Member Roundtable: Designing Long-term Care Homes

Summary Report

April 8, 2021

Overview: Although significant issues have plagued long-term care (LTC) in Ontario for some time, the COVID-19 crisis has made the situation impossible to ignore any longer. While loss of life due this pandemic in LTC homes through OECD countries is about 40% on average, in Canada it has been over 80%[1].

In response to this crisis, the Ontario Association of Architects informed the Ontario government that architects across the province stand ready to help. While we collectively wait for the final report from Ontario's Long-Term Care COVID-19 Commission, the OAA held a member roundtable earlier this month to gather insights which will help to formulate recommendations that the Association will eventually put forward to the Ontario government.

Attended by 15 OAA members with more than 200 years of collective experience designing LTC homes, this three-hour roundtable covered a broad range of topics. The roundtable asserted that architects have a role in making LTC homes better places to live which is not an adjustment from where we are, but a paradigm shift focused on quality of life. Members of the roundtable expressed concern that the desire to push out beds as fast as possible risks repeating past failures and that the approach must be evidence-based. While concerns around infectious disease are critical to address, participants stressed that any push from home to hospital must also be resisted.

This summary report provides an overview of the themes that arose through this discussion as well as preliminary recommendations that the group feels the OAA should advance. Considering that many LTC projects are already in progress, sharing information about alternative design approaches will help to identify best practices.

Key Themes:

1. **Policy and Funding:** A major theme that emerged from the conversation is about improved policy and funding. Roundtable participants agreed that while good design of LTC homes is a major factor, this has to be supported by good policy and adequate funding. It was noted that when the most recent iteration of Design Manual was released in 1999 there was an attempt to shift thinking about LTC away from institutional settings towards the creation of home-like environments. However, despite many revisions, this desired outcome is, in many respects, contradicted by the document and the way that it has been applied. Participants agreed that the guidelines need to shift to focus more on performance and less on prescriptive rules.

   From a funding perspective, participants discussed the importance of funding to support innovations in design and care in order to improve the quality of LTC homes across Ontario. They noted that their clients are keen to innovate, but they lack the financial ability to do so. Trying to secure funding for any measure that goes beyond the guideline is difficult. It is further complicated by the unprecedented realities that have been brought on as a result of the COVID-19 pandemic such as the quadrupling of construction material costs (namely lumber and steel) that have resulted from supply shortages. Architects are eager to innovate but, in the absence of appropriate funding, very little innovation is possible.

[1] Canadian Institute for Health Information. *Pandemic Experience in the Long-term Care Sector: How does Canada Compare to Other Nations*. June, 2020 (https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf)

2. **Infection Control:** Related to the above section on policy and funding is the issue of infection control. Participants noted that the best way to control the spread of infection is by mandating single occupancy rooms and, as importantly, single occupancy bathrooms.

   They also talked about the importance of smaller household or cohort size and noted that the current limit of 32 residents in a cohort is too large. Smaller cohorts of 8 – 10 residents, along with a household model that supports a closer relationship between residents and staff, has been shown to not only improve infection control, but also to create the truly home-like environment contemplated by the LTC Design Guidelines.

   Participants also discussed matters related to hygiene, infection control, and ventilation and noted that these considerations are addressed in national CSA standards. As the Ontario Building Code provides little guidance about these important factors, participants agreed that the Code should, at the very least, reference the national CSA standards in order to require that these standards are met in all LTC homes across the province. Participants suggested that PPE storage should be mandated at the entrance to each room.

   With regard to ventilation as a particular method of infection control, participants pointed out that there are different ventilation standards in privately-run LTC homes than their public counterparts. They agreed that a unified standard for ventilation of all LTC homes, based on what is already known from best practices in hospital ventilation, is most desirable.

3. **Scale:** Scale emerged throughout the discussion, coming up both in terms of infection control (as mentioned in a prior section), and as a facilitator of good quality care. Participants spoke extensively about the importance of small cohorts. There was agreement that a small household model that utilizes multi-skilled staffing has value both for residents that require memory care as well as anyone living in LTC throughout this or any future pandemic, as demonstrated in numerous international precedents. It was also acknowledged that this models entails a complete paradigm shift in the current model of care, staffing, and funding of LTC homes.

   Participants made a point of distinguishing scale of household units as a distinct issue. While all participants agreed that household units (or cohorts) should be as small as possible, participants were not of one mind whether the cohorts needed separate facilities (like the greenhouse model) or if they could be assembled within a larger building.

4. **Social Integration:** Participants were in agreement that LTC homes should be integrated with society and, for instance, co-located with other neighbourhood amenities. As participants pointed out, continuing to be a part of society brings meaning to the lives of people living in long-term care.

   In other jurisdictions, LTC homes are co-located on school campuses, with daycares, and community centres. In Europe, discounted rooms are available to students to live in LTC homes. This cohabitation provides residents with social opportunities and also provides some basic assistance to them and the students.

   As was pointed out during the discussion, no matter how much care a resident requires, the key to a satisfying life is feeling like you can make a meaningful contribution to it. In Ontario, there are currently no standards or policies in place to help make this happen. Participants agreed that the challenges that face long-term care in this province are about a lot more than design per se. Really, the

challenges rest in the absence of a base policy that emphasizes the creation of a meaningful day, every day, for each resident.

5. **Social Justice:** While participants were invited to this roundtable to discuss design of LTC homes, the important matter of social justice also came up. As many throughout the afternoon pointed out, LTC homes are *actually* homes for the people who live in them. While some may be living out their final days, others are there long term due various physical and mental limitations. As such, they cautioned that any policies or design measures cannot be applied too rigidly. All measures have to leave space for accommodation of healthcare needs as well as familial engagement and psycho-social supports. Participants presented the poignant example of a life-long couple would be separated due to a strict requirement of single occupancy rooms or due to differing healthcare need, flagging the need for flexibility.

   Participants pointed out social justice and socioeconomic concerns with regard to differences between public versus privately-owned long term care homes and even in terms of "preferred" rooms versus "basic" accommodation. They noted that Ontario's standard of shared rooms and washrooms in Ontario was seen as an aberration not only by officials from other countries, but even from other provinces. Participants agreed that policies need to take the issue of social justice seriously and, in doing so, create the flexibility required to accommodate a whole spectrum of needs.

Recommendations (as captured by OAA staff):

Short-term (defined as immediate changes for projects in motion)

1. Single occupancy bedrooms for residents. This recommendation is supported by JAMA research that demonstrates that LTC home residents prefer single occupancy bedrooms by a margin of 20 to 1 over double occupancy rooms[2]. Furthermore, this research points out that cohorting can be ineffective in cases where there are many shared rooms.
    a. Does need some flexibility to consider how couples can be accommodated
2. Single occupancy bathrooms with shower stalls
3. Smaller cohort size (no specific size was set during this roundtable)
4. More space in dining and lounge space
    a. Ability to socially distance and/or divide space when transmission risks exist
5. Having more staff space to reduce transmission between staff members
6. Increase funding for LTC homes (one solution may be to index the Capital Funding Model to annual construction cost data)
7. PPE storage at entrances to each room
8. Better integration/ending segregation – Residents should not have to leave the building to access another area or visit a friends

Medium-term

1. Allowing for innovation (requires funding and procurement changes)
2. Community integration
    a. As-of-right or permissive zoning
    b. Development charge waivers
    c. LTC homes able to be built on employment land

[2] JAMA Internal Medicine. *Association Between Nursing Home Crowding and COVID-19 Infection and Mortality in Ontario, Canada*. November, 2020 (file:///C:/Users/Sarat/Downloads/jamainternal_brown_2020_oi_200093_1611344134.43817%20(1).pdf).

    d. Facilities located close to transit, services, facilities, etc – not only for residents/families, but also staff
3. LTC homes as community hubs
4. Creation of respite space for family caregivers with LTC homes
5. Releasing an updated version of the MOHLTC design manual as it is now 20 years' old
6. Design manual/Ontario Building Code need to recognize and address infection control in design manual by referring to relevant CSA standards
7. Set a schedule and hard deadline for phasing out LTC homes that do not meet current standards

Long-term

1. Movement towards aging in place
2. Cultural shifts in terms of how long term care is viewed
    a. Better integration of long term care homes with the community through things such as co-locating LTC homes along with other community amenities like recreation centres, daycares, religious institutions and schools
3. Supporting innovations in design and also in care
    a. Requires improved funding models and up-to-date policies that support innovation, including small-scale "household" models
    b. Innovations in design should reflect the medical framework of care including the "5Ms" for geriatric care. That is Mind, Mobility, Medication, quality of life which Matters Most, and the Multi-complexities of older adults who have more than one chronic illness
4. Consider developing a national standard