

Potential issues in Long-term Care Facilities (LTC) and related solutions during the COVID-19 pandemic

Sara Chen, Simon Fraser University

Keywords: Long-term care facilities; COVID-19 pandemic; coronavirus

Purpose

The duration of the COVID-19 pandemic is beyond the public's expectations, which causes great inconveniences to people's lives and their physical and mental health. More than 250,000 people over 65 are living in Long-term Care (LTC) facilities in Canada (Government of Canada, 2020). Residents might "have multiple medical conditions, cognitive and functional impairments," making them more vulnerable to exposure to infection caused by the coronavirus (McGilton et al., 2020, p962). Furthermore, the Canadian Institute for Health Information (2020) highlighted that approximately 1 in 5 was among LTC residents of the total COVID-19 cases in Canada. As of May 25th, 2020, approximately 840 outbreaks had been reported in LTC facilities and retirement homes, which accounts for more than 80% of all COVID-19 deaths in the country (Canadian Institute for Health Information, 2020, p.1). With the disproportionate risk of COVID-19 infection and serious outcomes among residents of long-term care homes, it is important for the government and policymakers to draw attention to these pressing health inequities.

The Government of Canada (2020) highlights that Canada is becoming a "super-aged society" since upwards of 20% of the population will be aged 65 years and older over the next five years. Accordingly, Canada will need an additional 199,000 LTC beds by 2035, which is almost double the current LTC capacity (Gibbard, 2017). Canada's population and the large baby-boom generation are ageing rapidly, which foreshadows an increasing demand for LTC in the future and challenges the capacity of Canada's health care system in the following decades (Gibbard, 2017). Therefore, it is important to investigate potential issues of the Canadian LTC system exposed during the COVID-19 pandemic and some related solutions to avoid another epidemic-related health care crisis in the future after the COVID-19 pandemic recedes.

Executive summary

Two main issues are exposed during the pandemic: staff shortages and a lack of well-trained staff, and the ownership of LTC facilities. These issues will be addressed by some related solutions such as establishing a long-term hospital-nursing home partnership, having mandatory training for LTC health care workers, and reforming LTC.

CONTEXT

Issue 1: Staff Shortages and a Lack of Well-trained Staff

Staff shortage in LTC facilities and underqualified or inadequately trained staff are pre-existing issues in Canada's LTC facilities. During the COVID-19, this issue has been magnified, which is one of the leading causes of an increasing COVID-19 infection among both residents and staff in LTC facilities. The Government of Canada (2020) reports that health care workers in LTC

homes in Canada often “do not have full-time positions and receive low wages” and limited sick benefits. As a result, staff might be compelled to work even when they physically feel uncomfortable due to their limited sick benefits and low wages, which can contribute to the COVID-19 transmission (Government of Canada, 2020). Additionally, with the low wages, health care workers work part-time at multiple nursing homes to make extra money, which may increase the risk of COVID-19 transmission among nursing homes (Government of Canada, 2020).

These factors exacerbate the issue of staff shortages during the pandemic due to positive COVID-19 diagnosis among staff or self-isolating due to exposure to the COVID-19 (Government of Canada, 2020). More than 9,650 LTC staff members were infected by COVID-19, accounting for about 10% of the total cases in Canada (Canadian Institute for Health Information, 2020). With the inadequate staff level in LTC facilities, more unwell-trained and part-time staff would be temporarily hired to fill the empty shifts, which would contribute to the increased infections because they might not appropriately use PPE and provide high-quality care to residents in LTC homes (Government of Canada, 2020). The Canadian Armed Forces (CAF) also reported that the LTC facilities had poor infection prevention and control practices because of insufficient medical supplies and unprofessional training (TVO.org staff, 2020). Therefore, staff shortage and unwell-trained staff create a vicious cycle for LTC facilities and have laid bare the systemic LTC issues in Canada during the pandemic.

Issue 2: The Ownership of LTC Facilities

The division of ownership of LTC facilities in Canada contributes to high infection risks among residents in LTC facilities. In Canada, the varied proportion of private and public ownership of LTC homes is based on jurisdiction. Overall, 54% of LTC homes in Canada are privately owned and 46% are publicly owned (Canadian Institute for Health Information, 2021b). Privately owned LTC homes can further be subdivided into for-profit and not-for-profit organizations (Canadian Institute for Health Information, 2021b). The Government of Canada (2020) identified environmental factors, such as having multiple residents per room, shared washrooms and bathrooms that can increase the risk of COVID-19 infection among residents in these settings.

Based on “Ontario’s Nursing Home Act” (1972) concerning LTC homes’ design standard in, LTC homes that exceed 1972 design standards are classified as newer design standards, while LTC homes meet or fall below 1972 standards are categorized into older design standards (Stall et al., 2020b). Compared with both non-profit and municipal LTC homes, for-profit LTC homes have more outdated design standards with smaller room sizes, a lower mean number of licensed beds, “fewer single-occupancy rooms, and more shared washrooms” (Stall et al., 2020b, p.948). To squeeze as much money out, for-profit LTC homes are less likely to upgrade or improve their facilities and environmental condition to reach a higher design standard for residents. Additionally, a higher proportion of chain ownership was also found in the for-profit LTC facilities, which might lead to the spread of COVID-19 more widely (Stall et al., 2020b). Therefore, the private ownership of LTC facilities results in different building standards, which contributes to the disproportionate infection and death cases among residents during the pandemic.

Recommendations

Solution 1: Hospital-nursing Home Partnership

After investigating the potential issues of the Canadian LTC system brought forward during the COVID-19 pandemic, a crucial step is to provide solutions to prepare for any health crisis that might emerge in the future and avoid reoccurrence of the tragedy in LTC homes. Before the COVID-19 pandemic, there were no established relationships between nursing homes and acute-care hospitals in Ontario; they worked independently (Stall et al., 2020a). To deal with the evolving crisis in LTC homes due to the deficiency of resources and staff levels, the hospital-nursing home partnership was applied by the Government of Ontario (Stall et al., 2020a). The multiple phases of emergency response proved the hospital-nursing home partnership works effectively by collaborating health workers, administrators, and clinicians from the hospital, with the nursing home to support the nursing home's demands and manage the COVID-19 pandemic crisis in nursing homes (Stall et al., 2020a). As a result, the response to the pandemic in nursing homes through partnerships between acute-care hospitals and nursing homes in Ontario can serve as a model for other Canadian nursing homes (Stall et al., 2020a).

Solution 2: Mandatory Training for LTC Health Care Workers

Training LTC health care workers is recognized as an essential condition for providing high-quality health care. During the pandemic, having well-trained staff is necessary for controlling the transmission of COVID-19 and preventing the risk of infection. Canadian Institute for Health Information (2021a) recommends strong infection control practice, "including staff training and a designated infection prevention and control lead in each home". In addition, intensive and immediate infection prevention and control (IPAC) for training frontline staff in nursing homes were adopted in Ontario during the early-phase response, including, "several on-site training sessions for all nursing home staff providing education on SARS-CoV-2 transmission, point-of-care risk assessment, PPE selection, and donning and doffing procedures" by IPAC team (Stall et al., 2020a, p.1378).

The Government of Canada (2020) also proposed implementations to address the issue of unwell-trained staff in nursing homes. For example, training LTC staff to use PPE safely and effectively through open-access, online modular courses, and refresher courses to enhance memory. Moreover, the Government of Canada (2020) recommended that partnerships between LTC facilities and emergency departments should be organized by the regional authority to provide consultative support to LTC staff through telephone or online when in-person help was not available during the pandemic.

Solution 3: Reforming Long-term Care Facilities

The uneven design standards for LTC facilities in Canada is also a concern, which brings a higher risk of infection. The local governments should play a role in stimulating a new design standard for LTC homes because newer design standards are necessary for controlling and preventing infection, in addition to promoting a higher quality of life among residents. However, based on the division of ownership of LTC facilities, it might be a challenge for provincial and federal governments to force some private LTC facility owners to meet the design standard. Therefore, the call to reform long-term care is increasing by the removal of private for-profit businesses from the LTC sector (Canadian Labour Congress, 2020, p.2). However, a political unwillingness to reform the LTC sector is due to the money. The federal fiscal watchdog points

out that fixing LTC could cost \$13.7 billion that is sourced from Canadian taxpayers (Labine, 2021). In other words, any fixing and reforming for the LTC homes are an extra expenditure on health care. Therefore, reforming LTC homes in Canada heavily depends on whether the federal government takes a leading role.

Conclusion

Investigating potential issues in Canada's LTC is significant for governments and policymakers to recognize how serious these issues are during the pandemic, fix these issues, and fill the gaps. The COVID-19 pandemic has exposed and magnified longstanding systemic issues in Canada's LTC facilities, including, staff shortage and inadequate well-trained staff, and the ownership of LTC facilities. Since these issues have been revealed, it is important to deal with them, rather than choosing indifference or shirking from the responsibility. Therefore, providing related solutions, suggestions, and recommendations such as establishing the hospital-nursing home partnership, training staff in LTC facilities via online modular courses, implementing the IPAC team and telephones, and improving the design standard of LTC facilities, are crucial to avoid the health crisis in LTC facilities from recurring. However, these solutions could be viewed as patchworks for solving the urgent health crisis in LTC facilities. Reforming the LTC sector might be the most effective way to address the listed issues in the paper, which is also heavily based on decisions and movements that will be made by both Canadian provincial and federal governments in the future.

References

- Canadian Institute for Health Information (2020). Pandemic experience in the Long-Term Care Sector: how does Canada compare with other countries? *Ottawa, ON: CIHI*
- Canadian Institute for Health Information. (2021a). The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months.
- Canadian Institute for Health Information. (2021b, June 10). Long-term care homes in Canada: How many and who owns them? *CIHI*. <https://www.cihi.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them>
- Canadian Labour Congress (2020, May 19). Lessons from a pandemic: Union recommendations for transforming long-term care in Canada.
<http://documents.clcctc.ca/sep/LongTermCare-Report-EN.pdf>
- Gibbard, R. (2017). Sizing up the challenge: Meeting the demand for long-term care in Canada. *Ottawa, Canada*.
- Government of Canada. (2020). Long-Term Care and COVID-19.
https://www.ic.gc.ca/eic/site/063.nsf/eng/h_98049.html
- Labine, J. (2021, August 4). Fixing long-term care could cost \$13.7 billion: Spending watchdog. *IPolitics*. <https://ipolitics.ca/2021/08/04/fixing-long-term-care-could-cost-13-7-billion-spending-watchdog/>
- McGilton, K. S., Escrig-Pinol, A., Gordon, A., Chu, C. H., Zúñiga, F., Sanchez, M. G., Boscart, V., Meyer, J., Corazzini, K. N., Jacinto, A. F., Spilsbury, K., Backman, A., Scales, K., Fagertun, A., Wu, B., Edvardsson, D., Lepore, M. J., Leung, A. Y. M., Siegel, E. O., ... Bowers, B. (2020). Uncovering the devaluation of nursing home staff during COVID-19:

Are we fuelling the next health care crisis? *Journal of the American Medical Directors Association*, 21(7), 962–965. <https://doi.org/10.1016/j.jamda.2020.06.010>

Stall, N. M., Farquharson, C., Fan-Lun, C., Wiesenfeld, L., Loftus, C. A., Kain, D., Johnstone, J., McCreight, L., Goldman, R. D., & Mahtani, R. (2020a). A Hospital partnership with a nursing home experiencing a COVID-19 Outbreak: Description of a multiphase emergency response in Toronto, Canada. *Journal of the American Geriatrics Society*, 68(7), 1376–1381. <https://doi.org/10.1111/jgs.16625>

Stall, N. M., Jones, A., Brown, K. A., Rochon, P. A., & Costa, A. P. (2020b). For-profit long-term care homes and the risk of COVID-19 outbreaks and resident deaths. *Canadian Medical Association Journal*, 192(33), E946–E955. <https://doi.org/10.1503/cmaj.201197>

Thornton, L., & Glaze, B. (2020, April 16). Matt Hancock sparks outrage by offering care workers a badge as they plead for PPE. <https://www.mirror.co.uk/news/politics/matt-hancock-sparks-outrage-offering-21874865>

TVO.org staff. (2020). COVID-19: Read the Canadian Forces report on long-term care. <https://www.tv.org/article/covid-19-read-the-canadian-forces-report-on-long-term-care>



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/).