



Telephone Town Hall: VHA's Response to COVID-19
Keeping Clients, Families and Staff Safe
Monday, October 19th, 2020 | 4:00 – 5:00 PM EDT

With Carol Annett, VHA's President and CEO
Kathryn Nichol, VP, Chief Nursing Executive
Kelley Myers, VP, Human Resources
Barbara Cawley, VP, Client Services

Opening Remarks from Carol Annett, VHA's President and CEO

Thank you for taking the time to join today's Town Hall Call and for the many thoughtful questions submitted. I hope many of you were able to spend a few minutes outdoors on the weekend to look at the beauty of the colourful fall leaves. My remarks will be brief to allow for plenty of time to answer all your questions directly.

This continues to be an unprecedented time for all of us – it is complex, challenging, filled with uncertainty. We have seen throughout this pandemic that the science and our knowledge of the virus continues to evolve and many of us are probably feeling like the guidance we are hearing is constantly changing. As VHA receives information – whether it is suggested practices or specific directives from Public Health officials, the Ministry of Health and/or our funders we carefully review this information and implement them as best we can.

We have a tremendous pandemic response team in place at VHA. With COVID cases on the rise again, we recently re-started our Incident Command Team that ran from January-June of this year and then took a brief pause during the summer. This team continues to be led by our Chief Nursing Executive - Kathryn Nichol - who you will hear from shortly. This team is working directly with our staff and service providers to make sure we are acting quickly on the latest information across our organization. I have great confidence that we have the procedures and systems in place to do the best job possible.

It is important to note that as a home care provider we are part of a much bigger health care system and we need to be aware of, and in step with the actions of our partners - hospitals, long term care facilities, primary care, community support organizations to name a few. VHA is an active participant at many local, regional and provincial planning tables and is very vocal in raising issues relevant to home care and is a strong and respected advocate for the needs of our clients, families and our staff and service providers. What happens in one part of the system no doubt impacts the other parts sooner or later. As you know the early focus was on acute care and then on the hard-hit long-term care sector, who sadly are now struggling once again.

I have heard directly from several clients and their families who are extremely worried about their own health and safety - their loved ones – and their VHA caregivers. We know and it has been confirmed during this pandemic that home care is the safest place to receive care. We know many families reluctantly chose to put their service on hold early on, and we certainly understand this very personal decision.

I am very aware as the pandemic continues families who out of fear for their loved one's safety are exhausted without having any respite from the stress and strain of 24/7 caregiving. Please know that I personally and along with the Ontario Community Support Association have been advocating with the government that family caregivers need support.

Please know we are doing everything possible to ensure the health and safety of everyone with the best information we have to guide as at any point in time – and we are committed to continuing to quickly respond and take the required action to implement changing public health recommendations as we get them. We hope today's Town Hall will provide you with the information you need to make informed decisions about your care or that of your loved one.

Kathryn Nichol: Information About Ongoing Infection Prevention Practices During COVID-19

As you may know from our previous town hall, VHA has had a crisis response team in place for COVID since January focused on ensuring we are following public health guidelines and do all we can to ensure safe care for our clients and families and a safe working environment for our staff and service providers. The crisis response team went on pause during the summer and we have just relaunched to assist with responding to the second wave. It will be different work this time around as we now have excellent systems in place to communicate internally and externally, source and supply personal protective equipment, respond to changing IPAC guidelines and educate our workforce in the latest safety practices. Of interest, the latest PH guidelines for HCC, version 5 - were released on September 17th, which has become our guiding star for best and safest practices.

Our attention has now turned to:

- Testing – testing is primarily available through assessment centres and pharmacies with some special programs for congregate settings like long term care and homeless shelters. We are working closely with the LHINs and other partners to launch home and community-based testing
- Contact Tracing – while this is primarily the role of local public health units, we are supporting Toronto Public Health and a few other PHUs that have had to restrict contact tracing and notification efforts due to being overwhelmed
- School-Based Care – working with schools and school boards to be able to provide care for children in schools
- Congregate Care – ensuring safe congregate care and being ready to respond to outbreaks
- Flu Vaccination – helping with flu vaccination efforts

While we don't know what the future will bring with wave 2 and future waves, we have learned a great deal and are focused on using what we learn. We do know that home is likely the safest place to receive care and VHA is committed to ensuring that this is the way it stays.

Questions and Answers

1) Is it recommended that clients wear a mask at all times when a PSW comes to the home?

Kathryn Nichol: Yes, it is. We should all be wearing masks when we are with people who we aren't living with – and it is especially important when we come in close proximity to others – which is within 6 feet or 2 meters.

2) How are you protecting PSWs who are working in long-term care facilities? Are these staff also providing care in people's homes?

Barbara Cawley: LTC Homes are not eligible to receive LHIN funded personal support. We do not schedule for clients living in LTC facilities. When VHA was asked to support LTC Homes with PSWs in Phase 1, we asked for and received a small group of volunteers who then worked exclusively in LTC.

With respect to retirement homes - we are working to move all our retirement homes to care by shift. In order to make these changes, we need to work with the LHINs, and the Retirement Homes to make this care by a shift model but in the meantime staff and providers screen themselves daily, screen their clients, wear universal PPE, hand hygiene protocols are followed, work on ensuring environmental cleaning, physical distancing, education etc.

Part of the work we are engaged in is to ensure we have the right mix of VHA staff and retirement home staff – As you know, the retirement homes have staff they employ. Often, they don't have enough and VHA is there to support them.

3) How many staff have developed COVID-19 from a client or vice versa? What do you do when that happens?

Kelley Myers: To the best of our knowledge, we have not had any cases where clients have contracted COVID 19 from a VHA staff member. Since the start of the pandemic we have had 7 staff cases that appear to be work related. In 6 of these cases, clients were asymptomatic, and staff were wearing masks, but not face shields. On Sept 17th Home & Community Care guidelines were amended to include eye protection (face shield or goggles) when providing close personal care (within 6 feet). In one recent case, the staff member was not wearing their mask, contrary to our policies. When we become aware a client is COVID+ there is a review of the case to determine if services should continue and if so, all staff providing services are notified and PPE protocols are reinforced. If a staff member tests positive, they remain off work until they have fully recovered. We immediately inform the Local Health Integration Network and we follow all guidance provided by public health. As Kathryn mentioned we are working on our process for contact tracking in consultation with public health.

4) With the pandemic, I have suspended service with the VHA. My family has been filling in, but it is not sustainable for the long term. What measures has the VHA taken to minimize the possibility of transmission of COVID-19? Will PSW's been limited to a small cohort of clients? What will be the protocol for PSW's travelling to and accessing client homes (re. public transit)? How can I gain a level of comfort for my personal safety?

Carol Annett: As you've heard from others, we are following best practices for infection control. Our staff are instructed to follow the required protocols to keep you and themselves as safe as possible, both when they're providing care and travelling between clients.

We are trying very hard to maintain relationships between clients and families they serve, as we know great connections get formed, and a shared understanding of the care plan developed. Given the complexity of travel, the timing of visits, and need to keep our staff caseloads up, it can be difficult to limit the number of clients each PSW sees.

We've also had some staff reductions during the pandemic, primarily due to childcare issues. It is impossible for anyone to give you a 100% guarantee that they're seeing only your loved one or a few. I can only underline that home is the safest place to receive care and that remains true during COVID-19.

5) Can staff wear just face shields or can see-through masks be provided when working with clients who cannot hear properly when staff are wearing masks?

Kathryn Nichol: Face shields are not a substitute for wearing a mask. They do not provide protection from inhaling droplets like medical masks do. Face shields are protective in other ways – they protect our eyes, act as a barrier to touching our faces and provide some protection to the outside of our masks. Masks with a see-through panel are available on the market and are useful for those with difficulty hearing and rely on reading lips. VHA provides these for our staff on a case by case basis.

6) Are clients being advised if a PSW is working with a COVID+ client? If not, why not?

Kelley Myers: We haven't informed clients if their VHA PSW is working with COVID+ clients. All of our staff have been trained in the proper use of PPE and in particular, this is reinforced by the supervisor with any staff who are working with COVID+ clients. Supervisors and PSW's discuss their total case load and determine if any schedule adjustments would be advisable. On an average day we provide almost 9,000 client visits, we are providing services to a very small number of COVID+ clients - at present its 20.

7) I am a private client. What PPE are staff required to use with clients? How is PPE compliance monitored?

Barbara Cawley: Whether a client is a private client or a client referred to us by the LHIN Home Care Program, the requirements for PPE are the same. All VHA staff follow the requirements and practices as laid out by the Ministry of Health and Public Health Ontario and VHA ensures that staff receive regular reminders and reinforcing messages regarding the proper PPE to wear. Supervisors reinforce the importance of PPE with their teams and if we were to find out that a staff member was not properly using PPE, this would be considered a performance issue, and the???

8) I have heard about PSWs getting PPE from their supervisors at community hub distribution. Is this working to make sure the staff have the PPE they need? Will you be continuing it in the new year?

Kathryn Nichol: Yes – this is something we put into place early in Wave One of the pandemic and it is still working well. It ensures staff and service providers can get the PPE they need quickly and easily from their supervisors in their communities. It is also a nice way for supervisors to stay in touch with their teams, provide just-in-time education and information and to provide reassurance and support during this very stressful time. We will continue to assess the need for community hub distribution as Wave 2 progresses.

9) Is it possible to have the same PSW each visit and can I request a specific PSW?

Kelley Myers: Where possible, our scheduling coordinators do try to assign a regular PSW to provide care, however, there are many variables that can make this challenging. Time specific care, travel, unique skills required and worker availability are all factors that are taken into consideration. You can certainly request a specific PSW but whether or not we can make this work will depend on the factors I mentioned. I would encourage you to talk to your scheduling coordinator to explore options.

10) How can clients voice their concerns any come up during the course of regular visits?

Barbara Cawley: If a client or family caregiver have any concerns about their care, their care provider or their schedule, there are several options available to them depending on the service. If their concerns are regarding personal support services, they are encouraged to contact the supervisor associated with their care. The supervisor will have provided the client with a telephone number and their full name. If the concern is regarding their nursing or rehab services, clients and family caregivers are encouraged to discuss their concerns with the person providing the care first and seek a resolution. If there is a need to escalate their concerns, they can ask for the name and contact information of the nursing or rehab provider's supervisor or they can call the main VHA line at 416-489-2500.

11) What services are you providing virtually?

Barbara Cawley: Both nursing and rehab services are permitted to offer virtual care in place of a face to face visit; virtual care defined as care by telephone or video. The nurse or rehab provider can offer a client the option of having a 'virtual visit' assuming the goals of care are clinically appropriate for a virtual visit and assuming the client has the proper virtual technology required and feels comfortable to participate virtually.

12) Do you have enough PSWs to serve all of your clients?

Kelley Myers: That is a tough one and I the answer is yes and no. There is definitely a shortage of PSW's in Ontario. At VHA we have some teams that do not have enough staff. In other areas, we have workers who have open visits, but these times aren't aligned with client need or the travel required just doesn't make it feasible. The pandemic has added another level of challenge for all healthcare employers. We lost about 70 part-time workers who also work in hospitals or long-term care who are prohibited from working in homecare at this time, which makes good sense. Many of our staff are parents who are on

leaves of absence to care for their children or family members who need their support. Our recruitment team is hard at work to bring in new staff in the areas where we are struggling to meet client needs.

13) What protective equipment are your staff wearing all the time?

Kathryn Nichol: VHA staff and service providers should be wearing a medical mask for the duration of their visit. They should also be wearing eye protection or a face shield when they are working closely with their clients – within 2m or 6 feet. They are always wearing a mask, and when within close contact, eye protection or a face shield. I'd like to expand a little beyond equipment since there are other practices that should be done all the time. Our staff are always self-screening and self-monitoring for symptoms and are screening every client at every visit. Hand hygiene is something that should be done all the time, including things like alcohol-based hand sanitizer, or where it's available, soap and water. Physical distancing and environmental cleaning are also things that should be done regularly. We should all be following the 3 W's – wash your hands, wear your mask, and watch your distance!

14) It is my understanding that your staff are not working if they are sick. Is that true? How is that being enforced?

Barbara Cawley: Yes – our staff are not to be working when they are sick. Well before COVID-19 arrived, staff have always known they cannot work if they are experiencing symptoms that would put a client at risk. This reinforced at orientation and in our clinical policies.

With specific reference to COVID-19, all staff and service providers are required to self-screen for any of the COVID-19 symptoms before presenting for work and throughout the day. If these symptoms are present, they are not able to work. For any staff who do not have any detectable symptoms, wearing a surgical mask and eye protection is required to prevent the spread of any infectious illness.

With a remote work force, we cannot screen staff as they do in hospitals. However, we encourage clients to expect staff to wear a face mask and eye protection during their visit and clients should ask staff to put on their face mask and eye protection in the rare instance that someone isn't wearing their face protection. Clients and family members are also recommended to wear a cloth mask if feasible.

15) Are your PSWs being tested for COVID-19? If not, why not?

Kathryn Nichol: The Ministry of Health sets the criteria for testing in the province of Ontario. Their last guidance on testing was September 24th and it states that health care workers are to be tested when 1) they are symptomatic 2) have had an exposure (as indicated by PH notification or through the COVID alert app or 3) are part of regular surveillance testing i.e. through their work in LTC homes. VHA PSWs who meet these criteria are eligible for testing. If they don't meet these criteria, then they are not eligible for testing. It will be interesting to see how this guidance changes in the future.

16) Are your PSWs receiving the wage increase the government recently announced?

Kelley Myers: Our PSW's will be eligible for the new wage enhancement. Implementation rules have not yet been released, but we know the government is working on this. This temporary \$3.00 increase will be retroactive to Oct 1st and will be reviewed on a regular basis and could extend through March 31, 2021. We are working with the Ontario Community Support Association to advocate for a permanent increase in wages and increased funding for Personal Support Services in homecare.

17) Do you have enough protective equipment?

Kathryn Nichol: Yes, we do, and we are working very hard to ensure we have a 3-month supply of PPE on hand.

18) I read Kathryn's recent message in your newsletter. She mentioned VHA will be providing in-home testing to clients who need it and cannot get to a testing centre. When will that be happening and how will it work?

Kathryn Nichol: Yes, this is our hope! We need to do this in partnership with the LHINs and planning is underway. The way it will work is we will receive a referral for testing and one of our staff (a nurse if it is a nasopharyngeal swab) will attend the home to do the test. The specimen will be stored in the frig until the lab courier picks it up to take it for analysis. Notification of results will likely be through public health. We know how important it is to make testing available to clients who have difficulty getting to an assessment centre or pharmacy and are trying to move this along as quickly as possible.

Closing Comments from Carol Annett, VHA's President and CEO

Thank you – for taking the time to join the call, and your excellent questions. And thank you for your concern for VHA's staff and service providers. They are committed, competent and caring health care professionals working very hard at this stressful time to keep you as safe and healthy as possible. It makes a big difference to them that you are appreciative of their efforts. Keep well – and thank you for the privilege of providing care to you/your loved one.