

# AdvantAge Ontario Annual Convention Learning Lab

## Collaboration & Capacity Building

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This presentation will describe the journey of the partners of the Guelph and Area Ontario Health Team (G&A OHT) to provide a multi-sector collaborative response to support our congregate care settings throughout the COVID-19 pandemic.

This all-of-community response demonstrates the value in the population-health-based Ontario Health Team approach that leverages multi-sector collaboration and partnership to act collectively in the best interests of the health of our population.



## The Guelph and Area Ontario Health Team:

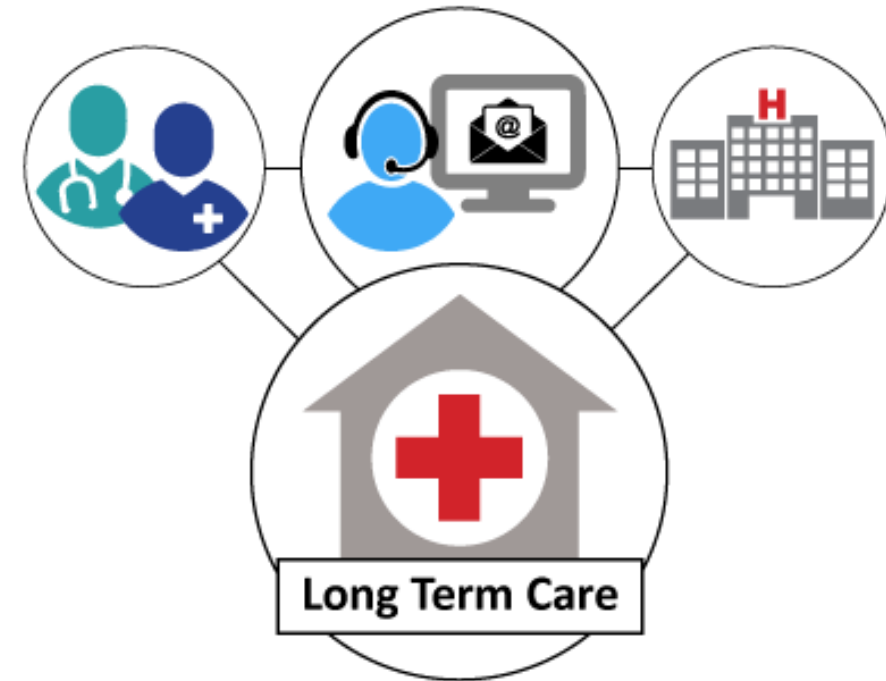
- was approved in Wave 1 (December 2019)
- includes 13 core partners
- Supports 13 retirement homes, 6 long term care homes, 6 MCCSS congregate care settings and multiple other congregate care settings including the shelter system, MH&A support & treatment facilities etc.



# Our Journey – Wave 1

- Early in wave 1 the focus was on hospitals and PPE
- Collective focus suddenly and intensely shifted to Long Term Care
- Each partner began reaching out to offer support by asking questions and seeking information about needs including hospital and other OHT partners, WDGPH, Public Health Ontario, H&CC, Ontario Health, Ministry, RNAO, NLOT, H&CC etc.
- Homes were struggling with rapidly and constantly changing directives, PPE (N95s!!!!!!), IPAC, staffing

The support was well intentioned but overwhelming,  
uncoordinated and at times conflicting.  
Homes became overwhelmed and some shut down/  
shut-out / ignored offers of needed support



Recognizing our disparate efforts to help were ineffective and overwhelming to the homes we were working to support, we recognized the need to self-organize to create a collaborative and consolidated approach to supporting our congregate care settings including mechanisms to:

- GET ON THE SAME PAGE!!!!
- Share information with each other about our respective needs (e.g. reporting) and offerings (e.g. PPE)
- create consolidated, consistent and concise materials and other supportive approaches
- optimize skills, expertise and capacity of each partner
- build and leverage existing relationships with homes



This was accomplished “Congregate Care Huddles” where system partners came together to:

- share information about the status/needs of each home
- identify what information was required from/for each home in order to provide support and comply w reporting requirements
- Identify targeted actions to provide concise and streamlined support to each homes based on the home’s status, needs, preferences etc.

We also launched a ‘Congregate Care Community of Practice’ where homes could attend to ask questions of Public Health, leverage and learn from the experience of LTC re: new Directives, processes etc. and from each other



## PPE in G&A OHT Wave 1

### Sources

- Regional Portal/Node
- GGH PPE hub
- Community donations
- OHT partner PPE sharing



**‘PPE Burn Rate Calculator’** was developed and used to support:

- appropriate use and stewardship
- calculation of the home’s projected outbreak supply
- strategies to procure the required amount

**EMS Mobile Testing** - “Swab Squad” team who went into congregate care settings (LTC, Retirement Homes, Seniors Independent Living settings, MH&A congregate care settings, MCCSS congregate care etc.) to support COVID-19 testing

## In May 2020, G&A OHT partners:

- Reflected on the lessons learned throughout wave 1 through conversations with leaders, partners, homes
- No significant outbreaks in congregate care settings in Guelph and Area in Wave 1
- The G&A OHT prioritized 'Congregate Care Wave 2 Preparedness' within its June-August 2020 work plan

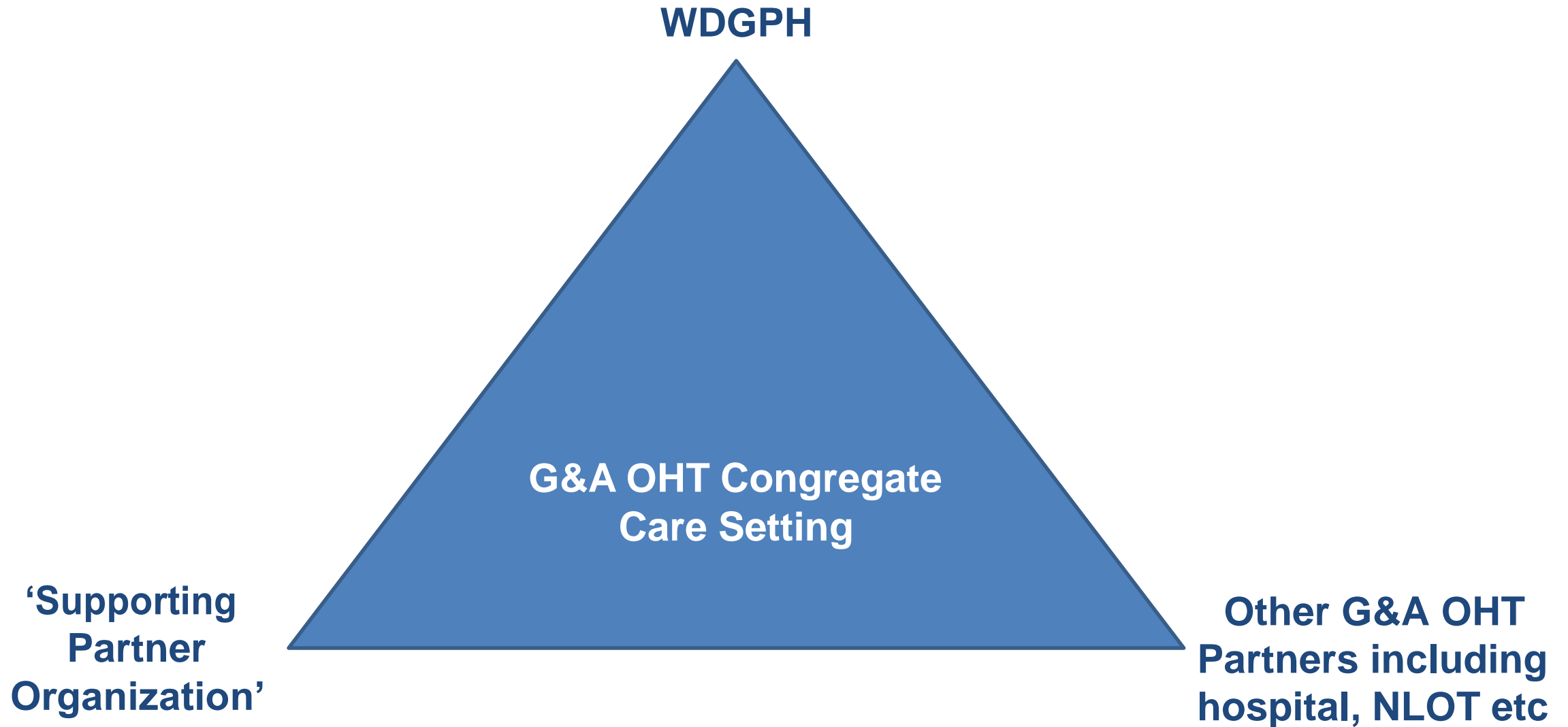


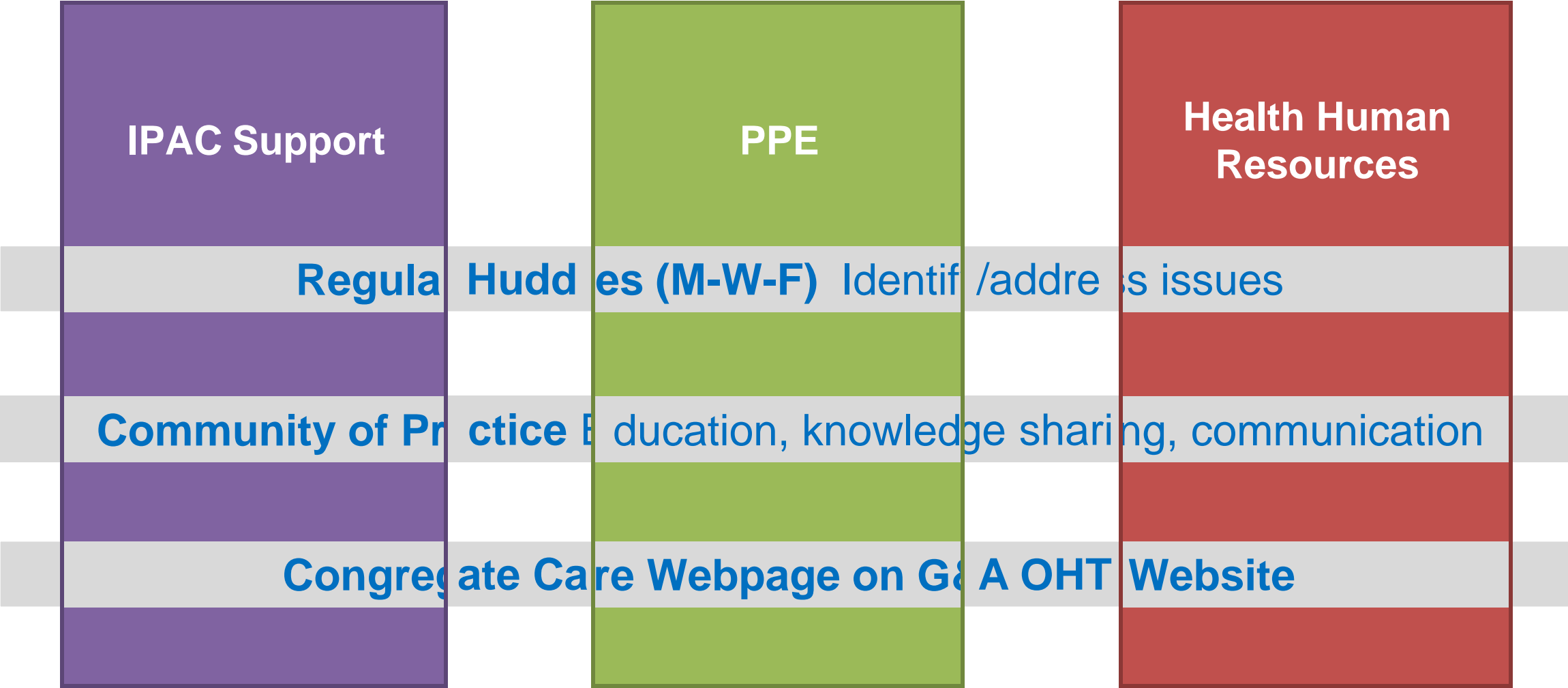


## Summer/Fall 2020 IPAC Assessments noted the following top areas of deficiencies:

- environmental cleaning/disinfection
- screening
- proper PPE use (including donning/doffing, universal masking, glove use)
- outbreak management/cohorting







**IPAC** - *“Development of an IPAC program for G&A OHT, including congregate care, that leveraged and distributed the skills and expertise of G&A OHT partners to support ALL partners to achieve an effective standard of infection prevention and control practice”*

- Homes in need were matched with a ‘Supporting Partner Organization’ to provide focused IPAC coaching, education, etc.
- Wellington Dufferin Guelph Public Health (WDGPH) was one of the only PH units in the province to have created a dedicated congregate care team early in Wave 1



**PPE** - *“Building on the PPE access strategy developed in Wave 1, identify the PPE needs of G&A OHT partners and action collective solutions to optimize our ability to match PPE demand with supply across G&A*

- PPE Working Group completed analysis of partner PPE needs to explore potential need for mass purchasing through hospital partner
- Supported N95 mask fit testing (hospital, EMS) to available sizes and supported acquisition of difficult to procure sizes
- Given instability and unpredictability of PPE supply, promoted a diverse procurement approach amongst G&A OHT partners
  - Established an OHT Partnership arrangement w Mohawk MedBuy for non-hospital partners
  - Explored & established partnerships other PPE distributors

## HHR/Staffing

- G&A OHT HR Working Group:
  - Completed staffing analysis and escalation plan development
  - Identified redeployment volunteers from G&A OHT partners
  - Anticipated & addressed labour relations issues
  - Completed Occupational Health & Safety Assessments of “at risk” homes
  - Developed and provided training materials
- Established strengthened relationships w MCCSS congregate care settings as staffing in this sector was especially precarious heading into Wave 2 as a results of incentives in other sectors eroding staffing

- PPE not an active issue for congregate care settings
- Continued focus on preventative IPAC assessments and targeted education, coaching and support
- HR was the biggest issue – especially in MCCSS sector
- WDGPH identified as ‘G&A OHT IPAC Hub’



## Outbreaks of Significance:

- 1 Management Order (for unaddressed, on-going IPAC issues) supported by hospital leadership/administration
- Combined LTC/RH - 18 resident deaths in a 192 bed facility. 8 OHT partner organizations supported the outbreak with management/leadership, IPAC, nursing, social work, personal care support etc.
- Outbreak in shelter system – Community rallied around a building where significant numbers of clients are precariously housed to support testing and isolation of COVID +ve clients.





As we enter into the next phase, WDGPH IPAC Hub concerns are:

- Lack of IPAC champion **dedicated** to IPAC in facilities
- General lack of **IPAC knowledge** at facilities; environmental cleaning, PPE use, cohort plan and how to operationalize this; outbreak management
- **Lack of prioritization of IPAC in all facilities** – how do we continue to support these settings and help them build this capacity?
- **HHR** – sustainable models of care and infrastructure support to all congregate settings

- PREVENTION!!!
- Relationships matter
- Highlighted redundant/duplicative roles in the health system – opportunity to streamline
- No resource guarding
- Shared information willingly and openly – IPAC assessments, challenges faced by homes, etc.
- Sustain IPAC gains. Continue to build capacity to maintain a standard of IPAC across all partner organizations

- *“As this group formed, we sometimes struggled to understand our roles & responsibilities but we grew together and formed an important connection. For significant outbreaks where all partners were called upon to support the outbreak facility I was so thankful that we had made these connections, we knew each other and were better positioned to provide the support that was needed. I think that there are always lessons to learn and we continue to grow and work better together.” – Karen Mulvey, WDGPH*
- *“I too extend our deepest gratitude for the support each of you provided to help us get through our outbreaks. Our team, our residents, and our families will be forever grateful for your service. You’re an amazing group of people!”*