

June 23, 2020

The Honourable Merrilee Fullerton
Minister of Long-Term Care
Ministry of Long-Term Care

Delivered by email

Dear Minister Fullerton,

I am writing on behalf of occupational therapists working in Ontario's long-term care homes to share the impacts of the current pandemic on access to occupational therapy for residents in homes and to request your support to address the barriers that restrict delivery of the necessary occupational therapy services that residents need.

Most occupational therapists providing occupational therapy services in Ontario long-term care homes are engaged as independent contractors by a home for a set number of hours per week. Typically, these contracts limit services to a few hours in a home each week; our surveys would indicate that an average might be 5 hours per week for a home of 180 residents. As a result, in order to secure a reasonable income, occupational therapists have multiple contracts with a number of homes. While this is not a satisfactory arrangement at the best of times, the COVID-19 pandemic has underlined the vulnerability of this staffing model in the long-term care home sector. The government's and CMOH's Directive #3 Long-Term Care Homes and Regulation 146/20 set in place restrictions to the number of homes in which staff can work. There is advice that LTCHs should limit the number of sites contractors work in wherever possible. This has required occupational therapists to select a single home in which they can provide essential in-person services, leaving others with no access to in-person services at all.

By way of example, I am an OT working in 6 LTC homes before the emergence of the COVID-19 pandemic. I have consulted with both the Ontario Society of Occupational Therapists (OSOT) and the College of Occupational Therapists of Ontario (COTO) regarding how best to follow the MOH and CMOH directives (Directive #3 and Regulation 146/20) regarding OT services in LTC. As I am a self-employed contractor to 3 different third party providers who are contracted to provide OT services to LTC homes and a private contractor to 2 LTC homes; I am not an employee! I have abided by the spirit of the MOH Directive #3, and currently provide essential in-person OT services to ONLY ONE LTC home and have been attempting to provide remote/virtual services to the other 5 LTC homes. It has been the clear expectation of the one LTCH to which I am providing in-person services (based on Directive #3), that I was allowed to only provide services there and at no other LTC home. While following the directives, despite my best

efforts, I have not been able to provide reciprocity in the delivery of OT services to the 5 other LTCs (a pool of approximately 700 residents) during this time, as the on-site resources do not exist to sufficiently assist me to conduct thorough OT assessment and treatment virtually. Once again, occupational therapy services in LTC and the residents to which I normally provide services are the victims of the unintended consequences of the MOH Directives.

Two of the LTC homes to which I have been providing remote services are requesting that I resume on-site, in-person OT services for their current residents and for the deluge of residents who will be re-admitted from Hospital and new residents who will be admitted to the current empty beds as a result of the recent amendment to Directive #3, allowing for admissions from hospital and the community based on strict criteria. At the same time, the one LTCH to which I provide on-site OT services is stating that I must continue to provide on-site services at ONLY ONE LTC home. From updated MOH Directives and Regulations, I have not been able to determine if I am able to return to providing on-site, in-person essential OT services in multiple LTC homes. My consultation with OSOT and COTO about this matter has not provided definitive answers. OSOT received guidance from the Emergency Operations Centre;

[Directive 3](#) and [Ontario Regulation 146/20](#) require staff to limit work locations for those who are employees of the long-term care home. Wherever possible, employers should work with contractors and volunteers to limit the number of work locations that contractors and volunteers are working at, to minimize risk to residents of exposure to COVID-19. It is up to the discretion of the home to determine how to manage staff and services with the intent to minimize risk to residents of exposure to COVID-19.

You can appreciate that leaving it to the discretion of any one home to determine how to manage services makes it difficult to coordinate access of occupational therapy services over a sector. We believe that there needs to be Ministry of Long-Term Care guidance to ensure that residents are able to access the essential occupational therapy services that homes are required to provide under the LTCHA.

I am aware that Nurse Practitioners are providing in-person services in multiple LTC homes and suggest that OT services could be provided in multiple LTC home in a similar manner. Should I be able to resume on-site OT services at multiple LTCs, I would continue employing the current IPAC and PPE guidelines and would continue to be regularly tested for COVID-19, as required. As regulated health professionals, occupational therapists are bound by regulatory standards and the guidance of the College of Occupational Therapists of Ontario in relation to re-opening of occupational therapy services during the pandemic which assures risk mitigation strategies are clearly defined and that occupational therapists would be working under the guidance of both the College and the directives/policies of the long-term care homes in which they work.

The chronic underfunding of OT services in LTC, (5 hours per week for a 180 bed LTC home) does not allow OTs to limit their in-person interaction to the residents of only one LTC and adequately earn a living. And, the restrictions imposed while dealing with COVID-19, in conjunction with the state of funding of OT services, has severely limited the access of LTC residents to essential OT services that prevent decline, illness and injury.

The Society urges the Ministry to deliver clear direction to homes to enable access to essential occupational therapy services required by residents. This issue has become critical as new admissions are entering LTCHs. We request your immediate attention.

I am happy to discuss this further. You can reach me or Christie Brenchley, Executive Director at osot@osot.on.ca or at 416-322-3011.

Sincerely,



Joanne Kular, OT Reg. (Ont.)
Chair, OSOT Long-Term Care Team

cc. Effie Triantafilopoulos, Parliamentary Assistant, Long-Term Care
Richard Steele, Deputy Minister, Ministry of Long-Term Care
Brian Pollard, Assistant Deputy Minister, Long-Term Care Home Operations
Janet Hope, Assistant Deputy Minister, Long-Term Care Policy



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