
Subject: Medical Directors Annual Report 2021 – Long Term Care Homes

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 14, 2022

Recommendations

1. That this report **BE RECEIVED** for information.

Key Facts

- The purpose of this report is to provide a summary of the 2021 Annual Reports submitted by the Medical Directors (MD) of Niagara Region's eight long-term care (LTC) homes.
- Under the *Long-Term Care Homes Act, 2007* each home is required to have a Medical Director. The MD fulfills a number of functions including advising the Director of Resident Care on matters related to medical care in the home and serving as a member of the Medical Advisory Committee. Medical Directors review and provide input into medical and clinical policies based on best practices. They also ensure 24/7 medical coverage for the home and residents and oversee the Attending Physicians in their home.

Financial Considerations

As per the *Long-Term Care Homes Act, 2007* and the Ministry of Long-Term Care Level-of-Care Per Diem funding policy, MD's are issued a payment through the Nursing and Personal Care envelope.

Analysis

Annually, the MD of each LTC home provides an analysis of the medical program in the home and identifies key emerging themes. This year the MD's feedback related to three categories: long-term care staffing increases, opportunities and changes to the MD's role, and opportunities and challenges posed by virtual tools.

LTC Staffing Increases: Priorities and Opportunities

The Ministry of Long-Term Care (MLTC) made a commitment to increase staffing in long-term care through the province's LTC Staffing Plan. In November 2021, long-term

care homes were issued the first wave of funding to support a gradual year-over-year increase in staffing to support homes in achieving a staffing level of four hours of care per resident per day by April 2025. The MD's identified their priorities for this funding based on their trend analysis and observations.

The MD's note that LTC homes continue to see increased acuity and increased complexity of medical, behavioural and mental health needs among LTC residents. Front line care is complex and residents require enhanced support with feeding, dressing, grooming and mobility. Additional resources at the front line including Personal Support Workers (PSW), Nurses, Nurse Practitioners (NP), Rehabilitation, Recreation and Social Work, will serve to enhance the quality of life and clinical outcomes of residents. Increased access to a dedicated infection control role in LTC homes is required related to the current status of the COVID-19 pandemic and also for future planning for infection control.

There is a need for advanced clinical nursing skills. There are more discharges from hospital that involve a patient with advanced care needs (e.g. complex wound care, PEG tubes, IVs, chest tubes, central lines, CADD pumps¹). As residents present with higher-level needs, the expectation will be that LTC homes are well-equipped to respond to these needs. Continuing to introduce advanced skill roles, such as Nurse Practitioners will help to address clinical challenges as well as assist with decreasing the need for hospital transfers.

In November 2021, Report [COM 26-2021 Long Term Care Home Funding Policy Update](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=19585) (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=19585), detailed the provincial funding policy update and the subsequent staffing this enhanced funding would support. The staffing enhancements that were implemented in November 2021 and in April 2022, align with the priorities identified by the MD's. Across the homes, the majority of staffing increases have been among the PSW group. There have also been increases to Registered Practical Nurses, Recreation, and Social Work staffing. Furthermore, after a successful Nurse Practitioner pilot program at Linhaven, Seniors Services is expanding this program across the other Niagara Region LTC homes. There is a shortage of Nurse Practitioner's in the market and as such it will likely be a gradual

¹ PEG tubes (percutaneous endoscopic gastronomy tubes are long term artificial enteral feeding tubes), IVs (intravenous, providing fluid or medicine through a vein), CADD pumps (continuous ambulatory delivery device, a pain pump to control and relieve pain)

implementation based on market conditions. The LTC homes are also moving forward with a dedicated Infection Prevention and Control (IPAC) lead across all eight homes to support the implementation of the enhanced IPAC requirements and standards in the new LTC legislation.

Opportunities for Changes in the Medical Director Role Reflecting on the Past Year

The MD's role has changed dramatically over the last two years related to the complexity of patient load, increased expectations from residents/power of attorney and longer wait times for referrals/clinical tests due to pandemic restrictions and limited hospital access.

Throughout the pandemic, medical services were sustained in LTC through a combination of in-person care, virtual care, virtual communication and phone appointments. As LTC homes continue on a trajectory of COVID-19 recovery, Medical Directors and Attending Physicians will continue to adapt and work to determine how to best combine in-person and virtual care to deliver effective care in a timely and efficient manner.

Opportunities / Challenges of Virtual Tools and Opportunities

The MD's support sustaining access to virtual care and tools post pandemic. They share that with the presence of good nursing support, virtual care can be delivered safely in conjunction with in-person care. They noted that particularly through the pandemic, virtual tools were helpful for specialist appointments. They also identified that the Point Click Care (electronic health record) skin and wound application made it possible for the physicians to have access to current data related to resident wound care.

Some MD's shared that they would like to see an increase in the use of virtual tools for consultation with physicians, nurse practitioners and specialists. The ability to complete a preliminary consult and then expedite a hospital transfer for specific testing could decrease risk and wait times for residents in the emergency rooms (e.g. a resident can be fast-tracked straight to a diagnostic test [radiology] if the initial consult was completed virtually with a dedicated emergency LTC physician.) An eConsult may also serve to avoid referrals and emergency visits thereby, supporting not only more efficient use of the health care system but also a better care experience for residents.

Although most MD's support optimizing the use of virtual care, some MD's expressed that it has been difficult to administer effectively and that they will require further support if there is an expectation of use of virtual care.

The LTC homes will continue their commitment to leveraging the benefits of technology and virtual supports to optimize resident care and services.

Overall Feedback

The MD's all spoke to the contributions of the teams at the homes, expressing their sincere appreciation to the staff for their unwavering dedication and commitment to the residents during the pandemic.

They also expressed that healthcare system planning provincially and federally will need to address the health system pressures across the continuum including the increase in acuity, complexity and levels of cognitive impairment of residents in LTC.

Alternatives Reviewed

There are no alternatives to this report, which has been provided for information, as this is a requirement of the *Fixing Long Term Care Act, 2021*.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community

Other Pertinent Reports

COM 26-2021 Long-Term Care Funding Policy Update

Prepared by:

Kim Eros
Associate Director Clinical & Support
Services
Community Services

Recommended by:

Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.

Chief Administrative Officer

This report was prepared in consultation with Dr. D. Al-baldawi, Dr. M. Ali, Dr. T. Bastedo, Dr. D. Henry, Dr. C. Hu, Dr. S. Khandelwal, Dr. E. Wilson and Henri Koning, Director, Seniors Services.