Report of The Provincial Implementation Plan Team for the Report of The Maples Personal Care Home Covid-19 Outbreak

30-Day Report

Respectfully Submitted to the Minister of Health and Seniors Care

March 5, 2021

Manitoba

INTRODUCTION

In October 2020, the Maples Long Term Care Home in Winnipeg, Manitoba experienced a significant COVID-19 outbreak, which resulted in many resident deaths and numerous cases of illness among residents and staff until the outbreak ended in mid-January 2021. In November 2020, the Manitoba government commissioned an external review of the situation at the personal care home.

In early February 2021, the Manitoba government released the 74-page report of the Maples Personal Care Home COVID-19 Outbreak (Maples report), completed by Dr. Lynn Stevenson RN, former Associate Deputy Minister of Health in British Columbia. The report includes planned actions with timelines based on Dr. Stevenson's comprehensive review with residents, their families, staff, health care practitioners and leadership, and provides an update on actions already underway or completed at the Maples' facility. Following the Maples report's release on February 4, 2021, Minister of Health and Seniors Care (MHSC) Heather Stefanson accepted Dr. Stevenson's recommendations, releasing the following public statement:

> "*I want to extend my deepest sympathies to the residents, family members of residents and the staff at Maples Long Term Care Home for the terrible COVID-19 outbreak at the site that led to so many illnesses and deaths," said Stefanson. "While work has already begun on many of the recommendations at the site and regional level, the review makes it clear there is more work to be done to prevent these same issues from occurring at other sites. We are committed to implementing the recommendations in the review and have asked my department to establish an implementation team and have a plan in place within 30 days…*
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> *While a number of the specific findings have already been implemented, there are other recommendations that need to be implemented not only at Maples, but at other sites and across the health system. Work is underway to develop a plan on how to implement the findings of the review at sites across the province in the longer term as well as how this work can be integrated into the department's new focus on seniors care, as part of Manitoba's health system transformation and Manitoba's Clinical and Preventive Services Plan…*
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> *This work is key to ensuring a range of supports are available for seniors, when and where they are needed… We know there is work to do to upgrade our facilities to support the care needs of personal care home residents. Many facilities are older, and some still have multiple residents in the same room. This has been an ongoing problem for decades. The Manitoba government is calling on the federal government to take action to support some of our most vulnerable citizens and work with us to increase funding under the Canada Health Transfer and develop long-term funding agreements to support seniors care across the province."*
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> HEATHER STEFANSON, MINISTER OF HEALTH, MANITOBA, FEBRUARY 4, 2021

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When accepting the Maples report findings and recommendations, the minister directed Manitoba Health and Seniors Care to develop the implementation plan presented in this document. This plan outlines the response to the recommendations based on operational and system challenges outlined in the Maples report. A provincial team made up of expert representatives with wide-ranging backgrounds in the long-term care sector were assembled to review the findings of the Maples report and guide the development of this plan.

MANDATE OF THE PROVINCIAL IMPLEMENTATION PLAN TEAM

The provincial implementation plan team, referred to here as "the team", was established by direction of the deputy minister of Manitoba Health and Seniors Care. The purpose of the team is to develop this plan within 30 days of the release of the Maples report, outlining how the recommendations will be implemented. The team was tasked to ensure that:

1. All recommendations from the Maples report will be implemented in the plan
2. Applicable recommendations are expanded to all personal care homes (PCHs) in the province
3. The plan is in alignment with the Manitoba Clinical and Preventive Services Plan

Although considered out of scope for the team's mandate, these recommendations may also have additional impacts, and assist to inform other areas of work already underway to transform the Manitoba health system and support seniors, which includes:

- modernization and expansion of the continuum of care of care for seniors, for e.g.:
  - home care services
  - supportive housing
  - support for persons working in this sector
  - enhancement of caregiver supports
  - expansion of self- and family-managed care options
  - building supportive housing capacity
- infrastructure and capital upgrades of PCHs to improve resident care
- review of staffing and funding models for improving services

It is anticipated that the implementation team and leads will be incorporating and aligning these concepts whenever possible with the recommended actions outlined in this report.

MEMBERSHIP OF THE IMPLEMENTATION PLANNING TEAM

The Implementation Planning Team was chaired by Kathy McPhail (RN, BScN, MHA, FHA), a former chief executive officer of Southern Health-Santé Sud for 10 years, consultant with Shared Health on staffing pattern research through Manitoba hospitals (i.e. hours per patient day) (2019) and most recently, the Provincial Long Term Care Lead (2021). The team was made up of a diverse group of representatives from service delivery organizations (SDOs), PCH operators, provincial organizations and MHSC department staff. See Appendix 1.

SCOPE

The Maples report recommendations were made based on the context of care delivered by the Maples Long Term Care Home, a Revera-managed home that is funded through a service purchase agreement (SPA) with the Winnipeg Regional Health Authority (WRHA). Therefore, recommendations in that report mainly focus on that facility and specific health authority. When applying a broader view, the implementation plan team recognized that most of the recommendations should be the applied throughout the province to other sites and health regions, and in some cases, will require the support and action of government. This creates an opportunity to strengthen the quality of care for PCH residents throughout the province.

BACKGROUND

In December 2019, a cluster of cases of pneumonia of unknown origin was reported from Wuhan, Hubei Province in China. On January 10, 2020, a novel coronavirus that causes a disease now referred to as COVID-19 was identified as the cause. The World Health Organization declared a COVID-19 pandemic on March 11, 2020. The Manitoba government declared a province-wide state of emergency under The Emergency Measures Act on March 20, 2020, to protect the health and safety of all Manitobans and reduce the spread of COVID-19.

The first wave of COVID-19 infections saw outbreaks in virtually every province in Canada. Many were small and contained but there were several examples of large outbreaks in Nova Scotia, Ontario and Quebec. Health Canada identified that long term care home residents were vulnerable to COVID-19 infection due to behavioral factors, shared rooms, congregate spaces and transit between other healthcare facilities. Older adults, such as long term care residents and those with pre-existing medical conditions, are also at risk for more severe disease and higher mortality rates when infected with COVID-19.

In September 2020, the Canadian Institute for Health Information (CIHI) released a report entitled *Long-term care homes in Canada: How many and who owns them?* The report noted that as of May 25, 2020, more than 80 per cent of COVID-19 deaths in Canada were in long-term care (LTC) homes (which offer 24-hour nursing care) and retirement homes[1]. Ownership of publicly funded LTC homes offering 24-hour nursing care can be public or private. Privately-owned LTC homes can be subdivided into for-profit and not-for-profit organizations which includes proprietary or religious affiliates.

Maples Long Term Care Home (Maples) is a for-profit (private) 200-bed personal care home (PCH) located in Winnipeg, Manitoba[2]. There is a service purchase agreement (SPA) in place between the Winnipeg Regional Health Authority (WRHA) and AXR Operating (National) LP. On October 20, 2020, a COVID-19 outbreak was declared at the Maples Long Term Care Home in Winnipeg and was declared over on Jan. 12, 2021. In that time, 74 staff and 157 residents tested positive for COVID-19, and there were 56 deaths linked to the outbreak.

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[1] LTC homes with similar characteristics can be called different names across the country, such as nursing homes, personal care homes, continuing care facilities, and/or residential care homes.

[2] Maples Long Term Care Home is a licensed facility operated by AXR Operating (National) LP, an entity owned by Revera together with its joint venture partner, Axium Infrastructure Inc. (Axium), and managed by Revera LTC Managing GP Inc., a wholly-owned subsidiary of Revera Inc.

On November 13, 2020, the Manitoba government engaged an expert advisor to review the outbreak of COVID-19 at the Maples Long Term Care Home and provide feedback and recommendations. The review found that while pandemic plans had been prepared and were in place, the site was not prepared for the significant reduction in available staff once they had been exposed to COVID-19 and were required to self-isolate. In addition, the urgency of Maples' requests for additional on-site staffing supports were not fully understood until the situation became critical. When additional staff were brought in, many were not skilled in providing long-term care services and lacked training in infection prevention and control (IP&C) and specialized housekeeping skills. The report makes 17 recommendations in total. Six are at the facility and two at the regional level, as well as two recommendations for Health Incident Command and one at the Manitoba Health and Seniors Care. There are also six recommendations noted as additional considerations.

DETERMINATION OF RECOMMENDATION ACTIONS

The implementation plan team reviewed the seventeen core recommendations outlined in the Maples report, and provided their unique insights and expertise to examine how these recommendation could be advanced. Early in the process, team members agreed on the importance of recognizing the diversity across PCH settings within Manitoba, and ensuring the plan accounts for the unique organizational culture and history in operations, cultural considerations and sensitivities, geographical location, and the communities in which they operate.

Because the team was aware that the issues encountered at one site in one region can occur in other locations in the province, most of the responses are based on the experts' insights that the issues and solutions are best addressed at a system level, looking at ways to ensure consistency and maintain change across all sites, and support broader integration across the system.

The Maples report includes various actions associated with each of its recommendations.[3] While this report focuses on the core recommendations, it is important that the implementation leads and their teams review those actions at a broader level, similar to what has been done with the core Maples report recommendations as outlined in this report. Applicable actions will be completed through the overall implementation of this plan.

When determining appropriate timelines for addressing each recommendation, the team considered the impact of the current pandemic environment, and acknowledged limited foreseeability of future related events and their impact on system resources and capacity. Therefore, the timelines are subject to the unpredictability inherent within the pandemic trajectory, and some actions may need to be delayed. The team has defined the meaning of each timelines as:

- Short Term: Work will be completed between 0 to three months
- Medium Term: Work will be completed between three and nine months
- Long Term: Work will take longer than nine months

[1] Refer to Appendix 2 for the list of actions outlined in the Maples Report and their current status.

RECOMMENDATION IMPLEMENTATION PLAN

The team respectfully submits the implementation plan, reflecting the outcome of the team's deliberations.

Recommendations 1 to 6

Recommendations:

- Revise the Maples Outbreak Plan to ensure the ability to operationalize it.
- Identify and implement clear care priorities for residents during an outbreak situation, including but not limited to medication management and minimum standards for documentation.
- Mobilize and deploy additional onsite Revera resources at the beginning of an outbreak through to when stabilization is achieved.
- Ensure that regular (daily) on site physician rounds are immediately in place once an outbreak has been declared.
- Recognize that housekeeping is a critical essential service in long term care and ensure it is staffed appropriately during any outbreak.
- Improve communication for stakeholders.

Scope: Site and Service Delivery Organization Specific (province-wide)

Timeline: Short Term

Implementation Lead/Team: A working group led by Shared Health in a coordination role with representation from all SDOs and the diverse range of operational sites, as well as representatives from provincial long-term care associations. The working group will involve subject matter experts from areas such as disaster management, emergency response and infection prevention and control programs.

Key Points

- Focus on site preparedness and readiness (with SDO support) for potential escalation in resource needs associated with an outbreak, and for on-site surge capacity, i.e., the ability to scale up, respond and execute effectively during an outbreak.[4]
- Build a framework consisting of a required set of base criteria that can be customized to each site.
  - Emphasize infection prevention and control measures within the site plan.
  - Ensure ability for nimble execution and implementation.
  - Consider the wide range in organizational culture, historical, cultural and geographical needs, including those of First Nations communities.
- Incorporate learnings and best practices developed during the COVID-19 pandemic, analyzing the LTC system pandemic response via timeline, trigger points and models of care implemented, along with any additional considerations.

[4] For the purposes of this implementation plan, 'outbreak' refers to a significant escalation in morbidity and mortality during a medical crisis such as a pandemic.

- Identify what criteria/circumstances would trigger escalation of requests for support and trigger timely responses to those requests.
- Consider including this work as a requirement of licencing standards and in the context of other external review bodies.

Actions for Consideration and Further Analysis: Establish a standard pandemic level outbreak plan template for all PCH sites that enables site-level customization. It is also suggested that these plans align to regional level planning efforts (see actions for consideration under recommendation 7).

Recommendation 7

Recommendation: Revise the WRHA pandemic plan to ensure adequate support for PCHs in Winnipeg.

Scope: Service Delivery Organizations (All)

Timeline: Short Term

Implementation Lead/Team: Shared Health's disaster management business unit (i.e. Emergency Response System) and include consultation from SDOs (including infection prevention and control professionals), clinical expertise and PCH operators, as well as First Nation PCH operator representatives.

Key Points

- Complete an environmental scan and gap analysis of all SDOs/sites that identify areas that require special attention and/or investments; this will provide opportunity to build a standardized LTC system approach that can be customized to the site level.
- Build a framework consisting of a required set of base criteria that can be customized to each health region.
    - Emphasize infection prevention and control measures within the site plan.
    - Ensure ability for nimble execution and implementation.
    - Consider the wide range in organizational culture, historical, cultural and geographical needs, including those of First Nations communities.
- Examine this work through the lens of residents, their families and site staff, and include their perspective.
- Identify how SDOs can provide support to sites, based on their developing needs during a pandemic situation.
- Provide an overall standard framework, guidance and templates that SDOs and sites can customize to their circumstances.
- Ensure a staffing complement that can be deployed and accessed quickly during an emergency.
- Incorporate learnings and best practices developed during the COVID-19 pandemic, analyzing the LTC system pandemic response via timeline, trigger points and models of care implemented, along with any additional considerations.
- Identify what criteria/circumstances would trigger escalation of requests for support and trigger timely responses to those requests.
- It was noted that this work will be affected by or influence the work in recommendations 1 to 6.

Actions for Consideration and Further Analysis: Establish a standardized pandemic plan for SDOs to ensure resources and support can be deployed expeditiously to PCH sites when applicable to their situation. (See actions for consideration under recommendations 1 to 6).

Recommendation 8

Recommendation: Revise the service purchase agreement between WRHA and Maples.

Scope: Province-wide (all SDOs)

Timeline: Long Term

Implementation Lead/Team: Manitoba Health and Seniors Care Health Services Commissioning branch, with support from the Transformation Management Office, will lead the work relating to any references required in the SPA schedule templates, as part of the planned transformation project.

Shared Health's long term care team will lead the work associated with the medical by-laws and clinical aspects of this work and will inform any recommendations to inform the SPA schedule template project referenced above. This will be developed in consultation with the Medical Clinical Leadership Council and the Provincial Health Labour Relations Secretariat.

Key Points

- Review medical by-laws and medical clinical practices in LTC to ensure medical care (physicians and nurse practitioners) during a pandemic level outbreak.
- Ensure sufficient physician oversight for this vulnerable population and communication to families are in place.
- Obtain clarification on levels of medical authority in situations of pandemic.
- Ensure accountabilities and role clarification in the SPA between sites and their respective SDOs.
- Importance of strengthening site-level infection prevention and control practices through policy and procedures to mitigate outbreak results.
- Ensure the use of a coordinated IP&C approach in identifying and responding to outbreaks.

Actions for Consideration and Further Analysis:

- Request that Manitoba Clinical Leadership Council review medical by-laws and clinical procedures to ensure sufficient physician oversight occurs during a pandemic outbreak.
- Improve the infection control requirements (including the updated medical by-laws and clinical procedures) within the SPA schedule template by ensuring better compliance with infection control polices standards and guidelines.

Recommendation 9

Recommendation: Simplify and clarify communication and decision making roles between WRHA and Health Incident Command Structure Planning Tables.

Scope: Province-wide (all SDOs)

Timeline: Medium Term

Implementation Lead/Team: A working group led by Shared Health that includes the lead for health system integration and quality outcomes to provide perspective into incident command structure.

Key Points

- Clarify the role between provincial, SDO and site level incident command tables.
- Strengthen the communication between PCH site, SDO, and incident command.
- Examine how site issues and concerns can be escalated and addressed expeditiously during crisis.
- Identify triggers for escalation.
- Ensure guidance exists for sites in communicating developing risk when adverse situations are escalating, and that concerns can be addressed expeditiously.
- Consider that risk management program units may be best situated to undertake a deeper examination regarding the bi-directional flow of communication, the chain of decision making, policy development/ implementation, and management of timely responses on a province wide scale during crisis.

- Enable the ability to respond quickly when circumstances shift unexpectedly and require immediate action.
- Ensure pathways of communication are clearly defined to ensure public messaging consistent with on site situations.

Actions for Consideration and Further Analysis: Undertake a comprehensive "lessons learned" evaluation of the Provincial Health incident Command System with respect to structures and operations (communication, decision making, policy development, timeliness) at all levels: provincial tables, SDO incident command tables, PCH sites and operator tables to inform operational improvements for future pan-provincial crises.

Recommendation 10

Recommendation: Coordinate and prioritize the multiplicity of information, directives and guidance documents being pushed out to the PCH sector by a variety of sources.

Scope: Province-wide (all SDOs)

Timeline: Short Term

Implementation Lead/Team: Shared Health

Key Points

- Involve site operations in the process of document development, such as guidelines and policies, to ensure relevance and usability.

- Tighten version control practises to ensure that only the most recent version of the document is available in a centralized location. Highlighting and summarizing new information or changes to existing information met with support.
- Conduct an inventory of current crisis directives and guidance documents.
- Ensure guidelines, policies and other documents are written with the end user (i.e. the PCH operators) in mind. This would include ensuring that the information is relevant, succinct, simple and usable by PCHs.
- Clarify the directive terminology used in the documents (i.e. mandatory versus recommended actions).
- Improve the timing of update release to maximize ability to respond quickly and effectively.
- Minimize the number and frequency of required reports and automate wherever possible.
- Maximize use of digital technology in communications.

Actions for Consideration and Further Analysis: Conduct an inventory of current crisis directives and guidance documents. Continue to update and maintain a centralized source of information for SDOs and sites during crisis level events (including pandemics) to ensure information is succinct, current, applicable, understandable and useable to the PCH sites and operators.

Recommendation 11

Recommendation: Mandate and fund a province-wide healthcare system response for pandemic outbreaks to reduce fragmentation and delays in outbreak response.

Scope: Province-wide

Timeline: Long Term

Implementation Lead/Team: Shared Health's disaster management business unit

Key Points

- Recognize the current chronic challenges experienced in the LTC sector in maintaining baseline staffing levels, and in some cases the reliance on agencies, 'part-time pick-up shifts' and use of overtime to strive to maintain baseline.
- Align policy and legislation with the Canadian Standards Association emergency preparedness standards and ensure adherence to those standards.
- Need to better understand how allied health professional and support staff (i.e. housekeeping, recreation, and allied health) can be addressed in human resource planning. This may include looking at different staffing models.
- Consider establishing an ongoing permanent provincial LTC liaison lead role. (This would also help address recommendation 12).
- Need to enable to rapid deployment of staffing resources when in crisis, such as by having prepared memorandums with unions and emergency orders already on stand-by.
- Explore expanded use of micro-credentialing within the system for crisis situations.

Actions for Consideration and Further Analysis: Undertake a critical state of readiness review and then proceed to the development of a provincial pandemic plan that will provide guidance on how financial and staffing resources will be marshalled and deployed to PCHs in a coordinated fashion during a pandemic outbreak (in alignment with Recommendation 7 Recommendation 14 and Recommendation 15). Also identify the funding mechanisms to mount and implement a system wide pandemic response.

Recommendation 12

Recommendation: Ensure that LTC is an integral part of the continuum of care in the health care system.

Scope: Province-wide

Timeline: Long Term

Implementation Lead/Team: A working group led by Shared Health that includes representation from SDOs, PCH associations and operators, and First Nations-operated facilities, as well as ensuring perspective from the lead for health system integration and quality and Manitoba Clinical and Preventive Services Plan (MCPSP) tables.

Key Points

- Define which key components of the LTC program and clinical services should be integrated.
- Consider the full seniors continuum of care, inclusive of supportive housing, PCH services and other components of elder care.
- Define policy issues in order to understand what the PCH's role within the LTC sector and the continuum of care should be.
- Ensure the role defined is one that can be achieved and executed.
- Fully examine the role of LTC and its integration into the system as a whole.
- Ensure LTC representation at key provincial and regional planning tables.
- Recognize the importance of capital and aged infrastructure design issues in addressing LTC issues in the long term.

Actions for Consideration and Further Analysis: Build on the work underway with the MCPSP and ensure the MCPSP clarifies the PCH's role within LTC and the overall continuum of care in the health care system.

Recommendation 13

Recommendation: Establish a clear system for deployment of infection prevention and control clinical resources during outbreak situations, including COVID-19 and other outbreaks like influenza.

Scope: Province-wide

Timeline: Long Term

Implementation Lead/Team: A working group led by Shared Health that includes perspective from MCPSP tables and MHSC's Licencing and Compliance branch with SDO representatives from (IP&C) professionals.

Key Points

- Provide education and training to build the skill sets before an outbreak occurs.
- There is a need for both site level and regional level infection prevention and control professionals and resources to be available day to day to achieve that level of education and training.
- There is a need for both site-and regional-level infection prevention and control professionals and resources to be available to respond quickly when an outbreak occurs. This is especially true for smaller sites.
- Consider that deploying additional infection and control resources is challenging when baselined resources are not available in the current LTC system.
- Involve Workplace Safety and Health in this work.
- Consider potential learning from Ontario's Infection Prevention and Control program and legislation and/or that of other provinces.
- Consider using the IP&C Canada standards when updating and revising standards in Manitoba.

Actions for Consideration and Further Analysis: Change legislation to require an infection prevention and control (IPAC) program in the long term care system and at PCH sites across Manitoba.

Recommendations 14 and 15

Recommendation:

- Continue to develop and implement a robust PCH workforce plan.
- Review funding for PCHs to ensure that staffing levels and services provided are appropriate to the complexity of current and future residents.

Scope: Province-wide

Timeline: Long-Term

Implementation Lead/Team: A working group led by Shared Health that includes representatives from the Provincial Health Labour Relations Secretariat, PCH operators and associations and SDOs.

Key Points

- Consider that PCHs have consistently encountered challenges in recruiting and retaining staff; reasons include compensation levels, wage compression, labour pool and geographic location.
- Note that current levels of PCH funding creates shortfalls in other areas of operations, such as food and supply costs, capital and infrastructure renewal costs, insurance and liability costs.
- Consider how other jurisdictions are making adjustments in their PCH staffing models.
- Consider training needs to ensure an appropriate level of workforce availability.
    - Expand education and training options, mode of delivery and availability.
    - Ensure that position responsibilities continue to meet PCH needs.
- Consider additional "laddering" educational programs. Explore the expanded use of micro-credentialing within the system for crisis situations.

- Consider the importance of using allied health professionals (e.g., social work) during such events.
- Develop a working environment where all staff work to scope of practice.
- Consider that research conducted by Manitoba Association of Residential and Community Care Homes for the Elderly (MARCHE) in 2019 on staffing and financial sustainability remains current and appropriate as a reference resource.

Actions for Consideration and Further Analysis: Ensure that the MCPSP will address PCH workforce planning issues and challenges.

Recommendation 16

Recommendation: Review and streamline the licensing standards for PCHs to ensure currency and applicability to the changing needs of residents.

Scope: Province-wide

Timeline: Long Term

Implementation Lead/Team: MHSC's Licencing and Compliance branch will lead the work. The branch will engage with Shared Health, LTC leads across Manitoba and other stakeholders.

Key Points

- Consider that existing standards may be too broad and may need to be updated more often.
- Emphasize the importance of incorporating standards into daily operations.
- Review the current inventory of required paperwork and record keeping attributed to the year-over-year preparation for standards visits.
- Explore an automated method of record keeping and reporting for such standards requirements as fire safety and staff education elements, etc.
- Consider an elevated role for unannounced site inspections.
- Explore the potential for combined site inspection visits (e.g. with public health inspectors), and a greater role for use of digital technology.

Actions for Consideration and Further Analysis: Ensure the licensing standards are streamlined, current and applicable to the ever-evolving and increasingly complex needs of PCH residents.

In addition, when completing on-site standard visitations, ensure an abundance of attention is focused on the LTC resident's quality of life and care.

As well, it is imperative that ways and means be developed for on-site standards visits to assess the "regular and every day" life in a PCH as well as the prepared for visit.

Recommendation 17

Recommendation: Given the impact of an outbreak of this magnitude, work must be done to rebuild trust with families. Consideration must also be given to the staff who have been negatively impacted by the experience and the amount of media scrutiny. This will require a multifaceted and ongoing approach to ensure healing and sustainability.

Scope: Province-wide (all SDOs)

Timeline: Medium Term

Implementation Lead/Team: MHSC Quality and Citizen Engagement branch and Communication Services Manitoba will co-lead a working group to improve how communication will be conducted with families during a significant outbreak event.

The chief operating officer of the Mental Health and Additions office at Shared Health will lead the work to support the healing of the staff. This will be conducted in the short term.

Key Points

- Following this pandemic, there is a need to ensure understanding of the role of long-term care for the public and families.
- Identify and apply best practices on how to support staff and rebuild trust with the families.
- Require communication plans both at site level, as well as at SDO and provincial levels, that are coordinated and detailed when in times of crisis. (Links with recommendation 6).
- Recognize the effort and dedication of staff when communicating during an outbreak.
- Ensure mental health supports are available to the staff when an outbreak first occurs as well as ongoing and post outbreak.
- Clarify the various roles in communicating the ongoing efforts to manage the outbreak (i.e. provincial government, SDO, site operators).
- Ensure there is a spokesperson who fields media inquiries and communicates in time of crisis.

Actions for Consideration and Further Analysis: A comprehensive communication plan will be developed to rebuild the trust of families and the public in Manitoba's LTC sector. It will focus on ways to explain the role and operations of long-term care to support understanding and regain confidence in the system.

As well, supports and programs will be put in place to assist staff, residents and families to heal from the trauma of this pandemic so emotional and mental stability is gained and sustained into the future.

NEXT STEPS

This report sets out the initial direction on how the recommendations of the Maples report, including those listed under Appendix 2, will come into effect. The critical work of implementing these changes will occur in the months ahead. The implementation teams and leads will need to be struck and be tasked to examine these complex issues, understand the inter-dependencies of the work, and execute their plans to address the recommendations identified in the Maples report.

Implementation teams will be expected to initiate and report back on their progress after the next 60 days. This will be done to accommodate the mandated 90-day reporting time frame.

CONCLUSION

Manitoba Service Delivery Organizations, Shared Health Manitoba and Manitoba Health and Seniors Care are committed to completing the recommendations within the proposed timelines. The Manitoba government is grateful for the involvement of Maples Long Term Care Home residents, their families and its caring staff and their role to date in helping improve long-term care services in Manitoba. Recommendation implementation across the province requires the efforts and dedication of many health care providers, administrators and staff throughout Manitoba. Through collective efforts, dedication and commitment, Manitoba health care organizations can work together to prevent tragedies, such as the tragic outbreak and loss of life at Maples Long Term Care Home and other PCHs in Manitoba, from occurring in the future.

APPENDIX 1: IMPLEMENTATION PLAN TEAM MEMBERSHIP

Service Delivery Organizations	
Winnipeg Regional Health Authority	Hana Forbes, Executive Director of Long Term Care, Rehabilitation, Healthy Aging and Seniors Care
	Molly Blake, Program Director of Regional Infection Prevention and Control Program; member of Provincial Health Incident Command System structure, IP&C Operations Lead
Northern Health Region	Cam Ritzer, Executive Director Allied Health and Long Term Care, Chief Allied Health Officer
Prairie Mountain Health	Pam Gulay, Director of Health Services - Long Term Care
Interlake -Eastern Regional Health Authority	Jo-Ann Welham, Interim Acting Vice President Community Services
Southern Health - Santé Sud	Marianne Woods, Director Health Services (Personal Care Home)
Shared Health	
Shared Health	Joe Puchniak, Provincial Clinical Service Lead for Seniors and Rehab
Operators	
Revera LTC Inc.	Sally Rakas, National Director of Clinical Support
	Jason Chester, Vice President of Operations West
Actionmarguerite	Charles Gagné, Directeur général/Chief Executive Officer
Bethania Mennonite PCH and Pembina Place Mennonite PCH	Gary Ledoux, Chief Executive Officer
ExtendiCare	Ronald Parent, Regional Director for Manitoba and Saskatchewan
Manitoba Association of Residential and Community Care Homes for the Elderly	Laurie Cerqueti, Chief Executive Officer, The Saul & Claribel Simkin Centre
Long Term and Continuing Care Association of Manitoba	Jan Legeros, Executive Director
Manitoba Health and Seniors Care	
Policy and Standards Branch	Brie DeMone, Executive Director
	Laura Morrison, Director
	Kimberly Weihs, Senior Policy Analyst
Health Services Commissioning	Scott Murray, Executive Director
	Michele Mathae-Hunter, Director
Financial Commissioning	Rhonda Hogg, Executive Director
Licencing and Compliance Branch	Laurie Unrau, Executive Director
	Kathy Kelly, Standards Consultant
Planning and Knowledge Branch	Barb Wasilewski, Executive Director
	Janie Peterson Watt, Senior Policy Analyst

Project Team	
Project Sponsor	Barb Wasilewski, Executive Director
Project Manager	Shawn McKinney, Senior Policy Analyst
Project Team Member	Michelle Turnbull, Senior Policy Analyst
Project Team Member	Cheryl Osborne, Senior Policy Analyst
Administrative Support	Aniway Pascual, Administrative Assistant

APPENDIX 2: ACTIONS UNDERWAY

The following actions are associated with recommendations in the Maples Report and reflect the timelines and status at the Maples Long Term Care Home. The implementation teams will review each of these actions for relevancy to broader applicability within the provincial health system.

Recommendation	Action	Timeline	Status
1	Determine critical roles and responsibilities during an outbreak and ensure redundancy for these critical roles within the assignments	NA	complete
1	Identify the leader for response during an outbreak	NA	complete
1	'Skill up' security and general labor staff before an outbreak	short term	underway
1	Determine what constitutes a current or pending staffing issue (triggers) and ensure response occurs	short term	underway
1	Identify and implement increased direct care and housekeeping staff during an outbreak	short term	underway
2	Identify care parameters that will be paused or monitored during an outbreak	short term	underway
2	Have a clear care plan for each resident before an outbreak that includes personal directives, vital medications, hydration directives, etc.	short term	underway
5	Augment housekeeping staff with individuals skilled and knowledgeable in PPE and enhanced cleaning standard operating procedures	short term	underway
5	Ensure housekeeping staff are assigned to specific wings in the building to reduce spread	short term	underway
5	Enhance waste management, including: Adequate waste receptacles and skilled staff to complete waste removal, such as PPE	NA	Complete
6	Revise the Maples outbreak communication plan to proactively clarify to families what information they will receive, frequency of contact, and by which route it will be provided in the event of an outbreak. This recommendation should also be considered at the system and regional levels	short term	underway
6	Consult families in development and revision of the outbreak communication plan	Unknown	Not started
7	Implement the SWAT approach for response to outbreaks outlined in the September 29, 2020 COVID-19 PCH Staffing Triggers document, including Deployment of onsite expertise in infection prevention and control, older adult clinical care, Community IV team, palliative care, nurse practitioners, logistics, and leadership	short term	underway
7	Provide clear and comprehensive care priority guidelines that are to be implemented by PCHs during an outbreak	NA	complete

Recommendation	Action	Timeline	Status
8	Clarify and strengthen the expectation for medical (physician) oversight during a PCH outbreak situation as per requirements outlined in Schedule A	short term	underway
8	Review existing PCH medical bylaws to ensure appropriate physician oversight for this vulnerable population and communication to families	short term	underway
8	Clarify and strengthen infection prevention and control expectations, which are critical in any PCH both before and during an outbreak	short term	underway
10	Ensure that there are guidelines around the clinical care management of COVID positive patients in LTC	short term	underway
10	Develop scripts or templates that specifically and concisely identify the critical information required for appropriate responses during an outbreak. For example, include questions such as. "what is your current staffing per shift for the next 48 hours" rather than "are there staffing concerns"	short term	underway
10	Review cohorting guidelines for facilities where residents have individual (not shared) rooms	short term	underway
10	Identify and establish a 'single source of truth' for where decisions are made and where information, directives, and guidance documents are housed	short term	not started
10	Focus on streamlining, simplifying and communicating the critical guidelines and directives that are to be implemented in an outbreak situation. It is impossible given the limited resources at PCHs to ensure adherence to a multiplicity of complex directives and guidelines without clear prioritization	NA	complete
11	Have PCHs represented at the HICS [Health Incident Command Structure] table	short term	underway
11	Clarify roles and expectations of HICS and regional structures	short term	underway
11	Establish clear triggers for emergency response to staffing	short term	underway
11	Remove barriers for staff mobility: Ensure that appropriate memoranda of understanding with unions are in place for the entire sector should broad deployment or redeployment be necessary, recognizing that some PCH's have their own agreements	short term	underway
11	Remove barriers for staff mobility: Ensure that the process for implementing single-site exemptions is responsive to emerging staffing needs	short term	underway
11	Remove barriers for staff mobility: Consider drafting emergency orders for deployment or redeployment of staff for use in case of emergencies	short term	not started

Recommendation	Action	Timeline	Status
12	Consistently and comprehensively include PCHs in all aspects of health system planning, programming, and resource allocation	unknown	unknown
13	Build a provincial inventory of system-wide certified IPAC [infection prevention and control] resources with criteria for deployment and expected actions during outbreaks, including staff that are working in non IPAC roles	unknown	unknown
13	Pre and post-outbreaks, ensure proactive and ongoing visits and collaboration with PCH to ensure preparedness in basic IPAC practices	unknown	unknown
13	Given ongoing changes that occur in IPAC practices, a provincial approach to IPAC expert resourcing may be necessary with a clear mandate, reporting structure and accountabilities. Additional resources may be necessary.	unknown	unknown
14	Recruitment strategies must include the value of working in seniors' health, one of which is reasonable remuneration	unknown	unknown
14	Relying on staffing agencies to supply staffing to PCHs is not sustainable or desirable	unknown	unknown
15	Given the complexities of outbreak situations and the increased needs of very ill residents, increases to staffing ratios for nurses and HCA are important to consider	unknown	unknown
16	Prioritize licensing standards to ensure emphasis on critical clinical care standards that must be reviewed every two years	unknown	unknown
16	Develop and implement metrics for clinical care standards that impact quality and safety for residents and report these out to the public	unknown	unknown
16	Align Service Purchase Agreement expectations and accountabilities with the licensing standards	unknown	unknown
17	Rebuild trust with families.	Medium term	In progress