



**INFORMATION BULLETIN: TESTIMONY TO LONG TERM CARE COMMISSION
BY THE CANADIAN INSTITUTE FOR HEALTH INFORMATION**

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- Among the 573 homes that submitted survey responses, 179 homes reported a COVID-19 outbreak involving one or more residents before July 1, 2020.
- Of those homes, 66 reported that 20 percent or more of their residents were infected with COVID-19 during the outbreak.
- In total, 102 homes reported at least one resident death.
- 26 of those homes experienced a very severe outbreak, where 20 percent or more residents in the home died.
- To put that in context, those 26 homes -just 5 percent of survey respondents, account for almost half of all resident cases of COVID-19 in the first wave, and just over half of all resident deaths due to COVID-19. (Pg. 20)
- The strongest risk factor for COVID-19 outbreak in a facility in the first wave of the pandemic is poor quality of care in the year prior to the start of the pandemic. (Pg. 24)
- We also found that homes belonging to large chains made up of ten or more homes in the province of Ontario, were more likely to experience an outbreak.(Pg. 24)
- Homes with more nursing staff per resident, not in terms of full-time equivalence, but in the sheer total number of staff that belong to the home that are on the roster, were less likely to experience an outbreak. (Pg. 24) “facilities with more nursing staff, including nurse practitioners, RNs, RPNs and PSWs was protective.”(Pg. 81)
- **How was quality of care in the facilities determined?** Quality indicators, “which are risk adjusted based on resident characteristics and they are reported publicly through CIHI's YourHealthSystem.cihi.ca system.” Nine quality indicators that are publicly reported. They looked to see if “a home was in the bottom 20th percentile on that quality indicator. We then count the number of quality indicators where the facility was in the bottom 20 percent, and that's what we've reported here.” So facilities that have poor quality of care in the year prior, those are facilities who performed in the bottom 20 percent on four quality indicators.” (Pg. 25) “facilities belonging to large chains, and those with a medical director that was present infrequently had worse outcomes.” (Pg.82)
- Researchers observed no association between likelihood of an outbreak and access to paid sick time by staff; the means of access to a certified infection control professional; percentage of staff that were trained in infection prevention and control; and the clinical complexity of residents that live in the home. (Pg. 32)

- “another analysis has looked at it in terms of full-time equivalence, and they did not find a difference in terms of full-time equivalence on the odds of experiencing an outbreak.”(Pg. 32)
- “The differential experience of outbreaks in homes was not caused by some homes having more intensive residents than others. In fact, it's not about the resident characteristics that explains why some homes have outbreaks versus others.” Not much variation was observed in the overall profile of residents. (Pg. 38)
- **Major causation of COVID outbreak:** Large chains, ten or more homes; Greater number of residents; Located in a public health unit with more COVID-19; and, Poor performance by homes on publicly reported quality indicators. (Pg. 41)
- “Residents in homes where the medical director was present less than one day per week were at greater risk of infection.” (Pg. 44)
- “homes built using older design standards and homes that are located in an area of the province with high community incidence of COVID-19, were at greater risk of infection.” Associated factors were “whether or not the facility found themselves 25 percent short personal support workers on any given day between March and June. The second is whether or not the facility made use of personal support workers provided by an agency on seven or more days in a given month between March and June.” **What's notable in this full model is that after adjusting for those two staff shortage variables I just discussed, the effect of older design standard is no longer statistically significant.**” (Pg. 44)
- **Explanation:** “if you fail to account for whether or not the facility was short PSWs, or whether or not they used agency PSW staff, then the model on the left-hand side, which does not include those factors, suggests that older design standards are associated with greater risk of infection. However, after you account for those two staff shortage variables that's on the right, you see that older design standard is no longer significant.” (Pg. 44/45).
- “We need stronger clinical resources in addition to the personal care resources we get from PSWs”....”most of us would expect in a healthcare organization that the correct medical resources are in place to meet the needs of the people being served. And this suggests that homes that had inadequate medical resources ran into more trouble. (Pg. 51/52)
- Three quarters of care that residents get is provided by PSWs; registered nurses are a quarter or less (Pg. 55)
- “residents that live in municipal homes had lower risk of infection than residents that live in not-for-profit homes.” In the final model, that effect was no longer statistically significant. “(Pg. 57)
- 26 homes that experienced very high resident mortality - those 26 homes, just 5 percent of the survey respondents, account for more than half of the resident deaths in the first wave of the pandemic.(Pg. 74)
- Two risk factors were identified for very high resident mortality - whether or not the facility was short 25 percent of their PSW staff on any given day between March and June and whether or not the facility used agency staff on seven or more days in a given month between March and June. (Pg. 75)

- Implication that Ontario has an outdated information system – “The other is to move Ontario to a more current version of the clinical information, so we can have real-time data rather than data that we get on a batch basis that are live.” “having better quality data leads to evidence that we can use to inform decision making that may be more targeted. (Pg. 79)