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Published plans and annual reports 2021-2022: Ministry of Long-Term Care

Plans for 2021-2022, and results and outcomes of all provincial programs delivered by the Ministry of Long-Term Care in 2020-2021.

Ministry overview

Ministry's vision

The Ministry of Long-Term Care (the "ministry") is working to improve the quality of care and quality of life for residents in long-term care, reduce waitlists for long-term care spaces, end hallway health care, and ensure that the long-term care sector is on a path that supports sustained modernization.

COVID-19 response

COVID-19 has exposed long-standing deep cracks in the long-term care sector. It has shone a spotlight on a system strained by critical staffing shortages, increasing capacity pressures, complex and diverse resident needs, gaps between staffing levels and resident needs, and other challenges that the long-term care sector was experiencing before the COVID-19 pandemic.

Working across government and with sector partners, the ministry is focused on addressing the challenges in, and modernizing Ontario's long-term care system so that residents receive access to the quality care they deserve and experience a high quality of life in a safe, home-like environment when and where they need it.

Ministry programs

The Ministry of Long-Term Care (MLTC) has a vision for a 21st century long-term care sector that is resident-centred and provides access to the highest quality of care for our most vulnerable people where and when they need it. To support this vision, the

ministry is working to create 30,000 new and upgraded long-term care spaces over a decade and to increase the hours of direct care for residents to an average of four hours per day over four years.

Staffing

In December 2020, the ministry released its staffing plan, A Better Place to Live, A Better Place to Work (https://www.ontario.ca/page/better-place-live-better-place-work-ontarios-long-term-care-staffing-plan) . This plan is based on guidance from multiple partners, organizations, associations, residents, families, the results of the Long-Term Care Staffing Study (https://www.ontario.ca/page/long-term-care-staffing-study) released in July 2020, the interim recommendations from Ontario's Long-Term Care COVID-19 Commission, and the Gillese Inquiry final report.

At the centre of this plan is the increase to the hours of direct care for residents to an average of four hours per day over four years. This will require the education and training of new care professionals to fill the more than 27,000 full-time equivalent jobs which will be needed to reach this standard. To implement this plan, the government will be investing up to $1.9 billion annually by 2024-2025, or $4.9 billion over the next four years. In addition, this funding will support a 20% increase in direct care time by allied health professionals including physiotherapists and social workers.

The plan focuses on six key areas of action:

1. Increasing staffing levels:
    - Increase the average amount of direct hands-on care provided by registered nurses, registered practical nurses and personal support workers (PSW) to four hours a day per resident, with an increased focus on nursing care.
    - An additional, average per resident increase in the amount of allied health support provided by others such as physiotherapists, occupational therapists and social workers.
    - Issue guidance on staffing models to long-term care homes.
2. Disrupting, accelerating and increasing education and training pathways:
    - Stabilize staffing through initiatives to recruit, retain, train and support more staff, such as the Ontario Matching Portal, increased infection prevention and control personnel, Personal Support Worker Return of Service program, fast tracking PSW education, providing supports for new nursing graduates

and the Ontario Workforce Reserve for Senior Support Program.

- Accelerate and create new pathways to increase supply of workers. Immediate focus includes training PSWs on the job and supporting career laddering, including PSWs who want to become registered practical nurses and registered practical nurses who want to become registered nurses.
- Scale up traditional education and training streams to create new labour supply in partnership with educational institutions.
- Further emphasis will include removing barriers to employment for internationally educated professionals.
- Launch targeted awareness and recruitment campaign to drive enrollment and employment.

3. Supporting ongoing staff development:

- Provide enhanced Infection Prevention and Control Education and Training for new and existing staff.
- Invest $10 million in an annual training fund to support staff education.
- Work with the sector to develop and implement initiatives that support career growth and satisfaction, such as mentorships, preceptorships and communities of practice.

4. Improving working conditions:

- Partner with sector leaders to drive improvements to working conditions, including increased full-time employment.
- Reduce administrative burden by reviewing components of the Province's funding formula for long-term care, including documentation and reporting requirements where they are unnecessary for resident care and resident outcomes.
- Promote innovative approaches to work and technology.

5. Providing effective and accountable leadership:

- Implement the third phase of the Attending Nurse Practitioner in Long-Term Care Homes program, which provides annualized funding for up to 15 additional nurse practitioners to the sector.

- Clarify the role of key leadership positions, including administrators and medical directors, and to consider the further need for nurse practitioners.
- Improve and promote leadership onboarding and training.

6. Measuring success:
    - Enhance data collection to gather the necessary information to accurately measure plan's success.
    - Measure the plan's success against targets and indicators.
    - Evaluate success and report publicly.

As part of this historic staffing plan, the Ontario government is investing over $115 million to train up to 8,200 new PSWs for high-demand jobs in Ontario's health and long-term care sectors. In collaboration with Colleges Ontario, all 24 publicly assisted colleges will offer this innovative, fully funded program starting in April 2021.

The Ontario government is also making more than $86 million available to train approximately 8,000 PSWs through private career college programs and district school boards programs.

Alongside the ministry's plan to improve recruitment and retention in long-term care homes, the government introduced a temporary wage enhancement in October 2020 to stabilize, attract and retain the workforce needed during the COVID-19 pandemic. The enhancement provides an additional $3 per hour for PSWs and DSWs working in home and community care, long-term care, and community and social services. It also provides an additional $2 per hour to PSWs working in hospitals.

In addition to these measures, the ministry also announced the Staffing Supply Accelerator Group on March 16, 2021. This group includes many partners including regulatory bodies and professional associations. They are championing the expansion, acceleration and innovation in training and education for long-term care staff.

Increasing staffing levels is one crucial input for improving long-term care. Broad, sustainable improvements in resident outcomes require creating a systemic culture of continuous quality improvement with a focus on resident outcomes. To build this culture, the ministry will engage with residents and families to understand what quality of life and quality of care means to them. Building on their perspectives, the

government will work with the sector and other experts to develop a new quality framework and performance measures to guide oversight and quality improvement in long-term care homes.

Development or increasing long-term care capacity

The Ministry of Long-Term Care is determined to build 30,000 long-term care spaces in a decade. As part of the development program the ministry is adding new capacity and upgrading older spaces to modern design standards. This supports the government's goal of ending hallway health care and improving access to high-quality and reliable long-term care.

In July 2020, the ministry announced the Modernized Funding Model for long-term care homes to help achieve the government's long-term care capacity goals. This redesigned model helps break down historic barriers and accelerates the construction of much-needed long-term care projects, and new and upgraded spaces.

The Modernized Funding Model is speeding up development by:

1. Creating four new regional categories based on geographic location: large urban, urban, mid-size, and rural, enabling the government to address the barriers and needs of different communities.
2. Providing an increase to the Province's construction funding subsidy (CFS), paid over 25 years, tailored to each of these four regional categories.
3. Providing development grants, paid upfront at substantial performance of a project, between 10% and 17% depending on regional category, to cover costs of development charges, land and other construction costs.
4. Helping small operators in rural communities navigate the high cost of development, while ensuring larger urban centres can secure the loans and real estate they need.
5. Increasing funding to incentivize the construction of basic accommodation spaces, that will be funded through the operating envelope and continuing top-ups for small and medium-sized homes.

Spaces built under the Modernized Funding Model are subject to the Long-Term Care Home Design Manual, 2015 (PDF) (https://www.health.gov.on.ca/en/public/programs/ltc/docs/home_design_manual.pdf) , that requires a mechanical system to cool air

temperatures in common areas such as all corridors, lounges, program/activity areas, all dining areas, the kitchen and the laundry space. The current design manual also requires the remaining areas of the long-term care home, including resident bedrooms, resident bath and shower rooms and resident washrooms, to have a system for tempering the air to keep air temperatures at a level that considers resident needs and comfort.

In July 2020, the ministry announced another measure to help accelerate long-term care development in the Province, namely the Accelerated Build Pilot Program. This innovative program is enabling the creation of up to 1,280 long-term care spaces that will be built much quicker than traditional projects on three hospital-owned properties in Mississauga, Toronto and Ajax. These projects are underway and are targeted for completion in early 2022.

In November 2020, the Ontario government announced the sale of three surplus provincial properties with the requirement that long-term care homes be built on portions of each property. The Government is working with Infrastructure Ontario to market, evaluate and dispose the sites to meet key priorities of expediting delivery of long-term care on those sites.

Funding has been allocated or approved for 18,241 new spaces resulting from Tranches One to Five and the Accelerated Build Pilot, as well as 1,920 new spaces associated with the disposition of Provincial Surplus Lands, for a total of 20,161 new spaces, or roughly two-thirds of the 30,000 space goal, and 15,918 redeveloped spaces.

To achieve this pipeline, in November 2020, the ministry provided bed allocations[1] for 29 projects that would see the development of 1,968 new spaces and the redevelopment of 1,015 eligible spaces by 2023. This tranche of allocations (tranche 4) fully utilized the $1.75 billion investment made at that point in time. In March 2021, the ministry announced an additional $933 million investment for a fifth tranche of allocations, leading to the development of over 7,500 new spaces and more than 4,000 upgraded spaces through 80 projects across the province. Including this $933 million investment and the $1.75 billion investment, the Province is investing $2.68 billion towards creating new and upgraded spaces.

As of March 31, 2021, 30 projects with more than 5,000 beds have advanced from planning to construction. The ministry also anticipates that during the coming fiscal

year (2021-2022) new and upgraded capacity will start to come on-line.

Another action taken by the government to modernize the sector is to partner with the federal government through the Investing in Canada Infrastructure Program (ICIP). As of April 16, 2021, Ontario long-term care homes will receive $99.4 million for long-term care projects nominated by the ministry through the ICIP COVID-19 Resilience stream. Of this funding, $79.5 million is provided by the federal government and $19.9 million is provided by Ontario.

Resident Safety and Security

The safety, quality of care, and quality of life for residents is the highest priority for the ministry.

The ministry uses a risk-based inspection framework that prioritizes high-risk complaints, critical incidents, and follow-ups to compliance orders. Every home is inspected at least once a year and the ministry's risk-based inspection framework determines the frequency of inspections.

The ministry prioritizes all reported issues according to the risk to residents and responds immediately to any reports of serious harm or risk of serious harm to a resident. If an inspector issues a Compliance Order, there is a follow-up inspection to ensure the compliance has been corrected. Once inspections are finalized, all inspection reports are made available to the public. In 2020, 2,146 inspections were conducted in Ontario's 626 long-term care homes.

In January 2021, a working group started by the ministry's Inspections Branch reconvened to continue their work in evaluating options for a proactive-type inspection, which includes reviewing the recommendations made by the third-party reviewers such as: the Auditor General, the independent commission, and the Ontario Ombudsman. The Inspections Branch will ensure the inspection program addresses risk in reactive inspections (complaints, critical incident system reports and follow-ups to compliance orders) and will continue to ensure quality of care and safety of residents.

A key part of the ministry's plan to advance security and safety is the implementation of recommendations from the Gillese Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System directed at the MLTC.

The ministry has comprehensively reviewed the recommendations from the Public Inquiry and is now implementing the recommendations. It is important to note that not all of the recommendations were directed at the Ontario government. In July 2020, the ministry released a report back on the inquiry, reporting that 80% of Justice Gillese's recommendations were completed or underway.

In March 2021, the government announced that it would provide up to $77 million to help long-term care homes adopt technology to strengthen medication safety. The three-year Medication Safety Technology program will provide supplementary funding to help long-term care homes acquire technologies that can enhance the safety and security of their medication management. In the inquiry final report, Justice Gillese emphasized the importance of medication management in long-term care homes to keep residents safe. This initiative strengthens the safety of LTC medication management.

To date, of the 91 total recommendations, 31 recommendations have been implemented, and another 44 are underway. The government will continue implementing the inquiry's recommendations in 2021-2022.

Innovation

The Province is collaborating with health system partners to provide innovative resident-centred care to support those on the long-term care waitlist. Individuals who need long-term care services report they prefer to remain in their own homes for as long as possible.

The government listened by launching a Community Paramedicine for Long-Term Care program to help seniors remain stable in their own homes while also providing peace-of-mind for caregivers. This program was announced in October 2020 for five communities with a $5 million commitment. The program was then expanded in November to additional communities with a total of $20 million committed. The total funding commitment is approximately $160 million over three years in 33 communities. The government will evaluate the success of the program and explore a wider implementation of this program moving forward.

This program provides individuals eligible for long-term care with 24/7 access to non-emergency support, through home visits and remote monitoring. The program will also leverage a model of community-based health care that allows paramedics to use

their training and expertise to help seniors and their caregivers feel safe and supported in their own communities and potentially delay the need for care in a long-term care home.

The ongoing COVID-19 response and recovery

The government acted swiftly to address the COVID-19 outbreak, issuing its first guidance to the long-term care sector in February 2020. After a challenging and unprecedented year, Ontario is finally turning the corner on this terrible virus in 2021-2022, but that does not mean that COVID-19 does not still pose a danger in the long-term care sector.

The ministry will continue to do everything in its power to support homes that are managing outbreaks and reduce the number of outbreaks across the Province. From the earliest stages through the latest wave of COVID-19, the government has taken decisive action to support all long-term care homes, staff and residents.

Since the pandemic began, the government has invested over $2 billion in COVID-19 emergency funding for the long-term care sector. This funding has helped the sector to respond and cope with the pandemic and enact temporary emergency orders and regulatory amendments.

The pandemic will continue to inform the ministry's actions long after the virus is defeated. Lessons learned from this experience will help inform the measures and investments implemented in 2021-2022 and beyond.

In 2021-2022, the ministry will continue to support homes in preventing and containing the spread of COVID-19 by investing up to $540.0 million for staffing supports and purchasing additional supplies and personal protective equipment (PPE).

The Long-Term Care COVID-19 Commission

In July 2020, the government launched an independent Long-Term Care COVID-19 Commission. This independent commission investigated how COVID-19 spread within long-term care homes; how residents, staff and families were impacted; and the adequacy of measures taken by the Province and other parties to prevent, isolate and contain the virus. The commission provided the government with guidance on how to better protect long-term care home residents and staff from any future outbreaks.

The commission released interim recommendations on October 23, 2020 and December 4, 2020. Many of the areas identified by the Commissioners are consistent with the ministry's current efforts to solve the long-standing and systemic challenges facing the long-term care system, exacerbated by COVID-19. For instance, in line with the interim recommendation to increase hours of daily care, the ministry has already started implementing its historic staffing plan to help increase the average level of resident care to four hours a day over four years.

Consistent with the original mandate, the commission has issued its final report to the ministry on April 30, 2021. The ministry will use the final report – in combination with the interim recommendations – to advance measures that will better protect long-term care home residents and staff from infectious diseases in the future.

Vaccines, testing, and other measures to protect long-term care homes

The ministry released a vaccine communications toolkit for long-term care homes across the Province. This toolkit was used to boost confidence in vaccines among staff and residents. It includes various communication products to overcome vaccine hesitancy through the sharing of facts about vaccine safety.

As of April 29, 2021, 95% of long-term care residents were fully vaccinated and 84% of staff had received at least one dose. Among essential caregivers, over 97% had received at least one dose.

The progress made on vaccinations has already helped mitigate the negative health impacts of the virus within the long-term care sector. This positive trend will continue in the coming months as more doses are administered to staff, residents, essential caregivers, and other visitors to long-term care who want a vaccine.

The ministry has implemented a robust surveillance testing protocol for long-term care homes that requires all individuals entering a long-term care home receive a PCR test or antigen test with negative results at frequencies mandated by the ministry. The objective of surveillance testing is to protect vulnerable Ontarians living in long-term care homes by helping to prevent the spread of COVID-19 within homes. Point-of-care rapid antigen testing ensures that individuals entering the home can be screened simply and quickly and that positive COVID-19 cases that may otherwise be missed are identified sooner.

These directives are working. The tests help catch asymptomatic cases which otherwise would have gone undetected until an outbreak occurred. As long as COVID-19 is present in Ontario and in persons who frequent long-term care homes, testing will continue to be an important aspect of the ministry's plan to fight COVID-19.

During these unprecedented times, the Province is using every tool available to keep Ontarians safe. Hospital management contracts are another example of a tool the Ontario government has utilized to support long-term care residents and staff. These contracts help address the current spread of COVID-19 in the home, help stabilize the situation and return the home to normal operations. As of April 23, the MLTC has issued seven Mandatory Management Orders and approved 28 Voluntary Management Contracts between Ontario hospitals and long-term care homes.

Another tool available to support long-term care homes is the Red Cross. Through funding provided by the federal government, Canadian Red Cross teams provided short-term support to 20 long-term care homes from October 2020 – March 31, 2021. In April, the government approved the extension of the Canadian Red Cross until September 30, 2021. Since April 1, 2021, the Canadian Red Cross is currently deployed to five long-term care homes, and has a referral for deployment to an additional 12 long-term care homes. This support, originally wrapping up in March 2021, will be extended until September 30, 2021.

2021-2022 strategic plan

2021-2022 represents a new phase in the COVID-19 pandemic with the introduction of vaccines that reduce the risk of serious illness and show promising signs of reducing transmission. While vigilance with respect to public health measures, strong infection prevention and control practices, and tools such as testing remain critical as part of an ongoing, comprehensive response, work must also begin to chart a path to active recovery that supports longer term modernization.

It is within this context that the Ministry of Long-Term Care is developing a recovery framework that will steer the system towards a new through immediate, short, and long-term actions.

The recovery will be guided by the following key principles:

1. **Resident-centred:** Long-term care homes are primarily the homes of their residents and must be places where they can live with dignity, in security, safety and comfort, and have their physical, psychological, social, spiritual and cultural needs met, including the particular needs of Francophone and Indigenous residents. These homes exist for the benefit of residents and their interests should be at the centre of all decisions.
2. **People-focused:** Understanding that meeting the needs of residents depends on an ecosystem of people – staff, caregivers, family members and friends – working in collaboration.
3. **Dedicated to quality:** Committing to the provision of high-quality, clinically appropriate care and a high quality of life for residents in a safe, comfortable, home-like environment through a process of continuous and transparent quality improvement that builds public confidence.
4. **Outcomes-driven:** Committing to clearly defining expected outcomes focused on quality care and quality of life, measuring progress and value for money, and achieving defined results for targeted investments. Activities are continuously evaluated against their contributions to defined outcomes and adjusted accordingly.
5. **Sustainable:** Using approaches, policies and models that maximize available resources through integration and innovation. Homes are able to focus resources on activities that drive quality of care and quality of life in ways that work best for each particular home.
6. **Responsible:** Reflecting many partners, including licensees, the Ministries of Long-Term Care and Health, Ontario Health and regional health stakeholders, caregiver and resident associations, and community service providers (e.g., mental health providers) play different roles in meeting residents' needs. Clearly delineated roles, responsibilities and accountabilities are required.

As this recovery and stabilization is underway, the ministry is also simultaneously focussed on the ongoing modernization of the sector. This modernization is built on the following four strategic pillars:

1. **Integration of long-term care within the broader care continuum:** Defining long-term care's role within a transformed health care system and the broader care continuum with a focus on Ontario's most vulnerable, and ensuring they are

appropriately supported.

2. **Quality of care:** Implement, evaluate, and continuously improve innovative staffing and service models that meet the complex and diverse needs of long-term care residents, including Francophone and Indigenous residents.
3. **Performance, oversight, and accountability:** Improve quality assurance and foster quality improvement through a range of oversight, accountability, and performance measurement approaches that incent continual improvement for residents and provide public transparency.
4. **Physical infrastructure:** Modernize, accelerate, and improve the development process of long-term care spaces to create new spaces and upgrade existing older spaces to modern design standards.

The ministry intends to achieve this strategic plan to recover and modernize through a variety of historic and innovative investments and measures. Foremost among these are the 'Modernized Funding Model' for long-term care home development and the A Better Place to Live, A Better Place to Work (https://www.ontario.ca/page/better-place-live-better-place-work-ontarios-long-term-care-staffing-plan) staffing plan. Both of these tools include investments over a multi-year period that will help the ministry deliver on its ambitious goals.

The Modernized Funding Model leverages the Government's investment of $2.68 billion in long-term care development. The investment supports the physical infrastructure pillar of the strategic plan, addresses historic barriers to development across the province, and helps the Government to deliver on its goal to create 30,000 long-term care spaces over ten years. The money invested will go towards speeding up construction of new and updated long-term care spaces to help address the waitlist for access to long-term care, which is currently more than 40,000 people.

Through the staffing plan the ministry will invest up to $1.9 billion annually by 2024-2025, or $4.9 billion over the next four years. This will help the Government deliver on its commitment to increase the hours of direct care for residents to an average of four hours per day over four years. Achieving this standard requires the education and training of new professionals to fill more than 27,000 full-time equivalent jobs. This investment will also support a 20% increase in direct care time by allied health professionals. This multi-year plan will continue to fund education and will also provide support to improve the conditions of staff already working in the sector.

Ministry planned expenditures 2021-2022 ($M)

Category	Amount
COVID-19 approvals	646.0
Other operating	5,764.0
Other capital	524.6
Ministry (Pre-consolidation)	6,934.6
Consolidation adjustments	(6,146.1)
Total	**788.5**

Detailed financial information

Combined operating and capital summary by vote

Operating expense

Votes/programs	Estimates	Change from	%	Estimates	Interim actu	Actuals 201

	2021-2022 $	estimates 2020-2021 $		2020-2021[2] $	als 2020-2021[2] $	9-2020[2] $
Ministry administration program	6,036,700	375,400	6.6	5,661,300	5,243,800	2,131,754
Long-term care homes program	6,403,685,600	1,527,174,300	31.3	4,876,511,300	6,204,009,400	4,419,090,220
Total operating expense to be voted	6,409,722,300	1,527,549,700	31.3	4,882,172,600	6,209,253,200	4,421,221,974
Statutory appropriations	314,014	N/A	N/A	314,014	314,014	55,149
Total including consolidation & other adjustments	**788,529,114**	**140,627,200**	**21.7**	**647,901,914**	**1,937,467,914**	**380,163,243**

Ministry total operating expense	6,410,036,314	1,527,549,700	31.3	4,882,486,614	6,209,567,214	4,421,277,123
Consolidation adjustment - Ontario Health	(5,573,825,400)	(1,356,842,800)	N/A	(4,216,982,600)	(4,163,197,100)	(4,023,424,584)
Consolidation adjustment - Hospitals	(47,681,800)	(30,079,700)	N/A	(17,602,100)	(108,902,200)	(17,689,296)
Total including consolidation & other adjustments	**788,529,114**	**140,627,200**	**21.7**	**647,901,914**	**1,937,467,914**	**380,163,243**

Operating assets

Votes/programs	Estimates 2021-20	Change from estimates 2020-2	%	Estimates 2020-202	Interim actuals 2020-	Actuals 2019-2020[2]

	22 $	021 $		1[2] $	2021[2] $	$
Ministry administration program	1,000	N/A	N/A	1,000	N/A	N/A
Long-term care program	20,430,000	N/A	N/A	20,430,000	20,430,000	20,430,959
Total operating assets to be voted	20,431,000	N/A	N/A	20,431,000	20,430,000	20,430,959
Ministry total operating assets	**20,431,000**	**N/A**	**N/A**	**20,431,000**	**20,430,000**	**20,430,959**

Capital expense

Votes/programs	Estimates 2021-2022	Change from estimates	%	Estimates 2020-2	Interim actuals	Actuals 2019-20

	$	2020-2021 $		021[2] $	202 0-2 021[2] $	20[2] $
Long-term care program	524,641,500	524,640,500	52,464,050.0	1,000	187,675,900	1,167,200
Total capital expense to be voted	524,641,500	524,640,500	52,464,050.0	1,000	187,675,900	1,167,200
Consolidation adjustment - Hospitals	(524,640,500)	(524,640,500)	N/A	N/A	(187,675,900)	N/A
Total including consolidation and other adjustments	1,000	N/A	N/A	1,000	N/A	1,167,200
Ministry total capital expense	1,000	N/A	N/A	1,000	N/A	1,167,

						200
Ministry total operating and capital including consolidation and other adjustments (not including assets)	788,530,114	140,627,200	21.7	647,902,914	1,937,467,914	381,330,443

Historic trend table

Historic trend analysis data	Actuals 2018-2019[2]	Actuals 2019-2020[2]	Estimates 2020-2021[2]	Estimates 2021-2022
Ministry operating and capital pre-consolidation	$4,328,664,090	$4,422,444,323	$4,882,487,614	$6,934,677,814
Consolidation and other adjustments (operating and capital)	$ (3,946,598,272	$ (4,041,113,880	$ (4,234,584,700)	$ (6,146,147,700)

Historic trend analysis data	Actuals 2018-2019[2]	Actuals 2019-2020[2]	Estimates 2020-2021[2]	Estimates 2021-2022
	)	)		
Ministry total operating and capital including consolidation and other adjustments (not including assets)	$382,065,818	$381,330,443	$647,902,914	$788,530,114
Percent change	N/A	0%	70%	22%

Ministry organization chart

May 2021

- Merrilee Fullerton, Minister
  - Effie Triantafilopoulos, Parliamentary Assistant
- Richard Steele, Deputy Minister
  - Erin Hannah, Associate Deputy Minister, Long-Term Care Pandemic Response

- Jeff Butler, Assistant Deputy Minister, Long-Term Care Pandemic Response
  - Renee Mahalonobis, Director, Long-Term Care Projects and Stabilization
  - Christine Loureiro, Long-Term Care Projects and Recovery
- Peter Spencer, Director, Legal Services
- Peter Spadoni, Director, Communications
- Greg Robinson, Executive Assistant to Deputy Minister
- Sheila Bristo, Assistant Deputy Minister, Long-Term Care Operations
  - Stacey Colameco, Director, Long-Term Care Inspections
  - Anita Cooper, Director, Operational Policy and Implementation
  - Abby Dwosh, Director, Funding and Programs
- Janet Hope, Assistant Deputy Minister, Long-Term Care Policy
  - Kelci Gershon, Director, Long-Term Care Policy and Modernization
  - Adriana Ibarguchi, Director, Strategic Initiatives
  - Lori Coleman, Director, Long-Term Care Response
  - Carol Strachan, Director, Long-Term Care Staffing Supply

- Brian Pollard, Assistant Deputy Minister, Long-Term Care Capital Development
  - Michelle-Ann Hylton, Director, Capital Planning
  - Wendy Ren, Director, Capital Program Management
- Sean Court, Assistant Deputy Minister, Strategic Policy, Planning and French Language Services
  - Robert Francis, Director, Strategic Policy
  - Allison Henry, Director, Health Workforce Regulatory Oversight
  - Anne Hayes, Director, Research, Analysis and Evaluation
  - Yolande Davidson, Director, Indigenous, French Language and Priority Populations
  - Robert Francis, Director, Policy Coordination and Intergovernmental Relations
  - Dr. Michelle Acorn, Provincial Chief Nursing Officer
- Peter Kaftarian, Assistant Deputy Minister and Chief Administrative Officer, Corporate Services
  - Cherrie Lethbridge, Director, HR Strategic Business Unit
  - Jeffrey Graham, Director, Fiscal Oversight and Performance
  - Shelley Gibson, Director, Business Services and Facilities

- Jim Yuill, Director, Financial Management
- John Amodeo, Director, Corporate Management
- Michael Hillmer, Assistant Deputy Minister, Capacity Planning and Analytics
  - Aileen Chan, Director, Health Data
  - Jennifer Bridge, Director, Health Analytics and Insights
  - Kamil Malikov, Director, Health Data Science
  - David Lamb, Director, Capacity and Health Workforce Planning
- Karen McKibbin, Chief Information Officer, Health Services I&IT Cluster
  - Louise Doyon, Head, Community, Mental Health and Addictions and Long-Term Care I&IT Solutions

Appendix

Annual report: 2020-2021 results

Long-term care is a top priority for the Government. That's why, on June 25, 2019, the Government announced the creation of a standalone ministry dedicated to long-term care in Ontario.

The ministry's priorities include:

- Responding to the pandemic and keeping the health and safety of residents the number one priority
- Continuing the ongoing modernization of long-term care with partners across the

sector so that residents have the quality of care and quality of life they deserve.

Working across government and with sector partners, the ministry is working diligently to improve Ontario's long-term care system to ensure Ontarians receive access to the quality care they deserve, in a safe, home-like environment when and where they need it.

The COVID-19 outbreak created unprecedented challenges in the health and long-term care sectors in 2020-2021 and the ministry responded to these challenges with historic and innovative actions and investments.

2020-2021 COVID-19 response

The Government acted swiftly to address the COVID-19 outbreak, issuing its first guidance to the long-term care sector in February 2020. This guidance, and other directives, were frequently updated in the face of an evolving situation and were followed up with regulatory amendments, emergency orders, and numerous other measures.

On March 25, 2020, the Government released Ontario's Action Plan: Responding to COVID-19, the March 2020 Economic and Fiscal Update (https://budget.ontario.ca/2020/marchupdate/index.html) . This $17 billion government-wide response was made to ensure the health care system, communities and economy are positioned to weather the challenges ahead.

Part of this $17 billion response included investing an initial $243 million to assist the sector to prevent and contain the spread of infection through measures such as 24/7 screening, more staffing to support infection control, emergency capacity, and supplies and equipment to help tackle the COVID-19 outbreak.

In April 2020, the Government unveiled its COVID-19 action plan for long term care homes, which outlined the Province's actions to date as well as the Government's plan to mitigate the negative impacts of COVID-19 in homes moving forward. This plan centered around three main areas:

1. aggressive testing, screening, and surveillance
2. managing outbreaks and spread of the disease
3. growing the long-term care workforce

On April 25, 2020, the Government announced additional support for frontline workers fighting COVID-19, including long-term care clinical and support staff, through temporary pandemic pay of $4 per hour worked on top of their regular wages. In addition, the Government provided monthly lump sum payments of $250 for four months to eligible frontline workers who worked 100 hours each designated 4-week period beginning April 24, 2020, for a total of up to $1,000. This pandemic pay was effective for 16 weeks, from April 24, 2020 until August 13, 2020.

On November 5, 2020, the Ontario government released its 2020 budget. This document included a number of additional measures to protect residents in long term care. This included an additional $540 million in new funding to protect residents, caregivers and staff in long-term care homes from future surges of COVID-19. Factoring the $243 million in support provided at the beginning of the pandemic, this makes for a total of $783 million.

Included in this $540 million was:

- $405 million to help homes continue prevention and containment of COVID-19 including enhanced screening, staffing supports and purchasing additional supplies and PPE
- $61.4 million for minor capital repairs and renovations in homes to improve infection prevention and control
- $40 million to help stabilize the homes as they transition to lower occupancy rooms, to stop admissions of third and fourth residents to larger rooms
- $30 million to allow long-term care homes to hire more infection prevention and control staff and train new and existing staff
- $2.8 million to extend the High Wage Transition Fund to ensure that gaps in long-term care staffing can continue to be addressed during COVID-19

Also included in the 2020 Budget, and originally announced on October 1, 2020, was $461 million in temporary wage increases for over 147,000 workers who deliver publicly funded personal support services and direct support services. This temporary wage increase was in place from October 1, 2020 until March 31, 2021 and delivered the following support:

- $3 per hour for approximately 38,000 eligible workers in home and community care

- $3 per hour for approximately 50,000 eligible workers in long-term care
- $2 per hour for approximately 12,300 eligible workers in public hospitals
- $3 per hour for approximately 47,000 eligible workers in the children's and social services sector to ensure that vulnerable individuals continue to receive personal care and supports for daily living from direct support workers

In March 2021, the Government announced that this temporary wage increase would be extended until June 30, 2021.

In December 2020, the ministry announced an investment of an additional $398 million to support long-term care homes in responding to the pandemic. The investment included:

- $268 million in additional prevention and containment funding
- $42 million to long-term care homes to ensure adherence to critical testing and screening requirements
- $88 million to reimburse long-term care homes for lost revenue as a result of restrictions on admissions and reduced occupancy of spaces.

The Long-Term Care COVID-19 Commission

In July 2020, the Government launched an independent Long-Term Care COVID-19 Commission. This independent commission has investigated how COVID-19 spread within long-term care homes; how residents, staff and families were impacted; and the adequacy of measures taken by the Province and other parties to prevent, isolate and contain the virus. The commission has provided the Government with guidance on how to better protect long-term care home residents and staff from any future outbreaks.

The commission released interim recommendations October 23, 2020 and December 4, 2020, and its final report on April 30, 2021. Many of the areas identified by the Commissioners are consistent with the ministry's current efforts as the Government work to solve the long-standing and systemic challenges facing the long-term care system, exacerbated by COVID-19. For instance, in line with the interim recommendation to increase hours of daily care, the ministry has already started implementing this historic staffing plan to help increase the average level of resident care to four hours a day.

Vaccines, testing, and other tools to protect long-term care homes

The ministry released a vaccine hesitancy toolkit for long-term care homes across the province. This toolkit was used to boost confidence in vaccines among staff and residents. It includes various communication products to overcome vaccine hesitancy through the sharing of facts about vaccine safety.

As of April 29, 2021, 95% of long-term care residents were fully vaccinated and 84% of staff had received at least one dose. Among essential caregivers, over 97% had receive at least one dose.

The ministry has implemented a robust surveillance testing protocol for long-term care homes that requires all individuals entering a long-term care home receive a PCR test or antigen test with negative results at frequencies mandated by the ministry. The objective of surveillance testing is to protect vulnerable Ontarians living in long-term care homes by helping to prevent the spread of COVID-19 within homes. Point-of-care rapid antigen testing ensures that individuals entering the home can be screened simply and quickly and that positive COVID-19 cases that may otherwise be missed are identified sooner. These directives worked. Testing caught asymptomatic cases which otherwise would have gone undetected until an outbreak existed.

During these unprecedented times, the Province used every tool available to keep Ontarians safe. Hospital management contracts are just one example of the measures Ontario has taken on behalf of long-term care residents and staff. These contracts help address the current spread of COVID-19 in the home, help stabilize the situation and return the home to normal operations. As of March 16, 2021, the Ministry of Long-Term Care has issued seven Mandatory Management Orders and approved 28 Voluntary Management Contracts between Ontario hospitals and long-term care homes. This support, originally wrapping up in March 2021, will be extended until August 31, 2021.

Another tool available to support long-term care homes was the Red Cross. Through funding provided by the federal government, Canadian Red Cross teams provided short-term support to 27 long-term care and retirement homes in Ontario.

The Ontario Government also accepted the help of the Canadian Armed Forces during the height of the first wave. The final Canadian Armed Forces team concluded their work in July 2020 and the Government expresses gratitude for the support they provided.

Long-term care spaces

The ministry's Modernized Funding Model and historic investment of $2.68 billion in long-term care development will accelerate construction of much needed long-term care spaces across the Province. This investment supports the physical infrastructure pillar of the ministry's modernization strategy and will help the Government deliver on its goal to create 30,000 long-term care spaces over a decade. This funding also helps advance the Government's goals of increasing access to long-term care, reducing waitlists, easing hospital capacity pressures, providing more appropriate care and ending hallway health care across the Province.

As of April 12, 2021, the ministry has allocated 20,161 new long-term care spaces, and 15,918 existing spaces to be to be redeveloped in 220 projects.

Over the past fiscal year, the ministry has announced the allocation of:

- 1,968 new long-term care spaces and 1,015 upgraded long-term care spaces on November 20, 2020
- 7,510 new spaces and upgraded 4,197 spaces on March 18, 2021.

Gillese Inquiry

The Government demonstrated its commitment to long-term care through the creation of a dedicated ministry to improve quality of life for residents. A key role for the ministry includes the implementation of recommendations from the Gillese Inquiry (https://www.ontario.ca/page/report-back-gillese-inquiry) into the Safety and Security of Residents in the Long-Term Care Homes System directed at the Ministry of Long-Term Care.

The ministry comprehensively reviewed the recommendations from the Public Inquiry and has been implementing the recommendations. It is important to note that not all of the recommendations were directed at the Ontario government. In July 2020, the ministry released a report back on the inquiry, reporting that 80% of Justice Gillese's recommendations were completed or underway. In 2020-2021, of the 91 total recommendations, 31 recommendations were implemented, and 44 were underway.

Through the Ministry of the Attorney General, the Government continued to provide counselling services to the victim and the victims' families and loved ones who were originally approved by the Commission for a period of two years.

Staffing in long-term care

The Ministry of Long-Term Care knows that staff in long-term care homes are the backbone of the sector. The ministry is also aware that staffing plays a crucial role in ensuring that the needs of all long-term care residents are being met, and that there are real challenges when it comes to recruiting and retaining frontline staff.

Fulfilling a key Gillese Inquiry recommendation (#85) (https://www.ontario.ca/page/report-back-gillese-inquiry#section-7) , the ministry launched a staffing study to inform the development of a comprehensive staffing strategy. The study, which was released on July 30, 2020, was supported by an external advisory group and considered potential long-term care staffing models as well as best practices for the training, recruitment and retention of PSWs, nurses and other staff.

In December 2020, the ministry released A Better Place to Live, A Better Place to Work (https://www.ontario.ca/page/better-place-live-better-place-work-ontarios-long-term-care-staffing-plan) , the staffing plan informed by this study. At the centre of this plan is the Government's commitment to increase the hours of direct care for residents to an average of four hours per day per resident over four years. This will require the education and training of new professionals to fill the more than 27,000 full-time equivalent new jobs which will be needed to reach this standard. To implement this plan, the Government will be investing up to $1.9 billion annually by 2024-2025, or $4.9 billion over the next four years. This will also support a 20% increase in direct care time by allied health professionals.

Community Paramedicine for Long-Term Care

The ministry secured Cabinet and Treasury Board approval to implement Community Paramedicine for Long-Term Care in up to 33 communities over four years.

The program seeks to help more seniors on long-term care waitlists stay safe in the comfort of their own homes and communities for longer. The long-term care focused community paramedicine program provides our seniors, their families and caregivers peace of mind while waiting for a long-term care bed and potentially delaying the need for long-term care.

This program is another way the Government is collaborating with our health care system partners to provide innovative services in support of our goal to end hallway health care in Ontario and build a 21st century long-term care system, while also

responding to the impact COVID-19 has had on the sector.

The program works alongside home care, primary care, and community care, and leverages the skills of community paramedicine providers to provide non-emergency support, such as home visits and remote monitoring, 24 hours a day, seven days a week.

The program is fully funded by the provincial government and operated in partnership with municipal partners (including district social services administration boards). The total funding commitment is approximately $160 million over three years in 33 communities.

The ministry is working with the Ministry of Health on an evaluation framework in partnership with the communities delivering community paramedicine programs to ensure an integrated approach looking at all community paramedicine programs. The Government will evaluate the success of the Community Paramedicine for Long-Term Care program and explore a wider implementation of this program.

Funding

Following sector consultations held in January 2020 to inform the design of what a new minor capital program could look like, on April 1, 2020 the Government introduced a new minor capital fund – valued at $22.8 million – that is being phased-in over multiple years, to help maintain and extend the life of long-term care homes.

Reducing red tape

In collaboration with the Ministry of Economic Development, Job Creation and Trade (MEDJCT) and Open for Business, the ministry has identified a number of policy amendments that support the Government's strategy to streamline regulatory requirements for business by a minimum of 25% and achieve over $400 million in cost savings while still maintaining resident health and safety as a top priority.

As part of its two-year burden reduction plan (2018 to 2020), the ministry focused on reducing administrative burden for homes by streamlining and modernizing the licensing process. In addition, the ministry is streamlining approvals, reducing applicant costs and eliminating red tape in the LTC Development program.

Key performance indicators

As the government adds new bed capacity and considers the work of the Premier's Council to End Hallway Healthcare, wait times are expected to decrease. The target is to decrease wait times annually in future years compared to 2018 levels.

Outcome measure #1 - Median wait time from long-term care application to placement

- The government is taking action to create a 21st century long-term care that focuses on residents, builds capacity for them and their caregivers and provides a place for Ontario's most vulnerable people to call home. The government is determined to build 30,000 long-term care spaces over the next decade. This is a key step in addressing a growing wait list and building a healthier and safer community

Outcome measure #2 - Community based programs

- The Province has collaborated with health system partners to launch the Community Paramedicine for Long-Term Care program, which will provide innovative resident-centred care to support those on the long-term care waitlist. The program will leverage a model of community-based health care that allows paramedics to use their training and expertise to help seniors and their caregivers feel safe and supported in their own communities and potentially delay the need for a traditional long-term care bed. The ministry will be evaluating the program to assess whether or not it meets this objective.

Outcome measure #3 - Percentage of long-term care home residents who were physically restrained on a daily basis

- There are many potential physical and psychological risks associated with applying physical restraints to older adults, and such use raises concerns about safety and quality of care. The lower the percentage, the better the outcome. Over the last few years, the proportion of residents who were physically restrained on a daily basis has steadily decreased.

Outcome measure #4 - Rate of hospitalizations for falls per 1,000 long-term care home residents

- The rate of hospitalizations for falls per 1,000 long-term care home residents has steadily decreased over the last few years.

Outcome measure #5 - Percentage of residents on antipsychotics without a diagnosis of psychosis

- Antipsychotic drugs are sometimes used to manage behaviours in residents who have dementia. Careful monitoring is required, as such use may carry negative results on safety and quality of care.
- The percentage of residents on antipsychotics without a diagnosis of psychosis has steadily declined over the last few years suggesting the potentially inappropriate use of anti-psychotics in long-term care is decreasing and homes may have found alternative means to help residents manage responsive behaviours.

Ministry interim actual expenditures 2020-2021[3]

Expenditure	Amount
COVID-19 approvals ($M)	590.3
Other operating ($M)	5,619.3
Capital ($M)	187.7
Ministry (Pre-consolidation) ($M)	6,397.3
Consolidation adjustments ($M)	(4,459.8)
Total ministry ($M)	1,937.5
Staff strength[3] (as of March 31, 2021)	378.0

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Footnotes

- [1] ^ For the purpose of this submission, the term “allocation” of long-term care spaces refers to the earmarking of funds to support the development/redevelopment of the spaces. Such development may be subject to further project approvals by the ministry and other applicable project requirements, including licensing requirements under the Long-Term Care Homes Act, 2007 (https://www.ontario.ca/laws/statute/07l08) (LTCHA).
- [2] ^ Estimates, Interim Actuals and Actuals for prior fiscal years are re-stated to reflect any changes in ministry organization and/or program structure. Interim Actuals reflect the numbers presented in the March 2021 Ontario Budget.
- [3] ^ Interim actuals reflect the numbers presented in the March 2021 Ontario Budget for the Health Sector