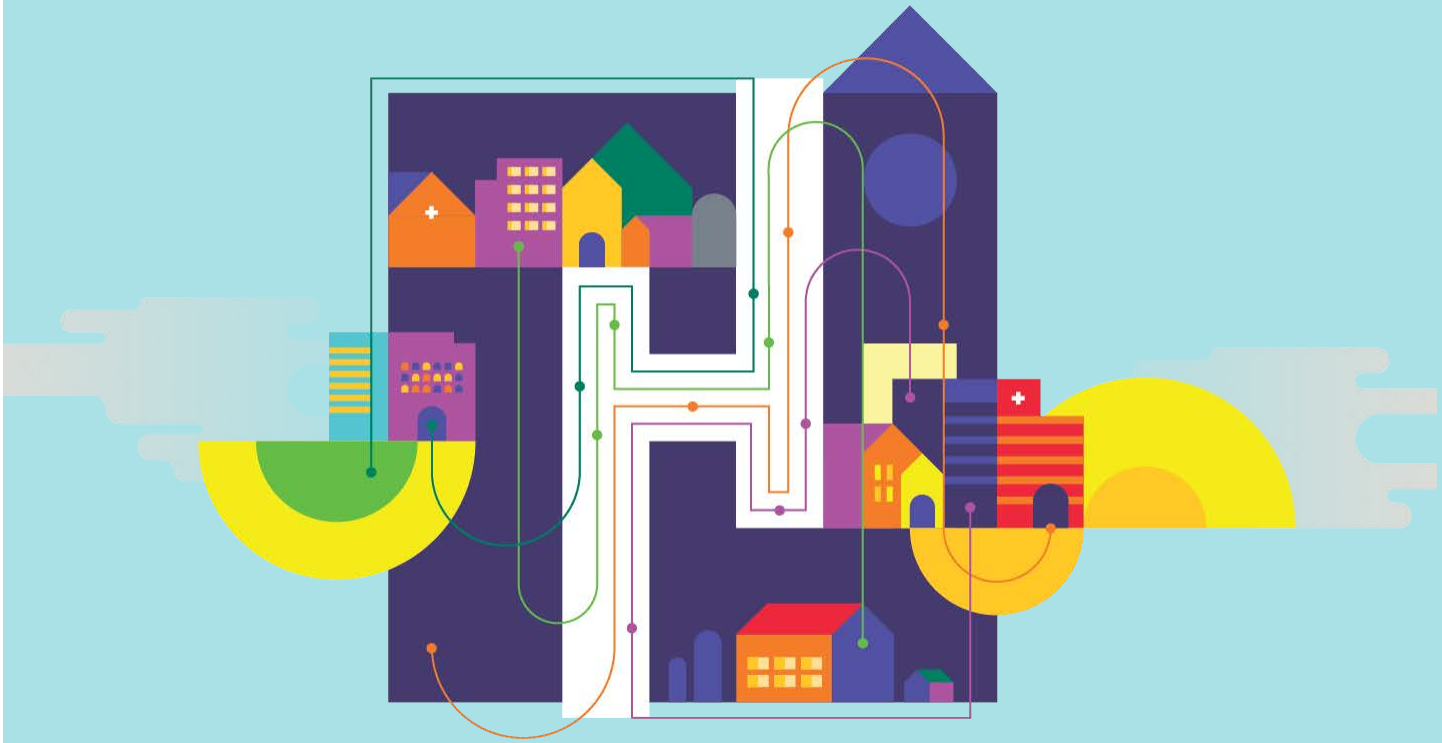
# Submission to Ontario's Long-Term Care COVID-19 Commission

March 2021



Ontario Hospital Association

Dear Commissioners,

On behalf of Ontario's hospitals and the team at the Ontario Hospital Association (OHA), thank you for the opportunity to share our reflections on the impact of COVID-19 on the long-term care (LTC) sector, and lessons learned that would help build a stronger health care system in the future. The information below builds on our previous presentation and supplementary materials shared with you in October 2020, and therefore focuses on the second wave of the pandemic.

In the aftermath of the pandemic's devastating impact on LTC during the first wave, improvements were made in some key areas, including improved access to personal protective equipment (PPE) for some homes and streamlined caregiver and visitor policies to reduce resident isolation. However, larger areas of concern – including the ability to trace, isolate and prevent spread into and within homes – were not meaningfully addressed. Staffing shortages also remained a serious problem, and assistance and support for homes was often not put in place until an outbreak had already taken hold.

Unfortunately, LTC homes were ultimately hit as hard or harder during the second wave. As of February 25, the number of deaths in long-term care homes has exceeded Wave 1 (1,848 in Wave 1 vs. 1,886 in Wave 2). The number of homes that have come under voluntary or mandatory management orders since September is more than double the number during Wave 1. This is particularly tragic given the calm between waves that might have been used to learn from the first wave and put a plan in place to mitigate the damage of the second.

## Insufficient Preparation for Wave 2 of COVID-19 in LTC

In a letter on April 10, 2020 (Appendix A), the OHA submitted urgent recommendations to the government on the actions needed to prevent unnecessary harm and death to residents of long-term care facilities.

On June 11, the OHA wrote to government requesting that it immediately develop a plan to cope with a potential second wave. This letter (Appendix B) includes a specific request to develop a strategy for health care workers, particularly to meet the staffing needs of LTC residents and other frail seniors. It also recommends additional preventative efforts for vulnerable populations.

On July 13, the OHA released a media statement (Appendix C) in response to the government's decision to move to Stage 3 of reopening which called for a contingency plan to prepare for Wave 2, including the creation of regional health service and staffing

plans. This statement received significant media attention.

On September 3rd, the OHA was briefed by the Ministry of Health on a draft capacity plan for the fall. Our impression was that the plan was appropriate and effective in in its anticipation of acute care sector requirements, but we were concerned that a contingency plan for long-term care was not included.

On September 29, at our request, we met with staff at the Minister of Long-Term Care's office who provided a high-level update and advised that they intended to start the rollout of supports for LTC, including funding for prevention, infection prevention and control (IPAC) and training. Unfortunately, by the time these supports were rolled out the second wave surge had already begun.

Over the course of fall, the government implemented a number of collaborative deployment initiatives to bolster LTC staffing, such as the creation of a new Resident Support Aide position and Mobile Emergency Response Teams. These projects, however, were reliant on hospital health human resources during a time when acute care was also under significant pressure. There was also not enough time to fully implement these initiatives ahead of the staffing challenges of Wave 2.

### Hospital Support to LTC Homes During Wave 2

We know from speaking with our members that there were varying levels and types of supports provided to LTC beyond management orders. In February 2021, the OHA conducted a survey of hospitals to investigate the extent and nature of the support they provided to hospitals during the second wave of the pandemic. A total of 71 hospitals completed the survey, representing a range of hospital types from across the province.

53 hospitals identified providing support to more than 150 LTC homes – on average more than three homes each. Several hospitals noted providing some form of support to all homes in their regions. In addition, hospitals reported providing on average three types of support concurrently. The most frequently listed supports were IPAC support and staff redeployment. Other supports included PPE provision, medical oversight, and environmental services and security staff.

A large majority of these supports were provided outside of a pre-existing partnership or management order – nearly 60% of hospitals provided supports on an informal basis. Many of these supports were also provided over a prolonged period of time – over 45% of respondents noted that supports to LTC were provided for two months or longer, and 28% reported support to LTC of four months or longer.

While this does not reflect the full extent of the hospital mobilization, it is illustrative of the depth and breadth of the support that has been provided. A summary of survey results can be found as Appendix D.

It is important to note that hospitals also experienced significant capacity challenges in caring for their own patients during Wave 2, in addition to their new responsibilities supporting assessment centres and testing, research to better understand the virus, and the vaccination effort. These circumstances made providing extensive support to partners more complex.

### *Management Orders*

There were 11 LTC homes that came under the management of hospitals during the first wave (up to July 2020) of the COVID-19 pandemic. As of February 23, based on available information, there are 24 LTC homes that have come under management arrangements in Wave 2 (starting September 2020). Four of these were mandatory orders and 20 were voluntary agreements. This represents more than a two-fold increase in management orders between Wave 1 and Wave 2. Appendix E details these arrangements.

During Wave 2, there were significant inconsistencies in management order implementation. For example, some homes came under an order from the local public health unit (PHU) prior to coming under voluntary management agreements/formal management orders, while others did not. Because copies of management orders were not publicly available, it was difficult to ascertain why certain homes came under formal management orders while others came under “informal” or “voluntary” management arrangements. This process has been opaque since Wave 1.

There was also a lack of consistency in the timing of management orders and voluntary agreements. In some cases, upwards of 90 residents and staff were infected before a management order was issued. In others, the threshold was much lower – orders were issued with fewer than ten cases. Finally, there were notable large outbreaks where no management orders were ever put in place.

These inconsistencies speak to the need for a more proactive approach to partnerships between hospitals and LTC so that management orders or voluntary management agreements are not the only available tools in a crisis. Rather than the patchwork approach, a consistent process and lines of communication must be established between long-term care homes, hospitals, public health, and the government. This issue is discussed in more detail below.

## Results from LTC Commissions in Other Jurisdictions

Valuable lessons can be learned from the Wave 1 experiences outlined by commissions and special reviews that have taken place in other jurisdictions – a list is provided in Appendix F. Outbreaks in these jurisdictions have been associated with: deficient infection prevention and control (IPAC); inadequate access to PPE; larger facility size; multi-occupancy rooms; low staff-to-resident ratios; inter-facility staff and resident movement; poor clinical and medical oversight; and use of agency staff. These factors have also proven to play a role in the experiences of Ontario's LTC homes during both waves.

Recommendations for immediate action in these reports have focused on:

- Improving IPAC – e.g. compulsory training for staff, new certification/accreditation requirements, embedded expert
- Stabilizing the workforce – e.g. relief funding to hire staff, limit use of agency staff and movement between facilities
- Ensuring resident quality of life – e.g. access to essential caregivers/allied health, dedicated staff to facilitate communication between residents and families
- Supporting staff and caregivers – e.g. prompt and clear communication with caregivers/families, mental health and psychosocial support for staff

## Interdependence of LTC and Hospital Capacity

The COVID-19 pandemic has demonstrated the dependence and interdependence between hospitals and LTC in Ontario's health care system that existed well before the pandemic. It has long been important that hospitals are able to discharge patients in a timely manner – the inability to do so is a major contributor to hallway health care.

Patients who have received their full episode of care in hospital but are waiting for discharge to another, more appropriate setting are referred to as alternate level of care (ALC) patients. In January 2021, there were 5,285 ALC patients in Ontario hospitals — accounting for 16% of total beds. The largest portion of these of patients (2,400) were waiting for a place in a LTC facility, while others are waiting for home care services, supervised or assisted living, rehabilitation, complex continuing care, palliative care, mental health services or other services.

With more beds occupied by ALC patients, emergency department backups worsen and become more frequent. Patients face long waits to be transferred to an appropriate patient care unit. This lack of capacity means that patients unfortunately end up waiting in a hallway or another unconventional location.

There is important historical context to these capacity challenges. In 2006, as an almost decade-long expansion of LTC wound down, the number ALC patients began to increase rapidly, reaching a high of 20% of all hospital beds and directly increasing emergency department wait times. While attempts have been made by successive governments, the province has yet to build the capacity required to re-balance health system capacity.

According to information compiled by the Ontario Long-Term Care Association, as of February 2019, the average time to LTC placement was 161 days and the waitlist had nearly 35,000 individuals. Some ALC patients wait significantly longer for placement in an appropriate care setting due to the nature of their care needs. December 2020 data from Access to Care – Ontario Health lists the top three frequently reported specialized needs or barriers for patients waiting for LTC:

- 26.8% Social – includes financial, housing/homelessness, lack of social support, legal concerns
- 22.5% Behavioural –includes, 1:1 support, aggressive behaviours, sexualized behaviours
- 19% Neurological –includes acquired brain injury

Balancing future demand with the supply of LTC beds may become even more challenging in the years ahead. According to the Ministry of Long-Term Care's Capital Planning Branch presentation to this commission in September 2020, licenses for over 26,000 LTC beds in over 250 homes will expire in 2025. This presents an extremely serious risk, as there may be many LTC operators who cannot or do not want to renew their licenses following the pandemic.

For IPAC reasons during the pandemic, these capacity pressures were exacerbated by the directive to transfer residents out of rooms housing three and four residents each. It is crucial that newly constructed or renovated homes reflect modern design standards and practices.

COVID-19 has exposed cracks in the way we care for older adults in a society with a rapidly aging population, but reform was needed long before the pandemic. History and demographics show us that the interdependence of the health care system requires us to take a system-wide lens when considering reform, rather than looking at LTC in isolation.

## The Changing Needs of LTC Residents

Our approach to caring for frail older adults is out of date. Residents are arriving in LTC when they are older and frailer. They spend less time living in these settings, but have increasing levels of acuity and cognitive impairments, and therefore more complex care needs.

2019-20 data from the Canadian Institute for Health Information (CIHI) shows that 83.3% of LTC residents have some form of mild to severe cognitive impairment. We also know that:

- 79.7% of residents have a neurological disease as well as other associated comorbidities, with 63.2% having dementia-related conditions;
- 75.9% have heart/circulation issues; and
- 41.7% have psychiatric/mood disorders.

Eight out of ten people require assistance with their activities of daily living. Over half require some extensive supports, while 35% are considered dependent or totally dependent.

By finding new ways to ensure that residents are receiving the care they need within their LTC home, we can provide a better resident experience and decrease the need to transfer residents between LTC and hospitals.

## Towards Continuous Quality Improvement

As changing demographics demonstrate, there is a mismatch between actual available clinical resources at LTC homes and the intensity of care required by today's LTC residents. Many residents have much more acute needs and the majority of care is provided by personal support workers (PSWs) who often do not have sufficient clinical training to meet these needs. Alignment of resident needs with appropriate staffing requires careful consideration moving forward.

There are also a number of other steps that should be considered to ensure LTC residents receive high-quality care that meets their needs. The hospital sector has had a long quality improvement journey, and there may be opportunity to review existing accountability and inspection models in LTC with an eye towards similarly encouraging continuous quality improvement.

### *Optimizing and Leveraging Existing Data*

Comprehensive data on the majority of adult post-acute patients is already collected through the mandated use of the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS 2.0) in complex continuing care, long-term care, mental health, home care, and community care. This data and associated clinical assessment protocols could be optimized and further leveraged to support quality improvement in LTC at both the individual patient and comparative facility levels. It has potential to be better used by each sector during screening, priority management, care planning, and decision-making to ultimately support better resident outcomes in LTC. As we address health system capacity issues, the assessment data can be used to ensure the right people receive the right level of care.

### *Accountability for Quality Improvement*

There are significant areas for consideration with respect to quality of the care in LTC and the role of legislation and medical advisory boards. For example, in hospitals the Medical Advisory Committee (MAC) makes recommendations to the Board of Directors regarding the quality of care provided by medical staff in hospital. Similarly, legislation like the *Public Hospitals Act* requires that hospitals have a plan or have management develop a plan for emergency situations. Meanwhile, legislation like the *Excellent Care for All Act, 2010* reinforces the shared responsibility between government and hospital management with respect to quality of care.

While the *Long-Term Care Homes Act, 2007* has some quality improvement related requirements, they are not as robust as those in the hospital sector. This lack of legislative emphasis can hamper efforts to develop a culture of learning and continuous quality improvement.

Any changes must address the decision-making structure between the Ministry of Health and Ministry of Long-Term Care. While the separation was primarily intended to house the inspectorate and focus the government’s commitment to expanding LTC construction, the resulting bifurcated system has fostered systemic silos and barriers to integrated thinking during the COVID-19 response. Clarity is needed with respect to accountability processes and the role of government, hospitals, long-term care, and other partners in this bifurcated system.

### *LTC Inspections and Medical Oversight*

The existing inspection-based model in LTC tends to be rigid, complaint-based and punitive, rather than focused on providing information to help operators and administrators consistently improve the quality of care provided to residents. The COVID-19 pandemic has demonstrated that inspection visits to LTC homes are infrequent and that there is merit to visits being more collaborative in nature. Overregulation and increased inspections do not necessarily lead to improvement in quality of care. Consideration should be given to aligning the inspection model with Continuous Quality Improvement principles.

There is no consistent medical staff model within LTC homes – some choose to have a single Medical Director overseeing the clinical needs of all residents, while others have taken a more comprehensive approach. *Improving medical services in Canadian long-term care homes,* published by the College of Family Physicians of Canada in October 2020, recommends the following to improve medical care provided in LTC:

- Established expectations surrounding attending physician visits;
- A standardized process to support virtual care, where appropriate;
- Remuneration that is reflective of the increased complexity and acuity of residents;
- Continuing education to strengthen clinical skills and expertise;
- Availability of and access to clinical resources;
- Access to PPE; and
- A standardized credentialing process to identify the core competencies and clinical skill set required.

Consideration should also be given to regional integration where health care partners can share resources, training, and expertise to address knowledge gaps. During COVID-19, one of the most significant gaps was infection prevention and control, and hospitals were able to support homes with medical leadership and knowledge transfer in this area. Such knowledge sharing should also seek to leverage comparative data (e.g. data provided by CIHI and HQO) to ensure that there are consistent quality standards among LTC homes.

It is also important to leverage the strengths of existing medical oversight models in LTC, and ensure integration with hospital medical leadership, where appropriate. Such integration may mean more formally linking medical directors in LTC homes with the hospital MAC – however, appropriate medical accountability and leadership processes

must be locally-sensitive to ensure a sustainable model of medical oversight of LTC going forward.

## The Future of Long-Term Care

According to Ontario Ministry of Finance projections, by 2046, adults aged 65 and over will make up 23.3 percent of the province's population. COVID-19 has exposed cracks in the way we care for older adults in a society with a rapidly aging population and has begun a long-overdue conversation on a provincial, national and societal level.

In some cases, the deficiencies revealed by the pandemic are the result of a health care system that is not well-integrated. The first two waves of COVID-19 have shown us some specific ways in which integration between LTC homes, hospitals, public health and other system partners can be advantageous.

That's why it's crucial we take a whole-system approach to thinking boldly about fundamental reform and new models of care that centre on the needs of our frail, aging population. We cannot afford to return to the status quo even once the immediate threat of COVID-19 has passed. We must consider the diverse needs of seniors and reducing our system's reliance on LTC, including by increasing services and supports that allow people to stay in their own homes for as long as possible.

Where LTC is required, we should examine other models from around the world for alternatives to our system of large institutions with long, bare hallways. While no one model has proved superior, promising practices can be drawn from those jurisdictions that have moved towards a model that embodies health promotion and a quality of life approach. Models such as the Eden Alternative (UK), Wellspring (US), Green House (US), and Butterfly (UK) provide resident-centred and individualized care in home-like environments. In these models, the workforce has been redesigned, flattening hierarchies, increasing staffing ratios, and ending task-driven remuneration.

### *Ontario Needs A System-Wide Capacity Plan*

Today, one in every six hospital beds is occupied by people waiting for a more appropriate level of care in another setting. This is one example of the kinds of challenges that effective capacity planning across the continuum of care could address. A capacity plan would help identify the mix of services required to ensure Ontarians can get the right kind of care where and when they need it.

Despite the size and complexity of Ontario's health care system, capacity planning is entirely feasible. The major drivers of health service utilization, health care supply and related costs are largely stable, predictable and measurable within reasonable degrees

of certainty. These factors include demographic profiles and changes (population growth and aging); supply of health human resources; price inflation; and diffusion of new technologies, treatment modalities, and medications.

This capacity planning effort must also take into account and bolster the health human resources of Ontario's health care system. The COVID-19 pandemic has demonstrated the criticality of an agile and stable workforce across entire health care sector, and its current fragility and interdependencies. There is a finite current number of health care workers in the province, and they are at risk of burnout and exit from the workforce post-pandemic.

### *Hospital-LTC Relationships and the Future of System Integration*

Building an effective capacity plan will require re-thinking the way care is provided and connected and how we can achieve balance and work in better harmony across the continuum – including at home, in community settings, and in acute care and complex continuing care and rehab hospitals.

The crisis has shone a light on the ways in which relationships between long-term care homes, hospitals and other system partners are indispensable if we are to give our most vulnerable the care they deserve. Lessons learned from COVID-19 must also be incorporated into the province's journey towards system integration, which has until now left LTC on the outskirts too often.

In OHA's recent survey, over 80% of hospitals expressed the belief that that LTC should be included as part of an integrated care delivery system; 14% preferred to tether each LTC home to a hospital; 3% preferred hospitals taking responsibility for medical oversight; and 3% preferred no formal relationship.

As Ontario's health care system continues to integrate – through Ontario Health Teams and other models – there is widespread consensus that increased levels of partnership and collaboration between hospitals and LTC are essential. However, many of our hospital members note that the specific features of those arrangements in terms of accountabilities and the types of support provided will vary based on existing relationships and the unique circumstances of each community. There can be no prescriptive, one-size -fits-all approach. Instead, it's important that the sectors work together in a spirit of collegiality with the shared goal of providing the best possible care for LTC residents.

While there have been many painful lessons learned over the course of the pandemic, we have also seen impressive examples of partners from across the siloed health

system working together in new ways to protect and care for Ontarians. Once the vaccines are fully deployed and this particular crisis is behind us, it is important that we build on those successes moving forward. We all have a responsibility to leverage the learnings from this tragedy to build a health care system that can withstand the next emergency and provide Ontarians – especially frail older adults – the high-quality care they deserve every day.

Thank you once again for this opportunity to share our reflections on COVID-19's impact on LTC and considerations for the path forward. Please do not hesitate to reach out to the OHA if we can be of any further assistance.

Sincerely,

**Anthony Dale**
President & CEO
Ontario Hospital Association

## Appendices

**Appendix A:** OHA Letter - Urgent Efforts Needed to Prevent Unnecessary Loss of Life in Long-Term Care (April 10, 2020)

**Appendix B:** OHA Letter - Planning for the Second Wave of COVID-19 (June 11, 2020)

**Appendix C:** OHA Media Statement - Ontario Must Prepare Healthcare System for Second Surge of COVID-19 Patients (July 13, 2020)

**Appendix D:** OHA Survey Results – Hospital Supports to LTC During Wave 2 (February 2021)

**Appendix E:** Long-Term Care Homes under the Management of Hospitals: Wave 2

**Appendix F:** List of LTC Commissions and Reviews in Other Jurisdictions

**Appendix A:**

OHA Letter - Urgent Efforts Needed to Prevent Unnecessary Loss of Life in Long-Term Care (April 10, 2020)

Ontario Hospital Association

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April 10, 2020

The Hon. Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

**Re: Urgent Efforts Needed to Prevent Unnecessary Loss of Life in Long- Term Care**

Dear Premier:

The Ontario Hospital Association (OHA) supports and appreciates government's efforts these past several weeks to ensure acute care hospitals are as prepared as possible for a surge in patients requiring hospitalization as a result of the COVID-19 pandemic.

The purpose of this letter is to submit to you the hospital sector's call that efforts be implemented immediately to prevent the unnecessary loss of life in long-term care and other congregate settings for seniors.

The OHA appreciates the government's efforts to date to limit the spread of COVID-19 in long-term care homes, especially enhancing Directive #3 on April 7th to strengthen screening, testing and outbreak management in long-term care homes.

Unfortunately, over the past two weeks long-term care homes have experienced rampant spread of COVID-19, with devastating impacts. The government needs to act now and open another front in the war against COVID-19 to protect the most vulnerable Ontarians.

As you know, the resident community in long-term care homes is likely to be older, frailer and have complex conditions. This combined with congregate living environments where respiratory infections can be readily transmitted, places residents and staff at an elevated risk of COVID-19 exposure.

The draft Clinical Triage Protocol for Surge (Protocol), released by Ontario Health on March 28th, suggests that at a certain point during surge, long-term care residents with COVID-19 that meet specific criteria will not be transferred to acute care. Given the draft Protocol, and the fact that there is a rapidly growing number of cases in long-term care and other similar settings, the Government of Ontario risks a potential calamity.

We know that you and your government care deeply about Ontario's seniors and that failure is the last thing you and your Cabinet want or intend. We ask therefore that you take further steps to strengthen the "iron ring" of protection for seniors that you described on March 30th. We ask that you mobilize a provincial strategy to protect this highly vulnerable population and limit the unnecessary loss of life.

**Health Care Worker Mobility and Infection Prevention and Control**

As Ontario prepares for a surge in COVID-19 cases, health organizations are likely going to be required to limit the number of locations where employees work in order to reduce the risk of infecting patients and other workers. A decision on this matter is needed urgently as workers moving from employer to employer is likely a significant risk factor in the growing number of outbreaks in long-term care and similar settings.

A Directive issued by the Chief Medical Officer of Health will be imperative to ensure a clear and consistent practice. Advance notice is needed to ensure that plans are in place and personnel are available for different parts of the system, especially long-term care. Time is of the essence.

**Redeployment Across Providers and Supporting Compensation Strategy**

Long-term care is struggling to stabilize its workforce in the face of the pandemic. Many staff work part-time at more than one employer. Staff are refusing to work in some facilities during an outbreak of COVID-19 because of fear. This dynamic must be addressed.

The ability of healthcare organizations to deploy workers to the areas where they are most needed, such as long-term care, is essential. The government's temporary orders to facilitate redeployment activities within individual hospitals and long-term care providers does provide some flexibility, but this is not enough. Additional flexibility is needed to allow for workers to be deployed across hospitals, home care, long-term care and other parts of the system.

The expansion of redeployment requires a government-funded compensation strategy for the duration of the emergency. There are significant wage differences between people working in hospitals, long-term care and home care. These wage differentials incent people to leave work environments such as long-term care where pay is lower. Addressing this issue will eliminate barriers for the necessary mobility of reinforcements required in this unprecedented time and ensure that long-term care workers will be more likely to remain with organizations that are in desperate need of their services.

These measures should be supported by a regional infrastructure to ensure that deployments are made to priority areas on a proactive basis. This will help strengthen long-term care and its capability to fight back against the further spread of COVID-19.

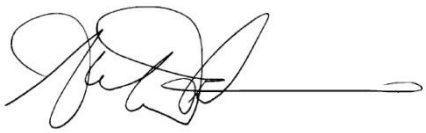
**Personal Protective Equipment (PPE)**

As you know, there is a limited supply of PPE within Ontario's health care system. The OHA supports provincial efforts to replenish supply and carefully manage existing resources. In addition to acute care, it is essential to ensure that workers in long-term care and other similar settings have appropriate access to PPE supplies. Regional and local management of supply across multiple organizations is essential.

To further bolster our collective response to COVID-19, the OHA is actively encouraging Ontario hospitals, if they are in the position to do so, to support long-term care providers in their community by sharing access to hospital-based infection prevention and control expertise. This is a way to build capacity in long-term care and reduce the spread of COVID-19 among residents.

Premier, we believe that the measures outlined above are needed to help safeguard the health and well-being of seniors in the province of Ontario. Please do not hesitate to contact us at any time for additional information. Thank you for your leadership during this unprecedented emergency.

Sincerely yours,



Altaf Stationwala
Board Chair

Anthony Dale
President and CEO

CC: Ontario Cabinet Ministers
Steven Davidson, Secretary of the Cabinet
James Wallace, Chief of Staff to the Premier
Mark Lawson, Deputy Chief of Staff to the Premier
Richard Steele, Deputy Minister of Long-Term Care
Blair Hains, Chief of Staff to the Minister of Long-Term Care
Helen Angus, Deputy Minister of Health
Heather Watt, Chief of Staff to the Minister of Health
Laurel Brazill, Director of Stakeholder Relations to the Minister of Health
Matthew Anderson, President and CEO, Ontario Health
Donna Duncan, Chief Executive Officer, Ontario Long Term Care Association
Lisa Levin, Chief Executive Officer, AdvantAge Ontario
Ontario Hospital CEOs

## Appendix B:

OHA Letter - Planning for the Second Wave of COVID-19

(June 11, 2020)

Ontario Hospital Association

200 Front Street West, Suite 2800
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oha.com

June 11, 2020

The Hon. Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

**Re: Planning for the Second Wave of COVID-19**

Dear Premier Ford,

On behalf of the Ontario Hospital Association (OHA) and its members, we'd like to thank you for taking the urgent steps needed over the past 12 weeks to prepare hospitals for a potential surge in COVID-19 cases. Based on the experience of other jurisdictions, we know how easy it is for acute care to be overwhelmed by high numbers of COVID-19 cases.

**Take Stock and Plan for Second Wave**

So far, the acute care sector in Ontario has operated under relatively stable circumstances, thanks to the collective leadership and action of front-line health care workers, health provider organizations, and the Governments of Ontario and Canada. However, we cannot become complacent and must continue to work closely together to ensure that Ontario's health care system is prepared for an inevitable second wave of COVID-19. Given this inevitability we respectfully submit that it is time to take stock of what has worked, and what hasn't, in the first wave and actively plan for what is likely to come next.

As stated recently by Dr. Michael J. Ryan, Executive Director of the World Health Organization (WHO) Emergencies Programme: *"We need to be… cognizant of the fact that the disease can jump up at any time. We cannot make assumptions that just because the disease is on the way down now that it's going to keep going down."* He further warned that a second peak or wave could come at any time, including during the usual influenza season, *"which will greatly complicate things for disease control."*

**Hospital Occupancy is Rising**

The challenge for Ontario hospitals is protecting surge capacity and managing growing occupancy levels, while at the same time restoring access to elective services and continuing to support many long-term care facilities. Limited access to new PPE supply, drug shortages and the need to provide health care workers with time off as respite will also add to the complexity of the challenge ahead. While there was no choice but to ramp down elective surgeries for a significant period early on during the pandemic, this approach cannot be easily justified in a second wave. Using Ontario Health's recently released framework, hospitals are doing everything they can to resume access to elective services but given the reality that COVID-19 is here for some time, our assessment is that it will not be possible for organizations to operate as they have in the past.

Hospital occupancy levels are already rising quickly. Eighty per cent of the stand-by capacity created in hospitals at the onset of the pandemic has now been filled. The number of patients waiting in hospitals for an alternate level of care (ALC), such as home care or long-term care, has now surpassed 5,200 -- a figure that is unusually high for this time of year (occupancy rates generally peak in January or February at the height of flu season). With long-term care facilities appropriately trying to limit the use of three- and four-bed rooms to safeguard residents, this hospital ALC number will continue to climb quickly, jeopardizing elective surgery ramping up and the conserving of acute care capacity for the next wave. Additional, entirely appropriate factors such as physical distancing and the need to address the use of congregate rooms in hospitals will affect hospital operations and restrict our flexibility to respond to the pandemic. As the WHO warned, we're now facing a situation in Ontario where a second wave of COVID-19 will likely collide with the arrival of the flu, adding significant pressure to a sector already experiencing unprecedented demands and conditions. In other words, risk to the hospital sector is rising quickly.

**Re-Open Ontario Cautiously While Creating New Health System Surge Capacity**

In the short term, we must prepare for a second wave and be cautious in our approach to reopening the province to avoid accelerating a second surge. Further, we ask the government, through the Chief Medical Officer of Health, to provide definitive guidance to the general public on the use of non-medical masks in public spaces, when physical distancing is not possible, as a potential enhancement of public health measures.

Widespread expansion of home care and community services that promote independent living and maintenance/construction of new (temporary) infrastructure, such as field hospitals, decommissioned hotels or empty residential buildings, should be used to ensure the health care system is equipped for the second surge. We must also rapidly identify and deploy new health and community service capacity to reduce growing pressure on hospitals, as well as, quickly enhance the use of virtual care and the enhanced use of paramedicine. We recommend that Ontario Health immediately partner directly with sector representatives and independent experts to establish a comprehensive health services capacity plan to address the COVID-19 risk on a regional basis at the earliest opportunity.

**Strengthen Emergency Management Decision-Making**

We know from other jurisdictions that this virus can rapidly overwhelm acute care capacity and we may be required to react quickly to this evolving pandemic. As the OHA reflects on the lessons learned from the first wave of the COVID-19 pandemic, we believe a rapid-cycle review of the emergency management process should be conducted to improve timeliness and better integrate decision-making. An Incident Management System, for example, with a formalized command structure and appointed Incident Commander would allow for a single point of accountability and may provide a more structured, consistent communications approach moving forward.

**COVID-19 Strategy for Health Care Workers**

As you know, hospital staff have been working on the front lines of the fight against COVID-19 in hospitals and in other workplaces, particularly long-term care. A COVID-19 health human resources strategy is needed to ensure that as hospitals ramp up elective activity, and their staff are called upon to return to their acute care roles, that adequate staffing is available and in place to support long-term care residents, other frail seniors and other populations who have been so adversely impacted by this pandemic. Also required is a plan to mobilize long-term care employees, who work

for multiple employers, that considers infection prevention and control concerns and critical staffing needs across multiple organizations.

**Preventative Efforts to Support Vulnerable Populations**

As you know, on April 10, 2020, the OHA submitted urgent recommendations to you and your government on the actions needed to prevent unnecessary harm and death to residents of long-term care facilities. We are very supportive of the measures implemented since then to protect long term care residents through the joint efforts of the long-term care sector, Ontario's hospitals and the Canadian Armed Forces (CAF).

Given risks to long-term care residents during a second surge, our recommendation is that these measures remain in place for the duration of the emergency. Further, we recommend that your government give serious consideration to expanding these measures proactively to include retirement homes and other congregate settings, such as homes for assisted living, in order to ensure they are prepared as possible for the second COVID-19 surge. Not only will this protect vulnerable populations and keep them safe, but it will prevent unnecessarily hospitalization.

The risk of unnecessary loss of life for vulnerable populations is extremely high. The OHA is supportive of your government's recently announced enhanced testing strategy and its stated intention to target hot spots and at-risk populations. However, certain groups of Ontarians living outside of institutional/congregate settings also face disproportionate risk. We recommend the rapid development and implementation of a provincial strategy targeting those who live outside of institutional/congregate settings, particularly people experiencing homelessness.

In addition to being prioritized for testing, other measures are also needed such as support for shelter staff with IPAC measures, access to PPE, and dedicated outreach and support programs for people "sleeping rough". Under the auspices of Ontario Health, a provincial leadership table comprised of subject matter experts should be established quickly and assigned responsibility for developing the provincial response to this pressing humanitarian need.

**Bold Thinking to Improve Care for Seniors**

While the OHA supports your government's decision to launch an independent commission into long-term care, commencing in July, the focus of this work must be broadened to examine the complex quality of care issues facing frail seniors across our health care system. Even with the tragic situation facing so many long-term care homes, we cannot look at the needs of long-term care residents in a silo if we want to make lasting change.

In addition to a much stronger and resilient long-term care sector, Ontario needs a revolution in access to primary care and home and community services to keep people healthy and at home and return them home as quickly as possible if they've been admitted to hospital. Our province must reflect seriously on the lessons learned from the COVID-19 pandemic and be prepared to make bold, decisive changes to fundamentally improve the integration of health and social services locally around patient, resident and client needs.

**Health Care's Future – No Turning Back**

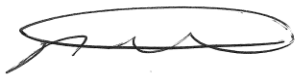
In the aftermath of the pandemic, the OHA believes a national discussion is needed on how to strengthen and sustain health care. With a forecast deficit of more than $20 billion in the year

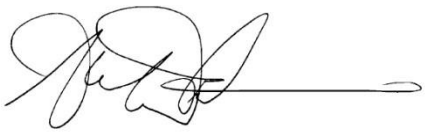
ahead, Ontario hospitals operating at record-setting efficiency levels, and inadequate capacity in public health and the home, community and long-term care settings, the federal and provincial governments must work together and rethink our system of transfer payments to strengthen our ability to fund health and social services into the future.

Premier, we must refuse to return to a system built on hallway health care and hospital occupancy levels well over 100 per cent. The pandemic has reminded Canadians what can be done when there is a sense of true crisis and urgency. Let's build on that momentum with your leadership and begin to fundamentally rethink the organization of Ontario's health care system.

Thank you for your consideration. We recommend that a fully developed strategy for the second wave of COVID-19 be completed and in place by the end of June to allow for as much time as possible to prepare for the Fall. We would be happy to discuss our recommendations with you at any time.

Sincerely,





Altaf Stationwala
Board Chair

Anthony Dale
President and CEO

CC: Ontario Hospital CEOs and Board Chairs
OHA Board of Directors
Steven Davidson, Secretary of the Cabinet
Jamie Wallace, Chief of Staff to the Premier
Mark Lawson, Deputy Chief of Staff to the Premier
Helen Angus, Deputy Minister of Health
Matthew Anderson, President and CEO, Ontario Health
Dr. David Williams, Chief Medical Officer of Health
The Hon. Christine Elliott, Minister of Health
Leif Malling, Acting Chief of Staff to the Minister of Health
Laurel Brazill, Director, Stakeholder Relations to the Minister of Health
The Hon. Merrilee Fullerton, Minister of Long-Term Care

## Appendix C:

OHA Media Statement - Ontario Must Prepare Healthcare System for Second Surge of COVID-19 Patients

(July 13, 2020)

Ontario Hospital Association

200 Front Street West, Suite 2800
Toronto, ON M5V 3L1
416 205 1300
@OntHospitalAssn
oha.com

MEDIA STATEMENT

**Ontario Must Prepare Healthcare System for Second Surge of COVID-19 Patients**

**July 13, 2020, Toronto, ON** – "Today's decision to move into Stage 3 of the province's reopening plan is a judgement call made by Premier Doug Ford and his government, and responsibility for this decision rests with them. Both Ontarians and Ontario businesses have made extraordinary sacrifices over the past few months, which has made a powerful difference in curtailing the spread of COVID-19. Economic recovery is vital to bolstering our province in the time ahead – but equally important, as more public spaces open, is ensuring that our healthcare system is prepared for a possible second surge of COVID-19 patients.

Ontario hospitals have been the anchor of the COVID-19 response, delivering life-saving intensive care while additionally managing assessment units, lab testing, and deploying staff to assist in long-term care. However, a potential second wave of COVID-19 will likely collide with flu season, adding significant pressure to a sector already experiencing unprecedented demands and conditions.

Eighty per cent of the stand-by capacity created in hospitals at the onset of the pandemic has now been filled, and the number of patients waiting in hospitals for an alternate level of care (ALC), such as home care or long-term care, is well over 5,000 -- a figure that is unusually high for the summer months. With ongoing limitations on admission to long term care and the appropriate decision to eliminate use of three- and four-bed rooms to safeguard residents, the number of ALC patients in hospitals is likely to remain high. In combination with the need to restart and maintain elective activity, maintain acute care occupancy at 85 per cent to ensure standby capacity for a second wave and continue with ongoing COVID-19 related activities, Ontario's hospitals will continue to be heavily tested in the months ahead.

A contingency plan is needed to ensure the healthcare system is equipped for a potential second surge, including the creation of regional health service and staffing plans that must be in place at the earliest opportunity. Within these plans, we recommend that the government support the widespread expansion of home care and community services, virtual care and paramedicine to ensure greater access to services outside the hospital setting. We also recommend the maintenance/construction of new (temporary) infrastructure, such as field hospitals, decommissioned hotels and empty residential buildings.

Given the scale of the reopening decision announced today, it is essential that the Government of Ontario monitor the status of COVID-19 extremely closely. Experience in the United States demonstrate that events can escalate out of control very quickly. By its very nature, moving to Stage 3 introduces heighted risk of renewed spread. As a result, it is essential that Ontario's healthcare system be ready for further outbreaks and a second wave of the pandemic. Nothing should be taken for granted."

- Anthony Dale, President and CEO, Ontario Hospital Association

-30-

**For further information:** Amanda Philp, Director of Public Affairs, Ontario Hospital Association, at aphilp@oha.com.

# Appendix D:

OHA Survey Results – Hospital Supports to LTC During Wave 2

(February 2021)

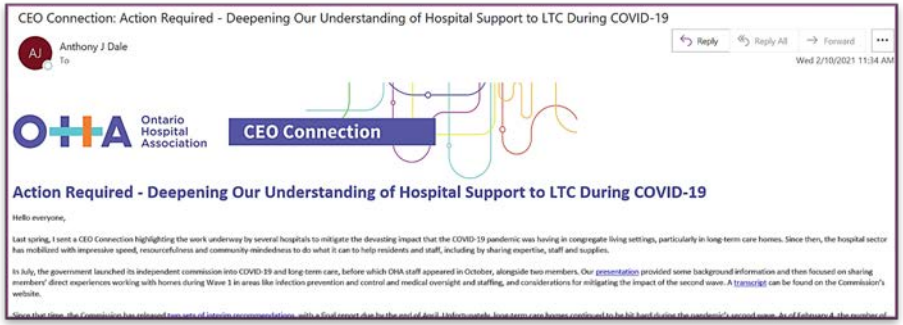
# OHA Survey Results – Hospital Supports to LTC During Wave 2

February 26, 2021

Ontario Hospital Association

# OHA Survey on LTCH Support during the COVID-19 Pandemic

- An OHA Long-Term Care Home Support Survey was sent on February 10th to understand hospital support to long-term care homes (LTCHs) from Fall 2020 to date


CEO Connection: Action Required - Deepening Our Understanding of Hospital Support to LTC During COVID-19

Anthony J Dale
To

Reply | Reply All | Forward

Wed 2/10/2021 11:34 AM

Ontario Hospital Association

CEO Connection

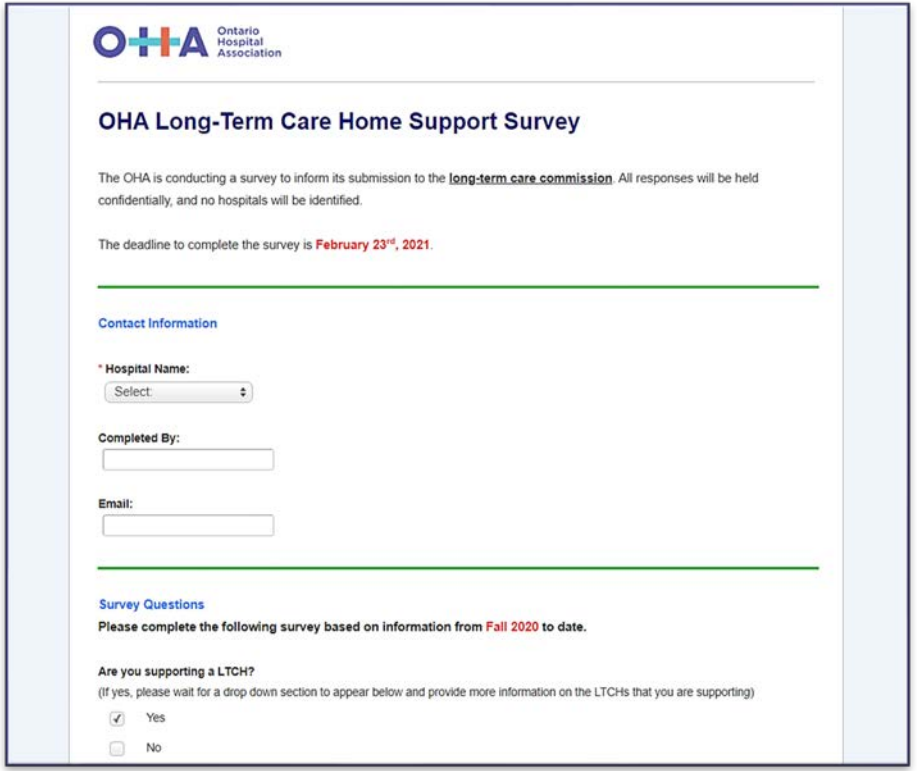
**Action Required - Deepening Our Understanding of Hospital Support to LTC During COVID-19**

Hello everyone,

Last spring, I sent a CEO Connection highlighting the work underway by several hospitals to mitigate the devasting impact that the COVID-19 pandemic was having in congregate living settings, particularly in long-term care homes. Since then, the hospital sector has mobilized with impressive speed, resourcefulness and community-mindedness to do what it can to help residents and staff, including by sharing expertise, staff and supplies.

In July, the government launched its independent commission into COVID-19 and long-term care, before which OHA staff appeared in October, alongside two members. Our presentation provided some background information and then focused on sharing members' direct experiences working with homes during Wave 1 in areas like infection prevention and control and medical oversight and staffing, and considerations for mitigating the impact of the second wave. A transcript can be found on the Commission's website.

Since that time, the Commission has released two sets of interim recommendations, with a final report due by the end of April. Unfortunately, long-term care homes continued to be hit hard during the pandemic's second wave. As of February 4, the number of


Ontario Hospital Association

**OHA Long-Term Care Home Support Survey**

The OHA is conducting a survey to inform its submission to the long-term care commission. All responses will be held confidentially, and no hospitals will be identified.

The deadline to complete the survey is February 23rd, 2021.

Contact Information

* Hospital Name:
Select

Completed By:

Email:

Survey Questions

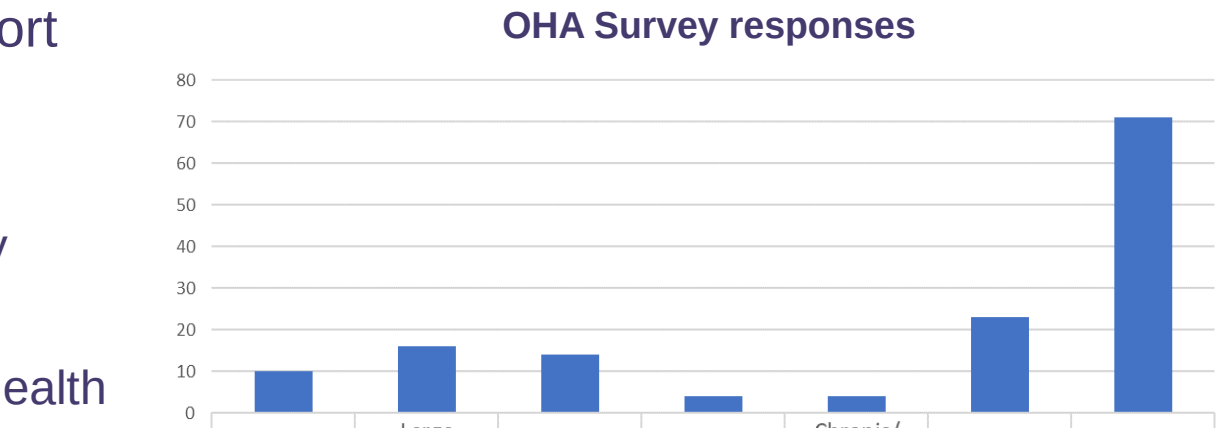
Please complete the following survey based on information from Fall 2020 to date.

Are you supporting a LTCH?
(If yes, please wait for a drop down section to appear below and provide more information on the LTCHs that you are supporting)

- [x] Yes
- [ ] No

# Number of Survey Responses

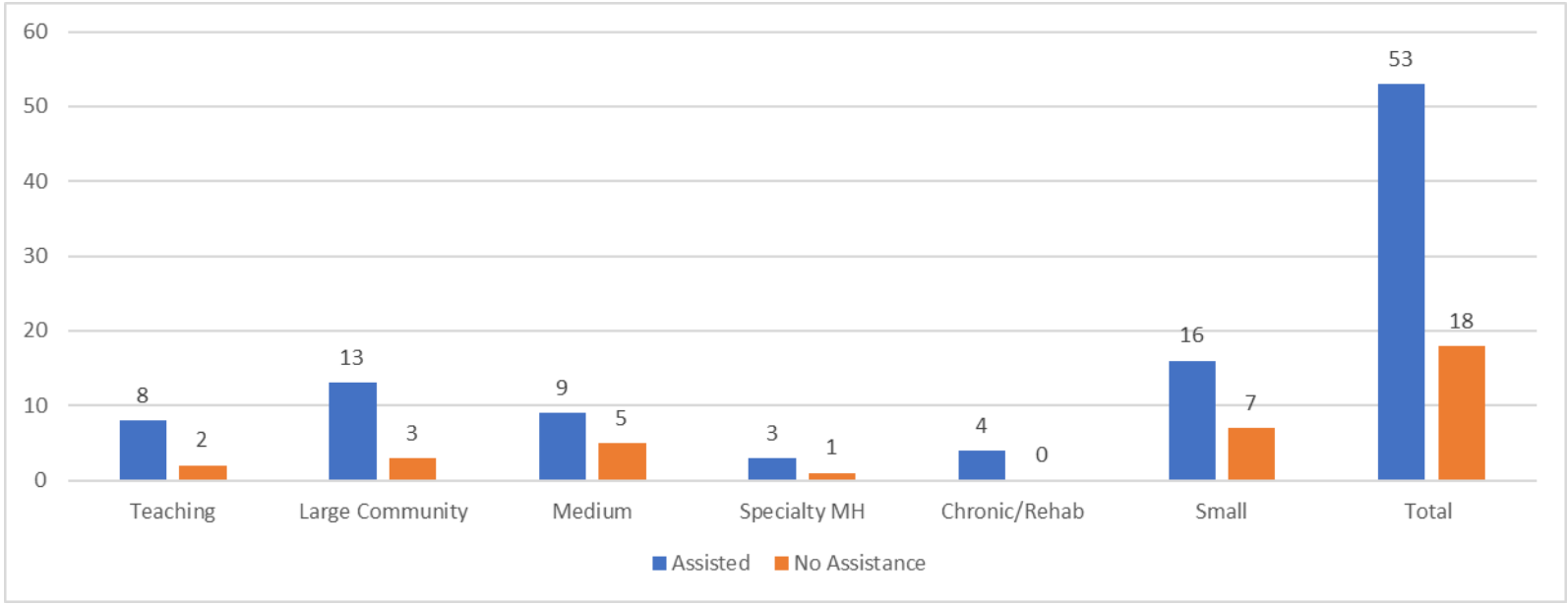
- 71 hospitals submitted their response to the OHA Long-Term Care Home Support Survey:
  - 10 Teaching
  - 16 Large Community
  - 14 Medium
  - 4 Specialty Mental Health
  - 4 Chronic/Rehab
  - 23 Small




| | Teaching | Large Community | Medium | Specialty MH | Chronic/ Rehab | Small | Total |
|---|---|---|---|---|---|---|---|
| Survey Reponses | 10 | 16 | 14 | 4 | 4 | 23 | 71 |
| % Grp | 71% | 62% | 70% | 100% | 50% | 35% | 50% |

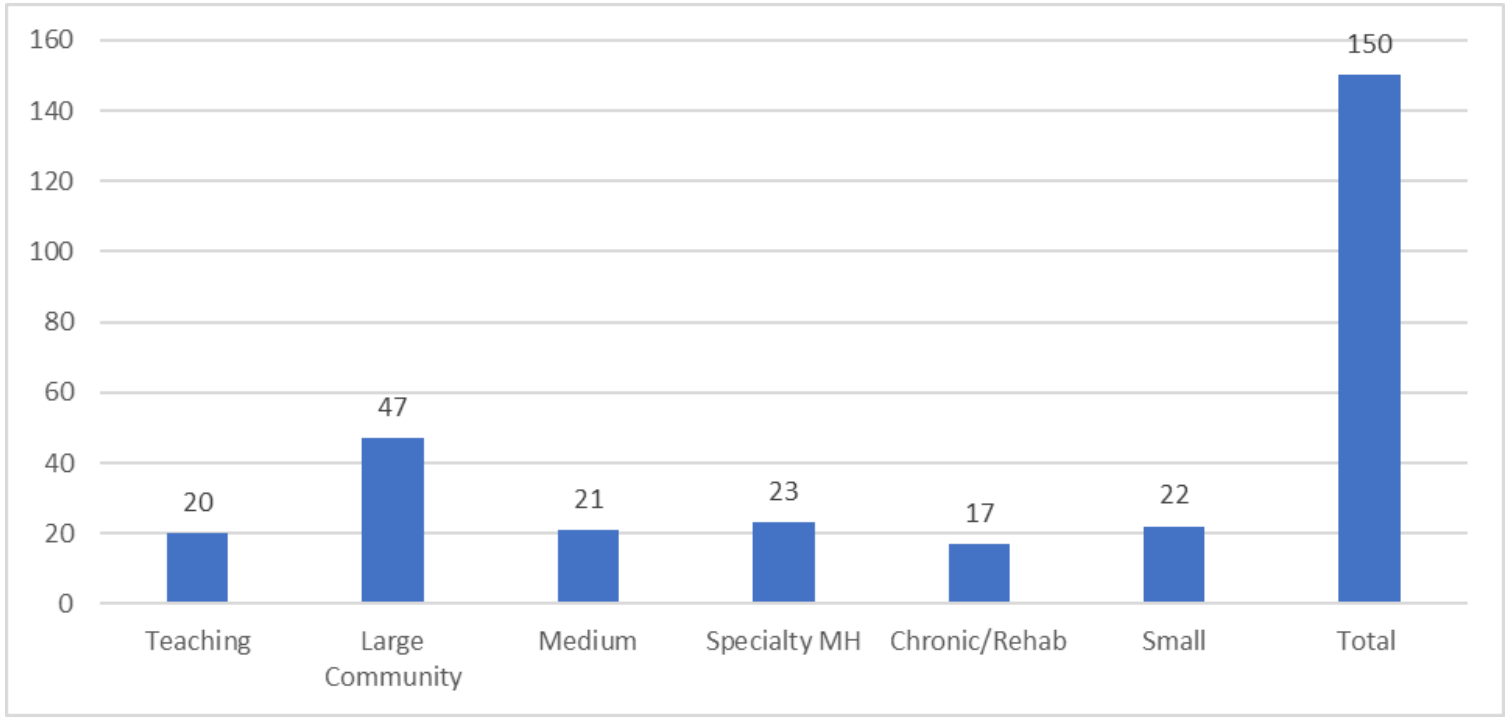
# Number of hospitals who have assisted LTCHs

- 53 out of 71 respondents are supporting one or more LTCHs since Fall 2020
- 60-70% of respondents are assisting LTCHs from each hospital type



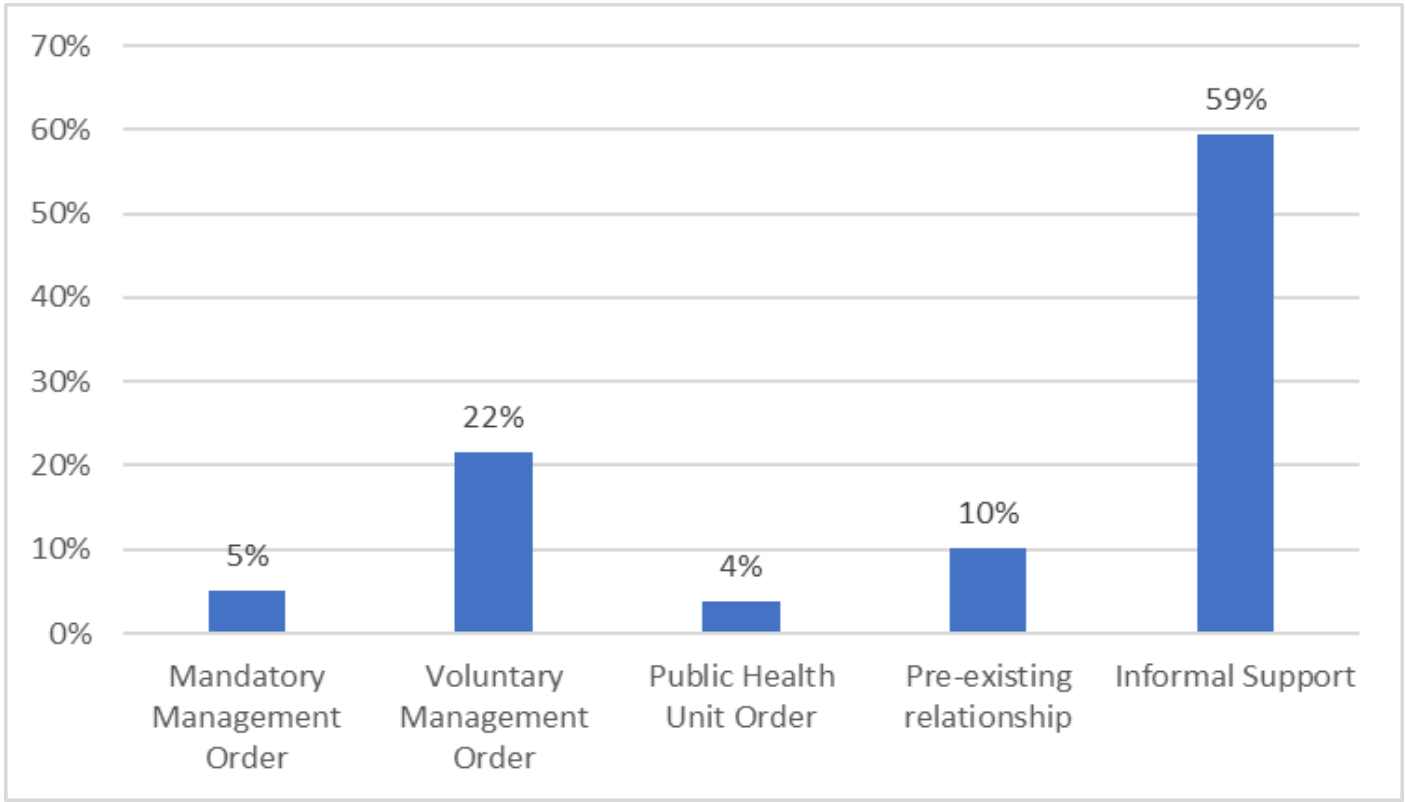
# Number of LTCHs supported by hospital type

- 53 hospitals reported support to 150 LTCHs from Fall 2020 to now, with an average of three (3) LTCHs per hospital



# Nature of LTCH support

- Over 90% of the LTCHs were supported based on a voluntary management order, a pre-existing relationship, and informal support



# Nature of LTCH support

Examples of Informal Support:

- Hub and spoke models
- Outbreak management and lab support
- IPAC and PPE consultation
- Assessment centre support (e.g. swabbing)
- Assisting with Mobile Enhancement Support Team

# Type of LTCH support

Many organizations supported multiple facets of support. Out of the 71 respondents:

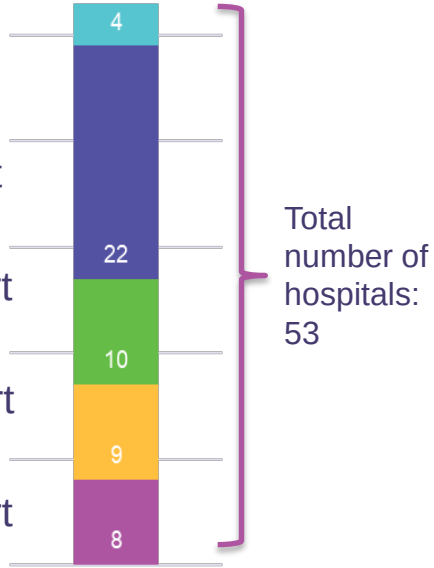
**53** Hospitals Supported **1** LTC home with at least one form of support

**22** Hospitals Supported **2 or more** LTC homes with at least one form of support

**10** Hospitals Supported **3 or more** LTC homes with at least one form of support

**9** Hospitals Supported **4 or more** LTC homes with at least one form of support

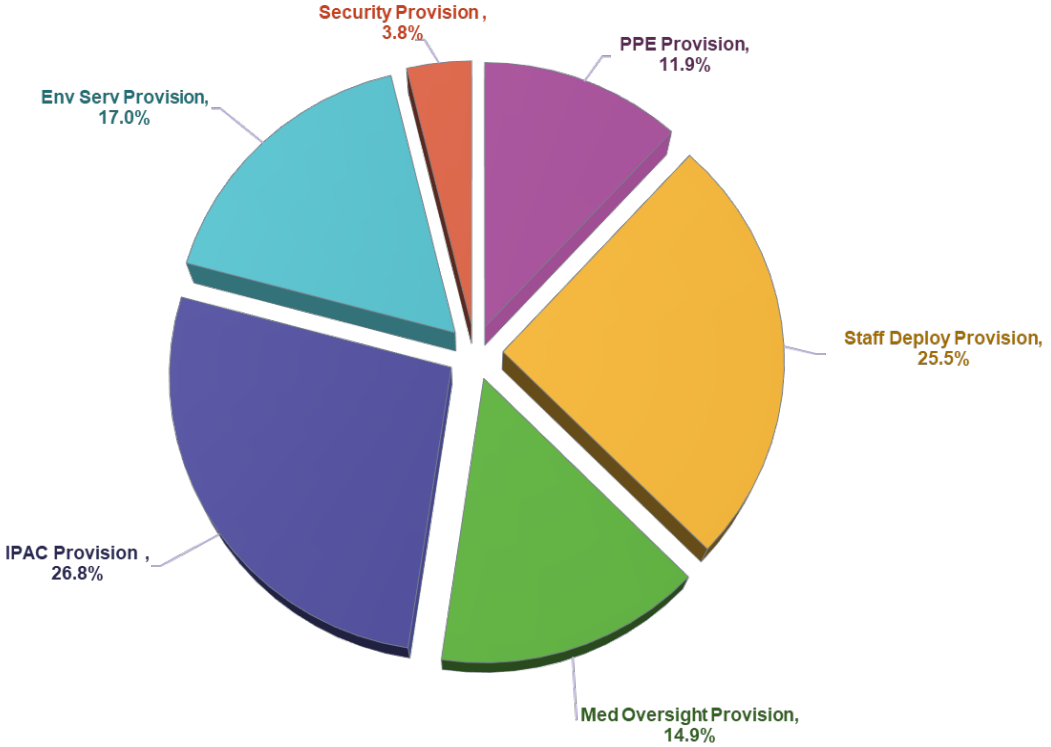
**8** Hospitals Supported **5 or more** LTC homes with at least one form of support




**On average, hospitals have provided three (3) types of supports to LTCHs.** The majority of hospitals provided IPAC and Staff Deployment

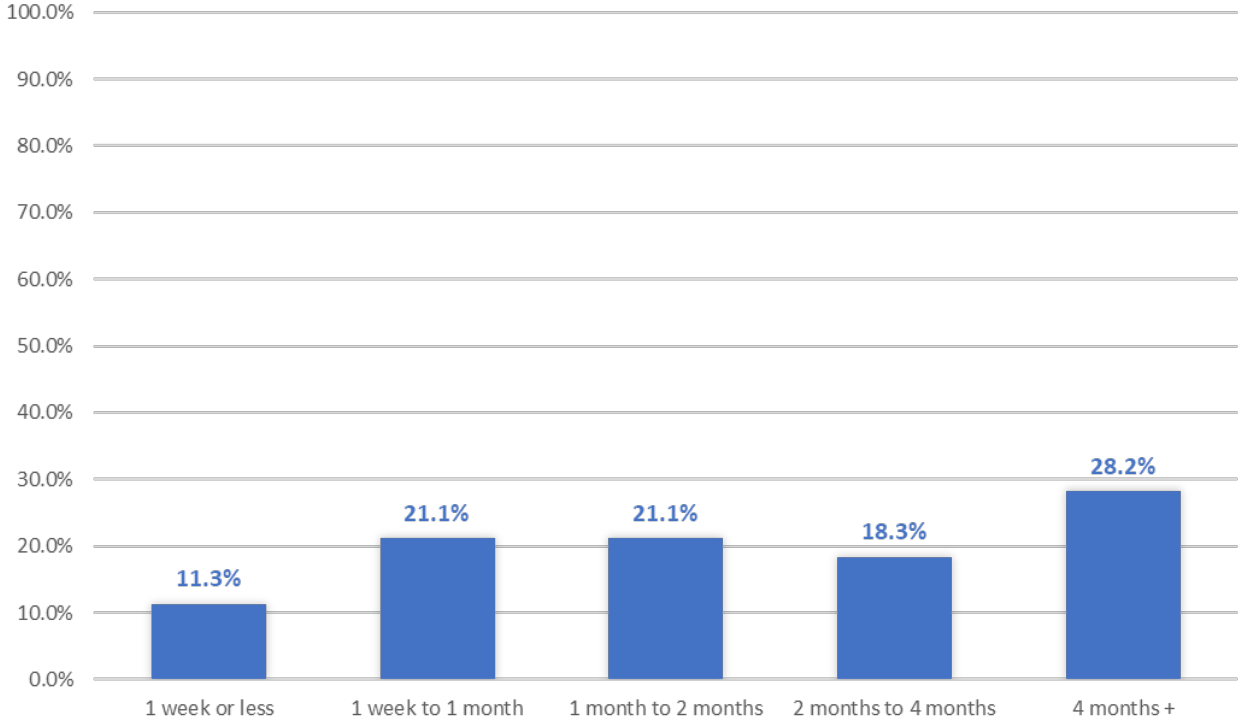
# Type of LTCH support

- Types of support provided to all LTCHs



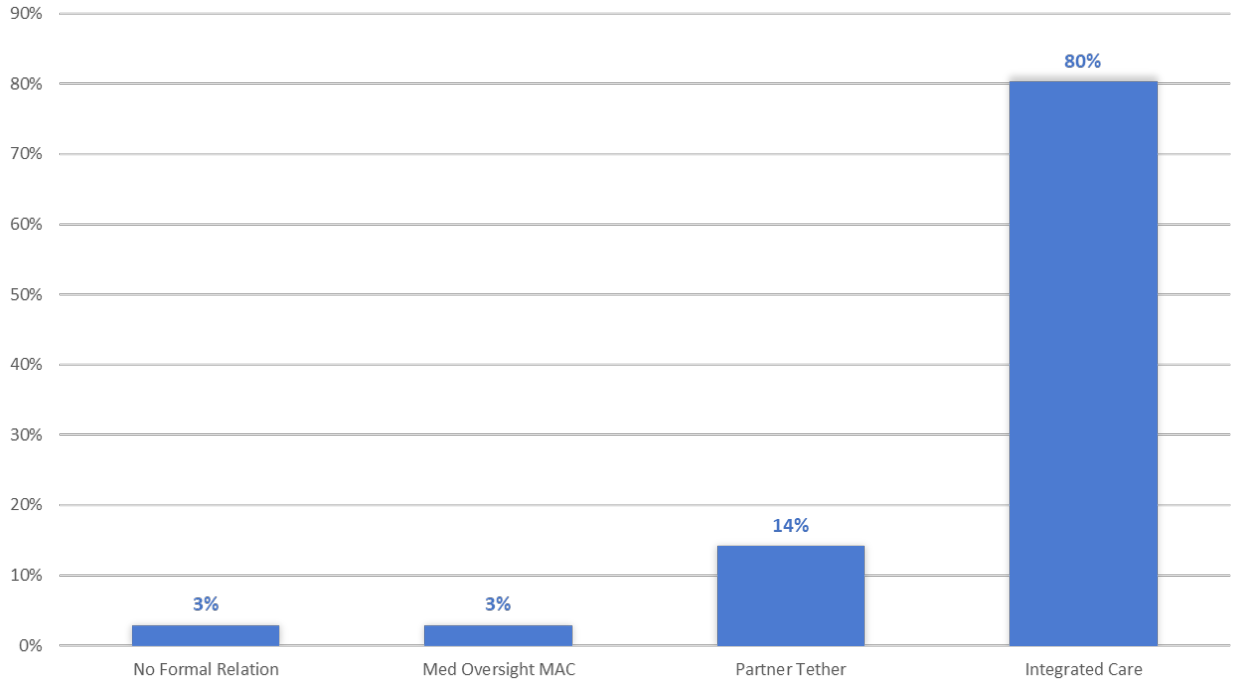
# Duration of LTCH support

- More than 45% of respondents have supported LTCHs for more than 2+ months



# Recommendations for the Future

80% of respondents recommend the inclusion of long-term care as part of a more integrated care delivery system in the future

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# Appendix E:

## Long-Term Care Homes under the Management of Hospitals: Wave 2

Last updated: Feb 24, 2021

**Long-Term Care Homes under the Management of Hospitals: Wave 2**

**Pursuant to Management Orders under the *Long-Term Care Homes Act, 2007* and Voluntary Arrangements**

**Context**

- This chart provides details on long-term care homes in Ontario that have come under the management of hospitals during the COVID-19 pandemic, pursuant to O. Reg 21/20[1] under the *Emergency Management and Civil Protection Act*, and pursuant to section 156 and related provisions of the *Long-Term Care Homes Act, 2007*
- As of **February 24, 2021**, based on available information, there are **24 LTC homes that have come under management orders (4 mandatory and 20 voluntary)** in Wave 2 (starting September 2020); and 1 retirement home under a PHU order
  - 23 LTC homes were run on a for-profit basis; and 1 home was municipally run
  - (NOTE: we rely on media sources, government news releases, and OHA members to alert us of homes placed under management orders, as this information is not otherwise collected or publicly available in a systematic way).
- The chart below shows LTCHA compliance/inspection history only for 2019 and 2020 (to maintain succinctness); a more detailed history for each home is available on the Ministry of Long-Term Care Public Reporting on Inspections website.
- **Also refer to the following Ministry website for an overview of Orders: https://www.ontario.ca/page/voluntary-management-contracts-and-mandatory-management-orders**

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| West End Villa | The Ottawa Hospital<br><br>Effective Sept 25. 2020 | For Profit | • Ottawa<br>• Managed by Extendicare<br>• Approx 242 beds | Voluntary management agreement | • Ottawa news sources detailed that this home had 11 resident deaths since the end of August 2020<br>• Extendicare news statement indicated that as of early September, there were 28 residents and 3 staff members who tested positive for COVID<br>• This home had 2 complaints inspections and 2 critical incident inspections in 2020; and 6 complaints inspections and 5 critical incident inspections in 2019<br>• Extendicare has a network of 120 senior care and retirement living centres and home health care operations, under the Extendicare, Esprit Lifestyle and ParaMed brands | • Ministry of Long-Term Care Inspection Reports<br>• Ontario Government News Release (Sept 25) |

[1] O. Reg. 210/20: ORDER UNDER SUBSECTION 7.0.2 (4) OF THE ACT - MANAGEMENT OF LONG-TERM CARE HOMES IN OUTBREAK under the *Emergency Management and Civil Protection Act*

***Legend for Home Type:***

| *For Profit* | *Non Profit* | *Municipal* |
|---|---|---|

Last updated: Feb 24, 2021

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| Laurier Manor | The Ottawa Hospital<br><br>Effective Sept 25. 2020 | For Profit | • Ottawa<br>• Managed by Extendicare<br>• Approx 242 beds | Voluntary management agreement | • Ottawa news sources reported that this home had 11 residents and 4 staff testing positive for COVID in an outbreak that began on September 1.<br>• This is the second outbreak at the home; the previous one started in April and lasted two months<br>• This home had 3 complaints inspections and 1 critical incident inspection in 2020; and 3 complaints inspections and 4 critical incident inspections in 2019<br>• Extendicare has a network of 120 senior care and retirement living centres and home health care operations, under the Extendicare, Esprit Lifestyle and ParaMed brands | • Ministry of Long-Term Care Inspection Reports<br>• Ontario Government News Release (Sept 25) |
| Norwood Nursing Home | Unity Health Toronto<br><br>Effective Oct 6. 2020 | For profit | • Toronto (Central West)<br>• Managed by Norwood Nursing Homes Ltd<br>• Approx 60 beds | Voluntary management agreement | • Unity Health Toronto Hospital has been managing the Norwood Nursing Home since September 30, 2020, after the Toronto Public Health Unit issued an order under the *Health Protection and Promotion Act*<br>• According to news media, the 60-bed facility located near King Street West and Dufferin Street has a total of 26 confirmed cases among residents and staff. There has also been at least one fatality at the home<br>• This home had 1 critical incident inspection in 2020; and 1 critical incident and 1 complaints inspection in 2019 | • Ministry of Long Term Care Inspection Reports<br>• Ontario Government News Release (Oct 7) |
| Simcoe Manor Home for the Aged | Royal Victoria Health Centre<br><br>Effective Oct 13, 2020 | Municipal | • Beeton (County of Simcoe)<br>• Operated by the Corporation of the County of Simcoe<br>• Approx 126 beds | Mandatory Management Order | • Royal Victoria Regional Health Centre has been managing Simcoe Manor Home for the Aged since October 9, 2020, after the Simcoe Muskoka District Health Unit issued an order under the *Health Protection and Promotion Act*<br>• As of Oct 14, 37 of Simcoe Manor's residents and 22 staff had tested positive for COVID-19. | • Ministry of Long-Term Care Inspection Report<br>• Ontario Government News Release (Oct 13) |

***Legend for Home Type:***

| | | |
|---|---|---|
| ***For Profit*** | ***Non Profit*** | ***Municipal*** |

| Long-Term Care Home | Managing Hospital | Home Type | Location and Operator | Type of Arrangement | Details/Compliance History | Source |
|---|---|---|---|---|---|---|
| | | | | | • Another resident who was COVID-19 positive passed away on October 13, bringing the total to five COVID-positive resident deaths related to this current outbreak<br>• The County of Simcoe, which operates the home, will continue to provide day-to-day care to the home's residents.<br>• Stevenson Memorial Hospital in Alliston also continues to provide support<br>• This home had 2 complaints inspections and 2 critical incident inspections in 2020; and 1 complaints inspections and 3 critical incident inspections in 2019. | |
| Millennium Trail Manor | Niagara Health System<br><br>Effective Oct 28, 2020 | For profit | • City of Niagara<br>• Operated by 955464 Ontario Limited<br>• Approx 160 beds | Mandatory Management Order | • This company owns and operates seven long-term care homes in Ontario — five in the Niagara Region, one in Burlington, and one in Englehart.<br>• The home first declared an outbreak on September 29, 2020<br>• As of October 28, Neither the provincial government nor Niagara Region Public Health provided an exact count on the number of cases at the facility<br>• This home had 2 complaints inspections and 3 critical incident inspections in 2020; and 3 complaints inspections and 4 critical incident inspections in 2019. | • Statement from Niagara Health CEO (Oct 28, 2020)<br>• Ministry of Long-Term Care Inspection Report<br>• Ontario Government News Release |
| Extendicare Starwood | The Ottawa Hospital<br><br>Effective October 28, 2020 | For Profit | • Nepean, Ottawa<br>• Extendicare Northeastern Ontario Inc. [a Subsidiary Of | Voluntary management agreement | • Local news sources indicate that "There have been 98 lab-confirmed cases among residents and four residents have died. Twenty-seven staff members who work at Starwood have also tested positive. | • CTV Ottawa News article (Oct 30)<br>• Ministry of Long Term Care Inspection Reports |

***Legend for Home Type:***

| *For Profit* | *Non Profit* | *Municipal* |
|---|---|---|

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| | | | Extendicare (Canada) Inc.]<br>• Approx 192 beds | | Ottawa Public Health declared a COVID-19 outbreak at Extendicare Starwood on Sept. 25"<br>• This home had 2 critical incident inspections in 2020; and 3 complaints inspections and 3 critical incident inspections in 2019. | • Ontario Government News Release (Oct 30) |
| Tyndall Nursing Home | Joseph Brant Hospital<br><br>Effective November 25, 2020 | For Profit | • Mississauga, Ontario<br>• Tyndall Nursing Home Limited<br>• Approx. 151 beds | Mandatory Management Order | • This operator owns and operates 5 LTC/retirement homes/adult condominiums across Ontario<br>• Tyndall had 1 critical incident inspection in 2020; and 1 complaints inspection and 3 critical incident inspections in 2019.<br>• Local media reported that, "a total of 86 residents at the facility had tested positive for COVID-19." As of November 25, "11 remain active, while 57 have been resolved." | • Ministry of Long-Term Care Inspection Reports<br>• CP24 News article (Nov 26)<br>• Ontario Government News Release (Nov 25) |
| Rockcliffe Care Community | Scarborough Health Network<br><br>Effective November 25. 2020 | For Profit | • Scarborough, Ontario<br>• Sienna Living (Vigour Limited Partnership)<br>• Approx 204 beds | Voluntary management agreement | • Sienna Living owns and operates 37 LTC homes across Ontario<br>• Rockcliffe had 6 critical incident inspection and 2 complaints inspections in 2020; and 8 complaints inspection and 2 critical incident inspections in 2019<br>• Local news media reported that "Seven residents have died and 136 have tested positive amid a coronavirus outbreak at this LTC home. 66 staff have also tested positive" (Nov 15)<br>• Received support from the Red Cross | • Global News article (Nov 15)<br>• Ministry of Long-Term Care Inspection Report<br>• Ontario Government News Release (Nov 28) |
| Langstaff Square Care Community | Mackenzie Health<br><br>Effective November 25. 2020 | For Profit | • Richmond Hill, Ontario<br>• Sienna Living (Vigour Limited Partnership)<br>• Approx 160 beds | Voluntary management agreement | • Sienna Living owns and operates 37 LTC homes across Ontario<br>• Langstaff Square had 2 critical incident inspection and 1 complaints inspections in 2020; and 2 complaints inspection and 2 critical incident inspections in 2019 | • Ministry of Long-Term Care Inspection Report<br>• York Region News article (Nov 28)<br>• York Region Public Health Order (Nov. 20, 2020) |

***Legend for Home Type:***

| | | |
|---|---|---|
| ***For Profit*** | ***Non Profit*** | ***Municipal*** |

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| | | | | | • The home was issued an order by York Region's public health unit for inadequate staffing levels and failure to comply with infection, prevention and control practices during a COVID-19 outbreak at the facility- click here to access the Order<br>• Local news media reported that "A second COVID-19 outbreak since October was declared at the facility on Nov. 7, with seven of the home's 160 residents and eight health-care workers testing positive for the virus as of Nov. 21. As of Nov. 28, one of the resident cases and three of the staff cases had been resolved." (Nov 28, 2020) | • Ontario Government News Release (Nov 28) |
| King City Lodge Nursing Home | Southlake Regional Health Center<br><br>Effective December 1, 2020 | For Profit | • Aurora, Ontario<br>• Poranganel Holdings Limited<br>• Approx 36 beds | Voluntary management agreement | • No website appears to be active for this home; difficult to locate information about the operator<br>• This home had 1 critical incident inspection and 1 complaints inspection in 2020; and 1 complaints inspection in 2019<br>• Local media reports that "the home has been in outbreak status since November 7. 28 of the 35 residents at the home have tested positive for COVID-19. Seven of those residents have died of the virus." (December 3)<br>• This is one of the smallest homes to come under a management order since April 2020 | • Ministry of Health Inspection Reports<br>• CP24 News article (December 3)<br>• Ontario Government News Release (Dec 3) |
| Sunnycrest Nursing Home | Lakeridge Health<br><br>Effective December 3, 2020 | For Profit | • Whitby, Ontario<br>• Sunnycrest Nursing Homes Limited<br>• Approx 136 beds | Voluntary management agreement | • The Historic Lick House at 1635 Dundas Street East in Whitby, Ontario was converted into a Nursing Home in the 1950s. In 1967, it was purchased by Maxwell Leroy, Sunnycrest's founder. Sunnycrest began as a 36-bed Nursing Home. Mr. Leroy then built an addition onto the existing facility in 1973. This expanded Sunnycrest into a 98-bed Nursing Home. A | • Durham News article (December 2, 2020)<br>• Ministry of Health Inspection Reports<br>• Ontario Government News Release (Dec 3) |

***Legend for Home Type:***

| | | |
|---|---|---|
| ***For Profit*** | ***Non Profit*** | ***Municipal*** |

| Long-Term Care Home | Managing Hospital | Home Type | Location and Operator | Type of Arrangement | Details/Compliance History | Source |
|---|---|---|---|---|---|---|
| | | | | | further expansion in 1983 brought Sunnycrest to its present state: a 136-bed Nursing Home which has been serving the Durham Region for over 45 years<br>• Local news media reported that, "Sunnycrest Nursing Home on Dundas Street East has recorded three deaths from COVID-19 but has 116 residents in its 136-bed facility who have come down with the virus in just over a week as of Dec. 2. Of those 116 residents, the Durham Region Health Department reports three have died, six have been hospitalized and 107 are currently in isolation. In addition, 17 staff at the facility contracted COVID-19"<br>• This home had 2 critical incident inspections and 1 complaints inspection in 2020; and 2 complaints inspections and 1 critical incident inspections in 2019<br>• **Received support from the Red Cross** | |
| Craiglee Nursing Home | Scarborough Health Network<br><br>Effective December 15, 2020 | For Profit | • Scarborough, Ontario<br>• Craiglee Nursing Home Ltd<br>• Approx 196 beds | Voluntary Management Agreement | • This is a voluntary management contract<br>• As of Dec 15, there were 22 residents at the home who passed away from COVID-19<br>• This home appears to have a long history of non-compliance (ex. 2008 reports showing that the MOH issued a non-admission order for 30 days; and various lawsuits filed over allegations of neglect and resident abuse)<br>• This home had 5 complaints inspections and 3 critical incident inspections in 2020; and 3 complaints inspections and 2 critical incident inspections in 2019 | • Ontario Government News Release (Dec. 15, 2020)<br>• Ministry of Long-Term Care Inspection Report<br>• Ontario Government News Release |
| Westside Long-Term Care Home | Universal Care Canada | For Profit | • Etobicoke Ontario<br>• Revera Inc<br>• Approx 242 beds | Mandatory Management Order | • UniversalCare Canada Inc. currently manages 11 other long-term care homes in Ontario. None of | • Ontario Government News Release (December 14, 2020) |

***Legend for Home Type:***

| | | |
|---|---|---|
| ***For Profit*** | ***Non Profit*** | ***Municipal*** |

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| | Not a Hospital-Managed Process<br><br>Effective December 14, 2020 | | | | these management arrangements are related to COVID-19 spread in these homes.<br>• UniversalCare Canada operates Interim LTC beds, specialized Hemodialysis Units (the only such kind in Ontario) and Memory Care Units. In addition, it provides management and direct clinical/consulting services to a number of homes.<br>• This appears to be the first time that the Province has asked a For Profit company (rather than a hospital) to take over management of a LTCH<br>• News reports indicate that "According to the province, 63 residents have tested positive for the virus at the 242-bed home, along with 90 staff members. 20 residents have died of COVID"<br>• This home had 1 complaints inspections and 1 critical incident inspections in 2020; and 4 complaints inspections and 3 critical incident inspections in 2019 | • CTV News Article (December 14, 2020) |
| Cambridge Country Manor | Cambridge Memorial Hospital Effective December 17, 2020 | For Profit | • Cambridge, Ontario<br>• Caressant-Care Nursing and Retirement Homes Limited<br>• Approx. 80 beds | Voluntary management agreement | • Local news reported that "The home has now confirmed 100 cases in their outbreak, as 54 residents and 46 staff had tested positive as of Saturday. There have been no related deaths" (Dec 20, 2020). The same source reported that "This marks the second-largest outbreak in Waterloo Region since the start of the pandemic, with the first being Forest Heights Revera Long-Term care during the first wave"<br>• Caressant Care manages 15 other LTC homes in Ontario; and 10 retirement homes<br>• This home had one "other type" inspection in 2020, and 2 critical incident and 2 follow up inspections in 2019 | • Ontario Government News Release (December 18, 2020)<br>• Cambridge Memorial News Release) – December 18, 2020<br>• Ministry of Long-Term Care Inspection Report<br>• Kitchener News article (Dec 20, 2020) |

***Legend for Home Type:***

| | | |
|---|---|---|
| ***For Profit*** | ***Non Profit*** | ***Municipal*** |

Last updated: Feb 24, 2021

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| Faith Manor Nursing Home (Holland Christian Homes) | Markham Stouffville Hospital<br><br>Effective December 21, 2020 | For Profit | • Brampton<br>• Holland Christian Homes Inc.<br>• Approx 120 beds | Voluntary management agreement | • News Release from Holland Christian Homes: "Markham Stouffville Hospital (MSH) and Faith Manor have entered into a collaborative management agreement where MSH has now assumed temporary management of the home. The enhancements will focus on several key areas including: education and implementation of infection prevention and control best practices; heightened active screening of residents, staff and visitors; COVID-19 testing of residents and staff in accordance with Peel Public Health and provincial guidance."<br>• This home had 1 complaints inspection in 2020; and 2 critical incident inspections in 2019<br>• Local news reported that this home had over 145 COVID cases<br>• **Received support from the Red Cross** | • Ontario Government News Release (December 21, 2020)<br>• Holland Christian Homes News Release (Dec. 15, 2020)<br>• Ministry of Long Term Care Inspection Reports<br>• Globe and Mail News article (December 23, 2020) |
| Grace Villa Nursing Home | Hamilton Health Sciences<br><br>Effective December 16, 2020 | For Profit | • Hamilton Ontario<br>• APANS Health Services<br>• Approx 184 beds | Voluntary management agreement | • As of December 17, 2020, local news reported that "An outbreak at the home has infected 186 people — 124 residents and 62 staff members. At least 19 people have died."<br>• A Nov. 28 order from public health required Grace Villa to allow hospital employees into the building to investigate and respond to the outbreak by setting up effective infection prevention and control measures.<br>• This home had 1 complaints inspections and 1 critical incident inspections in 2020; and 2 complaints inspections and 3 critical incident inspections in 2019 | • Ontario Government News Release (December 16, 2020)<br>• Global News Report (December 16, 2020)<br>• HHS News Release (December 16, 2020)<br>• Ministry of Long-Term Care Inspection Report |

***Legend for Home Type:***

| ***For Profit*** | ***Non Profit*** | ***Municipal*** |
|---|---|---|

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| The Village at St. Clair | Hotel Dieu Grace, Windsor | For Profit | • Windsor, Ontario<br>• Schlegel Villages Inc.<br>• Approx 256 Beds | Informal arrangement – no order issued | • HDGH news release indicated, "HDGH will be establishing a deepened and more closely supportive presence at the Village. Janice Kaffer, President and CEO of HDGH, will be on-site, along with other members of the HDGH management team and staff, as part of this interim arrangement as a lead management resource and working closely with Joanne Potts, SV VP of Operations who is also stationed full time at the Village."<br>• It is also noted that "Both the hospital and Schlegel, with the support of the Ministry of Long-Term Care and Ontario Health, have identified several priorities and the HDGH team plans to respond as quickly as possible to start identifying and assisting the Village with their needs. HDGH will assume responsibility for priorities such as enhanced oversight related to communications, Infection Prevention and Control and Education, Resident and Family Relations, Reporting, Physician Oversight and on-site Leadership. This unique collaborative partnership endorsed by all parties is an industry-leading initiative that can be a template for other communities."<br>• CBC News report indicated that as of Dec 24, "the home had 164 cases — 97 residents and 67 staff members, with 12 residents having died"<br>• This home had 5 critical incident inspections and 4 complaints inspection in 2020; and 6 critical incident inspections and 3 complaints inspections in 2019 | • CBC News Article (December 24, 2020)<br>• Hotel Dieu News Release (December 24, 2020)<br>• Ministry of Long-Term Care Inspection Reports |

***Legend for Home Type:***

| | | |
|---|---|---|
| ***For Profit*** | ***Non Profit*** | ***Municipal*** |

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| Oakwood Park Lodge | Niagara Health System<br><br>Effective December 30, 2020 | For Profit | • Niagara Falls<br>• Maryban Holdings Ltd.(CONMed Medical Group)<br>• Approx. 153 beds | Voluntary management agreement | • Dr. Mustafa Hirji, Acting Medical Officer of Health at Niagara Region Public Health, issued an order pursuant to Section 29.2 of the Health Protection and Promotion Act due to concerns with the outbreak. As of Dec. 22, Niagara Health is awaiting confirmation of next steps from the Ministry of Long-Term Care.<br>• Niagara Health statement: "Our outbreak management work will include health assessments of all residents, stabilization of leadership and staffing, staff education on best practices related to personal protective equipment and infection prevention and control, enhanced cleaning, and supply management, among other necessary measures to contain the spread of COVID-19 and safely end the outbreak."<br>• Local media reports that, "97 residents and 91 staff have tested positive and eight people have died from COVID-19. Oakwood Park Lodge has 153 beds, meaning more than 63 per cent of residents have tested positive for COVID-19."<br>• This home had 2 complaints inspections and 2 critical incident inspections in 2020; and 4 complaints inspections and 3 critical incident inspections in 2019 | • Niagara Health News release (December 22, 2020)<br>• CBC News article (Dec. 23, 2020)<br>• Ministry of Long Term Care Inspection Reports<br>• Ontario Government News Release (December 31, 2020) |
| Tendercare Living Center | North York General Hospital<br><br>Effective December 25, 2020 | For Profit | • Scarborough<br>• Extendicare Canada<br>• Approx 254 beds | Voluntary management agreement | • Local News reports that, "Scarborough's Tendercare Living Centre houses 254 residents, and as of December 23, nearly half have tested positive for COVID-19. According to the latest provincial numbers, 118 residents and 47 staff members have tested positive for the virus, while 21 residents have died. | • Ministry of Long Term Care Inspection Reports<br>• CTV News article (December 23, 2020)<br>• Toronto Star news article (December 23, 2020) |

***Legend for Home Type:***

| *For Profit* | *Non Profit* | *Municipal* |
|---|---|---|

| Long-Term Care Home | Managing Hospital | Home Type | Location and Operator | Type of Arrangement | Details/Compliance History | Source |
|---|---|---|---|---|---|---|
| | | | | | • Scarborough Health Network, the local public health unit, the local health integration network and "others" have been assisting the home since Dec. 14.<br>• Local news media also reported that "the home had been struggling without its regular doctors. Two physicians and the executive director were sick with coronavirus," which left the home short-staffed; and a call had to be put out to the broader physician community to assist<br>• North York General Hospital released a statement December 23, saying that the province has requested that it work with the Tendercare Living Centre to finalize a voluntary management agreement.<br>• This home had 2 critical incident inspections in 2020; and 3 complaints inspections and 3 critical incident inspections in 2019 | • Ontario Government News Release (December 29, 2020) |
| Shalom Village Nursing Home | St. Joseph's Health Care, London<br><br>Effective December 26, 2020 | For Profit | • Hamilton, Ontario<br>• Shalom Village Nursing Home<br>• Approx. 127 beds | Voluntary management agreement | • Jan. 2, 2021 update from the home indicated that 72 staff (67 resolved cases), and 80 residents (61 resolved cases) had tested positive for COVID-19<br>• This home had 1 critical incident and 1 complaints inspection in 2020; and 2 critical incident inspections and 2 follow up inspections in 2019. | • Ministry of Long-Term Care Inspection Report<br>• Shalom Village Update (Jan 2, 2021)<br>• Ontario Government News Release (December 29, 2020) |
| St George Care Community | University Health Network<br><br>Effective January 1, 2021 | For Profit | • Toronto, Ontario<br>• Sienna Living<br>• Approx 238 beds | Voluntary management agreement | • Local news report (Jan 4, 2021) noted that the facility "struggling to control an outbreak of the novel coronavirus since Dec. 4, 2020. As of Jan 4, 2021, 94 cases of COVID-19 were confirmed among residents and 59 additional cases were found in staff." | • Ontario Government News Release (January 4, 2021)<br>• CP24 news article<br>• Ministry of Long-Term Care Inspection Report |

***Legend for Home Type:***

| *For Profit* | *Non Profit* | *Municipal* |
|---|---|---|

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| | | | | | • This home had 3 critical incident and 1 complaints inspection in 2020; and 2 critical incident inspections and 3 complaints inspections in 2019 | |
| Caressant Care Arthur Nursing Home | North Wellington Health Care Corporation<br><br>Effective Jan. 12, 2021 | For Profit | • Arthur, Ontario<br>• Caressant-care Nursing And Retirement Homes Limited<br>• Approx. 80 beds | Voluntary management agreement | • Local news (Jan 13) reported that, "The Arthur long-term care and retirement home is in the midst of the largest outbreak in the region with 65 linked cases and two deaths from COVID since the outbreak was first declared in mid-December."<br>• North Wellington Health Care Corp. operates two hospitals in Wellington County: Louise Marshall Hospital in Mount Forest and Palmerston and District Hospital in Palmerston<br>• According to the news brief, "Alison Armstrong, spokesperson for the Wellington Health Care Alliance/North Wellington Health Care, clarified by email this only applies to the long-term care wing and not the associated retirement home. She also stressed the hospital corporation has been requested and not ordered to take over management of the long-term care home."<br>• This home had 2 critical incident and 1 complaints inspections with follow up in 2019; and 1 follow up inspection and 1 critical incident inspection in 2020. | • Ontario Government News Release (Jan 13, 2021)<br>• Ministry of Long-Term Care Inspection Report<br>• Local news report (Jan 13, 2021) |
| Copernicus Lodge | Unity Health<br><br>Effective Jan 11, 2021 | For Profit | • Toronto, Ontario<br>• Copernicus Lodge<br>• Approx 228 beds | Voluntary management agreement | • This home's news release stated, "Unity Health Toronto has taken over responsibility to temporarily manage Copernicus Lodge under a Voluntary Management Agreement with Ontario's Ministry of Long-Term Care. Unity Health's temporary management of Copernicus Lodge is limited to the long-term care home and does not include oversight | • Ontario Government News Release (Jan 14, 2021)<br>• CP24 news article (Jan 14, 2021)<br>• Ministry of Long Term Care Inspection Reports |

***Legend for Home Type:***

| | | |
|---|---|---|
| ***For Profit*** | ***Non Profit*** | ***Municipal*** |

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| | | | | | of the senior apartments. Our immediate focus will be to continue to help support the home and Toronto Public Health in the management of the current COVID-19 outbreak that started December 16."<br>• Unity Health is also responsible for delivering the COVID-19 vaccine to all consenting staff and residents at Copernicus.<br>• Local news media (Jan 14) reported that "An outbreak declared at the facility on Dec. 16 has seen 73 residents test positive for COVID-19. Of those residents, 41 remain infected, with seven in hospital. There are also 33 active cases among staff members"<br>• This home had 1 critical incident and 2 complaints inspections in 2019; and 1 critical incident and 2 complaints inspections in 2020 | • Unity Health Statement (Jan 13, 2021) |
| Villa Leonardo Gambin | Mackenzie Health<br><br>Effective Jan 16, 2021 | For profit | • Woodbridge Ontario<br>• Friuli Long Term Care; Sienna Senior Living<br>• Approx. 168 beds | Voluntary management agreement | • On Dec. 31, 2020, York Region Medical Officer of Health issued an order under section 29 HPPA against this LTC home. The Order noted that this LTC home "has inadequate senior leadership (supervisory staffing) presence on the Institution's units, at all times, to ensure appropriate adherence to IPAC measures; and has inadequate and/or insufficient IPAC knowledge and processes to protect resident needs, and requires assistance from York Region Public Health, Mackenzie Health Hospital, Public Health Ontario and the Local Health Integration Network to provide IPAC expertise to the Institution to help contain and stop the COVID-19 outbreak at the Institution." | • Ministry of Health News Release (Jan 18, 2021)<br>• Ministry of Long-Term Care Inspection Report<br>• York Region Order of Non-Compliance (Dec 31, 2020)<br>• York Region News article (Jan 2, 2021) |

***Legend for Home Type:***

| *For Profit* | *Non Profit* | *Municipal* |
|---|---|---|

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| | | | | | • York Region News (Jan 2, 2021) notes that, "As of Dec. 31, there were 44 confirmed cases of COVID-19 among residents and 23 cases of COVID-19-positive employees."<br>• This home had 3 critical incident inspections and 3 complaints inspections in 2019; and 2 critical incident inspections in 2020 | |
| Heritage House Retirement Home | Guelph General Hospital | For Profit | • Guelph Rest Home Inc<br>• 54 beds<br>• Guelph Ontario | PHU Order | • This institution is home to 54 residents and is experiencing a current outbreak (as of Feb 2), with four residents and one staff member having tested positive for COVID-19.<br>• Local news media (Feb 2) reports that "the retirement home was inspected by WDG Public Health in May and multiple deficiencies were observed, including lack of personal protective equipment available at the point of care and inadequate physical distancing between staff and residents.<br>• In follow-up assessments held in September and October, the same deficiencies were observed multiple times and each time those concerns were communicated by WDG Public Health to the manager.<br>• WDG Public Health staff followed up with management once more in December, before the outbreak was declared on Jan. 21.<br>• The hospital took over management of the home on Jan. 24 after a class order was made by WDG Public Health under Sec. 22 of the Health Protection and Promotion Act." | • Guelph Today (Feb 2, 2021)<br>• PHU Order (dated Jan 22, 2021)<br>• RHRA licensing summary |

***Legend for Home Type:***

| | | |
|---|---|---|
| ***For Profit*** | ***Non Profit*** | ***Municipal*** |

| LONG-TERM CARE HOME | MANAGING HOSPITAL | HOME TYPE | LOCATION AND OPERATOR | TYPE OF ARRANGEMENT | DETAILS/COMPLIANCE HISTORY | SOURCE |
|---|---|---|---|---|---|---|
| | | | | | • The 2020 inspection report from the RHRA revealed no deficiencies (available here); the 2019 report revealed some discrepancies, but largely not related to care issues (available here) | |
| Caressant Care, McLaughlin Road | Ross Memorial Hospital<br><br>Effective Feb 22, 2021 | For Profit | • Lindsay, Ontario<br>• Caressant-care Nursing And Retirement Homes Limited<br>• Approx 96 beds | Voluntary | • Local news reports that an outbreak was declared on Jan 9; and as of Feb 22 had claimed the lives of 17 residents at the 96-bed facility. There have been more than 60 resident cases of COVID-19 and nearly 50 cases among staff since the onset of the outbreak involved one case.<br>• The hospital and Red Cross are currently providing some support to the long-term care home. On Feb. 5 the hospital said it had four nurses, four housekeepers and a manager of environmental services onsite at Caressant Care.<br>• This home had 1 critical incident inspection in 2020; and 3 complaints inspections and 1 critical incident inspection in 2019<br>• Caressant Care manages 15 other LTC homes in Ontario; and 10 retirement homes<br>• This is the third Caressant Care home to come under a management order in wave 2 | • Ontario Government News Release (Feb 23, 2021)<br>• Global News article (Feb 23, 2021)<br>• Ministry of Long-Term Care Inspection Reports |

***Legend for Home Type:***

| | | |
|---|---|---|
| ***For Profit*** | ***Non Profit*** | ***Municipal*** |

Last updated: Feb 24, 2021

## Other announcements

Red Cross Supporting Homes in Ontario (December 23, 2020):

https://news.ontario.ca/en/release/59825/federal-government-funds-canadian-red-cross-supporting-up-to-20-additional-long-term-care-and-retire

Update: Jan 13, 2021:

*The Red Cross is currently assisting in the following six homes:*

- Faith Manor Nursing Home (Brampton)
- York Region Newmarket Health Centre (Newmarket)
- Country Terrace (Komoko)
- York Region Maple Health Center (Maple)
- Trillium Manor Home for the Aged (Orillia)
- Lancaster Long Term Care Residence (Lancaster)

*The Red Cross has completed their work in the following six homes:*

- Shepherd Lodge (Toronto)
- Sunnycrest Nursing Home (Whitby)
- Residence Prescott et Russell (Hawkesbury)
- Almonte Country Haven (Almonte)
- Grandview Lodge/Dunnville (Dunnville)
- Rockcliffe Care Community (Scarborough)

***Legend for Home Type:***

| ***For Profit*** | ***Non Profit*** | ***Municipal*** |
|---|---|---|

# Appendix F:

## List of LTC Commissions and Reviews in Other Jurisdictions

## LTC Commissions and Reports in Other Jurisdictions

| Jurisdiction | Report / Commission |
|---|---|
| **British Columbia** | **BC Ministry of Health Long-term Care COVID-19 Response Review**<br>• Ministry of Health commissioned Ernst & Young to review response, efforts made, and actions taken to protect residents of LTC during first wave<br>• E&Y conducted interviews with multiple stakeholders in July and August, 2020; report released October 22, 2020 |
| **Nova Scotia** | **COVID-19 First Wave Review March to September 2020**<br>Department of Health and Wellness (DHW), Government of Nova Scotia<br>• Conducted a review of IPAC policies, processes, practices, resources, and accountability in Nova Scotia's LTC sector to strengthen the sector's preparedness for, and response to, a second wave<br>• Conducted surveys, virtual site visits, discussions with sector representatives and a literature review |
| **Australia** | **Aged Care and COVID-19: A Special Report**<br>From the Royal Commission into Aged Care Quality and Safety, Australia<br>• Original Royal Commission established in 2018 – produced special report related to COVID-19<br>• Hearings held from Aug 10-13, 2020<br>• Heard from residents, family members, staff, aged care providers, federal and state government officials<br>• An Interim Report was released October 31, 2019 and the final report will be released February 26, 2021. |
| **US** | **COVID-19 and Nursing Homes: What Went Wrong and Next Steps**<br>US Senate Finance Committee, September 2020<br>• Review of US nursing homes during first 8 months of pandemic<br>• Medicaid-enrolled nursing facilities and Medicare-enrolled skilled nursing facilities |
| **Ireland** | **COVID-19 Nursing Homes Expert Panel: Final Report**<br>• Nursing Homes Expert Panel was appointed by the Minister for Health to review how nursing homes responded to the Covid-19 crisis and recommendations<br>• The panel reviewed the literature, received submissions from health system partners, conducted interviews and site visits<br>• Following the publication of the report, an inter-agency Implementation Oversight Team was established to oversee the implementation of the report recommendations<br>• A progress report was released in October 2020 |


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