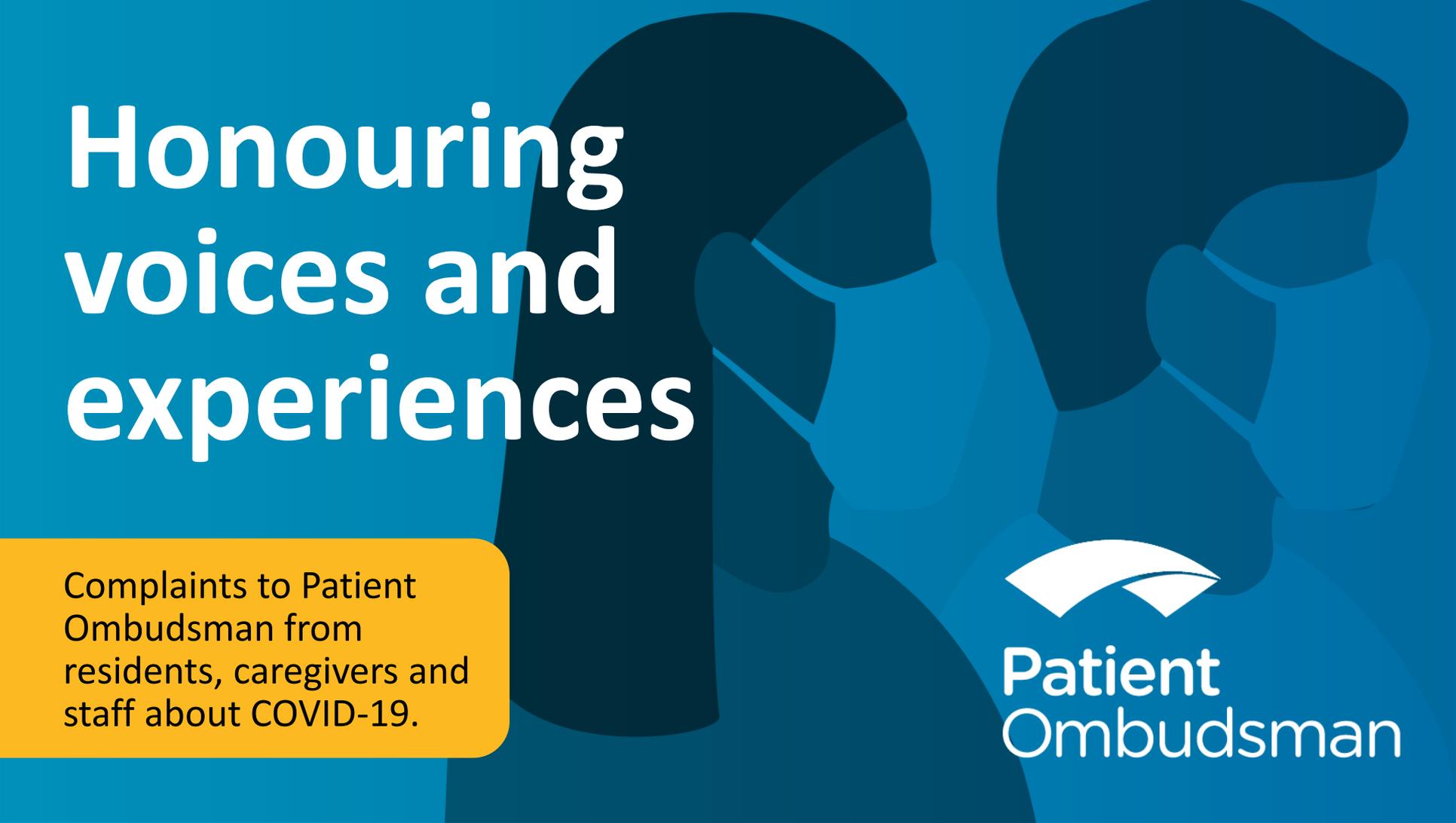


Honouring voices and experiences



Complaints to Patient
Ombudsman from
residents, caregivers and
staff about COVID-19.



Patient
Ombudsman

What is the Patient Ombudsman?

- Patient Ombudsman resolves and investigates complaints about healthcare experiences.
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- Patient Ombudsman can receive complaints about long-term care homes, public hospitals and home and community care (LHINs).
-
- We are an office of last resort.

- We help patients, residents and their loved ones navigate the healthcare system.
-
- We look for fairness. Fairness for our complainants and fairness for the healthcare system.
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- We shine a light on issues of concern and share our findings with the public and policymakers.

COVID-19 complaints to Patient Ombudsman

- Patient Ombudsman began tracking COVID-19 related complaints in early March 2020

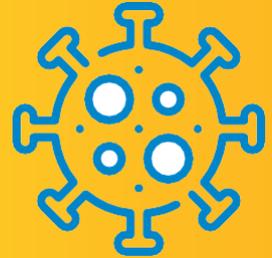
- From March to June 30th we received **568 COVID-19 related complaints**

- **48%** of all complaints to Patient Ombudsman were related to COVID-19

- Since we opened in 2016, only **10%** of our complaints have been from the long-term care home sector

That changed with COVID-19, as complaints about long-term care homes increased by over

370%



Our complaints data began to mirror the reports in the media – pointing to a crisis in long-term care.

Long-term Care Home complaints

	LHIN Home/ Community Care	Long-Term Care Homes	Public Hospitals	Total
Visitation	1	93	97	201
Infection Prevention and Control (IPAC)	11	102	29	172
Communication	6	71	34	116
Quality of Care	3	62	22	93
Staffing	4	77	2	86
Discharge/Transfer	11	22	35	72
Testing	2	28	25	66
Access	13	5	19	57
Personal protective equipment (PPE)	4	38	6	53
Delay	0	1	11	17

Whistleblowers coming forward

Patient Ombudsman started to receive an increased amount of complaints from ‘Whistleblowers’, the staff working in long-term care homes. Whistleblower complaints occur but are not common to our office.

- They shared disturbing safety concerns for residents and staff.
- The concerns raised by whistleblowers were often about a long-term care home’s inability to prevent or control a COVID-19 outbreak.



Many of these staff whistleblowers feared reprisals from the home. They feared for their jobs.

How Patient Ombudsman responded

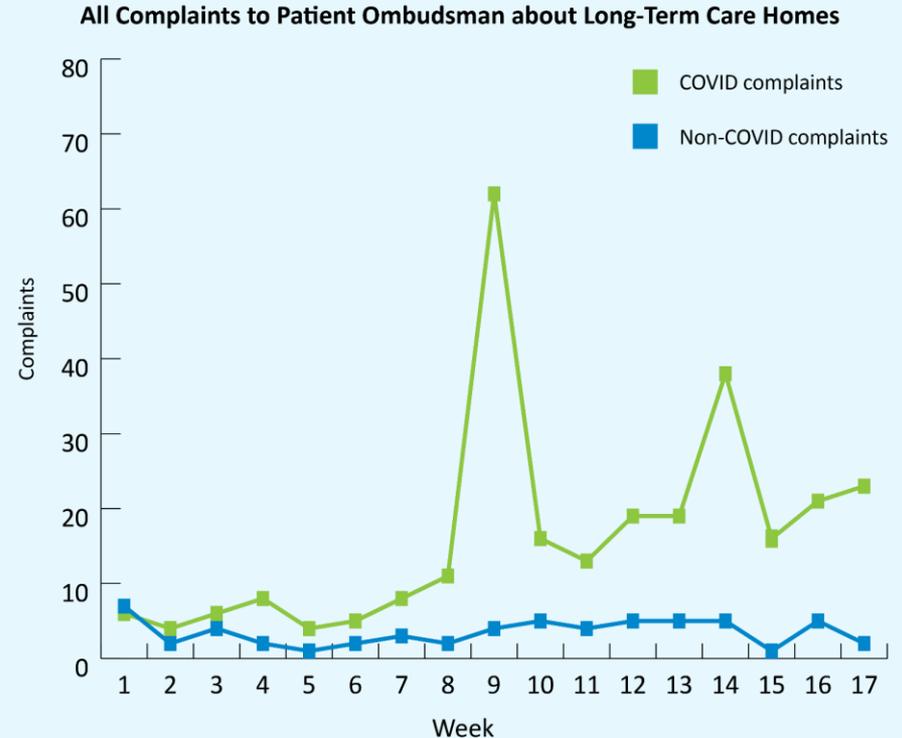
- Patient Ombudsman changed our service to respond to complainants. Realigned complaint handing processes and reassigned Patient Ombudsman Investigator Team to focus on serious complaints.
-
- All urgent complaints were escalated appropriately (directly with the home, the LHIN leads for the region, public health units)

- Patient Ombudsman notified the Minister of Health, the Ministry of Long-Term Care, officials at both ministries and Ontario Health.
-
- Patient Ombudsman launched a public appeal for complaints to better understand the issues.
-
- Patient Ombudsman made mandatory reports to the Inspections Branch of the Ministry of long-term care.

Launching a systemic investigation

Following our public appeal Patient Ombudsman received **150 complaints** about long-term care homes.

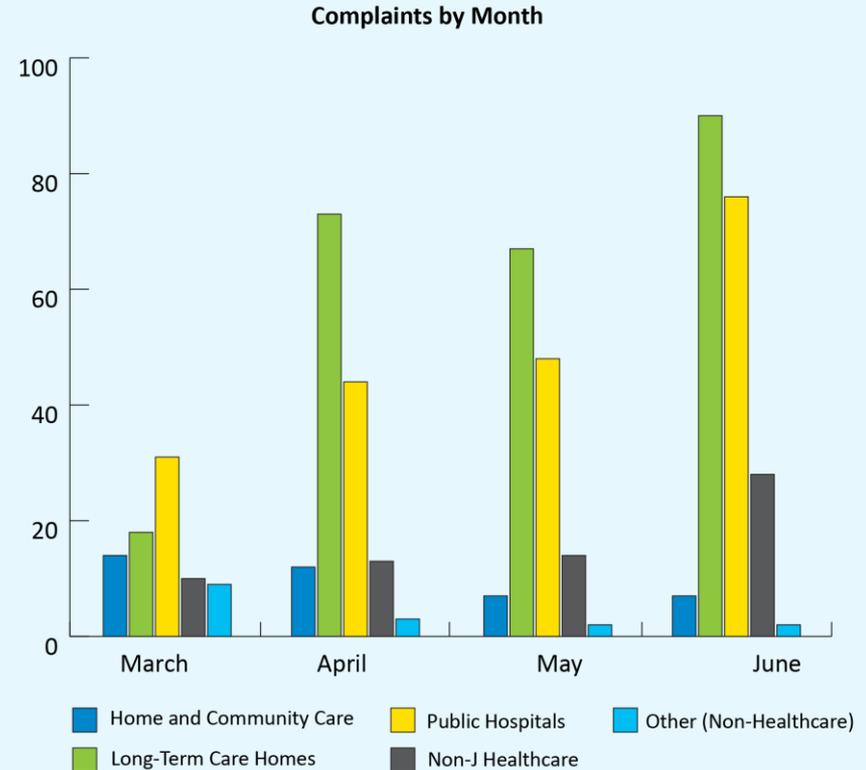
- Patient Ombudsman received one or more complaints about **90 distinct long-term care homes that had experienced COVID-19 outbreaks** and 29 LTCHs that had not experienced an outbreak.

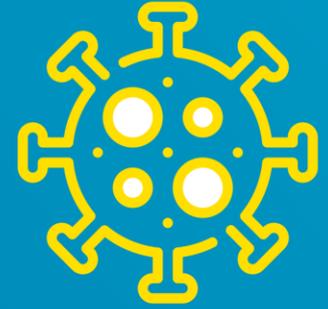


Launching a systemic investigation

In early June we announced a systemic investigation into the experiences of residents and caregivers in a long-term care home with a COVID-19 outbreak.

- The general steps in our investigation process are: Initiation and Planning, Evidence Collection and Witness Interviews, Evidence Analysis, Vetting Findings and Analysis, Making Recommendations and Concluding the Investigation
- Final report will be made in 2021.





What we heard

- Infection prevention and control (IPAC)
- Visitation
- Communication
- Quality of care
- Staffing
- Discharge & Transfers
- Personal Protective Equipment (PPE)

Infection prevention and control (IPAC)

102
complaints

Protecting vulnerable residents from infection

A complainant contacted Patient Ombudsman concerned about the lack of infection prevention and control in her mother's long-term care home. She reported that her mother, who had not yet received the results of her COVID-19 test, was moved from an area of the home with active COVID patients to a "safe" area of the home for healthy residents.

When she received her mother's test results, it indicated that she was in fact COVID-positive. The complainant expressed her concern about the risk to other residents. The complainant also reported that staff were not wearing personal protective equipment in the area of the home with COVID-19 infected residents.

Visitation restrictions

93
complaints

What is an “Essential Visitor”?

The complainant reported that he went from providing care to his mother every night, including helping her into her nightclothes, brushing her teeth and changing her diaper to getting one 5-minute virtual visit a week. He was concerned that the home did not consider him an essential visitor. His mother has advanced dementia, so is unable to process use of the screen for virtual visits or understand what is happening.



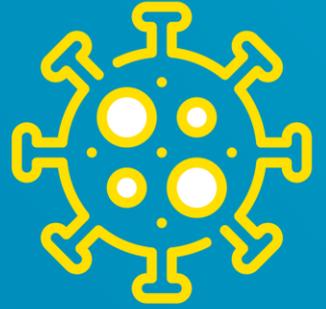
Poor communication

71
complaints

Not being able to say goodbye

After learning about her mother's slight fever and loss of appetite, the daughter of a long-term care resident was concerned about the lack of updates from the home. When she received the news that her mother had died, she felt she should have been kept better informed and given the chance to say goodbye





Policy recommendations

To help manage a second wave of COVID-19 or future outbreaks of communicable diseases

Policy recommendations

In early October Patient Ombudsman published a Special Report

The purpose of the report is to inform policymakers and health sector organizations as each develop broad or localized pandemic preparedness plans during a second wave of COVID-19.

Patient Ombudsman makes four policy recommendations:

1. Backstops and contingency for all healthcare providers

2. A change in approach to visitation

3. Dedicated resources for communication

4. Whistleblower protections

1. Backstops and contingency for all healthcare providers

- Partner with organizations to provide support for infection prevention and control, and staffing.

- Staffing plans in case of shortages

- Transfer plans for sick residents

- All staff receive up-to-date training regarding IPAC and PPE



2. A change in approach to visitation

- Patient Ombudsman recommends not restricting visitors entirely during any second waves of COVID-19.
-
- Allow a limited number of essential caregivers to visit with the appropriate safety precautions in place (PPE, screening, education)
-
- Any restrictions on visitation should be limited, targeted based on evidence, proportional to the risk a visitor poses, and should provide for exceptions on compassionate grounds.



3. Dedicated resources for communication

- Often not enough staff or resources to keep families informed.

- Many caregivers told us the lack of information and communication increased their anxiety.

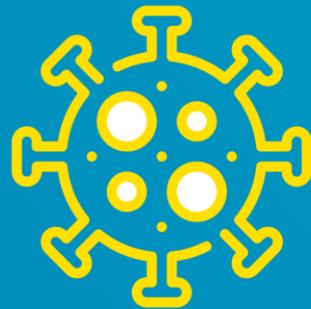
- Communication to caregivers is essential. The government should ensure the resources needed for communication to families and loved ones.



4. Whistleblower protections

- Patient Ombudsman recommends, in legislation, the government provide whistleblower protections for health care workers who bring forward concerns in good faith, especially during an emergency.
-
- Staff that came forward with their concerns – save lives. They should not have to fear reprisals or lose their livelihoods.





Going forward

Patient Ombudsman commends the courage of those that spoke out about what they saw, heard and experienced in Ontario's long-term care homes. If you have a healthcare complaint, we want to hear from you.

1-888-321-0339