

Patient Ombudsman Webinar Questions – Family Councils Ontario Webinar (October 2020)

1. Why isn't there one essential visitor allowed per residents with guidelines. When we finally got to see our loved one, her shoes were worn, she was in a depressive state and there weren't any brakes on her walker.

Patient Ombudsman recommends that long-term care homes and the government not restrict family members and caregivers from visiting their loved-ones. We feel that with the appropriate safety precautions (infection prevention and control measures) visitors should be allowed to visit their loved-ones.

2. How does the system investigation relate to the provincial commission's work?

Patient Ombudsman's systemic investigation is independent of the provincial Commission. The scope of our investigation is to focus on the experience of residents and caregivers from long-term care homes that experienced a COVID-19 outbreak.

Patient Ombudsman has been in consultation with the Commission to share relevant findings.

We are pleased that several interim recommendations of the Commission are in alignment with Patient Ombudsman's recommendations. Specifically around:

- *Whistleblower protections, so that staff who see concerns, can report them without the fear of losing their jobs.*
- *That long-term care homes partner with hospitals or public health units in the case of a future outbreak of COVID-19.*

3. In terms of visitation, if I answer the screening question that I work in another facility such as hospital, I will not be considered as a essential visitor? I think that question should only rule out another workers that work in other LTC homes, not excluding hospital workers. I care for a lot of patients at work but it is unfortunate that I cannot care and t my mom since I work in the hospital.

Many of the Chief Medical Officer of Health directives, we have found, to be interpreted unfairly or incorrectly by individual long-term care homes. If you feel the home is acting unfairly or not following directives please consider calling Patient Ombudsman.

4. If a resident DM sees a resident in distress via a granny cam (say, they have fallen, or have had no assistance in drinking for over 24 hours), but no one in the home will take a telephone call, what recourse is there to get essential bedside care?

You can consider calling Patient Ombudsman 1-888-321-0339 or the Ministry of Long-term Care, ACTION Line: toll-free 1-866-434-0144.

If you feel, there is an immediate safety concern to your loved-one, call emergency services 9-1-1.

5. Every resident needs the right to have a family caregiver who can provide emotional support no matter what the outbreak status of a home is

Patient Ombudsman agrees with this statement. We have issued a formal recommendation that reflects this.

6. what happen if a resident is parent of a minor and the home is not allowing the child to see the parent.

Essential Caregivers cannot be minors; they have to be over 18. However, general visitors can be any age and should only be restricted if:

- *the home is in outbreak,*
- *the resident is self-isolating or*
- *There has been a general restriction placed on the whole community due to community spread.*

If there are restrictions, it should still be possible to do visits on compassionate grounds (i.e. for very ill or palliative residents). You can always ask if the home would allow a visit on compassionate grounds.

7. If a resident has health issues due to a lack of staffing what punitive action can the Patient Ombudsman take?

Patient Ombudsman does not have punitive powers. Our role is to resolve individual complaints, conduct investigations and share our findings with the public and decision-makers. We cannot compel long-term care homes to fire employees.

8. How is it that residents who smoke can go outside during an outbreak , unsupervised to enjoy a cigarette but those residents without this addiction can not. This is just one example of rules that exist during outbreaks - there are other ones which have no grounds in reason. Could outbreak protocols be reviewed in light of what we now know about Covid - 19?

This sounds like a reasonable request that we would have to review with the long-term care home in question.

9. our home Dracy Mon Sheong had 32 COVID deaths, (down to 20% staffing at home) so in one month 43 people died and very little communication from Home despite media pressure - we were one of the first before SWAT teams and Army intervened. They need to provide MANDATORY communication updates on each resident per week.

Patient Ombudsman agrees. We recommend that Long-Term Care Homes provide better and more frequent communication to families and caregivers, especially during a COVID-19 outbreak. Keeping family members in the dark is not appropriate.

10. LTC for profit homes are clearly struggling in their goal to make \$ vs the well-being of their residents. They are disproportionately represented in infections and deaths. They were fighting hospital assistance and standards of IPAC. Has there been any advocacy from your office in regards to removing the for profit option for this area of health care (which is prohibited in acute care delivery).

As part of our systemic investigation – Patient Ombudsman will review the impact of various ownership models (for profit, non-profit, municipally run, etc.) in managing and preventing COVID-19 outbreaks. We will make our findings public once we complete our investigation in 2021.

11. If a LTCH loses a resident's denture or glasses or other appliance can the home be held financially responsible? This happened during a complete lockdown in the pandemic.

This is a very legitimate concern that Patient Ombudsman can look into with your consent. A patient's (in hospital) or resident's (in long-term care) lost property (dentures, glasses, hearing aids) are a common complaint to Patient Ombudsman.

12. We have a private hire essential worker for my dad, who is required to be tested every 14 days, but the lab is not able to produce the results. So, even if essential workers can go in, if they can't get test results, it's meaningless.

Please consider sharing this concern with Patient Ombudsman. We are currently tracking all complaints related to testing and delays in testing results.

13. Can you tell us about your relationship with the premier's office and how are you making an impact? Also, if we call your office, does the concern go directly to the Ministry. If not, why not?

Patient Ombudsman does not have a formal relationship with the premier's office. We issue reports directly to the Minister of Health and when appropriate to the Minister of Long-term Care. Our legislation requires that we issue, at minimum, a report annually to the Minister of Health.

If necessary, Patient Ombudsman will escalate urgent concerns to the Ministry of Health, the Ministry of long-term care and senior leadership at Ontario Health. We will also escalate concerns around outbreaks to local public health units.

14. Testing for staff in LTCs is voluntary. Numbers of staff taking tests is dropping. yet, this is a requirement by law — for designated caregivers. has the ombudsman had a complaint on this issue.

Patient Ombudsman currently has a number of complaints we have received and are reviewing related to testing. The bulk of these complaints, at this time, are around access to testing and timely results for caregivers who must demonstrate a negative test to visit their loved one in long-term care. We are closely tracking this emerging issue.