
- Section 12(3) should be inclusive of other immunization (including against COVID-19). There should be reference in the regulation that the home/medical lead review the resident's immunization history annually to ensure that overall immunizations are up to date and offer any vaccines that may be recommended.
- Funding for training, behavioural therapists, and activation staff should be explored to ensure that IPAC protocols are followed when delivering emotion-based care to residents. In addition, funding should also be provided for the designated IPAC lead.
- Overall, IPAC interventions required within LTC homes should also consider the needs of the population within the LTC home.

Conclusion

As a municipal LTC operator, the Region of Peel has a first-hand understanding of the challenges facing the LTC sector and the important opportunity that the new legislation and regulations provide to achieve system reform, strengthen LTC delivery and protect residents. That is why the Region appreciates the opportunity to review and provide input for the MLTC's consideration and to assist LTC operators achieve success in operationalizing the changes within LTC service delivery. The Region's recommendations also reflect strong alignment with LTC partners including the Association of Municipalities of Ontario (AMO) and AdvantAge Ontario.

Based on the scope of changes outlined in the proposed regulations, there will be a significant impact on the Region's LTC service delivery over the coming months. In addition to the detailed

feedback across regulations under the new Act, the Region has also underscored the importance of adequate timelines for implementation, funding to support the operationalization of new requirements and change management with staff in LTC homes, and flexibility, where possible, to reduce the administrative burden on LTC homes.

Through the specific recommendations noted in this submission, the Region aims to achieve seamless service delivery for staff and residents within its homes. To effectively care for LTC residents, meet the requirements in the new regulations and simultaneously manage the ongoing pressures from COVID-19 response, the Region requests the MLTC to ensure that the feedback provided within this submission help to inform this new regulatory framework.

Appendices

Appendix I. Summary of Region of Peel Regulatory Feedback and Recommendations

Relevant Sections of Proposed Regulations of *Fixing Long-Term Care Act, 2021*	Region of Peel Feedback	Region of Peel Recommendation
Residents Rights, Care and Services		
s. 29 (3)	Incorporate all aspects of care noted in the Residents' Bill of Rights into the requirements of the plan of care (initial and ongoing).	s. 29 (3) which refers to the plan of care should be revised to ensure that the interdisciplinary assessment of a resident includes the assessment of the resident's emotion-based care needs.
Targets and Periodic Increases		
s. 33	Although the target of four hours of care for residents in LTC is a good starting point, it is not enough when considering the direct and indirect care needs of residents. In addition to direct care staff and allied health care providers, recreation staff play a large role in resident's emotional well-being in LTC	The Ministry of Long-Term Care should review the current targets and align periodic increases highlighted in the regulations accordingly. The Ministry of Long-Term Care should incorporate hourly targets for recreation staff to increase the emotional well-being of LTC residents.
Palliative Care		
s. 66	There are some concerns around having palliative care conversations with younger residents who may be living in LTC homes due to an intellectual disability. It may not be contextually appropriate to speak about palliative care upon the admission of these residents.	LTC homes should have the ability to determine whether it is appropriate to have a conversation regarding palliative care with residents upon admission based on a set criteria. These criteria should be developed by the Ministry of Long-Term Care through guidelines for palliative care conversations.

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Relevant Sections of Proposed Regulations of *Fixing Long-Term Care Act, 2021*	Region of Peel Feedback	Region of Peel Recommendation
		Palliative care in LTC homes should include consideration for cultural needs and wishes of residents and their families as well as goals of care. Further clarification is needed regarding the term "quality of live improvements" in order for LTC homes to comply with this requirement.
Nutritional Care and Hydration Programs		
s. 77	An increase to the Raw Food or Nutrition Support envelope will be needed to accommodate the provision of fresh produce, local foods, and to improve selection of choice that meets residents' specific needs or food preferences.	Clarification for section 77 (1) d. to clearly articulate the definition of a primary entrée. Clearly and explicitly state that menus should be reflective of cultural preferences and dietary restrictions. Clearly describe food quality management standards and requirements that dietary staff are expected to follow. This should include specific reference to quality, hygiene and cleaning practices, especially given the current pandemic. Include language about flexible dining times based on individual preferences; recognize preference for later mealtimes (i.e.: continental breakfast), and lighter options.

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Relevant Sections of Proposed Regulations of *Fixing Long-Term Care Act, 2021*	Region of Peel Feedback	Region of Peel Recommendation
s. 82 (5)	The Nutrition Manager's hours should be similar to a Cook, as the current allotted time does not take into account non-food related activities.	The hours worked by a Nutrition Manager should be a minimum of 35 hours per week plus a formula dependent on the size of the home.
s. 83	The current duties for the Food Service Worker role are limited to dietary duties, and do not take into account the time that is spent with and to care for residents, the time spent on training, as well as non-resident duties.	Change the formula for calculating the staffing hours for Food Service Workers to increase the minimum required staffing hours per week.
s. 84	Training for food service workers should acknowledge the time they need to complete their education.	Section 84 should change 'completed or enrolled' upon hiring and place 84a into 84 2a, to give time for food service workers to complete their education.
s. 84 (5)	Food handler training programs can differ from one municipality to the other, which can create issues as some staff may have this training from a different municipality than which they would like to work.	The 'food handler training program' outlined in regulations should be a singular program applied across Ontario.
Quality		
s. 166	The proposed regulations focus on requirements for every LTC home's quality management committee, however there may be room for tailoring these plans to meet the needs of each home.	The components of a quality management program should be standardized across the sector with room for some customization.
s. 167	These concepts will be integral to meeting the quality management plan requirements for the sector.	Funding should be provided to LTC homes to ensure the designated lead has knowledge of quality improvement methodology and risk management.

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Relevant Sections of Proposed Regulations of *Fixing Long-Term Care Act, 2021*	Region of Peel Feedback	Region of Peel Recommendation
s. 168	There is no identified alignment with the quality improvement plans that are required from LTC homes by Health Quality Ontario. Unfortunately, this lack of alignment will create administrative burden for LTC homes which will take time away from focusing on providing care to residents.	The Ministry of Long-Term Care should review Health Quality Ontario's quality improvement plans for LTC homes to ensure there is alignment with the annual reports.
Specialized Units		
s. 150	The current provision for absences needs to consider the needs of residents living with dementia that require transitional supports.	Revise to reflect a provision of absences to allow residents that are admitted to a transitional unit from a LTC home with the option of a 90 day leave to support eligible individuals living with dementia to leverage transitional supports in a more efficient and meaningful way.
s. 216	The current definition does not reflect that the specialized care unit is a transitional location for residents with advanced dementia with responsive behaviours.	Revise the term from Specialized Care Unit to Transitional Behavioural Support Unit.
s. 219		Revise eligibility criteria for TBSU to include Dementia/BPSD diagnosis; specific types of assessments required.
s. 219	Residents do not turn over within specialized units as there are no agreements in place when substituted decision makers (SDMs) do not comply with treatment plans. As a result, residents linger in these units, which increases significantly the number of staff required and causes a backlog on the waitlist for those residents that would be compliant with the	Include requirements for substitute decision makers to sign agreements that they will comply with the interdisciplinary team of experts. If they refuse, then the residents should not be eligible for the specialized care services.

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Relevant Sections of Proposed Regulations of *Fixing Long-Term Care Act, 2021*	Region of Peel Feedback	Region of Peel Recommendation
	proposed treatment plan by the experts in the interprofessional team.	
s. 223 & 224	There is currently no enforcement within the traditional units to ensure that when goals of care have been reached or will not be reached for reasons explained above, that residents are transferred/discharged from this unit to their originating location (e.g. home, another LTC home, hospital, etc.).	Have the sending facility/location/provider sign an agreement to take the resident back when goals of care have been achieved.
Screening Measures and Ongoing Declarations		
s. 254	When it comes to providing resident care and services in an LTC home, screening measures and ongoing declarations are extremely important to ensure resident and staff safety.	A Signed Declaration should be signed prior to commencement of duty (new hires) and annually by a staff member, volunteers, independent contractors in addition to after the person has been made aware that they have been charged or an order has been made and after the person has been convicted or a charge is otherwise disposed of. Auditing should be conducted, at a minimum annually, of all personnel charts/contracts to ensure there are no discrepancies between the Criminal Reference Check/Police record check and the signed Declaration.

Region of Peel Submission on *Fixing Long-Term Care Act, 2021* Regulations

Relevant Sections of Proposed Regulations of *Fixing Long-Term Care Act, 2021*	Region of Peel Feedback	Region of Peel Recommendation
s. 253	Currently the Ontario Provincial Policy (OPP) in some communities does not conduct a vulnerable sector check for specific LTC staff who they believe do not fall under the definition for vulnerable sector check (e.g. dietary staff, maintenance staff) in accordance with the Criminal Records Act s. 6.3(3).	Aligning the FLTCA regulations with OPP expectations or collaborate with the OPP to apply a broader definition for direct care staff which would ensure all staff who work with vulnerable residents in LTC homes are required to complete a vulnerable sector check. The Regulations should clearly identify whether a vulnerable sector check is required for all staff or only direct care staff (nursing, PSWs, Physio. staff, etc.).
s. 257, s. 282	Committee of Management is Regional Council in the case of the LTC homes owned and operated by the Region of Peel. It is unclear how this will impact obtaining and storing police record checks on site at each home.	Municipal LTC operators require further guidance regarding obtaining police record checks and keeping records of them on the site of each LTC home, in the case of municipal LTC owner/operators where democratically elected members of municipal Regional Council are the designated committees of management. Consider guidance regarding obtaining police record checks and keeping records of them on the site of each LTC home, in the case of municipal LTC owner/operators where democratically elected members of municipal Regional Council are the designated committees of management.

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Visitor Policy		
s. 268	Throughout the COVID-19 pandemic, the importance of essential caregivers for residents in LTC homes became very apparent. Another area of importance that emerged was the need for strong infection prevention and control measures to ensure that COVID-19 would not spread in LTC homes. This also comes with the need to ensure that there are not negative impacts to co-located programs within LTC homes (i.e. Adult Day Services).	The regulations should clearly articulate health and safety protocols for essential visitors/caregivers during an outbreak, and consider impacts to co-located essential health programs within LTC homes.
Compliance and Enforcement		
s. 350	The proposed administrative penalties in the regulations are large, and this further penalize homes and detract from resident care.	Administrative monetary penalties should be carefully reviewed and excessive and frequent use should be avoided to ensure the financial burden of these penalties do not detract from resident care. Fines should not be issued on the first issuance of a Compliance Order unless there was negative outcome to one or more residents. A decision-making framework or tool should be developed to support inspectors to determine fines. Such a tool could provide clarity to LTC homes and mitigate instances where fines may appear arbitrary. Further, the decision-making process should include a higher level approval process within the MLTC compliance team to ensure objectivity and consistency. Should a process or tool be developed,

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		it should also be shared with the LTC sector to support transparency and compliance. To avoid non-compliance, regulations should consider increasing and/or establishing a baseline structure of leadership requirements (minimum staffing and associated funding for recommended leadership requirements to provide oversight and proportional to the number of beds in a home). These changes could reduce risk, enhance quality of life of residents and staff and improve overall monitoring of all operations as well as client and family needs within the span of 24 hours/7 days a week operation. Consideration of a NEER rating system used previously by WSIB to help determine rebates and penalties through a 3-year view. Such a rating system could be leveraged as part of outcome indicator monitoring, accreditation status and help determine where penalties are appropriate. In instances where penalties have been identified as the appropriate course of action, they should be applied to funding in the following budget year so that there aren't immediate and adverse impacts to resident care (should monetary penalties impact planned funding in the current budget year).

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Relevant Sections of Proposed Regulations of *Fixing Long-Term Care Act, 2021*	Region of Peel Feedback	Region of Peel Recommendation
Infection Prevention and Control		
s. 102 (7)	To have appropriate supports and resources, communication between LTC homes and local public health units is important particularly to prevent and respond to outbreak situations.	Section 7(1) should include that the IPAC lead participate in any local IPAC communities of practice. Section 7(6) should reference the need to work with local public health unit/medical officer of health on outbreak management.
s. 102 (12)	There should be reference in the regulation that the home/medical lead review the resident's immunization history annually to ensure that overall immunizations are up to date and offer any vaccines that may be recommended.	Section 12(3) should be inclusive of other immunization (including against COVID-19).
S. 102	In order to ensure that IPAC protocols are well-documented and followed, there must be funding provided to LTC homes to hire the appropriate individuals for these roles.	Funding for training, behavioural therapists, and activation staff should be explored to ensure that IPAC protocols are followed when delivering emotion-based care to residents.