



When COVID-19 invaded Ontario, people who lived and worked in long-term care were hit the hardest. Long-term care home residents make up 0.5% of Ontario's population, but in the pandemic's first wave, they accounted for 64% of the deaths. The second wave was even more deadly.

But there's more, and it's even more disturbing. Some of those residents didn't die from COVID, but from neglect. They were dehydrated, malnourished, and denied basic necessities.

The Long-Term Care COVID-19 Commission's report, released in April 2021, acknowledges that long-term care was in trouble long before COVID. Infrastructure was outdated and unsafe, staff were in short supply, and training was inconsistent. Meanwhile, the needs of residents were increasing. Governments at all levels and officials in all parties had ignored years of recommendations. But when COVID hit, some of the worst damage could have been prevented. The Commission calls attention to:

- ◆ **Failure to learn from the past, heed warnings, and act with urgency.** Recommendations from SARS were ignored. Government was slow to acknowledge the dangers of community transmission and the possibility that people with no symptoms could still infect others. Hospital support to homes for infection prevention and control wasn't formalized until well into the pandemic.
- ◆ **Lack of preparedness.** Pandemic plans were outdated. The supply of personal protective equipment was expiring. There were no long-term care emergency plans or isolation sites.
- ◆ **Shrinking budgets.** Continual budget reductions hampered Public Health Ontario, squandered valuable expertise, and left laboratories with outdated technology and infrastructure.
- ◆ **Not enough people to provide care.** Poor pay and working conditions were already driving personal support workers out of the profession. Illness and fear drove even more away, some not to return. Homes with shortages of at least 25% had worse outbreaks and more deaths. When staff were directed to work at only one site, many weren't offered more hours or more pay, and the direction didn't apply to agency staff. Pandemic pay was insufficient, slow to be announced, and even slower to reach the workers.
- ◆ **Ineffective and "questionable" oversight and enforcement** in long-term care homes. Inspections were rare and consequences for non-compliance even rarer.
- ◆ **Constant confusion and lack of clarity** between and among ministers, ministries, and health experts. Local authorities had to step in when they didn't have provincial direction. At times, it was difficult to know who, except perhaps the politicians, was in charge.
- ◆ **Marginalization of long-term care and its residents.** The new long-term care ministry wasn't part of emergency planning and had no pandemic plan. Some hospital patients were sent to long-term care homes; when long-term care residents worsened, they were often not sent to hospitals - sad evidence that older Ontarians and the people who care for them were not valued.

The report's recommendations to improve long-term care include:

- **Renewed adherence to the “precautionary principle”** – that we can't wait for scientific certainty before taking steps to reduce risk – as a guiding principle for all pandemic planning.
- **Comprehensive pandemic plans** that include long-term care.
- **Faster implementation of the four-hour care standard.** Four hours are barely adequate now, and needs will have increased by 2024/2025 – government's current timeline.
- **Fast-tracking staffing efforts**, with measurable and reported targets. Funding to hire and train, however, will be useless without improving pay, benefits, and working conditions.
- **Enriching the skill mix** by adding more full-time direct care positions and increasing care from nurse practitioners and allied health professionals.
- **Separating construction from care** when long-term care beds are built and redeveloped.
- **Comprehensive, effective, and unannounced inspections** and consequences for non-compliance along with a mandatory, independent, and transparent accreditation process.

The report says it is time to “reimagine” how we care for older Ontarians and to find better ways. It names new beds as only part of the answer and includes a recommendation about home care.

Recommendation #59

It is important to give elderly people choices regarding the care they receive and enable them to age at home, where possible. For that reason, the government should increase funding to home care services, including innovative models of delivering home care, and to community-based supports for seniors.

The Commission points out that:

- **Most people want to age at home.** Data from 2018/2019 show about one in nine newly admitted long-term care residents could stay at home if support were available and affordable.
- **Older Ontarians are safer living in their homes.** Significantly fewer were exposed to or died from COVID. Also, home care workers had infection rates of 0.01-0.2%; the rate for long-term care home staff was 30%.
- **Home care is cost-effective.** Data from 2014 indicate that it cost \$18,000 to care for a client at home in contrast to the \$60,200 it cost in an institution.

The report adds that home care is underfunded. Countries known for high satisfaction of older adults spend more on home care than institutional care. Canada, however, spends \$6 on long-term care homes for every \$1 on home care – one of the lowest levels in the Organisation for Economic Co-operation and Development.

Our premier says he “takes responsibility” for the future of long-term care. He has not acknowledged failures or apologized to residents, family members, and staff. His promises are the ones we've already heard – building more beds and hiring more staff. We've heard nothing about other recommendations - increasing pay for long-term care workers, strengthening inspection and compliance, or funding home and community care.

What can you do?

Ontario's Long-Term Care COVID-19 Commission calls this a “shameful period in Ontario's history.”

Ontario's premier has wept over the death and suffering. Tears are moving, but they don't save lives and they don't relieve suffering.

- Don't let yourself be misled. Besides words, what are your politicians prepared to do? Is it more of what they are already doing, or will there be changes?
- What are they prepared to do about care in homes and communities and in long-term care homes?
- What will they do to maintain and support a workforce of people who can deliver this care?

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