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**Subject:** Medical Directors Annual Report 2018 – Long-Term Care Homes

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, April 16, 2019

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## Recommendations

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

## Key Facts

The purpose of this report is to provide Committee and Council with summarized findings identified by the Medical Directors of the Region's eight Long-Term Care homes (LTCH) in their 2018 Annual Medical Directors' Reports.

Under the LTCH Act each home is required to have a Medical Director, who must be a physician. The Medical Director fulfills a number of functions including: liaising with the Director of Resident Care on matters related to medical care in the home, serves as a member of the Medical Advisory Committee and acts as co-chair on the Professional Advisory Committee in the LTC home, reviews, advises and revises medical and clinical policies / procedures based on best practice, ensures 24 / 7 medical coverage for residents, and acts in a supervisory capacity relative to Attending Physicians (holds Attending Physicians accountable to meet the homes policies, procedures and protocols for medical service).

Key recommendations identified by the Medical Directors are as follows:

- Continue to focus on staff training and capacity building to ensure residents' increasingly complex needs can be met in the Long-Term Care homes, minimizing the need for transfers to hospital.
- Continue to advocate for enhanced funding to increase Personal Support Worker (PSW) and recreation staffing levels.
- Enhance the level of support offered to families and caregivers related to the transition into Long-Term Care and in understanding the progression of dementia.

## Financial Considerations

As per the Ministry of Health and Long-Term Care's (MOHLTC) Level-of-Care Per Diem Funding policy, Medical Directors are issued payment of \$.30/resident day through the Nursing and Personal Care envelope (MOHLTC/Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) funding.

## Analysis

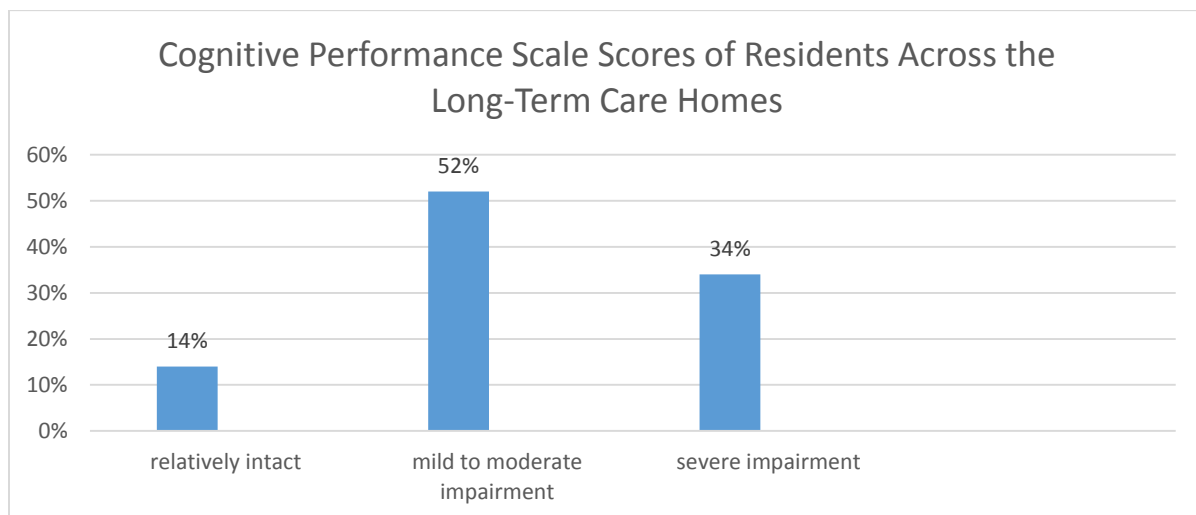
### Profile of the Current LTC Resident Population

Niagara Region Seniors Services provided Long-Term Care (LTC) services for 1,525 residents in 2018. The eight LTC homes welcomed 571 new admissions throughout the year and at the end of 2018 there were 1,998 seniors on the waitlist for our homes.

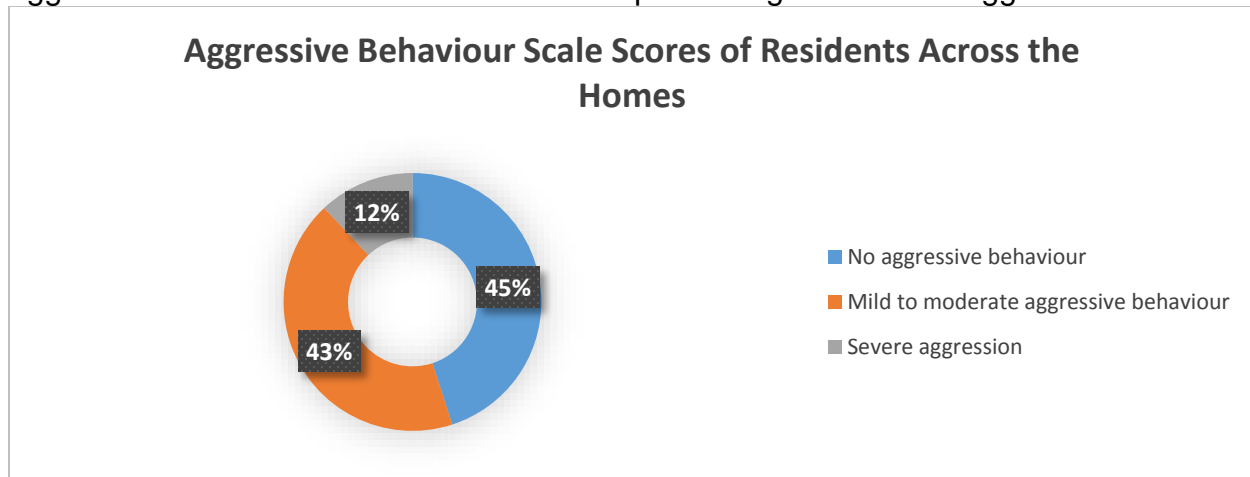
The average age of residents in the LTC homes in 2018 was 84. Many of the residents in the homes are dependent on a wheelchair or walker and require assistance with the activities of daily living (e.g. bathing, dressing, and mealtimes) related to physical functional challenges.

With the continued focus on aging at home, people are able to stay in their homes longer and as a result, residents admitted to Long-Term Care present with more acute needs. Newly admitted residents require more complex care, which may include use of oxygen, tube feeds, intravenous therapy, wound care and end of life needs. The attending physicians across the homes work to stabilize acute medical conditions and multiple co-morbidities (multiple chronic conditions) of residents, while collaborating with the full interdisciplinary team to optimize residents' functional capacity and quality of life.

Many residents of the LTC homes also present with cognitive impairment. The chart below details the Cognitive Performance Scale (CPS) scores of residents across the LTC homes. The CPS combines information on memory impairment, level of consciousness and executive function. As illustrated in the chart below, 86% of residents across the homes have mild to moderate or severe cognitive impairment.



Many residents across the LTC Homes also present with responsive behaviours. The Aggressive Behaviour Scale (ABS) is a measure of aggressive behaviour based on the occurrence of verbal abuse, physical abuse, socially disruptive behaviour and resistance of care. A score of 1 - 4 indicates mild to moderate aggressive behaviour and a score of 5 or more represents the presence of more severe aggression. The following chart illustrates that 55% of residents across the homes present some level of aggressive behaviour with 12% of residents presenting with severe aggression.



Based on their review of LTC in 2018 and anticipated future trends, the Medical Directors made three recommendations in support of continuous improvement.

**Recommendation 1:**

*Continue to focus on staff training and capacity building to ensure residents' increasingly complex needs can be met in the LTC homes, minimizing the need for transfers to hospital.*

To address the prevalence of cognitive impairment and responsive behaviours among the residents, Seniors Services staff have completed Gentle Persuasive Approaches (GPA) training, responsive behaviour training and Code White training (violent outburst response plan). In 2019 staff will receive further training in support of providing resident centered, individualized care for residents with cognitive impairment with the introduction of "Positive Approaches to Care" an effective companion training program to GPA training.

To address clinical needs given increasing acuity of residents, registered staff will be focusing on clinical capacity building in 2019 through the introduction of two new learning programs.

- (i) Intravenous Therapy Certification - This training will enhance the scope of practice of our registered staff and avoid resident hospital transfers for infusion of medications.

- (ii) York University Wound Care Certificate Course – This training will support registered staff to develop the necessary competencies to lead home based wound care teams, to effectively optimize use of the wound care app and to manage more complex wounds. Advanced wound care skills will help avoid transfers to hospital for complex wound related complications.

Recommendation 2:

*Continue to advocate for enhanced funding to increase Personal Support Worker (PSW) and recreation staffing levels.*

The Medical Directors identified a need for increased MOHLTC funding to enhance front-line staffing to support resident care needs. The Medical Directors also noted that additional dedicated recreation staff on each unit would relieve residents of boredom and loneliness. They felt that this would improve the resident experience by keeping them emotionally balanced, physically active and socially engaged.

As reported in COM 07-2019, Seniors Services completed a staffing study to determine optimal staffing levels across the LTC homes. In 2018 the MOHLTC provided an increase to base funding in the Nursing and Personal Care funding envelope which was used to add to PSW staffing levels. The MOHLTC also provided an increase to base funding in the Programs funding envelope which was used to add a four hour recreation shift to all dementia units. These additional four hours will help support care on the unit and help to manage escalating behaviours related to ‘sun-downing’ (a neurological phenomenon associated with increased confusion and restlessness in patients with dementia).

These staffing enhancements, approved through the 2019 budget process have increased the staffing by 0.16 hours/per resident/day, now operating at 3.32 hours/resident/day per day. Seniors Services and AdvantAge Ontario<sup>1</sup> continue to advocate for increasing staffing levels to achieve the target of 4.0 hours/resident/day.

Recommendation 3:

*Enhance the level of support offered to families and caregivers related to the transition into LTC and in understanding the progression of dementia.*

The Medical Directors identified the need for increased support to families and caregivers who admit their loved one to our homes. Families and caregivers are supporting their loved ones at home longer as part of the Aging at Home strategy, prior to being admitted to LTC. In the community, home care provides core supports to help people live independently in their homes as long as possible. The strategy promotes access to services and seeks to ensure co-ordinated care efforts.

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<sup>1</sup> AdvantAge is an association for not-for-profit Long-Term Care homes and services for seniors in Ontario that Niagara Region Seniors Services is a member of.

In 2016, Health Quality Ontario (HQP) published a report called 'The Reality of Caring'. This report collected data from family, friends and neighbours who helped care for people in their homes. The burden and distress was evident and had doubled between 2009 and 2014. This has been recognized by the province and initiatives and supports are being trialed to ease the stress of the unpaid caregivers. The data from HQO showed that, generally, the caregivers are more distressed when they are caring for a cognitively impaired person.

The Medical Directors noted that more support should be provided to family members who have admitted their loved one to our LTC home. The stress these care providers felt at home can carry over to the long-term care experience. The families themselves are more complex. The Medical Directors noted that we are no longer just caring for the resident but the family members and friends as well. Currently across the eight LTC homes we have some social worker supports for families and are exploring options to add additional supports to provide care for burdened and stressed family members.

In summary, it was noted by the Medical Directors that even though there are multiple challenges and financial constraints placed on the home, staff overall provide excellent services across the interdisciplinary team to each resident.

### **Alternatives Reviewed**

Not Applicable.

### **Relationship to Council Strategic Priorities**

Not Applicable.

### **Other Pertinent Reports**

- COM 07-19 Seniors Services Quality Improvement Report, Sept to Dec 2018

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