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For Immediate Release

Attn: Assignment Editor

## Ford Government Given Failing Marks in Response to Recommendations on Long-Term Care COVID-19 Response in Joint Open Letter from more than 200 Organizations Representing Almost 2 Million Ontarians

Toronto – The Ontario Health Coalition issued an [open letter](#) to Premier Doug Ford on May 28, 2020 calling for key improvements to safety and care in Ontario’s beleaguered long-term care homes where more than [1,860](#) residents and staff have died as a result of COVID-19. Recent [a number of media reports](#), [accounts from families](#), and the [military report](#) have revealed that long-term care residents are suffering serious weight loss and decline or even dying of dehydration and malnutrition due to inadequate care. That the staffing crisis is now a full-blown emergency in long-term care is not an overstatement, reported the Coalition, which is hearing from the front-lines of workers and families of residents and is calling for immediate action.

In Quebec and British Columbia, governments have intervened to increase wages and provide full-time work to boost care levels. In recent weeks, Quebec set out to recruit 10,000 PSWs, offering \$21 per hour for training and increasing wages to \$26 per hour. They have more than 65,000 applicants and are well into the process. In Ontario, there has been no such response. In fact, the Health Coalition reports that it is hearing from front-line staff and families that staffing shortages are worse than ever with many more shifts unfilled even with unprecedented overtime. The Coalition held cross-province consultations on the staffing crisis in 2019 and wrote a [report](#) on its findings commissioned by Unifor in December that detailed the staffing crisis (including that virtually every home was working short every shift, worse on weekend and worse in the evenings) and made recommendations to address it. Today the [Toronto Sun](#) is reporting that the Ford government’s Treasury Board twice, in the months leading into COVID-19, refused funding appeals to improve staffing levels. Staffing levels equate to care levels in long-term care: without enough staff, there is not enough time to bathe, feed, hydrate, reposition, and provide even the most basic care for residents, let alone provide care with residents and staff sick with COVID-19 and in isolation.

The Health Coalition issued the following report card today, grading the Ford government on its response to the key recommendations made in its open letter, sent a month ago, which has now been signed onto by more than 200 groups representing almost two million Ontarians. Premier Ford has not responded to the Coalition’s letter despite the huge body of Ontarians represented by the groups that have jointly signed.

<b>How is the Ford Government Doing?</b>		
<b>Report Card on Progress on Key Public Interest Demands to Improve Long-Term Care</b>		
Recommendation	Grade	Notes
Understaffing & Inadequate Care. Staffing shortages were at crisis levels before COVID-19. Now they are a full-blown emergency. The province must take action to improve wages & working conditions, recruit & train staff, & increase staffing to get care up to a safe standard.	F	When long-term care workers were required to choose one of multiple part-time jobs on April 22, and as staff have become ill or left, the staffing crisis has become a full-blown emergency. In recent weeks, media is reporting deaths from malnutrition and dehydration among long-term care residents. Families are reporting serious weight loss and decline. Yet still nothing is being done to recruit, train, improve wages and conditions and get staffing and care levels up to safe levels. Long-term care homes can, of their own accord, forge relationships with hospitals to send

		in sporadic “swat teams” or rapid response units to help. Homes can access some funding to top up wages or hours. But pandemic pay (which the federal government is largely financing along with a portion of the funding coming from the province) is not enough to offset the loss of part-time jobs and is only temporary. Regulations under the emergency act that deregulated the only existing care standards (including a requirement for an RN on site and PSWs that are trained) are still in effect.
Infection control practices, workplace safety and access to PPE must be improved. This includes taking policy measures to create Ontario’s own supply of PPE if adequate, quality & secure supply is not available; ongoing testing of residents and staff in ltc and retirement homes; improved support, training, supply and directives for use of PPE and infection control.	E	The have been some improvement in access to PPE in long-term care homes in terms of access to surgical masks, but not N95 masks, and access to gowns is also a problem right now. One round of mandatory testing and two rounds repeat testing (voluntary) have been done in long-term care homes but not in retirement homes. There has been improvement in infection control practices in some homes. But infection control practices vary widely and there is no person in charge of infection control in most homes. Practices that are common in hospitals, like working in teams to scrutinize donning and doffing, are not in place. Clear and improved standards have not been issued. Directive #3 that enables long-term care home operators and hospitals to require staff who have tested positive for COVID-19 but are asymptomatic to work is still in place. Similarly, the Directive which requires staff to wear the same PPE until “visibly soiled” remains in effect. These measures are not acceptable. Agency staff are relied on more than ever and are still going into multiple homes.
Testing, contact tracing and isolation must be improved using our province’s full public capacity	B	There has been significant improvement in Ontario’s testing capacity with more than 27,000 tests done in the last 24-hours. Testing criteria has continued to be broadened slowly. Contact tracing continues to be variable. Of particular concern is inadequate, incomplete contact tracing of health care staff who have been exposed or infected by COVID-19. Public Health Ontario and the Ontario Ministry of Long-Term Care have changed reporting data, limiting the information available publicly and making it more difficult for researchers to follow a consistent data set. See the OHC’s most recent tracking report for details <a href="#">here</a> .
Transfers to hospitals	D	In a few of the worst-hit homes, there has been more ability for residents or substitute decision makers to have family members transferred to hospitals for care. However, blanket approaches without proper informed consent continue.
Bring in family caregivers and volunteer as soon as conditions are stable enough to provide for this.	D	Visits are being allowed under strict limitations but families report that measures taken to allow visiting are unacceptable. One home has created two fences, six feet apart, and families have to try to visit their loved ones across the divide. Another family posted a picture of a wide yellow fence through which they could barely see their frail mother. Some families are getting regular visits, other homes are extremely restrictive. In general, family caregivers are often still not allowed in to help.
Institute a minimum care standard	F	No movement on this. In fact, staffing levels are worse than ever.
Halt expansion of for-profit long-term care	F	No movement on this.