HE-A1-1

Region of Peel
Working for you

REPORT
General Committee

For Information

DATE: October 1, 2009

REPORT TITLE: **2008 ANNUAL REPORTS OF THE LONG TERM CARE MEDICAL DIRECTORS**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

The purpose of this report is to provide Regional Council with the Medical Directors' 2008 annual reports for the Region of Peel's five long-term care centres.

REPORT HIGHLIGHTS

- Medical Directors at long-term care centres provide annual reports to Regional Council as their governing board.
- Planning and responding to behavioural concerns, infection control and improving collaboration with the Community Care Access Centre (CCAC) was a priority in 2008.
- The Medical Directors and staff are commended for delivering compassionate, high quality and responsive services to over 700 long-term care residents each year.

DISCUSSION

1. Medical Director's Annual Reports

The Medical Directors at Peel's Long Term Care (LTC) centres provide the governing board with an annual report on the medical status of the residents and the supporting medical programs.

Dr. Harry Earle is Senior Medical Director for the Long Term Care Division. Additionally, Dr. Earle is the Medical Director at Peel Manor and Tall Pines. Dr. Joseph Niedoba is the Medical Director at Malton Village and Davis Centre. Dr. Peter Bolland is the Medical Director at Sheridan Villa. The Medical Directors will attend the General Committee meeting of Council on October 22, 2009 to address their reports attached as Appendix I.

2. Medical Services

Medical Directors and senior management staff at each of the Region's LTC homes monitor trends in care needs. This includes deaths, falls, infections and aggressive incidents. These indicators are useful in identifying trends which require action and in identifying promising practices.

Indicator	Malton Village (160 Beds)	Peel Manor (177 Beds)	Sheridan Villa (101 Beds – during redevelopment)	Tall Pines (160 Beds)	Davis Centre (64 Beds)
Deaths	29	34	24	38	17
Falls with hospital transfer	16	13	6	19	4
Aggressive incidents (resident to resident and resident to staff)	80	26	91	29	24
Outbreaks	0	1	0	2	0

3. Present and Emerging Service Initiatives

The Ministry of Health and Long-Term Care (MOHLTC) and Local Health Integration Networks (LHINs) have been working towards a health system model that emphasizes the role of integrated community health services that are supported by institutional care, such as hospitals and LTC homes.

Hospitals should meet the episodic needs of patients, with a plan for discharge. However, the high number of Alternate Level of Care (ALC) beds in Peel's hospitals has resulted in long emergency room wait times for Peel residents needing care, and among the longest paramedic offload delay levels in Canada.

Long term care meets the needs of those living with complex chronic illnesses who are unable to live in the community with community-based and homecare supports, but who do not have the short term acute needs requiring hospital care. The importance of the LTC bed component of the health system will become even more apparent as local health systems become more integrated and seniors' services are aligned across a continuum of care.

Partnerships are required to ensure that the LTC home can successfully meet the challenges and provide the right services for the individuals in its care and for the resilience needed in the system. To that end LTC staff and our Senior Medical Director participate in several LHIN and local system initiatives.

As acuity of care increases and residents are maintained in the LTC home during the acute episode of their illness, it is imperative that the Province resource LTC homes with medical and nursing expertise to deliver the front line care needed to keep the resident in the home and avoid unnecessary transfer and admission to the hospital.

a) Behaviour Needs

Behavioral needs of LTC residents are a reality of the operation of a LTC home. Dementia related diagnoses are the root cause of most aggressive incidents. Analysis of incidents of resident aggression consistently demonstrate that residents with damaged cognitive reasoning react to stimuli in their environment including their fellow residents, efforts by staff to accomplish specific tasks and occasionally objects or equipment with which they are unfamiliar.

These responsive behaviours can result in the resident harming themselves or others. Individuals may be treated to minimize their threat and improve safety for

themselves and others. The properly resourced LTC home is often the best alternative to provide care.

Advocacy to the MOHLTC and LHINs on the creation of special behaviour assessment units in some LTC homes and behaviour support services in all LTC homes is gaining momentum, both at the Peel level, as the result of Regional Council's resolution in May 2008, and at the Provincial level with two current consultations – "Every Door is the Right Door," Discussion Paper, 2009; and Select Committee on Mental Health and Addictions. Additionally, Peel LTC has been invited to begin discussions on a partnership with the Mississauga Halton LHIN and Trillium Health Centre to develop a centre of excellence and leadership for the community in specialized services to deal with behavioural needs of LTC residents.

b) Infection Control

Vulnerable populations in the LTC setting require enhanced levels of infection control. LTC homes have developed detailed protocols for hospital acquired infections, and influenza and enteric outbreak management. Particular attention in 2008 was given to pandemic planning. Seasonal immunization is a well established practice for residents and staff in Peel's LTC homes. As referenced in a report to Regional Council in July of 2009, resident participation is close to 100 per cent and staff participation was 75 per cent for the fall 2008 campaign. This compares favourably to hospital participation. LHIN led Infection Control Networks provide education resources and are in the process of developing standardized protocols for all health service providers.

c) Community Care Access Centres

The Community Care Access Centre (CCAC) is responsible for assessing and organizing care and services for community healthcare recipients. Applications for LTC are placed by the CCAC when it has been determined that services in the community can no longer meet the needs of the individual. Good quality information is essential to ensure plans and services for each person are communicated to the LTC home. Additionally, the *Long Term Care Act* was recently amended; and the CCAC is now empowered to provide specific professional services to LTC residents to support the home in maintaining their care and avoiding costly hospital transfer. With this new mandate work is ongoing to ensure that LTC and CCAC collaborate effectively to meet residents' needs.

4. Future Direction in Medical Services

Availability of physicians and other health care professionals who are skilled in geriatric and psycho-geriatric care and able to effectively work with residents' families continues to be a priority. Residency for medical students in the LTC setting has recently been added to the Family Health program at McMaster University and student placements in Peel's LTC Homes started in 2008. Expansion of the use of Nurse Practitioners and physician assistants across the province is being monitored for possible benefits.

Electronic health records are increasingly the standard allowing greater opportunity for information management across organizations and professions. Quick access to data to help inform the doctor regarding residents' conditions is improving, and will continue to be an area of development.

October 1, 2009
2008 ANNUAL REPORTS OF THE LONG TERM CARE MEDICAL DIRECTORS

CONCLUSION

The Medical Directors and staff are commended for delivering compassionate, high quality and responsive services to over 700 long-term care residents each year.

Janette Smith
Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

For further information regarding this report, please contact Carolyn Clubine, Director, Long Term Care.] at extension 2647 or via email at carolyn.clubine@peelregion.ca

Authored By: Carolyn Clubine, Director, Long Term Care

c. Legislative Services

HE-A1-5

ANNUAL REPORT
PEEL MANOR HOME FOR SENIORS
2008

INTRODUCTION

Peel manor has been providing long term care for over 110 years and is a mainstay of this area of health care in Peel. The home has continued to remain current with the ever changing management of seniors. It has engaged the community with adult day programs, and meals on wheels. There is a need to expand on this with the increased complexity of medical management in residents. Nurse practitioners are now able to come into the home to assess and treat residents with intercurrent illness in some cases thereby avoiding transfer to the hospital. This, it is hoped, can be expanded on.

HOME STATISTICS

Residents 177
Deaths 34
Falls- no injury 194
-with injury 24, nine resulting in hospital assessment, four resulting in hospital admission.
Aggression Resident to resident 23 incidents
Resident to staff 3 incidents. This is often under reported by staff as there are many occasions when staff are assaulted by a demented resident but no injury occurs to the staff person.
Some residents smoke and this is allowed only in designated areas. Inappropriate episodes of smoking do occur.
Infection control- Immunization of residents 87.2%
- Immunization of staff 75.3%

Outbreaks- One influenza outbreak in 2008. Influenza B Staff 9, residents 17, four of which were hospitalized.
In addition the constant surveillance of MRSA, VRE, and C. diff. remains part of the management of infections in long term care. These bacteria can cause significant illness and spread from one resident to another easily in an institutional setting. It requires isolation involving an increased use of gowns and gloves, and the time it takes to look after one of these residents.

SIGNIFICANT ISSUES.

There is an increased need to combine resources with those of the community. Interaction with CCAC more effectively will enable the home to function with less reliance on the hospital. Linking with the LIHN to tap into the ageing at home program would offer opportunities to give better care to the residents through those available resources.

HE-A1-6

FUTURE DIRECTION

It is hoped that further linkages with other health care entities such as CCAC can be strengthened to enable better use of available resources. There will be increased pressure from this growing segment of the population. Medical technology is keeping people alive longer but with the presence of a higher incidence of chronic illness and often multiple conditions coexisting. This burden will affect long term care and how it is managed. Complex continuing care will likely become a larger segment of the care population and not just the frail elderly. This will require the effective and coordinated use of our resources.

SUMMARY

There will likely be an increase in complexity and volume of geriatric illness in the near future. This will require a coordinated effort on our part to ensure that we meet the needs of this portion of our society. It our responsibility to respond to this anticipated need.

Respectfully,

HARRY T. EARLE M.D.

Medical Director.

HE-A1-7

TALL PINES
LONG TERM CARE

ANNUAL REPORT

INTRODUCTION

Long term care continues to evolve into a larger portion of our health care system as the baby boomer portion of the population ages. Better utilization of our resources is one of the objectives to be addressed if we are to meet the needs of our seniors. This can be accomplished with a coordinated use of the community organizations involved in senior care. Effective use of resources such as CCAC will enable us to deliver more treatment in the home without resorting to transfers to other facilities such as William Osler.

HOME STATISTICS

Deaths 38
Falls—no injury 341
Fall. – with injury 10
Aggression - resident to resident 17
- resident to staff 12

It should be noted that there are many times that residents have agitated behaviour toward each other and staff on a daily basis. These behaviours are only reported if there is a significant event. At times this can absorb an enormous amount of staff resources.
Infection Control: Vaccinations—80.1% of staff were vaccinated.
98.1% of residents were vaccinated
There were 2 main outbreaks of an infectious type of illness. Both of these were contained in effective manner such that only isolated areas of the home were affected. This shows the effectiveness of our infection control policies. There are particular challenges in long term care that make infection control more difficult. For example, demented residents will wander in spite of the requirement that they be isolated. This causes an extra burden on the staff to control such a resident. In spite of this and other similar challenges we were able to effectively control the outbreaks that occurred.

SIGNIFICANT ISSUES

The majority of the time management of seniors is routine. It is when a resident becomes acutely ill on top of his chronic condition that extra resources are needed. Chronic conditions that are stable can change rapidly into an acute decompensation of the patient's status. An example would be chronic bronchitis changing into pneumonia. Another example is a chronic condition worsening such that extra care is needed. A large open area on the skin that needs extensive wound care and elaborate bandaging. Occurrences such as these occupy large portions of the nursing time available. Help from community partners would alleviate this. Utilizing a CCAC nurse to give the time needed

with dressings would help avoid a transfer to the hospital and likely give the resident a better outcome. We do not fully avail of these services at the present time.

FUTURE DIRECTIONS

It is hoped that in the future that better use of community services will enable us to provide a better level of care for our more complex patients. Help from the Region of Peel in advocating on behalf of the home for better availability and liaison with community resources will give the residents better health care management.

SUMMARY

Long term care will be a larger portion of our health care system in the near future, based on demographics. The increasing needs should be addressed in a proactive manner to avoid unnecessary stress and hardship in our society. It is our responsibility to address these issues. Making better use of resources available to us is one of the ways we can accomplish this.

HARRY T. EARLE M.D.

Medical Director.

HE-A1-9

MEDICAL DIRECTOR'S REPORT for year 2008
Davis Centre

OVERVIEW

The staff at the Davis Centre is to be commended for providing excellent on-going care to its residents.

BASIC STATISTICS

In 2008, there were 17 deaths. This is somewhat lower than in 2007 with 22 deaths.

In 2008, there were 88 falls, 22 which resulted in injury, 3 of which were fractures. There has been some improvement from 2007 with 100 falls, 26 which resulted in injury.

In 2008, there were 9 resident to resident behaviour incidents compared to 20 in 2007. However, in 2008 there were 15 residents to staff behaviour incidents compared to 11 in 2007. This indicated that providing care to an individual with dementia and aggressive behaviour continues to be a challenge.

SIGNIFICANT ISSUES

Complacency has set in amongst some staff with regards to obtaining the influenza vaccine. For example, in 2005, 90% of the staff received the flu immunization. This has dropped to 76% in 2008. This has occurred despite an active educational program and numerous opportunities throughout their shifts for staff to obtain their flu shot. I should add that the Davis Centre is not alone in witnessing this downward trend amongst its staff. The recent concern that there may be an association with the seasonal flu vaccine and H1N1 flu, may further contribute to staff not obtaining flu vaccinations.

What often is not appreciated is how important it is for staff to receive the flu shot. Dr. Allison McGeer, an infectious disease specialist at Mount Sinai Hospital, has talked extensively about this. She discusses studies that have shown that for every 8 health care professionals that do not receive the flu shot, one resident in long-term care will die.

The current Region of Peel policy for influenza vaccine is that it is not mandatory. If there is a flu outbreak in a long-term care facility and staff has not received the flu shot, they are sent home without pay. They can return to work if they take Tamiflu.

I would recommend that this policy be reviewed. In a flu outbreak, the nursing and health care needs of residents are increased. A full staff complement is needed to address this increased demand. By sending some staff home, this puts an increased

burden on the remaining staff. Secondly, influenza is often introduced to a long-term care facility by an individual health care worker who has just acquired the virus. In the first 48 hours of a flu illness, the symptoms may be very mild. However, that individual is contagious. By working in a long-term care facility, that worker is putting the residents they care for at risk. It is imperative that all staff working in a long-term care facility have the necessary flu vaccines unless there is a medically documented reason not to do so. There are several jurisdictions now that regard flu vaccination important enough to make it mandatory for healthcare workers.

PROGRAMS OF INTEREST

The Meals on Wheels program continues to play a significant role in the community. There were 7488 meals provided in 2008.

The Adult Day Program provided 4259 service days to a total of 51 clients.

The Respite Program continues to provide care to the elderly who require temporary care at the Davis Centre.

EMERGING TRENDS

Much better collaboration needs to occur between long-term care , acute care and the Community Care Access Centre. This will ensure a more coordinated and efficient delivery of health care to the elderly.

SUMMARY

The Davis Centre has provided excellent care to its residents for many years. This however, can be improved on by ensuring that the influenza vaccination rate is substantially higher than what it currently is.

Respectfully submitted,

Dr. Joseph Niedoba M.D., M.B.A.

HE-AI-11

MEDICAL DIRECTOR'S REPORT for Year 2008
Malton Village

OVERVIEW

The residents in Malton Village represent a diverse population. They not only vary in age but differ in terms of their medical, social and cultural needs. The staff is to be commended for providing excellent care in this challenging environment.

BASIC STATISTICS

In 2008, there were 29 deaths; 20 in the facility and 9 in hospital. In 2007, there were 31 deaths.

For the year 2008, there was a total of 87 transfers to hospital compared to 80 transfers in 2007.

In 2008, there were 319 falls with 262 of these not resulting in an injury. Of the 57 injuries, there were 6 fractures. This represents an increase from 2007 where there were 264 falls, 50 of which resulted in injury.

SIGNIFICANT ISSUES

Although there has been some improvement in behavioral incidents, this continues to be a challenge. In 2008, there were 48 resident to resident incidents (in 2007, 66 incidents). In 2008, there were 32 resident to staff incidents (in 2007, 21 incidents). Three residents were sent to Toronto Rehabilitation Institute for a 45 day psychiatric evaluation and treatment.

Resident aggression continues to be a concern to us and all necessary steps are taken to address this issue including the following: rigorous screening of each resident application to ensure that the candidate is suitable, multidisciplinary team approach to management of behaviors, staff training for management of behaviors and follow up support for staff who may be subjected to resident aggression. However, the staff often have to deal with challenging residents on a daily basis. This can result in not only burn-out but also occasional inappropriate staff conduct with residents.

I would recommend a program that assists staff with developing healthy approach to stress management. The management team has been gathering input from the staff which will be used in developing a structured program of staff support and stress management as part of their employee wellness program.

PROGRAMS OF INTEREST

Adult Day Services

The Adult Day Services program is operating almost at full capacity. This service is offered to adults who live in the community and need assistance with daily activities. At the centre they receive social, recreational and therapeutic programs led by professional staff. The program at Malton Village recently celebrated the grand opening of the Adult Day Services Garden, a secure, enclosed courtyard garden for the participants to enjoy.

Palliative Care Program

We have recently revised our existing Palliative Care Program to provide more support and meet the various cultural and religious needs of residents and their family members who are requiring of these services. The program includes the use of a support basket with various items that family members and staff can use with residents during this time. Bereavement support information and a guide for staff are also included.

Registered Staff recruitment

Recruitment of qualified Registered Nurses and Registered Practical Nurses is an ongoing challenge. A number of Personal Support Workers at the home are upgrading their skills to become Registered Practical Nurses. The education is provided onsite at one of the other centers, a means of growing our own talent

EMERGING TRENDS

The relationship between Long Term Care and Acute Care continues to be problematic. Hospitals for example, often do not understand what Long Term Care can and cannot do. As well, information regarding the care received by our residents in the hospital setting is not always forthcoming to us, which may lead to gaps in the care of the resident.

Another emerging trend that we are seeing at Malton Village is an increase in the level of care of those residents who are seeking admission to the centre through the Community Care Access Centre (CCAC). They are presenting with more complex physical and behavioural care needs. The centre is expected to admit anyone who is deemed eligible for long term

care by the CCAC. This poses a potential challenge for the staff who are already working at their maximum and can strain resources at the centre. The admission team works diligently in reviewing these applications for admission and collaborates extensively with the Community Care Access Centre (CCAC) to ensure that we are admitting residents who are appropriate for the centre.

To alleviate these concerns, a more collaborative partnership is needed between us, the hospitals and the Community Care Access Centre (CCAC) in understanding and supporting each other's mandates and expectations. This will ensure that Long Term Care receives the right information at the right time to deliver quality services to our clients and will help to ensure that those residents who are being admitted are appropriate for the centre. This could be achieved by the Regional representation on hospital and CCAC committees as well as at the level of the Local Health Integration Network (LHIN) to ensure that our interests are heard and understood.

SUMMARY

Malton Village continues to provide an excellent level of care to its residents. Our goal is to improve on this by continuing to educate staff in the area of behavior management. By also improving how Malton Village works with its outside partners such as CCAC, its acute care hospitals, and the LHIN, resident care will be further enhanced.

Respectfully submitted,

J. Niedoba

Joseph Niedoba M.D., M.B.A.

HE-AI-14

Region of Peel
Working for you

Leadership
2005 Public Sector Leadership Awards IPAC•Deloitte
2008 Prix de leadership dans le secteur public IAPC•Deloitte

CANADA AWARDS FOR EXCELLENCE
GOLD RECIPIENT QUALITY 2006

MEDICAL DIRECTOR ANNUAL REPORT TO COUNCIL FOR CALENDAR 2008

August 25, 2009

Ladies and Gentlemen:

The following is my report on the medical status of Sheridan Villa during 2008, plus comments on potential future directions.

Basic Statistics

Resident Population:	101	
Deaths:	24	This approximates the death rate of previous years.
Falls:	9	without injury
	17	with injury 3 required hospital assessment and 3 required admission.
Aggression:	82	incidents of resident to resident aggression and
	9	incidents of resident to staff aggression. There has been a significant increase in aggressive incidents in the home. This is attributed to the type of clients seeking admission.

Infection Control: There were no outbreaks in 2008.

Significant Issues

At the time of this writing, the second phase of renovations has almost finished, revealing a very upscale design and functional, comfortable, pleasant surroundings for residents as well as for outreach programs into the surrounding senior community. The final phase is about to begin and likely will continue for another year.

A major issue inside Sheridan Villa, as it has been for years, is the management of residents who present with 'Behavioral and Psychological Symptoms of Dementia' – BPSD – referred to in last year's Medical Directors report to Council.

Residents afflicted with dementing illness will occasionally develop behavioral patterns, attitudes, psychological traits which are threatening to their own health, the safety of other frail residents, and the well being of staff to say nothing of the environment shared by all. This is referred to in the literature and by experts in the field as 'BPSD'. Our Provincial health care system has few resources to manage people so afflicted. It is my opinion, shared by my colleagues, that a specific unit designated to treat/house these people is needed in Peel.

Several elements would have to be addressed in the opening of a BPSD unit. It would be necessary to estimate the ideal size of such a unit. What would the criteria for admission and discharge include? How would it be staffed? How would rapid access to expert opinion, e.g. geriatric psychiatry be arranged? How would it be constructed to produce privacy, restraint and safety? Where are other units to be researched? What would operating costs look like? These and many related areas of concern form the basis for research and development.

HE-A1-16

The end product is achievable, could serve as a model across the province, and certainly is necessary as care of the elderly advances.

Medicine is rapidly advancing and new diseases and their treatments affect the elderly. We currently should be able to access CCAC services, especially for our Nursing staff in such areas as complex dressings, I.V. antibiotic use, and future tracheotomy care. We can expect to house residents who need dialysis treatment in the future. We can expect to have AIDS victims as residents of the future. In short we must be ready to adjust to significant change.

In summary, 2008 in Sheridan Villa has seen the very extensive renovations continue towards their final end with elegant and functional results. Resident health has been as expected. We must address the problem of BPSD sooner rather than later. We need more help from CCAC to reduce hospitalization of our residents and provide help and instruction to our Nursing staff. We must be ready immediately to deal with a pandemic flu, and plan for unmet needs including the challenges of new diseases and the provision of modern medical care to those afflicted.

Respectfully Submitted:

Dr. Peter G. Bolland
Medical Director
Sheridan Villa Long Term Care Centre