

## Daily Briefing Note March 25, 2020

**Invitees from PN; OASIS; CLO:** Michelle Brooks; Angelica DeVos; Ann Bilodeau; Brad Saunders; Brian Davies; Brigid Fitzpatrick; Bryan Keshen; Carolynn Morrison; Chris Beesley; David Cohen; David Ferguson; Dean Johnson; Eugene Versteeg; Helene Fournier; James Duncan; Janet Noel-Annable; Jo-Anne Demick; Don Walker; Joe Persaud; Jonathan Bradshaw; Peter Sproul; Steve Finlay; Terri Hewitt; Darren Connolly; AnnMarie Binetti; Christine Dubyk

**Invitees from MCCSS:** Rupert Gordon, ADM

### Opening remarks

**1) Updates from MCCSS and progress reports on take-aways:** Correspondence sent last evening to update discussions...

***MCCSS would like to ensure they have captured the questions and concerns from these calls and as outlined below:***

- Currently looking at key priorities and recognize the many challenging changes
  - Members on the call agree with the response from MCCSS and provide thanks for the efforts.
- Some questions from members:
- ✓ Clarity and need to have the same exemptions as LTC and hospitals and to be treated the same. Based on the order that came out last week and yesterday, we as the DS sector would like to be categorized in the same fashion and are looking for a similar declaration as what health received.
  - ✓ Laura – MOH and LTC order: potential barrier that CBA's create around Day Programming and over into residential, etc. Laura is wondering if this is seen as a barrier with ind's or bargaining. Dave F. said this is currently agency by agency. If gov't is saying other sectors are exempt, treat us the same. Ministry is being driven to providing clear evidence of need and numbers of refusal on CBA's. This is MCCSS looking at the different options and opportunities with DS. There are conversations to happen around how to ensure these barriers are alleviated and allow for the nimbleness of the workforce.
  - ✓ At the end of the day we want to ensure employees are showing up to work and what this means.
  - ✓ Can MCCSS share some of the 'evidence based' cases that LTC used and allow DS to cut and paste. When you analyze this a week or 2 from now and when numbers start to really grow, our staffing models are forcing us to have more touch-points and increased risk.

Laura does not have this as this would be confidential advice to cabinet, however MCCSS could work on this together.

### **Personal Protective Equipment (PPE – Supply Chain)**

- The sector remains concerned about access, as well as lack of guidance on use (similar to what has been provided to LTC and other medical facilities). Clarity about access and when to use would be a significant help.

### **Workforce/Staffing**

- There are a number of current and emergent issues related to staffing. Staffing shortages are happening or are anticipated due to:
  - Work refusals
  - Direction / expectations to self-isolate
  - Requests for leaves of absence
- We discussed the value of quantifying some of these factors / occurrences to help the Ministry understand incidence and trends.
- Ongoing competition for high demand employees (health sector continuing to recruit) is also a pressure
- Mitigations have included compensation – front line service bonuses/hourly premiums where there is known risk of infection; redeployment; looking at additional recruitment opportunities / labour pool (eg. DSW college students)
- Challenges with mitigation may come from collective agreements which can limit re-deployment and QAM mandatory training requirements which can limit urgent / rapid staffing. Ineligibility for essential services child care is seen as a concern over the coming weeks as care alternatives are limited and costs for employees grow.

### **Essential Services**

- Sector has concerns about “essential service” status. Some of these relate to public health process and others to employment matters.
  - On public health, this seems to assist with priority/fast tracked testing and assessment for cases. Consistent guidance and process would help here.
  - On employment being deemed essential, it may assist with addressing staffing and priority service issues in workplace / collective agreement environment (eg. Prioritizing resources / people for residential services on 24/7 model).
- ✓ Ann B. -Definition of ‘essential’ is critical
- ✓ Laura will take this back to Rupert and he can bring back tomorrow.
- ✓ Dave will send an email via OASIS list serve re: Collective Agreement and Union
- ✓ David Remington and Eugene are joining the EOC calls now

### **Planning for need for alternate residential settings**

- There are concerns about the potential for alternate residential settings – both in respect of understanding best advice about when these may be required; and how and where to operationalize them.

- There is interest in the relative roles of DS agencies, other community agencies and potentially health partners in direction / guidance and staffing
  - ✓ Lorrie H. – Concerns around not being able to with other vulnerable people. This came out today. MCCSS/Christine K. said the use of the word vulnerable is not necessarily the same as how DS uses and other sectors do support people that are health compromised and very vulnerable.
  - ✓ PN -Health often does not realize that that we are not health professionals and things become confused. This is where greater clarity is needed. Laura is working with the MOH on guidelines for group home and co-living facilities to provide clear directions and how social distancing might work. As far down as to what happens if there is a symptomatic or a positive case identified, etc. working to finalize and out as quickly as possible and should cover a lot of these concerns. MCCSS has heard loud and clear on this.
  - ✓ PN- Many of us have increasing numbers that fall under LTC and a growing component, this should be referenced in the guidelines.
  - ✓ MCCSS –The guideline acknowledges the situation that may make ind's with DD vulnerable to complications and potential decline due to aging, pre-mature aging, co-existing issues, respiratory, etc. and trying to include at what point is someone in a home no longer able to be supported in the home.
  - ✓ Michelle: If MCCSS wants to vet the guidelines or correspondence with this group, we would be happy to extend this assistance. Laura said this is a helpful offer, however this is up to the health folks.

## 2) Updates on take-aways from the Committee Members:

- **Compensation Discrepancies** – Dave F. – Recommendations were forwarded to OASIS – Darren Connolly – Summary sent to OASIS Board Chair and circulated to the Board. May discuss today, alternatively another call is scheduled tomorrow. Hearing that wages are starting to get pushed more and more by agencies.
- **Frontline experiences** – Joanne D. person in group home is extremely vulnerable and medically fragile. Rapidly declining over past 2 years. Deemed palliative with the diagnosis of pneumonia. Discussing hospitalization due to staff and anxieties.
- **'Draft' Letter to Minister's Office** – Will this be from CLO/OASIS/PN
- **TDA** - Don W. - TDA and Partnership is doing some work on consolidating information and will link in with Ann-Marie B. re: repository of information. A meeting took place this morning with service providers and TDA. Have a 3pm call and will bring forward then.
- **Website/Repository** - Ann-Marie completed the website and page setup.. Please forward and correspondence to her for posting. Ann-Marie will prepare a memo to be shared with PN and their networks. Chris B. is putting together similar resources and cross-linking so all can end up at the same place. Christine K. referenced the Windsor Essex Real Xchange and would be happy to connect with Ann-Marie on this. Partners for Planning have also offered their platform from a webinar and video connection.
- **Connection with Complex Care Leads for People with Significant Supports** – *Deferred to Thurs. Mar 26<sup>th</sup>* – Dean will share report with Michelle
- **MYRP; Sharpened Assessment** – Brad *Deferred to Thurs. Mar 26<sup>th</sup>*
- **Health Protocols** – Dean, James, Terri and Bryan will *update at PN mtg. of March 26<sup>th</sup>* –

- **Cascading Framework on Covid-19 issues – Brayn *will update at PN mtg. of March 26<sup>th</sup>***

### **3) Issues/ Risks:**

- EOC – Eugene attended the EOC call today. This call is set up so that people from health provide a worldwide case and numbers are staggering. Today discussed working to increase lab testing/telehealth/lack of PPE. Not necessarily any answers or solutions, however a number of questions were raised. In order to raise a question, you go into a queue, however meeting shut out at 9:30am and Eugene was not able to ask questions. Will join again and will leverage conversation around our priorities and the fact that we support people with DD and trying to keep out of hospital, etc. Share any specific information to Eugene. David Remington will also be joining this call.
- Correspondence around budgeting - would still like the ability to carry over fiscal funding Passport and SSAH; temporary ability to purchase technology going forward and during this crisis. Other suggestions for use of funding: Ipads, taxi's for deliveries of groceries, prescriptions, etc.
- Backfill Issues – this has not been defined
- Bryan- acknowledge and thank MCCSS that something came out and that this provides a starting point. Now we need guidance on how to help people live and staffing.
- Carolynn – as a parent, always felt 'essential', however the guilt and anxiety because of not being able to contribute during this time is difficult. THANK YOU, we parents are truly very, very grateful to see family and people are getting the support needed.

### **4) Significant Decisions:** *Based on Recommendations from Take-Aways & Today's Conversations*