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COVID-19 and its Toll on Canada's Elders: Need for Collaborative Leadership[1]

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The COVID-19 pandemic has tested the limits of Canada's vintage public health and acute care systems, profiling some extraordinary leadership *in action* by public health leaders such as Drs Tam, Henry, Strang and Hinshaw and by many incredibly resilient front-line providers. We have witnessed unprecedented political leadership and collaboration by First Ministers in response to the pandemic.

But COVID-19 has also exposed many holes in our fragmented healthcare system and in pandemic preparedness. And, nowhere have the failings in the system been more consequential or embarrassing than in our fragmented approach to providing quality long term care (LTC) for our elders. Of the 8,500 deaths due to COVID-19 recorded thus far, the National Institute on Aging estimates that 82% have occurred in LTC homes across Canada and over 95% of all deaths have been over the age of 65.

To be clear, it is not the fault of any one institution or individual. This is a systemic failure: one that has been decades in the making because of leadership inaction. And, with the benefit of hindsight, perfectly predictable. What is also clear is that the COVID crisis is national inscope and, we contend here, points to a long overdue concerted and collaborative national response, led by the federal government.

A Collaborative Leadership Approach

Leadership action is always defined by time, situation, and circumstance. So, it is for long term care in 2020 and helping to explain outbreaks across the country. Three key factors define the current context for long-term care: the current structural and capacity challenges of the long term care model as revealed by COVID-19; the broader social, political, economic and technological environment in which health care sits; and finally, the constitutional role of the federal government in health care. Given this, what does it mean for governments to show leadership in fixing a fragmented long-term care system? We look to the LEADS framework for some guidance here.

The first step is for politicians and civil servants to resist the desire to apportion blame: a fundamental systems principle. Responsibility for the current long-term care situation rests with all levels of government and their authorities, the public and with private sector providers. It is result of

[1] For another perspective see: Tholl, Hirdes and Hebert: "Leading Long-term Care Reform: The Unfinished Business of Medicare, Policy Options, Institute for Research in Public Policy, 2020 (forthcoming).

system failure. Framing the challenge of improving long-term care as the fault of any one group, or as a politically bi-partisan issue, or as a battle to be fought between federal and provincial governments would be a leadership failure. Framing the leadership as a learning opportunity is key.

Second, the federal government needs to continue to foster a distributed or collaborative approach to leadership. The COVID-19 crisis has shown how command and control leadership does not work and the need for a distributed, "whole of government approach" to fight the pandemic. Together, federal, and provincial leaders need to assess the full range of legislative, regulatory and other policy options (e.g. tax policies) to fix the system, including leveraging up the current provisions of the Canada Health Act.
While these actions describe *what* to do, the LEADS domains and capabilities show us *how to do it*.

If distributed leadership—fostered and sponsored by the federal government--were to operationalize the capabilities of *Achieve results* to realize these goals, they would first articulate a clear, compelling vision and direction for fixing long term care and facilitate the reflection of that vision in a series of national standards to plug the holes in the system. Second, they would ensure there is dedicated funding for it earmarked in the federal provincial transfer agreements (building on the home care support provided for in the 2017 Health Accord) [2]. The Canada Health Act *already* allows for it: "any facility or portion thereof that provides acute, chronic or rehabilitative care services" is insured. Contrary to popular belief, the Act is agnostic to setting.

The *Develop coalitions* and *Systems transformation* domains also suggest how to implement change. In recognizing the federal government must work through and with provinces and territories to facilitate changes in service delivery, sophisticated coalition building strategies, like those used in dealing with COVID-19, must be continued. The 'encourage and support innovation' capability of Systems transformation suggests that many of the actions taken by the federal government to foster innovation to deal with COVID-19's health and economic challenges should be maintained in support of long term care reform. It needs to sustain encouragement and support for innovation in service delivery models; in private-public partnerships; and in human resources provision and utilization.

The 'champion and orchestrate change' capability of Systems transformation suggests that the federal government must be committed—in the long term—to collectively driven change. System inertia--the tendency to just go "back to normal"—may be the biggest challenge facing movement toward a new vision. Changing long term care is not a crisis like a pandemic: it will fall out of the public eye once the COVID-19 crisis abates unless the federal government continues to champion it. The federal government can take advantage of the political will that exists in the population during COVID-19 and within the many levers of change it possesses.

Summary

The COVID crisis has exposed both the strengths and weaknesses in our fragmented long-term care system. It has showcased effective leadership at the local or regional level in many parts of the

[2] See "Shared Health Priorities (2017): https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities.html

country. It also affords governments an historic leadership opportunity to work together to fix the structural and legislative holes in the system so that we never again put our elders in harms way. Why, for example, have some parts of the country been so much more successful than others in preventing or curbing COVID-19 outbreaks? Through the lens of appreciative enquiry, we can be better prepared for the next pandemic, when it comes.

To be truly successful, a broader, LEADS-informed leadership change strategy is proposed, anchored by a growing consensus around a clear, compelling visions for a better long term care system across Canada, and utilizing the federal government's funding provisions combined with the setting of national standards. Leaders will be tested by the inertia of historical practice, new priorities that will emerge, and the frustrations associated with the extensive consultations and engagement across governments and many sectors of society. Leadership needs to come from a federal government that shows empathy, caring, courage, and commitment amidst almost certain opposition rooted in past practice; and that models, through its actions, both the will and the sophisticated collaborative relationships required for it to succeed.