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February 19, 2021

Hon. Merrlee Fullerton
Minister of Long-Term Care, Ontario
6th Floor, 400 University Avenue
Toronto, ON M5G 1S5

Subject: Re-Imagining Eldercare in a Post-COVID Ontario

Dear Minister Fullerton,

At this most challenging time in Canada, we recognize that the Long-Term Care (LTC) sector requires urgent support to deliver meaningful and positive outcomes through this crisis and beyond.

We write to you today as a group of academics, operators, health system leaders, clinicians, and designers to propose responses in the Elder Care sector across the province. The unprecedented $1.75B in investments into the LTC sector proposed by the Government of Ontario provides an invaluable opportunity to achieve positive and meaningful change and creating resiliency in the built environment within our LTC communities.

Working together through a series of roundtable discussions, we have developed a series of early-actionable recommendations for the Government's consideration as it responds to the immediate urgency across the sector:

1. Balance investments between long-term care settings, home-based care models, and consider other known hybrid programs which are successful in supporting a variety of care needs.
2. Transition LTC care out of large, institutionalized settings into residential and neighborhood community level responses to support dignified aging across Ontario.

3. Explore proven home care models, such as Southlake@Home, an innovative transitional bundled care program in northern York Region that is driving positive outcomes.
4. Consider data-driven design strategies to ensure that existing and new congregate living settings prioritize home-like qualities and maximize mobility, quality of life and their overall resilience.
5. Promote empathic design across the built environment to provide a user-centered approach which will benefit residents, families, and staff.
6. Ensure that investment planning is undertaken at a system-wide level to deliver material benefits across the long-term care sector.

In addition to these high-level recommendations, a range of design and built environment considerations were discussed with the Ontario LTC Commission on February 10, 2021.

As an immediate step towards providing certainty to long-term care residents and families across Ontario, this expert panel would be pleased to engage with the province in developing the paradigm shift required to support aging for all, now and into the future.

Respectfully Submitted,

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Shirlee Sharkey, **SE Health**
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Paul Moyer, **CleanWorks**

cc: Deputy Minister, Richard Steele
Blair Hains, Chief of Staff

Enclosure:

Re-Imagining Eldercare in a Post-COVID Ontario

With vaccine production and distribution underway and expanding, Ontarians are understandably and cautiously optimistic about the prospect that we may soon emerge from beneath the cloud of this unprecedented global COVID-19 pandemic. The disproportionate impact on Ontarians residing in Long-Term Care (LTC) homes has identified many structural vulnerabilities within the systems and infrastructure underpinning this critical sector. While pandemic response has challenged governments to respond with urgent solutions within the systems and processes already in place, Ontario is at an unprecedented juncture with the opportunity to deliver positive change towards achieving resiliency in LTC homes, operations, and care-models.

The Government of Ontario has committed an unprecedented $1.75 Billion over 5-years to strengthen and modernize Long-Term Care in Ontario, driven in large part by the urgency to respond to the COVID-19 pandemic. This level of financial commitment from the Province has the potential to bring about a paradigm shift in long-term care, which Ontarians have long been long advocating for.

Re-Imagining Elder Care in a Post-COVID Ontario was a Roundtable hosted by Jacobs giving an opportunity for thought-leaders from the infrastructure and healthcare sectors to collaborate and share ideas on how the Province could best focus these planned investments in a manner which helps deliver meaningful change and sustainable solutions that enhance the quality of life for Ontario's elder population.

The strategies followed by the Province must move us collectively from thinking beyond physical capacity at these facilities towards identifying updated standards and design guidelines that align to current and upcoming clinical approaches to address the challenges faced by LTC residents living with both physical and cognitive impairments.

Setting the Stage with New Perspectives:

In the broadest sense, "care" can be considered the provision of whatever is necessary to ensure the health, welfare, maintenance, and protection of someone or something. In her book, Elderhood, Geriatrician Louise Aronson describes an individual's progression from independence, to interdependence to complete dependence, "life's third act". Within this context, the LTC facilities themselves represent just a small portion of this journey. As the author writes, "at the very moment that most of us will spend more years in elderhood than in childhood. we've made old age into a disease, a condition to be dreaded, disparaged, neglected and denied." In planning for long-term care, albeit with the best of intentions, we have conflated the idea of "care" with "medical-care".

As the province deals with the current pandemic and sets in motion its impressive investment goals within the LTC sector, there is an urgent need to pivot from the practices and approaches of the past towards a new way of looking at eldercare to benefit not only the 78,000 Ontarians now living in LTC homes, but just as importantly, the hundreds of thousands of elders living outside of these facilities.

Absence of Choice

While initially it appears to be a contradiction, governments ought to be working to create great long-term care homes, while at the same time working to make them obsolete.

Studies have confirmed that given a choice, the elderly would prefer to stay in their own homes. As a result of the trajectory that takes the elderly from their homes to hospitals, too many elderly people are being institutionalized prematurely due to deconditioning that occurs in acute care. Our participants suggested that one in five people currently in residential care could be cared for at home yet find themselves being forced to live somewhere they do not wish to live, and where they do not need to live, simply out of an absence of other viable alternatives.

Home-Based Care

Jurisdictions such as Denmark and the Netherlands have adopted new approaches to caring for their seniors, ones which seamlessly blend care in LTC homes with home-based care.

As proven by the highly successful Southlake@Home program, which has now been replicated in numerous communities across Ontario, home-based care is a viable and effective means to release pressure on acute-care hospitals by returning patients to their homes, with the appropriate supports in place to ensure continued care. Given a choice, patients would more often opt to convalesce at home, unfortunately, the absence of proper supportive and therapeutic care, equipment and training for family members makes this a difficult journey for family members and those having to care for the elderly or frail. Studies have proven that with similar supports, the elderly could remain in their own homes longer, or families may be better equipped to look after their elderly relatives in their own homes, similarly releasing pressure on the LTC system.

Better Planning for Cognitive Impairments

A significant number of residents in LTC homes struggle with some degree of cognitive impairment. Historical approaches to design have used the built environment as a means to provide a physical restraint to keep people in and thereby, ostensibly, safe. However, by solving one problem, with the best of intentions, planners have unintentionally created instances of increased isolation and reduced mobility, which then triggers a myriad of other challenges for residents and caregivers.

More current evidence-based research has shown planning and architecture to be key determinants of health. The built-environment must be considered an important parameter of care, alongside medical interventions. LTC design can move beyond bricks-and-mortar solutions by considering data driven design ideas to inform health-based outcomes.

> **"Governments should be helping to create and provide the best and most innovative long-term care facilities possible while simultaneously working to render them obsolete."**
>
> *William Egi, Alexis Lodge Retirement Residences*

Creating a Seamless Continuum Between the Building & the Site

LTC homes are first and foremost, homes; they are sometimes a necessary replacement for an individual's personal home environment.

However, many have more of an institutional atmosphere where success is measured by counting the number of beds provided, failing to acknowledge the importance of providing appropriate staff space and outdoor space for residents to enjoy. Improved design and planning of the physical space provides a safer and better work environment for staff who can then provide the highest levels of care to the elderly in both types of facilities. Outdoor space improves mental and physical health for residents, and assists with staff wellbeing and retention.

Promoting Empathic Design in the LTC Sector

Empathic design, a user-centered design approach, seeks to understand the physical environment through the eyes of the end-users. By understanding the challenges which the elderly encounter in their day-to-day lives, designers can appreciate the experience of those with physical and/or cognitive challenges. The built environment is an instrumental therapeutic component of the healthcare experience; while architecture appears passive, in reality it has a strong active dimension as it can inhibit or promote certain behaviours which strongly influence the overall healthcare experience.

While infectious outbreaks are known to occur in these settings with medically complex residents and frequent staff throughput, transforming LTC homes into more clinical and institutional environments is likely a reactive approach to the current pandemic and we urge caution in this area. Alternatively, a proactive framework is recommended whereby the focus is to make these environments more resilient overall, ensuring they do not lose the limited characteristics of home, while also strengthening their ability to manage emergency preparedness.

Ultimately, people want to live where they can maximize their quality of life, whether that is in their homes, in a long-term care home, or in subsidized housing or other assisted living situations. Long-term care is about more than buildings and encompasses the full spectrum of care. While the built environment is a critical part of that full spectrum of care, it must work in tandem with other care delivery models to be successful.

Early Actionable Recommendations:

1.
Avoid over-building in response to the current pandemic

Investments to expand the current supply of LTC beds across the province will only serve to address the current waiting-lists for LTC beds and will do little to make LTC homes any more resilient and ready for emergency preparedness, unless careful attention is also paid to:

- The provision of expanded indoor ancillary spaces which are flexible and decentralized to address both infection control and foster a sense of community. This includes wider corridors for viewing the "streetscape" and encouraging mobility, alongside communal and gathering spaces which can be segregated in the event of outbreaks.
- Expanded dedicated space for staff is critical, including respite spaces, outdoor access and separate flows when possible to maximize infection control.
- Access to well-planned outdoor spaces for residents, staff and visitors.
- Creation of quality accommodation and positive spaces for residents and staff.
- Ensuring investments are guided by empirical data and are evidence based so they are focused on areas where they are most needed, not simply where an opportunity exists.

2.
Resident and community feedback to support choices

Anecdotal feedback indicates a significant cohort of residents would prefer to age in-place over residing within existing LTC homes. Undertaking independent resident consultations across a diverse section of LTC community would provide the feedback to ensure future investments decisions are being made where they will have the greatest benefit and support to the elder population:

- Ensure consultations encompass both public and private LTC homes across urban and rural locations.
- Ensure data gathering is both qualitative and quantitative to capture metrics ranging from fall rates and mortality through to happiness and quality indicators.
- Evaluations to be quantified to inform investment decision making.

"We need to be careful that in hastened response to the current pandemic, that we do not turn LTC homes, which in general look quite institutional, into even more clinical environments, losing what little sense of home residents are able to retain."

Santiago Kunzle, Montgomery Sisam

3.
Devolving compliance and monitoring away from the Ministry of Long-Term Care

Initial feedback from the pandemic has demonstrated that there is opportunity for improvement in terms of monitoring, inspection, and enforcement. Analysing and updating these approaches would help to make residents safer, improve operational efficiency, as well giving emphasis to resident wellness and workforce retention.

Our recommendation would be to consider adopting a system of routine building condition assessments, along with assessments of operational effectiveness and resident wellness across all LTC homes carried out by local health system partners.

Establish regular assessments to inform decision-making related to the allocation of capital investments:

- Ensure provincial capital funds and other grants or transfer payments are allocated first and foremost towards addressing identified deficiencies.
- Assessment and compliance functions undertaken by organizations that are part of the local healthcare system. Embedding these functions with groups that a hold a vested interest in the LTC home, improving outcomes for residents.
- Consider implementing more robust accreditation and rating systems such as those provided through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in the U.S. or the Aged Care Quality and Safety Commissioner.

4.
Continually evolve standards based on current knowledge and global best practices

The opportunity to change the paradigm from the historical standards should not be underestimated. Looking to global best practices, a performance based approach responding to residents quality of life indicators along with satisfaction feedback would amplify the opportunities for improvements across the sector.

- **New Beds** - built since 1998 to current design standards
- **"A" Beds** - built prior to 1998, but almost meet current standards
- **"B" Beds** - substantially exceed 1972 standards but do not meet "A" Bed criteria
- **"C" Beds** - meet 1972 design standards
- **"D" Upgrades** - upgraded through the 2002 D Bed program but do not meet the 1972 design standards
- **"D" Beds** - do not meet 1972 design standards

- Acknowledging the fragility of "standards", the opportunity to focus on an "open-source" approach that continually aligns performance and positive outcomes to current knowledge and industry best-practices.
- Through engagement of industry experts, urgently develop a "Version 2.0" of the current 2015 standards to address elements dealing with infection control emanating from the ongoing COVID-19 experience.

5.

Implement Asset Management Practices and Principles

The Government of Ontario has responsibility for nearly 630 LTC homes across the province, a number that is targeted to increase multiple times with current planned investments. Key is to ensure that through either ongoing investments or one-time investments driven by pandemic response, that the right balance is struck between performance improvement, risk reduction and cost optimization:

- Utilizing the findings of regular assessments, develop annual Capital and Improvement Plans identifying planned investments and related CapEx and OpEx requirements.
- Identify strategies for assessing functional obsolescence and the winding down of these facilities, acknowledging that the cost to upgrade infrastructure may exceed the material benefits.

6.

Pursue value-based procurement that emphasizes evidence-based, user-centered design principles

The Government is encouraged to follow a value-based procurement framework which builds on evidence to strengthen capital investment decision-making. In this regard, evaluation criteria which reward empathic and positive design principles will help strengthen the LTC sector.

- Ensure output specifications and procurement evaluation criteria reward evidence-based design considerations.
- Seek to create a continuum between the building and the site, and the adjacent community.
- Consider design options that leverage the concept of LTC Campuses, as opposed to simply LTC homes.

7.

Move away from tallying of "beds" and focus on "homes"

Within the current planning process(es), bed counts has been the primary metric. A broader planning perspective looking a homes would be beneficial and ought to consider other important factors as well.

- Current procurements that focus on adding a specified number of beds should be dispensed with and the focus placed on the number of new homes built, the quality and makeup of their features including the living quarters, common areas and outside areas.
- Planning should move away from the narrow focus on beds to ultimately capture "neighbourhoods or campuses" features such as access to adjacent services such as libraries or gathering places to promote the inherent value of the "life around you" model.

"The built environment should be considered a parameter of care, akin to a medical intervention, and as dramatic as putting a needle in someone's arm for a vaccine."

Dr. Diana Anderson, Jacobs

8.

Consider balanced investments in LTC homes as well as home-based care models

Building on the success of the Southlake@Home initiative and leveraging other similar models such as the LTC@Home model developed by SE Health, the Government is encouraged to take a system-wide, programmatic approach to investment planning, including investments in LTC homes and home-based models of care as well. Directed by a "life-course" perspective and acknowledging that many LTC residents would prefer to remain in their own homes, balanced investments in LTC homes, as well as the development of a robust program of investments to encourage and support home-based care are encouraged as they will lessen demand for LTC homes while also reducing stress on acute-care hospitals.

- Pursue options for homeowner grants to allow families to upgrade their homes with safety and other features essential to allowing the elderly to age-in-place.
- Develop an inspection program to safeguard the integrity of such public investments to ensure they are achieving the intended outcomes.
- Give consideration to opportunities for intermediate housing and care such as Programs of All-Inclusive Care for the Elderly (PACE) and Adult Day Health & care Services.

9.

Establish a Long-Term Care Modernization Secretariat

As outlined in the report, and detailed in the preceding recommendations, a programmatic approach to investment planning, as well as data-driven decision-making will be essential to fully leveraging the Government's $1.75B investment into the LTC sector. It is recommended that the Government establish a dedicated Secretariat tasked with carrying out this work and more importantly, coordinating critical interfaces between the Ministries of Health and Long-Term Care, Infrastructure Ontario and other intergovernmental agencies and stakeholders.

Roundtable Participants

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