BC Care Providers Association Review of the response to COVID-19 in seniors care and living

A dialogue with providers

Executive Summary & Recommendations: November 16, 2020

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Executive Summary

Purpose

The purpose of this engagement was to provide the BCCPA Board of Directors with a report of the impact of COVID-19 in the seniors care and living sector along with actionable recommendations for the Ministry of Health. For the purpose of this report the term *seniors care and living sector* is inclusive of long-term care, assisted living, independent living and home health. BCCPA members from the seniors care and living sector shared their expertise and insights on the factors that contributed to and helped to curb the transmission of COVID-19 in BC. The specific objectives were to: (1) identify facilitating factors and challenges in the response to COVID-19 in the seniors care and living sector in BC and (2) to convey the voice of BCCPA membership.

In parallel with this engagement, BCCPA developed an extensive literature review and gap analysis report on COVID-19 and seniors care in BC.[1] This report was intended to: highlight what other countries have done with respect to COVID-19 in seniors care; highlight what Canada and other provinces have done to deal with COVID-19 in seniors care; highlight what BC has done with respect to COVID-19 in seniors care; document BCCPA's response and sector leadership throughout the course of COVID-19 thus far; and outline any potential gaps or additional recommendations.

Methods

Howegroup conducted a brief survey and facilitated a participatory exercise with BCCPA Board members to define the engagement purpose and scope in March 2020. An active Advisory Committee comprised of BCCPA senior leadership and Board members provided ongoing oversight and direction into this engagement. A mixed methods engagement strategy was utilized, inclusive of a member survey (n=72 of a possible 134 long-term care and/or assisted living providers), interviews (n=25), roundtables (n=13 independent living and n=13 home health providers) and an online member submissions portal limited to input on draft recommendations submitted to the Ministry of Health (18 written submissions received).

It became apparent early in the process that long-term care and assisted living shared similar experiences which differed from independent living and home health. As such, the findings are organized into 1) long-term care and assisted living, (2) issues specific to home health, (3) issues specific to independent living, and 4) preparing for a second wave.

[1] Kary, M. Literature review and gap analysis report on COVID-19 and seniors care in British Columbia. September 2020. BCCPA

Key findings: long-term care and assisted living

The following emerged as key themes to long-term care and assisted living providers:

- Actions that flattened the curve
- Factors contributing to transmission
- Health and human resources –systemic challenges, single site order, wage levelling and pandemic pay
- Personal protective equipment (PPE)
- Communication
- Visitation
- Moving COVID-19 positive seniors to specialized units
- The financial impact among providers
- The burden of audits and reporting
- Support from sector associations
- Senior and worker rights

Actions that flattened the curve

Providers report that timing played a large in role in BC experiencing lower COVID-19 rates when compared with other provinces, particularly with respect to limiting travel during Spring Break in early March. As COVID-19 impacted the eastern provinces, BC had the ability to learn, to a limited degree, about transmission and apply best practices. Infrastructure also played a role, with BC having fewer multi-bed rooms and, in general, spaces that allow for distancing of seniors. Providers agreed that the strong leadership of the Provincial Health Officer (PHO), for the public as well as the health system, played a significant role in limiting the transmission of COVID-19 in BC as did fewer COVID-19 cases in the community. Restricting non-essential visits also helped to limit transmission in seniors care and living. Providers acknowledged the collaboration across the sector and particularly the sharing of information and support *among providers* as integral in the response to COVID-19.

Factors that contributed to the transmission

Providers reported that staff working at multiple sites was the most significant factor contributing to the transmission of COVID-19 among seniors in BC, which is underpinned by the systemic lack of health human resources and reliance on part-time and casual workers. Providers also reported that lack of available PPE, particularly early in the pandemic, contributed to the transmission of COVID-19, as did breaches in PPE protocol (e.g. donning and doffing). The complex and increasing acuity (e.g. comorbidity, dementia) of seniors was identified as an underlying factor in the high rate of COVID-19 transmission as was the unique nature of the virus (e.g. ability of the virus to transmit prior to presenting symptoms). In general, while providers had serious concerns about a lack of consistent communication, providers did not attribute lack of policies, inconsistent messaging or lack of training around infection and control to the transmission of COVID-19 in BC.

Health human resources

Health Human Resources (HHR) was identified as having a significant impact on the transmission of COVID-19 in seniors living and care. More than half of survey respondents agreed or strongly agreed that sharing staff between sites (68%) and insufficient worker education and training (52%) contributed to the transmission of COVID-19. Almost two thirds of respondents disagreed or strongly disagreed that insufficient wages contributed to the transmission of COVID-19. Actions taken around HHR, including the single site order, wage levelling, and pandemic pay played a role to limit transmission but with significant impact to operations and possibly intensifying this pre-existing crisis.

Providers agreed that the *single site order* helped to limit the transmission of COVID-19 (58, 91% of survey respondents) and should continue until a vaccine is found (62, 86% of survey respondents) however significant drawbacks exist that should be addressed. Providers reported that the single site order disadvantaged casual employees (53, 80% of survey respondents) and that the order was not implemented

consistently by each health authority (38, 65% of survey respondents). The order put undue strain on operators at the time of implementation and continues as sites face challenges with the loss of casual staff, covering regular shifts and also to provide coverage for vacation and sick time. Interviewees reported a great deal of frustration and pointed to inequitable implementation, particularly with the health authority staff exemption.

Providers are concerned about the extra cost of *wage-levelling* which may prove to be unsustainable and eventually impact the cost of care for seniors. Providers expressed concern regarding the inequity in *pandemic pay* and the distress it caused (and is causing) among those ineligible for the additional pay. The majority of survey respondents (43, 69%) agreed or strongly agreed that *all* workers in seniors care and living should receive pandemic pay.

Personal protective equipment

Providers faced many challenges with respect to personal protective equipment, particularly around securing and maintaining supply (including lack of support to obtain PPE), escalating cost, and messaging from health officials. Providers reported a critical shortage early in the pandemic and expressed concern about maintaining this supply moving forward. Worry was compounded by the escalating costs of PPE. Providers noted the confusion caused around discrepancies in guidelines from the BCCDC and health authorities, particularly Fraser Health, as well as changing guidelines during the pandemic. Providers agreed that frontline workers should have mandatory ongoing training in PPE, including health authority workers, whom providers reported were inadequately trained in the use of PPE.

Inconsistent and unclear communication

Inconsistent and unclear communication from the Ministry of Health and health authorities to providers inhibited the response to COVID-19, created a great deal of extra work for providers, and led to frustration and confusion among seniors and families. Providers found direction and information from the Ministry of Health, Provincial Health Officer, and health authorities was at least somewhat effective (>82% of survey respondents), however a substantial proportion of respondents reported that information and support from the Office of the Seniors Advocate was not effective (>88% of survey respondents).

There were significant inconsistencies between communication and directives from the Ministry of Health and the health authorities. Providers overwhelmingly agreed there was a lack of clarity around which body had authority as directions were given or changed (50; 79.4% of survey respondents). Providers expressed concern that seniors and families were receiving communication on orders at the same time as providers (often via the Provincial Health Officer/ Minister of Health update at 3 pm). Providers would like to see one source of information for the sector, including families and residents, to ensure timely, consistent information is provided. Fraser Health was consistently an outlier with respect to providing unclear communication, changing directions, and imposing unreasonable requirements on providers that intensified workloads and caused undue stress for staff, residents, and families.

Rights of seniors and staff

Actions of the Province to limit the transmission of COVID-19 has had a detrimental impact on the rights of seniors and staff.

Providers reported that seniors' quality of life was negatively impacted in the following ways:

- Seniors were restricted to their suites without any social contact, very limited recreation, and no access to the outdoors for prolonged periods. This was particularly challenging for seniors with mobility issues and dementia.
- Seniors and their families were kept apart during a very stressful time creating distress and anxiety among seniors and family members. Families were kept apart when they needed each other most.
- Interests of staff were put ahead of seniors by allowing some health authority staff to work in multiple sites while seniors were restricted to their suites.
- Some providers believe that seniors were denied access to necessary medical professionals and equipment by keeping them on-site and not moving them to a COVID-19 specialized unit.

Providers reported that staff rights were impacted through the following ways:

- Staff rights were violated when the Province requested personal information of staff, including Social Insurance Numbers, to fulfill the single site order. This information was not necessary and some employers refused to provide it.
- Staff were not given the opportunity to choose the site that would become their 'single site'. Many staff had indicated a preference and subsequently directed to work full-time in another location.
- Seniors living and care workers were not treated equally across the province. Those working for privately-owned sites were not included in wage levelling and did not qualify for pandemic pay despite filling the same role, sometimes working in the same site. Managers and leaders were not included in pandemic pay. Some managers are making less than the nurses they are supervising.

Visitation

Providers overwhelmingly agree that limiting family visitation was critical to containing the transmission of COVID-19, particularly at the onset of the public health emergency declaration (59; 98.3% of survey respondents). As restrictions were lifted, 16 (27.6%) of survey respondents changed their opinion and were no longer in favour of restricting visits. Providers acknowledge the impact on residents, families and staff has been profound. Moving forward, providers need additional funding and resources to manage and support families and provide enhanced cleaning and PPE to support family visitation. As well, providers would like to see flexibility built into visitation such that community circumstances may dictate visits, rather than a provincial approach, particularly as restrictions need to resume.

Moving COVID+ seniors

Providers had mixed feelings about moving seniors diagnosed with COVID-19 from their residence to a specialized unit, influenced by the ability of the site to effectively isolate seniors, the needs of the senior, and the capacity of the residence they are living in to meet the seniors' needs. Survey respondents overwhelmingly agreed moving COVID-19 positive seniors to a specialized unit would have limited the transmission of COVID-19 (42; 70% of survey respondents agreed or strongly agreed) and may have provided better access to medical professionals and equipment. Many providers reported that when a site can effectively isolate seniors in their room and provide adequate care, it is not necessary to move them.

Financial impact

Long-term care and assisted living providers report spending an excessive amount on COVID-related expenditures and are unclear as to whether they will be reimbursed (as the Ministry of Health has not provided clear guidelines or timelines). Several providers reported lost revenue from an increased vacancy rate. Others commented on the unknown costs associated with staff burnout and mental health and wellness that are anticipated in the future. As well, there are concerns that significant increases in wages will ultimately be passed onto seniors, further impacting affordability of care.

Audits and reporting

In addition to regular daily duties and responsibilities, providers had a tremendous extra burden placed upon them to respond to COVID-19. Survey respondents reported spending hundreds of extra hours to respond to requests for reporting and additional inspections over the course of the pandemic. Many providers are finding the requests for information and additional inspections/audits overwhelming. Fraser Health stood out as placing unsustainable demands on-sites through reporting and inspections including ongoing changes to audit requirements.

Federal support

Federal government support did not emerge as an important factor in the interviews or the roundtables with providers. When asked specifically on the survey, there were mixed feelings as to the importance of federal government leadership in developing quality standards for the seniors care and living sector moving forward, with 43% indicating that this was very or extremely important and 40% indicating that this was slightly or not at all important. Nevertheless, the majority of survey respondents (42, 71%) reported that it was very or extremely important that the federal government invested in the seniors care and living sector moving forward.

Support from associations

A collaborative effort helped to limit the transmission of COVID-19, including support from WorkSafeBC, SafeCare BC, BCCPA, and EngAge BC. A large proportion of survey respondents reported that WorkSafeBC was effective in communicating best practices (35, 61%) and advocating for the safety of workers (36, 63%). A higher proportion of respondents reported that SafeCare BC was effective in advocating for the safety of workers (42, 75%), as well as providing information (43, 74%), and delivering Operation Protect (35, 71%).

Key findings: home health

Home health providers reported the most significant success factor for limiting the transmission of COVID-19 as being the ability to collaborate at a management level. Providers with sites in other provinces had the advantage of leveraging learnings and policies from their colleagues. Providers also reported the nature of the home health model meant that seniors (their clients) had fewer contacts and therefore less chance of transmission. The most significant challenge for home health providers was the *lack of communication* and information directly from the Ministry or health authorities. Initially, providers did not receive any information and then the information they did receive was fragmented and often contradictory from one source to another.

While access to PPE was clearly a struggle across the country and across the continuum, home health providers reported that home health was overlooked. Providers recognized that it may not be realistic for the government to fund PPE for privately retained home health providers, but there is a role for government to ensure adequate *supply and coordination* of allocation for public safety. Private home health providers emphasized the lack of government support, feeling that the Ministry of Health often overlooks private care. Employees of privately retained providers were not eligible for pandemic pay,

resulting in pay inequities across workers performing similar, if not the same, tasks. Overall, home health providers are asking to be given consideration by the Ministry of Health as playing an essential role in seniors care.

Key findings: independent living

A variety of factors helped to limit the transmission of COVID-19 in independent living sites (also referred to as seniors living or retirement living) including communication by the Provincial Health Officer to the general public around the severity of COVID-19, which created a climate where residents, families, and visitors were responsive to the changes necessary on-site such as limiting visitation. A great deal of information sharing occurred between seniors care and living providers, allowing for best practices to be implemented quickly. Independent living providers who also operated long-term and assisted living units implemented many directives intended for higher levels of care at their independent living sites.

Independent living providers identified many areas for improvement, with the most crucial being the recognition of the role independent living plays in the seniors care and living continuum. Independent living was omitted from much of the communication, support, and funding provided by the Provincial Health Officer, the Ministry of Health, and health authorities. Smaller, single sites were left completely on their own to source information and resources. The single site order that limited staff from working at more than one site was not applied to home health workers. As a result, independent living sites may have multiple home health workers coming and going, creating a higher risk than necessary and an imbalance in the freedoms among staff and between staff and residents.

Preparing for a second wave

Providers overwhelmingly agreed that worker shortage is their number one concern regarding a second wave of COVID-19 in BC, which is compounded by limits on casual workers as a result of the single site order. Following this, worker exhaustion, fatigue, and burnout (including senior management) is top of mind. Providers are also concerned about a lack of PPE and other supplies, and the strain of managing visitation, including 'message fatigue' among family members.

Aligning with the findings from the engagement the following recommendations regarding pandemic preparedness and coordination, reducing infection transmission, supporting staff and operators, and providing social supports are put forth to the Ministry of Health.

Recommendations

Ten priority recommendations

1. The Ministry of Health provide an **overarching pandemic plan** with clear lines of responsibility and for communication across the continuing care sector, inclusive of publicly subsidized and privately retained home health and independent living. This provincial plan for all health regions should clearly identify which guidelines and/or mandates takes precedence. When a public health emergency is declared, the authority for issuing pandemic-related orders should be restricted to the Provincial Health Officer. Communication to seniors, providers, and families should be limited to a single source, as much as possible.

2. Health authorities adopt a **standardized pandemic response plan** for the continuing care sector, inclusive of publicly subsidized and privately retained home health and independent living, which clearly outlines what happens in the event of an outbreak. This plan, shared and implemented consistently across all health authorities, should include details of how health authority infection control teams will be mobilized in the event of an outbreak, as well as incorporating all necessary safety guidelines. This plan must also outline the measures that will be taken to support any necessary unique considerations for rural and remote areas, the nature of health care personnel, and staffing limitations.

3. Continue the **single site order** policy for staff in long-term care and assisted living residences. Measures must be put in place which address the loss of casual employees needed for sick day and vacation relief. Consistent with the intent of the single site order policy, the Ministry of Health should expand the single site order to include acute care employees from working in long-term care or assisted living residences. Providers require additional financial resources for staffing to sustain the single site order. *Note government investment already committed to support this recommendation.

4. Create additional capacity and more suitable environments that ensure **reduced transmission of infectious diseases among residents with advanced dementia** and socially inappropriate behaviours.

5. The Provincial Health Officer to **establish rapid testing** alongside screening protocols for residents and staff in long-term care, assisted living, and independent living.

6. **Address critical staff shortages** by expanding training for new and established care staff. Fund roles such as 'Comfort and Support Workers' or 'Pandemic Workers' or 'Personal Support Workers' to perform non-care tasks and functions in the care setting to alleviate the burden on direct care tasks completed by care aides and nurses. Target unemployed workers such as in the hospitality sector and internationally-educated nurses (IENs) for recruitment and onboarding programs. Work with the federal government to extend the number of hours that international students can work and expand the post-graduation work permit program to include private post-secondary institutions.

7. **Maintain funding for wage levelling** and extend to staff across the continuum of care in order to provide equitable pay for frontline staff. Develop clear guidelines, consistent messaging, and ongoing funding for sustainability.

8. **Support psychological health and safety programs for workers, residents/seniors and families.** Coordinate these efforts with BC's Ministry of Mental Health and Addictions.

9. Ensure the **timely dispersal of allocated per-bed funding advances** to cover provider pandemic-related expenditures for PPE, staffing, and other requirements. Pandemic funding should be concomitant with any orders to implement add-on procedures that require additional staffing, equipment, and supplies. All advanced funding will be subject to reconciliation. Clear guidelines provided on allowable expenses.

10. Establish **robust protocols for safe and frequent social contact between residents and family members**, in collaboration with SafeCare BC. Strengthen connections between families and seniors through the use of tools and technology.[2] Establish **clear and consistent visitation guidelines** directly from the PHO to support visitation across the province. The PHO is asked to consider a flexible approach to restricting visitation, reflecting COVID-19 community case numbers.

[2] *Note that BCCPA has developed a 'Best Visit Possible' guide in response to this need and that SafeCare BC is a natural partner as they have already developed an online Safe Visitation training module for families.

Additional recommendations are as follows:

Pandemic preparedness and coordination

11. In-person inspections be conducted regularly, more frequently for pandemic preparedness and in-person. **Audits and inspections should be streamlined and consistently implemented across all health authorities**, with results shared directly with management and staff to support quality improvement. Recommendations that require additional resources for infection prevention and control measures and equipment must be supported with additional funds or by issuing recommended supplies and equipment.

12. Where appropriate, **communication will be disseminated to providers in advance** of public announcements in order to support enhanced planning and mitigate confusion among seniors and families.

13. Formalize the **partnership between the Ministry of Health and BCCPA to support communication**. BCCPA is positioned to act as a conduit to engage the sector through its membership and to hold a key role in developing and disseminating a Ministry of Health's formalized communication plan.

Reduce infection transmission

14. Designate health authority **specialized COVID-19 units**, with the opportunity for providers, in collaboration with families, to exercise discretion based on resident need, site capacity, family preference, and system capacity to protect vulnerable populations. Staff assigned to work in these settings should qualify for bonus compensation.

15. Provide **clear and consistent guidelines on the proper use of PPE and standards for PPE supplies** for application in pandemic situations for health and community care settings across the continuum, including publicly subsidized and privately retained home health. Communication and guidelines to stem from BCCDC and all messaging to be consistent across health authorities. Coordinate with infection prevention specialists, and provincial/federal government procurement agencies and ensure ongoing continuing education.

16. **Maintain the Province's PPE reserve** to cover the needs of the entire continuing care sector, inclusive of publicly subsidized and privately retained home health and independent living. Establish a mechanism for routine turnover of PPE stockpile, such that they do not expire and that the stockpile must have the capacity to meet surge demands. *Note the Province's Provincial Supply Chain Coordination Unit is making its stockpile of PPE available to a wide group of organizations, including private home care and community living.

17. **Establish a timeline for decommissioning the use of sites with multi-bed wards**, and work with these operators to replace them with newly created bed stock. The Province to establish a capital renewal program.

18. The Province to provide **equitable access to specialized infection control resources and equipment**, such as what is available now to health authority operated sites across the continuum of care, inclusive of independent living and home health.

Support staff and operators

19. **Support training programs** for long-term care, assisted living, home health, and independent living workers. The programs will be led by clinical nurse educators on the use of PPE, pandemic preparedness and maintaining relevant standards.

20. Create opportunities for discussion and action to **address the impact of the pandemic on seniors' and workers' rights**, leveraging BCCPA's Care to Chat forum.

21. **Formalize partnership between the Province and BCCPA**, given BCCPA's past work and commitment to HHR in seniors care. Designate BCCPA as the resource recruitment lead for the non-government sector.[3]

Provide social supports

22. **Support social worker and/or spiritual support professional positions and provide training** for residents, family members, and staff. Support those dealing with grief or the emotional toll of the pandemic.

23. Support a more formalized **sector collaboration with the BC Patient Safety and Quality Council/Patient Voices Network and SafeCare BC** to ensure continuous dialogue with seniors and families. Promote systemic and operational improvements that enhance the resident and family experience.

24. Incorporate learnings into the **BCCPA Quality Framework** in the context of a pandemic, including a discussion around seniors' rights.

[3] Since 2018, BCCPA has undertaken multiple measures to analyze and resolve the crisis, including hosting a sector-wide collaborative with care providers, government, labour unions and training colleges; issuing two reports outlining the scale of the crisis and providing 10 recommendations on how to resolve it; establishing a $25,000 HCA bursary program in partnership with Okanagan College; partnering with Health Match BC to design their new Choose2Care recruitment campaign; and delivering the provincial approved HCA curriculum to 80 students in communities on Vancouver Island and in the Interior in collaboration with our education partners Discovery Community College and SafeCare BC.

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- Aly Devji – President, BCCPA; Director Stakeholder Relations & Business Development, Good Samaritan Canada
- Terry Lake – CEO, BCCPA
- Mike Klassen – Acting CEO/VP, Public Affairs, BCCPA
- Debra Hauptman – BCCPA Board member, Vice-Chair, Priorities & Policy Committee; CEO Langley Care Society
- Dave Hurford – BCCPA Board member; Chair, SafeCare BC; CEO Three Links Care Society
- Michael Kary – Director of Policy and Research, BCCPA

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