OMA Ontario Medical Association

Ontario Medical Association Submission in Response to Bill 37, *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*

Introduction

The Ontario Medical Association (OMA) represents Ontario's 43,000 physicians and advocates for the well-being of our members and the health of Ontarians. We are pleased to provide this written submission in response to Bill 37, *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021.*

In lead up to this Bill, the OMA was an active participant throughout the Long-Term Care (LTC) Commission process overseen by Hon. Justice Frank Marrocco. This included providing two written submissions and appearing before the Commission to discuss where physicians feel improvements can be made.

We applaud the government's desire to improve LTC delivery. Bill 37 is an important first step. More improvements are needed in regulation and policy. The input of the OMA and other system stakeholders will be critical to define the changes needed to ensure transformation can occur.

Background

It is worth recognizing, from the outset, the tremendous work of LTC homes towards elevating resident dignity and providing the best possible care within the current system restraints.

The characteristics of the COVID-19 virus left residents and staff of LTC homes particularly vulnerable. This vulnerability was made more challenging by the limited resources, complex governance frameworks, uncertainty related to staff and resident safety, unclear and changing guidance and chronic staffing challenges. This confirms that system-wide issues in LTC must be properly understood and addressed.

The OMA is keen to apply many of the lessons learned through Ontario's LTC COVID-19 Commission. This is an opportunity to not only reflect on COVID-19, but also issues that have challenged the LTC sector for many years.

Strengthen the Role of Physicians in LTC

The Medical Director has a critical role, as spelled out in legislation, to oversee the delivery of medical care in the home. The OMA is pleased to see that Bill 37 maintains that the Medical Director role is fulfilled by a physician. As a next step, a clearly defined and consistently understood role description is needed. We have an important opportunity ahead of us to shape

and strengthen this role, and the OMA is keen to collaborate with LTC stakeholders and government to execute this.

It is worth noting the limited support that is currently available for Medical Directors in fulfilling their role and this contributes to role ambiguity, feelings of isolation and negatively impacts retention and recruitment. There is a desire among Medical Directors and those aspiring towards the role to ensure that they hold the knowledge and skill needed to excel. The Medical Director Course offered through the Ontario Long-Term Care Clinicians provides the educational foundation needed to strengthen physician leadership knowledge and skills in LTC homes.

We also know that the remuneration structure for Medical Directors is outdated and often relies on the good gestures of physicians. Fair compensation that corresponds with the duties of the role and the time spent delivering medical leadership is needed. Attending physicians, who are physicians that work with the Medical Director to provide resident care, also report challenges with their remuneration and often being stretched thin as they balance multiple clinical duties.

Recommendation #1: Maintain the requirement in Bill 37 that the Medical Director be a role held by physicians. This will ensure that all LTC homes have access to the medical leadership needed to positively transform the sector.

Recommendation #2: The Ministry of Long-Term Care should convene a group with leadership from the OMA and participation of other stakeholders to review the Medical Director and attending physician roles and identify improvements that can be made in regulation under the Act.

Recommendation #3: The Ministry of Long-Term Care should require and support all Medical Directors to complete the Ontario Long-Term Care Clinicians' Medical Director education course.

Recommendation #4: The government should work with the OMA to modernize the renumeration for both Medical Directors and attending physicians to enable retention and recruitment and sustain the delivery of quality medical services.

Strengthen Infection Prevention and Control (IPAC) in Long-Term Care Homes

IPAC practices and procedures play a critical role in preventing or reducing the transmission of an infectious disease. When applied properly and consistently, IPAC measures can provide significant protection for health-care workers, patients, residents and visitors.

According to the current *Long-Term Care Homes Act, 2007*, every licensee of a LTC home shall ensure that there is an IPAC program in place and that it includes daily monitoring to detect the presence of infection in residents and measures to prevent transmission. While these programs

are vital, there is ambiguity in terms of what is required. Moreover, there is no clear guidance on who is accountable for the leadership role for developing the program and which authority should oversee IPAC activities within LTC homes. A triad of leadership shared among the Medical Director, Director of Care and Administrator or a dedicated IPAC practitioner could work together at each home to develop the model.

Recommendation #5: Funding should be provided by the Ministry of Long-Term Care to develop and implement mandatory IPAC educational programs and opportunities within each of Ontario's LTC homes.

Recommendation #6: Maintain the requirement within the Bill to designate a role that focuses on IPAC within each LTC home. Consider measures that will ensure that this role can be dedicated to this purpose.

Strengthening LTC Capacity

It is important to recognize that creating a home-like environment is central to the philosophy of LTC, and there is an opportunity to strengthen linkages across the system to deliver as much care on-site as possible. Doing so can make it more comfortable for residents, more efficient for the health-care system and decrease the potential for infectious disease spread.

To enhance medical care delivery, LTC homes need sufficient equipment and better access to specialized care. This can be accomplished in several ways including: better connections with specialists within the hospitals and the community who have LTC knowledge; enhanced communication and connections via electronic medical records and the appropriate use of virtual delivery models; and increased understanding of LTC among other parts of the health-care system. Some LTC homes which had existing relationships with hospitals and system partners and/or were embedded in Ontario Health Teams fared better throughout the pandemic. This was likely due to immediate access to resources (including specialized health human resources) when the LTC homes' resources were strained or depleted. This is worth exploring further.

The government should begin by breaking down barriers that limit cross-sectoral collaboration and provide the tools needed within LTC homes to avoid unnecessary hospital transfers. The opportunity currently exists through foundational Ontario Health Team policy design to prioritize building (or strengthening) these linkages.

Recommendation #7: Funding is needed to ensure LTC homes have the necessary number of trained staff to safely support and keep residents at home. Where possible, homes should have access to medical equipment to deliver urgent care services (e.g., access to labs, IVs, x-rays and medications) to meet resident needs, and the required physical space to provide care.

Apply a Palliative Approach in Long-Term Care Homes

We are very pleased to see the integration of a palliative care approach in LTC homes as part of the Bill. According to a 2018 report by the Canadian Institute for Health Information, most Ontarians with life-limiting illnesses prefer to be cared for in the home, rather than hospital. In this case, the LTC home is their home. Given these patients are likely to remain in a LTC home until end of life, palliative care needs to play an essential role.

When residents receive in-home palliative care they experience better symptom management, have shorter/few hospitalizations, and have a better overall experience and quality of life. Providing high quality and continuous palliative care in the home requires both dedicated resources, and appropriate training and education, which is currently lacking. The OMA is keen to work with government to define a palliative philosophy in LTC.

Recommendation #8: All LTC homes should have access to 24/7 in-house palliative care and expertise throughout the trajectory of a patient's journey.

Conclusion

The OMA appreciates the opportunity to be part of the conversation to find ways of improving the quality of life and well-being of LTC home residents. Ontario's Doctors remain committed to providing exceptional medical care and generating solutions to system issues. Bill 37 is an important step forward and we look forward to shaping the regulations and policy in the process ahead.