



December 16, 2020

A Call to Conscience: New Report on the COVID-19 Crisis in Long-Term Care in Wave 2 Reveals Huge Gaps in Ford Government's Response

Coalition Calls for Urgent Improvements as Staffing and Care is Collapsing & Large Outbreaks Spread

Toronto – In the last 24 hours alone 18 residents have died and there have been 115 new reported COVID-19 infections in Ontario's long-term care homes.

The second wave of COVID-19 hit long-term care on August 30 with the outbreak at Extendicare's West End Villa in Ottawa. Over the following weeks, that outbreak grew and outbreaks spread across the city. By the end of the month, long-term care homes across the province were falling into outbreak, first into the hotspots, then from border to border across the south, into Simcoe Muskoka and up to Thunder Bay.

As of December 15, four-thousand five hundred and ninety-four residents and staff had been infected in the second wave (since September 1). Including yesterday's death toll, the number of residents that have died in the second wave alone is more than 700.

Clearly the measures taken in and after Wave 1 were not sufficient, says the Ontario Health Coalition.

A new report released today by the Ontario Health Coalition does a deep dive into the policies and plans by the Ford government and reveals what has gone wrong.

"There has been a failure of leadership in this province and a failure to competently plan for the second wave. We are now paying the price in the most horrible of ways," said Natalie Mehra, executive director of the Ontario Health Coalition and author of the 66-page report titled *A Call to Conscience: The COVID-19 Crisis in Ontario's Long-Term Care Homes*.

"The most egregious failure by the Ford government is their total refusal to recruit the thousands of staff needed to replace those who are sick and who have left. Without staff there is no care and infection control," she said, citing homes where, right now, ten months into the pandemic, segregating COVID-positive residents from those who are not infected has either not happened or has fallen apart because there are no staff to do it.

"The second major omission is the provincial government's refusal to hold the homes accountable for failure to provide PPE and needed supplies, ensure that infection control practices are actually being done, and have enough staff to give residents care and keep them safe," she said. Most of the homes are for-profit and they have close ties to this government. "The government made a priority of passing a home care privatization act and a bill to indemnify the long-term care home owners from liability instead of staffing up the homes for the second wave, building testing and contact tracing capacity for when schools opened, and planning systematic responses early on when outbreaks can be stopped. There has been a complete failure in planning and an unconscionable failure in accountability."

The report evaluates the tangled web of directives, guidance, policies that the Ford government and Public Health Ontario leaders have created and finds gaping holes, reports the Coalition. Among the key findings:

- Improvements have been made in stopping staff from working in multiple homes, but agency staff (temps) are expressly excluded and as staffing has collapsed in home after home, they are using more agency staff than

ever. Wages have not been improved, except for temporary pandemic pay which has not actually been given to the majority of staff this fall and which is less now than it was in the summer. The government has not required homes to provide full-time work, instead allowing them to replace trained staff with untrained staff and volunteers. In the case of RNs, it has removed the requirement in the Long-Term Care Homes Act that each home have at least one RN on staff 24/7.

- Other improvements include the end of 4-bed shared rooms, which is being done by attrition and is not complete (home operators have not objected as they are paid whether or the beds are occupied or not under changes made by the government).
- There has been a partial improvement as staff have more access to PPE, but the loophole is that PPE only have to be given at staff's request. Proper supply and use of PPE is not an enforced and accountable and the Coalition cites evidence from a number of homes in large outbreak that have not provided their staff with PPE including N95 masks, gowns, gloves, disinfectant wipes and other supplies.
- Emergency interventions such as Rapid Response Teams from hospitals (SWAT teams), military intervention, management takeovers have saved lives but they are rare, ad hoc, insufficient and only called in when it is too late. The Coalition reports that in the second wave, up to December 3 only 4 homes had management orders and in most of those, the orders came only after scores of residents and staff were infected. Dozens of homes in large outbreak have no management orders, no management agreements, no teams in to support.
- There have been no fines levied, no licenses revoked, even when the most egregious of neglect and incompetence is evident. In fact, homes with abysmal records have been awarded money from the province for new beds and expansions.
- The failure by the government to build capacity for testing, labs and contact tracing over the summer has been fatal. It contributed to the spread of the virus in the homes through October and November both because test results were slow and because it has resulted in unchecked community spread of the virus this fall. However, home operators also have not cohorted residents showing symptoms.
- The failure to make a plan for systematic response to long-term care outbreaks, early, when they can be stopped, has also been fatal. There still is no systematic intervention, no effective monitoring, little enforcement, no accountability.
- There has been no improvement in quality of management and infection control teams in the homes. In Quebec, the government hired in managers who are paired with infection control specialists for each of their 400 long-term care homes this fall and required them to ensure provincial directives are followed. Ontario has not done anything substantive.
- The most significant problem that is still not addressed is the collapse of long-term care staffing. Without staff, care and infection control cannot happen. Other provinces like British Columbia and Quebec acted months ago to stabilize staffing. Quebec, facing problems similar to Ontario, recruited and trained 10,000 PSWs over the summer and deployed them into the homes in time for the second wave. Ontario's measures are paltry, piecemeal and unsubstantive.

In home after home, the Coalition reports staffing and care levels crumbling. "This wave is worse than the first, in terms of staffing, because we lost so many staff in the first wave and there is just so little resilience left. As staff get sick there is no one to replace them and home after home falls into chaos," Ms. Mehra reported.

At the same time, the Coalition reports, there has been extraordinary leadership, particularly on the part of Ontario's public hospitals, local public health units and EMA. They have held together a system that was facing major cuts and restructuring at the start of the pandemic, and have turned on a dime to build assessment centres, ramp up lab capacity, create field hospitals out of thin air, make the plans and resources that have protected us from a far worse situation. "Measureless self-sacrifice, compassion and care have been exhibited by hundreds of thousands of health care staff at every level," the report concludes. She notes: On August 31 there was 1 resident and 22 staff infected. On December 15 there were 1,456 currently active (695 residents, 761 staff).