
Subject: Medical Directors Annual Report 2019 – Long-Term Care Homes

Report to: Public Health and Social Services Committee

Report date: Tuesday, May 12, 2020

Recommendations

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

Key Facts

- The purpose of this report is to provide summarized findings identified by the Medical Directors of Niagara Region's eight long-term care homes in their 2019 Annual Medical Directors' Reports.
- Under the Long-Term Care Homes Act, 2007, 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, and serving as a member of 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.
- The Medical Directors continue to note increased acuity and complexity of needs for the Region's long-term care home residents. Recommendations speak to training, hospital avoidance, staffing and support for families.

Financial Considerations

As per the Long-Term Care Homes Act 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 (MD) of each home complete a review of the prior year's data and provide insight into the trends and changes they are seeing in their respective home. The Medical Directors at Niagara Region's homes have varying lengths of service. One long standing Medical Director indicated that over the last 34 years of service, he has seen a gradual increase year over year in care requirements. The homes are providing oxygen, catheters, intravenous therapy for hydration and

medication purposes, and complex wound care, many of these not seen previously in his tenure.

More extensive physician assessment was required to support frail residents admitted to Niagara Region's eight long-term care homes in 2019. Many residents are palliative or require end-of-life care upon admission. An increasing challenge is the number of co-morbidities that residents are experiencing. Co-morbidities are conditions that require simultaneous medical management (e.g. dementia, diabetes, heart disease, and osteoporosis). Many residents coming into long-term care already have assistance in place in their homes for co-morbidities, responsive behaviours, or other acute conditions and require a much higher level of care once admitted.

Further to best practice and provincial direction, medical directors and attending physicians have continued their efforts to decrease the use of antipsychotic medications with support from the consultant pharmacist. Antipsychotic medication can help control hallucinations, agitation or aggression caused by dementia. However, side effects may include confusion and higher risk of falls and as such, efforts are ongoing to minimize use. The provincial target for antipsychotic use performance metric is 19%, and while the 2019 average for Niagara Region's eight homes was 20.8%, staff are working collaboratively with the physicians to reduce usage.

The Ministry of Long-Term Care has an expectation that homes reduce transfers to the emergency room to support the end of hallway medicine. The Linhaven home has been trialling a full-time nurse practitioner to support this initiative as part of her role. Since the introduction of this, the home has been able to reduce emergency room (ER) transfers by 75 percent. Reducing ER visits when possible improves the quality of life for residents. The care team can put together a care plan in the home to prevent the transfer, when appropriate. The homes also work closely with nurse practitioners from the previous local government agency, the HNHB LHIN, through the Mobile Nurse Led Outreach Team program. This program supports all 33 Niagara long-term care homes to reduce unnecessary ER visits.

The Medical Directors recommended the following to help plan the future direction for Seniors Services from their analysis of trends and changes facing long-term care:

Recommendation 1:

Continued education for personal support workers and clinical staff such as RNs and RPN's. There has been a concerted effort to educate staff for intravenous therapy,

wound care and managing responsive behaviours, and ongoing training should continue.

In 2019, Seniors Services provided wound care training for over 100 registered staff, in collaboration with York University. Registered staff also completed intravenous pump training facilitated in collaboration with the pharmacy provider.

Training provided to front line staff in 2019 included Gentle Persuasive Approaches, Positive Approaches to Care, and Aging and Dementia Simulation.

The Gentle Persuasive Approach is an innovative dementia care education curriculum based on a person-centred care approach. This interdisciplinary approach trains staff to care effectively and appropriately for residents with responsive behaviours. The curriculum also includes respectful self-protective and gentle redirection techniques for use in situations of risk.

Positive Approaches to Care is a concept and care model developed to support people living with dementia by equipping caregivers with specific skills aimed at increasing their understanding of what it is like to live with dementia.

Aging and Dementia Simulation training was facilitated in partnership with the Alzheimer's Society. The simulation provides experiential training for staff by modifying their senses to experience the world in a similar way as an older adult with some health conditions.

Recommendation 2:

Continue to work with nurse practitioners to reduce ER visits and collaborate with local hospitals to provide optimal care together.

Niagara Region's eight long-term care homes work collaboratively with the nurse practitioners funded through the Mobile Nurse Led Outreach Team. Staff are able to call for support on assessment and decision making prior to sending a resident to the emergency room. This practice will continue in 2020.

Recommendation 3:

Consider expanding the Linhaven nurse practitioner trial to other homes to support residents, families and staff with ever-changing care needs.

The pilot is currently in month 5 of a 12-month project timeline. Evaluation of the effectiveness of the embedded nurse practitioner model will continue throughout the pilot. Pending outcomes and future base funding increases, the position may be recommended for permanent status as well as possible expansion and scaling across the remaining long-term care homes.

Recommendation 4:

Review staffing patterns and consider additional PSW's. Consider also increasing recreation on the afternoon shifts and in evenings to support the behaviour program.

A study was completed to identify optimal staffing ratios (COM 07-2019). Based on funding levels the recommendations of the study informed a decision to standardize schedules across the eight long-term care homes with enhanced staffing during peak resident care times. An increase to base funding in 2018 allowed for additional staffing of 0.2 hours per bed day. Seniors Services continues to advocate to the Ministry of Long-Term Care for an increase to four hours of care per resident per day.

Recommendation 5:

Continue to support families through social worker assistance so they are better able to support their family members.

In 2019, a lead Social Worker (Masters prepared and certified) was introduced to the homes temporarily through a pilot project to support resident and families. The social worker is supporting families and residents with complex needs, helping them from admission to discharge and connecting them with required or additional services.

In conclusion, the Medical Directors commended staff at all levels (administration, nurses, PSW's, physio, social worker services, food services and volunteers) for their commitment to the homes and the task of caring for the residents every day, providing them with care and comfort.

Alternatives Reviewed

Not Applicable.

Relationship to Council Strategic Priorities

Healthy and Vibrant Community.

Other Pertinent Reports

- COM 07-2019 Seniors Services Quality Improvement Report September to December 2018
- COM 42-2019 Seniors Services Quality Report 2019

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.
Acting Chief Administrative Officer

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