

AdvantAge Ontario

FLTCA Proposed Regulations – Analysis and Comparison

FLTCHA = Fixing Long-Term Care Act, 2021

Ref = Section reference to proposed regulation

R or A then a number = FLTCA section or FLTCA proposed regulation section

LTCHA = Long-Term Care Homes Act, 2007

LTCHA R = Regulation 79 under the Long-Term Care Homes Act, 2007 and section

Red font = new or revised requirement with significant impact (at this stage of analysis and member consultation)

Red font and highlighted in grey = high priority with significant impact (at this stage of analysis and member consultation)

Ref	Topic and brief description	What is in, out, or different
1	Definition of 1999, 2009 and 2015 design manuals.	Replaced with qualifying wording: "design manual applicable under the development agreement to which the home was subject".
1	Definition of "class A beds"	Connects to definition in the LTCHA. No change.
1	Definition of "retrofit manual"	Regulation does not use term.
1	Definition of "Development Agreement"	No functional difference compared to LTCHA R321.
	Used where a design manual applies, for example definition of room type (R1) and requirements for lighting	

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	(R21), generators (R22), and informing placement coordinators of vacancies (R204).	
4	<p>Definition of "Caregiver" for the purpose of the Act and Regulation.</p> <p>New definition. Summary:</p> <ol style="list-style-type: none"> 1. Family, friend, or important person 2. At least 16 3. Provides paid or unpaid support or assistance 4. Designated in writing 	<p>Material additions:</p> <ol style="list-style-type: none"> 1. Recognized in preamble and Bill of Rights (A3) 2. IPAC must have educational component (A23) 3. Experience survey must include caregivers A(43) 4. Caregivers are essential visitors and must under visitor policy have access during pandemic and outbreaks (R268) (see R268 for new visitor policy)
5	<p>Definition of "Controlling interest"</p> <p>Moved from LTCHA 2 (2)</p>	<p>Removes share ownership requirement (10%/voting rights for control)</p>
21	<p>Lighting – use of term "development agreement"</p>	<p>No functional difference (LTCHA R18)</p>
22	<p>Generators – use of term "development agreement" and removal of sections</p>	<p>Outdated transitional provisions removed. Homes with beds other than Class A or beds under an emergency licence and not subject to a development agreement must comply with 22 (1) by December 31, 2024. (LTCHA R19)</p>
30	<p>Care conference</p>	<p>Outdated transitional provisions removed. (LTCHA R27)</p>

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33	Calculation period for targets in sections 8 and 9 of the Act relating to hours of direct care for PSWs, nurses and allied health professionals.	New - Measurement of first periodic increase towards targets starts 1 Jan 2022 and ends 31 March 2022. Reporting system?
34 (3)	Time to comply with palliative care philosophy requirements under section 12 of the Act.	Home has 6 months from section 34 coming into force to meet requirements of section 34 of the Reg and section 12 of the Act with respect to palliative care program.
61	Palliative care requirements Relates to section A12 that requires home to provide residents with care or services that integrate a palliative care philosophy.	Resident (or SDM and designated individual) must receive explanation of palliative care options that may be part of care to the resident, including end-of-life care. The palliative care assessment as part of a plan of care must be holistic and comprehensive. The section sets out minimum content for palliative care services (quality of life improvements, symptom management, psychosocial supports, end-of-life care). Home has 6 months from section 34 coming into force to meet requirements of section 34 of the Reg and section 12 of the Act with respect to palliative care program. LTCHA R42 requires licensees to ensure that every resident receives "end-of-life-care" that meets their needs.
67	Therapy services	Outdated transitional provisions removed. (LTCHA R59)
77	Menu planning requirements	Additional menu cycle requirements: (1) Primary entree and side dishes at all 3 meals and dessert at lunch and dinner. (2) Choice of snacks. (3) Before menu cycle in effect: (a) review by Resident Council, (b) evaluated by nutrition manager and RD staff members, (c) approved by staff member RD, taking under consideration requirements and DRIs. (4) Must keep record

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102	Infection prevention and control program (IPAC) requirements	<p>of evaluation under (b) including any changes. (5) No longer set times for breakfast and dinner - meals served at times agreed by Resident Council and Administrator. (LTCHA R71)</p> <p>Additional requirements from Act (section 23 versus LTCHA 89):</p> <ol style="list-style-type: none"> 1. Evidence based procedures 2. Educational component for staff, residents, volunteers, and caregivers. <p>Additional requirements in Reg:</p> <ol style="list-style-type: none"> 1. Home must implement all Director protocols 2. IPAC teams must include IPAC lead, MD, ND and Admin 3. Local MOH invited to all meetings 4. Program evaluation in accordance with Director protocols 5. Implementation in accordance with current medical evidence and precautionary principle as set out in Director protocol 6. Six additions to education and experience qualification of IPAC Lead (including certification within 3 years of section coming into force) 7. List of IPAC Lead responsibilities 8. Minimum hours/week for IPAC Lead (and evaluation if additional Lead necessary) 9. Quality management program for IPAC (as set out in Director protocol) 10. IPAC contact information (monitored regularly) to MOH or OPAC Hub. (LTCHA R229)
108	Dealing with complaints	<p>Clarification that for the purpose of immediate investigation "harm" includes but is not limited to physical harm.</p> <p>Response to complain must include MOLTC and patient ombudsman contact information, and if the requirement to immediately forward the complaint to the Director under A26 (1) (c) applies, that the home did so.</p> <p>Direction with respect to A26 (1) (c) – during normal business hours and after. (LTCHA R101)</p>
109	Additional requirements – section A26	<p>New. Complaints alleging risk of harm to a resident must be forwarded immediately to the Director along with the documented record under 108 (2) (LTCHA R</p>

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115	Reports relating to critical incidents Uses definition of emergency from R269	The Director must be immediately informed of an emergency, which means "an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home." (LTCHA R107)
117	Whistle-blowing protection (A30)	New. Protections against retaliation apply to reports made to resident and family councils (there already protections with respect to reports to inspectors and Director)
165-169	Quality improvement initiative – A42 Compare to LTCHA R228	166 – Committee composition and responsibilities (must have Committee 6 months after section coming into force). 167 – Designated lead must be staff member. 168 – Report on quality improvement initiative: mandatory content and record keeping requirements (experience survey date and results, communication of results, action taken on results and more generally, role of resident council and Committee in actions, dates actions communicated to residents) 169 – record of names of persons who evaluated in evaluation of improvements
201	Change of category	Removes out of date references. (LTCHA R103)
204	Informing placement coordinator about vacancies – use of term "development agreement"	No functional difference – home must inform whether bed is subject to a design manual under a development agreement versus the class of bed in current regulation. (LTCHA R
252	Medical Director	Agreement to include completion of Medical Director course, other training, and minimum hours - 6 month transition period. New responsibility re oversight of resident clinical care. (LTCHA R79-81)
253-257	Hiring staff, accepting volunteers	Organizational changes: Police checks in separate section from declarations and different sections for charges, convictions, and professional misconduct.

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		<p>Additional offences subject to screening.</p> <p>Limitation period for screening for certain charges and convictions (5 years back).</p> <p>Police checks for staff and volunteers hired during pandemic required within 3 months.</p> <p>New screening requirements for directors and members of committee or board of management. (LTCHA R215)</p>
260	Orientation	Additional training for staff in IPAC (four areas)
261	Retraining – timing and transition	LTCHA training and retraining deemed to be FLTCA training or retraining, and training dates under LTCHA determine retraining interval under FLTCA.
264	Orientation for volunteers	IPAC training requirements – 260 (2) of Act.
265	Information for residents	Visitor policy added to list for package. (LTCHA R224)
266	Posting of information	Additional items to post in home, for example visitor policy, notice of AMP, contact information for administrator and ND. (LTCHA R225)
268	Visitor policy	New. Visitor policy required with minimum required content set out. Homes must retain visitor logs for 30 days.
269-71	Emergency plans Compare to LTCHA R230	<p>Additional requirements:</p> <ol style="list-style-type: none"> 1. More detail on who to consult while developing/updating 2. Four additional events to plan for, 3. More requirements for evacuation planning 4. Specification for resources and equipment and entities in responding to emergencies – and their role and how home will consult with them 5. Plan for provision of food, fluid, and drugs 6. Specification for plan activation

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		<p>7. Specifications for communication</p> <p>8. Evaluation within 30 days following emergency declared over, including feedback from entities involved in emergency</p> <p>9. Additional events subject to testing (gas leaks, boil water advisories)</p> <p>10. Additional requirements relating to recovery from emergency</p> <p>11. Additional requirements for pandemic and epidemic planning</p> <p>12. MOH must be invited to participate in emergency planning relating to matters with "public health significance"</p> <p>13. IPAC Lead must be involved with respect to emergency planning for pandemics and outbreaks</p> <p>14. Requirements and content relating to attestation in A90 – attesting to compliance with emergency planning requirements (LTCHA R230)</p>
272	Website	New. Licensee must have a website with required content, including contact information for administrator, ND and IPAC lead, and Ministry toll-free number for making complaints, and emergency plan and visitor policy. 6 months transition period.
273	CMOH and MOH	Requirement to comply with CMOH and MOH orders, guidance, and advice.
274	Communications equipment	Access to reliable communications equipment for the purpose of obtaining emergency assistance.
279-83	Staff and volunteer records	<p>Additional content relating to screening records.</p> <p>Records for volunteers and board members who have responsibilities at more than one home must be kept at each home (like staff currently).</p>
320	Conditions of a licence – development agreements	Compliance with development agreement is a condition of a licence.
349	Re-inspection fees	\$500 fee for second (and subsequent) inspection to determine compliance with a compliance order. (LTCHA R 299.1)

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	In existing regulation but not proclaimed.	
350	Administrative monetary penalties In existing regulation but not proclaimed.	<p>Director or inspector may issue AMP with a compliance order. Director may issue AMP after an inspector referral.</p> <p>Table in regulation sets out requirements subject to AMPS and amount of AMP.</p> <p>Rules for AMP amounts for continuing non-compliance.</p> <p>Mandatory AMPs for repeat non-compliance with 3 years if compliance orders were issue for the initial and repeat non-compliance. (LTCHA R299.2)</p>
366	Extension until all residents relocated	