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**Subject:** Medical Directors Annual Report 2022 – Long Term Care Homes

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

**Report date:** Tuesday, April 4, 2023

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## **Recommendations**

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

## **Key Facts**

- The purpose of this report is to provide a summary of the 2022 Annual Reports submitted by the Medical Directors (MD) of Niagara Region's eight long-term care (LTC) homes.
- Under the *Fixing Long-Term Care Act, 2021*, each home is required to have a Medical Director. The Medical Director fulfills a number of functions including:
  - The development, implementation, monitoring and evaluation of medical services, advising on and approving clinical policies and procedures, and communication of expectations to Attending Physicians and registered nurses in the extended class, including communicating relevant medical policies and procedures.
- Medical Directors also ensure 24/7 medical coverage for the home and residents and oversee the Attending Physicians in their home.

## **Financial Considerations**

As per the *Fixing Long-Term Care Act* (FLTCA) and the Ministry of Long-Term Care (MLTC) Level-of-Care Per Diem funding policy, Medical Directors are issued a payment through the Nursing and Personal Care envelope.

## **Analysis**

Annually, the Medical Directors of each LTC home provide an analysis of the medical program in the home and identify key emerging themes. This year the Medical Directors' feedback related to three categories:

- Care trends;
- The value of participating in the professional advisory committee and quality meetings; and
- The enhanced scope of responsibilities for Medical Directors under the *Fixing Long-Term Care Act, 2021*.

## Care Trends

The MD's noted that there is a scarcity of long-term care beds available and residents who are prioritized on the wait list are those with the highest needs. Patients who would have previously remained in hospital are now coming to long-term care. As a result, newly admitted residents tend to be increasingly frail and have more complex health and personal care needs. Complexities extend beyond physical frailty and include expressive behaviours of dementia that may result in injury to others, those with complex psychiatric diagnoses and those with a current substance use disorder.

The Ministry of Long-Term Care has been gradually increasing staffing funding to support homes to meet a target of four hours of care per resident per day. The MD's noted that the increase in staffing levels and the continuity in staff, especially the registered staff, has been a great improvement in care. They commented that the nurses and staff are doing very well managing and supporting the residents' increasing needs, keeping the residents safe, and ensuring that the quality of care is high. A number of the MD's observed that although the increases in staffing over the past number of years have made a tremendous difference, as the complexity of new admissions continues to increase, the Province will need to ensure that long-term care homes continue to have ready access to the resources and appropriate levels of skilled staff to properly care for them.

The *Fixing Long-Term Care Act, 2021*, requires homes to introduce a palliative approach to care with all residents, not just residents whom are end-of-life. A lot of work has been done to transition to a palliative approach to care across the Region's long-term care homes. This work is instrumental in ensuring that residents' wishes for end of life at home are honoured whenever possible. All levels of staff including the MD's are instrumental in fostering a trusting relationship with patients and their families, and supporting families to feel assured that the homes are equipped to provide compassionate and exceptional end of life care. MD's expressed their pride in the work homes' have undertaken to move to a palliative approach to care as a whole. The MD's

noted that the PoET<sup>1</sup> program, that has been implemented across all homes and the overall increased awareness of the palliative approach to care in LTC, is helping with this goal.

Staff across the homes having been working in collaboration with the MD's to minimize transfers to hospital. Long-term care homes have started introducing a Nurse Practitioner role into the onsite care team to support each home's ability to meet more acute care needs within the home. Reducing unnecessary transfers to hospital offers many benefits. First, older adults with multiple comorbidities are subject to unnecessary testing, increased risk for delirium, hospital-acquired infection, pressure injuries and worsening cognition and function when transferred to acute care. With timely access to appropriate diagnostics, residents are better served in our home with a familiar environment and staff. Second, reducing unnecessary transfers provides relief to a very strained acute care hospital system. The care team will continue to focus on this work in 2023.

### **Role of the Medical Director at Professional Advisory Committee and Quality Meetings**

Professional advisory committee (PAC) and quality meetings provide the opportunity for the Medical Director to collaborate with the inter-professional team including the Pharmacist, Dietitian, Director of Resident Care, Nurse Practitioner, Administrator, and Public Health staff. PAC meetings provide an opportunity to discuss trends, challenges, opportunities for improvement, identify potential new quality initiatives, and receive feedback from members of resident and family council. The meetings are truly a multidisciplinary approach to ensuring best care for residents. Inter-professional members of the team learn from one another through this forum as issues are discussed from various professional perspectives to ensure the best possible decisions to support resident care.

The team reviews pharmacy statistics, infectious outbreak statistics as well as other clinical trends and compares outcomes with the other municipally operated homes and the provincial performance measure average and targets. The team examines the

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<sup>1</sup> PoET Project: Prevention of Error Based Transfers. A William Osler Health System and McMaster University collaboration that aligns resident wishes with the Health Care Consent Act through review of consent, capacity and substitute decision making practices.

effects of procedural and policy changes and looks at potential new changes to come. The MD's noted that there is a degree of reassurance in knowing the level of monitoring that is done on a routine basis in the homes to ensure the ongoing delivery of optimal patient care. They commented that it is quite useful to better understand the different pressures facing each branch of the care team to help understand and support decision-making processes.

### ***Fixing Long-Term Care Act, 2021: The Enhanced Scope of Responsibilities for Medical Directors***

The MD's noted that the relationship in LTC between the MD, Director of Resident Care and Administrator is an important collaboration that results in improved communication, alignment on policies, procedures, and practices. The MD's expressed support for the expansion of the MD role in long-term care under the FLTCA noting that given the level of acuity of residents, MD's should have a more prominent role in the home and should be more involved with quality improvement initiatives. The MD's also expressed the inherent challenge in that the MD role has been expanded in the legislation, but the compensation has remained unchanged for many years. MD's expressed concern that Medical Directors will leave the sector when faced with time commitment expectations that never previously existed, increased responsibility, increased training requirements, minimal authority to affect change in the sector, and inadequate compensation when compared to their acute care leadership counterparts. MD's also expressed a need for administrative liability protection given the expansion of the role.

### **Overall Feedback**

The Medical Directors all spoke to the contributions of the teams at the homes expressing their sincere appreciation to the staff and workers of the Region's LTC homes for their unwavering dedication and commitment to the residents during the pandemic.

The MD's 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 in now seen in long-term care.

### **Alternatives Reviewed**

The Medical Director Annual Report provides Committee and Council with important information related to the medical program and resident care in the LTC homes. As the

governing body for the Region's LTC homes, it is important that Council receives these reports to ensure high quality of care, understand the successes, challenges and opportunities experienced in these facilities and meet legislative accountability requirements of LTC.

## **Relationship to Council Strategic Priorities**

Healthy and Vibrant Community

## **Other Pertinent Reports**

- COM C-8-2022 *Fixing Long-Term Care Act, 2021*, May 10, 2022
- COM 16-2022 *Fixing Long-Term Care Act*, Phase 1 Regulations, May 10, 2021
- COM 24-2022 Advancing the Region's Implementation of the Long-Term Care Home Funding Policy, September 13, 2022
- COM 25–2022 *Fixing Long-Term Care Act, 2021*; Implementation Update, September 13, 2022

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