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Region of Peel
Working for you

REPORT
Meeting Date: April 26, 2012
Regional Council

For Information

DATE: March 12, 2012

REPORT TITLE: **2011 ANNUAL REPORTS OF THE LONG TERM CARE MEDICAL DIRECTORS**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

To provide the Medical Directors' 2011 annual reports for the Region of Peel's five long term care centres.

REPORT HIGHLIGHTS

- Medical Directors at the Regionally operated long term care homes provide annual reports to Regional Council as the governing board.
- Indicators are monitored to assess resident health, safety and quality of care.
- Medical Directors will attend the Regional Council meeting on April 26, 2012.
- 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 Directors' Annual Reports

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

Dr. Joseph Niedoba is the Medical Director at Malton Village (Mississauga) and Davis Centre (Caledon). Dr. Peter Bolland is the Medical Director at Sheridan Villa (Mississauga). Dr. Harry Earle is Medical Director at Peel Manor and Tall Pines (both in Brampton). Additionally, Dr. Earle is the Senior Medical Director for the Long Term Care Division. The Medical Directors will attend the Regional Council meeting on April 26, 2012 to address their reports attached as Appendix I.

2. Medical Services

Medical Directors and senior management staff at each of the Region's LTC Centres monitor trends in healthcare risk factors. The team has selected key high level risk indicators to monitor. They act as "proxy measures" to monitor the quality of resident health. For

example, monitoring the number of falls that result in a transfer to hospital helps to bring these events to a problem solving forum designed to diminish the severity of falls.

Centre	Year	Deaths as a % of approved beds	Falls with Transfer to Hospital	# of Aggressive Incidents (resident: resident and resident: staff)	# of Outbreaks
Malton Village - 160 beds	2008	18	16	80	0
	2009	20	11	88	1
	2010	17	16	93	1
	2011	18	13	61	3
Peel Manor - 177 beds	2008	19	13	26	1
	2009	27	8	19	1
	2010	21	18	42	1
	2011	20	8	50	2
Sheridan Villa – 142 beds	2008	17	6	91	0
	2009	20	7	58	1
	2010	19	4	72	0
	2011	22	3	32*	0
Tall Pines – 160 beds	2008	24	19	29	2
	2009	23	19	41	0
	2010	20	16	87	0
	2011	16	10	30	0
Davis Centre – 64 beds	2008	27	4	24	0
	2009	20	3	32	1
	2010	19	6	34	1
	2011	20	3	26	0

*does not include the Sheridan Villa Special Behaviour Support Unit (SBSU)

The number of deaths as a percentage of beds remains fairly consistent with previous years. The divisional average for our five LTC Centres for 2011 is 19.88 per cent which is the lowest in the last four years.

In 2011 the number of falls with transfer to hospital for all five centres was below the 2010 results. An established divisional Falls Management and Prevention Program, involving an interdisciplinary team approach, identifies residents at risk of falling and provides strategies to reduce the incidence of falls and severity of injury. Each incident is investigated immediately and the resident's care plan is updated to include an action plan to minimize the risk of a future fall.

A decline in aggressive incidents across the division was noted in 2011. The incidents are dependent largely on the resident population; however, the introduction of the Gentle Persuasive Approach training and our divisional Responsive Behaviour Management Program in 2011 has led to an increased awareness of how to prevent and redirect aggressive behaviours.

Of the total 52 long term care home outbreaks reported by Peel Public Health in 2011, five occurred in our Regional LTC Centres. Each centre maintains an effective, well-managed

Infection Prevention and Control Program to recognize, help prevent and control the development and spread of infectious diseases and promote wellness.

As mentioned in Dr Earle's Peel Manor report, Health Quality Ontario is creating a repository for indicators of quality for all LTC Homes in Ontario through a tool called MDS RAI which is completed at each Home and compiled by Canadian Institute for Health Information. It is expected by 2014 that Peel LTC will be able to compare its results with all Ontario LTC Homes.

3. Present and Emerging Service Initiatives

The long term care home sector in Ontario is a key component of the broader health system providing care and support services to a rapidly growing seniors population. LTC homes are well suited to deliver medical care and supportive services for those suffering from multiple and complex chronic and disabling conditions, as part of the local health services system, when they are appropriately resourced. As acuity of care increases and residents with more complex care needs are maintained in the LTC home, it is imperative that the Province resource LTC with medical and nursing expertise, and sufficient personal caregivers needed to provide appropriate care.

One resident care need has consistently been championed by the Medical Directors over the years: unpredictable aggressive behaviours which are generally understood to be a response by the resident to events and circumstances in their environment that they can no longer understand or control. This is referred to as "responsive behaviours" to better articulate the root cause and the influencers that may impact on residents suffering with dementia or other deteriorating mental capacity.

Several of the Doctors' reports reference the pressures placed on care and services due to the needs of residents with responsive behaviours. The Special Behaviour Support Unit at Sheridan Villa has very positively influenced the ability of the LTC sector to resolve the most challenging resident behaviours; however, the impact of responsive behaviours in the regular LTC population continues to require intensive care planning at all Homes. The Ontario government recently introduced a Behaviour Support Ontario Project, which includes additional resources for all LTC Homes through dedicated Behaviour Support Champions in each LTC Home to support, and facilitate front line staff learning and the implementation of best practices. Additional support through expert Psychogeriatric Resource Consultants who work in each LHIN may be drawn upon as well.

4. Future Trends in Medical and Nursing Care Services

As demands of the aging population continue to impact on health services planning, there are a number of opportunities to assist with positive health outcomes in the community.

- Training of LTC staff in understanding Canadian Trauma Acuity Scale (CTAS) will allow for better use of emergency responders who are dispatched to a 911 call at the LTC Home. Accurate details communicated to the dispatcher will ensure correct triage and that the right responders will arrive at the Centre.
- Communication with hospital based healthcare professionals (nurses and doctors) about the care needs of LTC residents, both going to hospital and returning back to the LTC Home, can improve the delivery of timely and appropriate care. Regular communications between Peel LTC and hospital management is useful in specific problem resolution as well as process improvements.

- Peel LTC is actively involved in clinical work to improve resident care; including participation in a University of Toronto study on the determinants of quality in the context of recent system wide reform. A highly successful program focused on Hydration has been launched at Tall Pines and will be expanded to other Homes.

Peel's LTC Centres also provide the support and skilled staff to deliver community care services through Adult Day Services based at four of the Centres. Clients receive enhanced services to ensure that the personal care they need to maintain their independence in the community is provided effectively while they are in attendance at the program. The provision of personal care while receiving psychosocial support has the potential to transform the LTC Centre into a community hub extending the senior's independence delaying or eliminating the need for residential care in the LTC Home.

CONCLUSION

Peel LTC Medical Directors' commitment to high quality medical care and services with a view to emerging trends that require creative solutions is an important contributor to the well being of over 700 long term care residents each year.

Janette Smith
Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

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c. Legislative Services

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MEDICAL DIRECTOR'S REPORT for 2011
Davis Centre

I am pleased to present the 2011 Medical Director's Report for the Davis Centre.

BASIC STATISTICS

In 2011 there was not a significant difference in the basic statistics. There were 13 deaths in comparison to 12 deaths in 2010.

The total number of falls in 2011 decreased by 18 in comparison to 2010; 90 falls in 2011 compared to 108 in 2010. Of these falls there were three residents that required transfer to hospital for an assessment. The Ministry of Health and Long Term Care (MOHLTC) provided additional one-time funding to all Ontario long term care homes to purchase falls prevention equipment. With this funding the Davis Centre purchased a variety of falls prevention equipment to assist with the prevention of falls, in addition to the rollout of our revised Falls Prevention Program.

The Davis Centre saw a reduction in the number of resident to resident behaviour incidents in comparison to 2010, 14 in 2011 and 26 in 2010. However there was an increase of 2 incidents of resident to staff behaviour incidents when compared to 2010.

The Davis Centre was fortunate to have no infectious disease outbreaks in 2011. The resident influenza vaccination rate was approximately 97 percent and staff influenza vaccination rate was 80 percent. The Davis Centre attributes the high percentage of staff influenza vaccination rates to education, availability of vaccination through on-site staff clinics, and incentives provided to staff.

SIGNIFICANT ISSUES

Dealing with resident responsive behaviors continues to be a challenge. A psychogeriatric resource consultant (PRC) was recently hired for the Central West LHIN. In 2011 the Davis Centre provided additional staff training on how to manage responsive resident behaviours and implemented strategies to identify interventions based on the individual residents needs. The Davis Centre will augment their annual training on resident responsive behaviours with training in U-FIRST and Gentle Persuasive Approach (GPA). These supports and education will ensure all front-line staff are empowered to problem solve resident responsive behaviors.

PROGRAMS OF INTEREST

The Davis Centre continues to maintain positive community partnerships with various community agencies such as The Caledon Meals on Wheels Program (CMOW). In 2011 the Davis Centre dietary department provided 7,908 meals for CMOW.

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Other community programs and partnerships include the Adult Day Service providing 5,120 service days to 72 community clients; the Respite Program that provided 6,960 service days to 24 clients throughout the year. Another community partnership that continues to be successful is the vaccine fridge program.

EMERGING TRENDS

With the aging population there is an increase in the utilization and availability of services provided on-site to long term care homes. Current challenges exist with the timeliness and availability of on-site services. This can delay assessment and evaluation of resident health conditions. A recommendation is to carefully review contracts with service providers.

SUMMARY

The Davis Centre continues to be well respected in the community for its provision of excellent care to its residents and clients.

Respectfully submitted,

J. Niedoba

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

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MEDICAL DIRECTOR'S REPORT for Year 2011
Malton Village

I am pleased to present the 2011 Medical Director's Report for Malton Village.

BASIC STATISTICS

In 2011 there were 30 deaths compared to 27 in 2010; 66% of these deaths occurred at the Centre where residents and their families were supported through the process by the interdisciplinary care team.

There were a total of 397 falls in 2011, this represents an increase of 15 falls over 2010. 80% of the falls resulted in no injuries and 20% resulted in injuries ranging from minor bruising to fractures. The percentage resulting in injury remains the same as 2010 at 20%. There are some residents that despite multiple interventions, continue to have recorded falls. This will skew these statistics. Through funding from the Ministry of Health and Long Term Care (MOHLTC), the home invested in various assistive devices to reduce the risk of falls and serious injuries.

I am pleased to report that we have seen a 34% reduction in the number of incidents of residents' responsive behaviours for 2011. We had 34 resident to resident incidents (47 in 2010) and 27 resident to staff incidents (46 in 2010). This reduction can be attributed to a number of interventions including: utilization of one-to-one staffing (funded through the MOHLTC) for residents displaying responsive behaviours, a focused interdisciplinary approach to residents assessment and care planning, review and appropriate use of medication and utilization of the Psychogeriatric Resource Consultant for staff education and support.

Resident influenza immunization rates were 90% and staff influenza immunization rates were 42% in 2011. Staff are provided with educational sessions on the value of immunization, incentives are provided and the vaccine is made available through staff clinics at the centre. The home experienced three respiratory outbreaks over the past year, including one confirmed Influenza A outbreak. All three were well managed and of short duration. There were no deaths attributed to these outbreaks.

SIGNIFICANT ISSUES

The management of residents with responsive behaviours in long term care remains an ongoing concern. A significant number of residents that are being presented for placement into the long term care setting present with some form of responsive behaviour. Our current staffing model does not support the effective management of these residents. In 2011 we utilized approximately 2000 hours of additional one-to-one staff time in supporting these residents to ensure their safety and the safety of others

In an effort to be at the forefront of driving change, Malton Village is involved in the Behavioural Supports Ontario (BSO) Project in terms of development of action plans for implementation. The BSO project is a provincial initiative in collaboration with the Local Health Integration Network (LHIN) that will allow local health service providers to hire new staff – nurses, personal support workers and other health care providers – and train them in the specialized skills necessary to provide care for residents with responsive behaviours, with dignity and respect.

PROGRAMS OF INTEREST

Care Programs

Resident Care Programs relating to falls, restraint use, weight loss management, management of responsive behaviours and skin and wound care have all been implemented and are being successfully utilized in the home to support the care of the residents. One such example is the Restraint Reduction Program. Restraint usage has decreased by 33% in the past year. All physicians at the home were provided with an overview of these programs.

Quality Study

The home will be in participating in a study through the University of Toronto, Health Policy, Management and Evaluation branch. The study is titled "The Determinants of Quality in Ontario Long Term Care homes" the goal of which is to obtain province wide evidence about the impact of the LTC Homes Act, Residents First and public reporting on Ontario LTC Home residents, staff and organizational outcomes.

Project Lifesaver Peel

In October a resident eloped from the centre, he was returned by the police unharmed within two hours. As a result of this event, we are now engaging the services of Peel Project Lifesaver for these residents who are at risk of eloping from the home. This is a service that started in Caledon and was expanded to all of Peel region by the Long Term Care Division. A resident who is at high risk for elopement is registered with the program and is provided with a bracelet type monitoring device, which is to be worn at all times. A frequency number is assigned to the device. If the resident does elope from the Centre, the police are able to locate them though this device. This added safeguard has been included in our Missing Resident Program.

Diversity Program

Malton Village's dedicated diversity committee is comprised of front line staff, a family member, volunteer and a management representative. In 2011 the committee focused on enhancing staff's diversity awareness. While activation services department continued to offer comprehensive diversity related programs to residents.

In response to a growing number of residents who speak very limited or no English, the diversity committee in conjunction with the Social Work peer group developed language translation cards. To aid in reducing this cultural linguistic barrier and to support resident to staff interactions, forty key messages in five languages including Italian, Polish, Portuguese, Serbian and Punjabi were developed.

Staff centered events such as an "On the Spot" diversity day, where staff, residents and family members were asked thought provoking diversity related questions was held. In addition, the first annual Malton Village staff diversity day was organized. It offered staff

an opportunity to sample food from various countries and to learn cultural information about the foods country of origin. In addition culturally diverse information is updated monthly in the front lobby area and in the staff lunchroom.
Looking at Palliative Care through a diversity lens encouraged the expansion of reading resources made available to residents and their families. Additional culturally diverse faith based Religious and Spiritual reading materials are now available.
Malton Village is a diverse community of residents and staff.

EMERGING TRENDS

The Rapid Electronic Access to Clinical Health Records (REACH) initiative mentioned in last year's report remains on hold at this time while the hospital work through the issues regarding safeguarding clients privacy.

Malton Village is working collaborative with the acute care sector through a number of initiatives to improve communication and referral of patients through the health care system.

Care could be enhanced by having improved access to hospitalist while residents are in acute care. OHIP now provides funding for telephone conferences.

SUMMARY

Malton Village continues to provide excellent care to its residents.

Respectfully submitted,

J. Niedoba

Dr. Joseph Niedoba

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Peel Manor

Medical Director's 2011 Annual Report

Objective:

The purpose of this report is to provide Regional Council with my 2011 Annual Medical Director's Report on the clinical activities/initiatives at Peel Manor LTC Home.

Basic Statistics:

Falls: 256 without injury; 74 with injury; 38 transferred to hospital

Deaths for the year: 37 (or 21% as a percentage of beds).

Infections: 256 documented. Respiratory 72, Gastro-intestinal 19; urine 77; skin 37; eye, ear, nose, mouth 42. We had two outbreaks during 2011, one of scabies and the 2nd chicken pox.

Worthy of note we have been able to keep to a minimum the resistant strains of bacteria that are highly resistant.

Critical incidents included resident to resident aggression, resident to staff aggression, and in one case a family member was aggressive toward a resident. A total of 41 incidents were recorded.

Significant Issues/Emerging Trends:

We note that Falls seem to be correlated with use of Restraints. In 2010 we incurred 3.45% Restraint use and 302 Falls, 32 of them with injury. In 2011 we incurred 2.82% Restraint use but noticed an uptick in Falls to 256, 38 of them requiring a trip to the hospital. We have developed a multi-disciplinary Falls/Restraints committee who will be reviewing with the RNAO Best Practice Coordinator how to further reduce both falls and restraints.

The Telemedicine project, funded by the CW LHIN, was started in August 2011. This program gives our RN an access to the hospital nurse practitioner via video conference three times per week. The goal is to decrease the number of unnecessary transfers to the hospital. We are currently reviewing the logistics to better ensure clinic dates and also increase the number of residents to be seen. The findings are not fully available because there is insufficient data to draw a conclusion yet but preliminarily they look positive.

The nurse practitioners are coming to the home on a regular basis. They are particularly helpful with wound care management.

The CTAS (Canadian Trauma Acuity Scale/Score) which is used by the ambulance teams is being adopted for use by the nurses. This will enable better communication with the emergency medical technicians when being called to the home. This it is hoped will make better use of the ambulance service when needed.

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Health Quality Ontario provides benchmarking data for Ontario's long-term care sector, with several indicators available for comparison currently and more being added in 2012. By 2013 all Homes data will be identifiable on a website which is currently under development. We are able to compare a few of our own indicators against the experience in other locations in Ontario, and will continue to find this tool informative in our quality journey. This is much the same process undertaken by the Ministry of Health and Long Term Care several years ago when they developed a website for the public reporting of Compliance issues. Peel Manor, as well as the other four ROP LTC Homes, will be required to publically report in 2013.

We would predict even greater involvement of the Local Health Integration Networks as the Ministry focuses more on Quality and Value in the Health Care Sector.

We also predict greater Ministry emphasis on supporting seniors to stay healthy and to stay at home in an effort to reduce strain on Hospitals and Long Term Care Centres.

Finally, it is becoming increasingly challenging to maintain the provision of high quality of care within Peel Manor's aging infrastructure.

Summary:

Long Term Care continues to be one of the challenges in the health care system. As the aging population increases further resources and management options will be needed to manage the frail elderly and to meet their expectations and that of their families. In particular the diagnosing and formulating of a treatment plan for someone who cannot tell the care giver what is wrong with them, is one of the most challenging in health care. The health care team continues to work within the resources available to achieve the goal of high quality and compassionate care.

I wish to thank my medical colleagues, the staff and administration of Peel Manor whose dedication to the residents is beyond reproach.

HARRY T. EARLE MD.

MEDICAL DIRECTOR.

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Members of Regional Council
Region of Peel

MEDICAL DIRECTOR ANNUAL REPORT TO COUNCIL FOR CALENDAR 2011

February 1, 2012

Ladies and Gentlemen:

Enclosed is my report for 2011 of medical conditions in Sheridan Villa.

Over the 12 months of 2011 we experienced 32 resident deaths. Over a population of 142 residents this equates to an annual rate of 22.7%. As I have stated in previous years, this compares with an annual rate of approximately 30% in similar facilities around the world. The rate of falls is less than 2010, this year averaging less than 12 residents per month. Staff training and emphasis on prevention is clearly helping. Aggressive acts, resident to resident in the Villa, exclusive of the SBSU, averages less than 2 per month, while in the SBSU averages about 13 per month, reflecting the challenge facing nursing staff. Aggressive acts resident to staff average 1 per month, while in the SBSU the average is 3 per month.

The acts of aggression in the SBSU reflect part of the reason for the existence of the 19 bed unit. Only one resident has been discharged from the unit back to his hospital of origin due to our inability to

control his violent behaviour but 15 out of 19 have been discharged with improved behaviours, mostly into our own facility on the regular floors. As I have stated in 2010 this solves one problem but creates another – lack of accommodation for Community applicants into Long Term Care.

I stated earlier that aggressive behaviour is part of the reason for the existence of the 19 bed unit, but other behaviours, socially unacceptable and not controlled in the demented population are another part of the reason and these require time and expertise to affect change.

However, in summary, the unit is successful, is embraced in the Long-Term Care community and is a place for which the Region of Peel can be proud. Much credit for the success of the SBSU goes to the knowledgeable multi-disciplinary staff of the unit.

Sheridan Villa in 2011 has been diligent in infection control and has not experienced an outbreak of infectious disease. Our staff immunization rate is 56% which should be much higher. Our resident immunization rate is 94%.

Sheridan Villa also provides an Adult Day Service program, serving clients in the community with the goal of keeping them in their home for as long as possible. Some of the services provided are recreational programs, bathing and Physiotherapy. In total 68 clients were serviced in 2011.

Our robust staff education is ongoing as required by the new Long-Term Care Homes Act and results in excellent resident care, achieving a general community sense of acceptance and pride.

Respectfully Submitted:

P G Bolland

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

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MEDICAL DIRECTOR'S REPORT FOR 2011

TALL PINES

OVERVIEW

I am pleased to present the Tall Pines Medical Director's Report for 2011.

Long term care is expanding because of the increase in the aging population. More resources and management options will be needed to meet the increasingly complex needs of the frail elderly as well as those younger clients who require continuing care and are living in long-term care homes. Clinical skills enhancement and training to meet the various specialised care needs of the changing demographics will be part of the solution. For example for residents with; mental health illness, acquired brain injury and those that are developmentally delayed and aging. A knowledgeable public will likely place increasing demands on available resources.

BASIC STATISTICS

In 2011, there were 27 deaths. In 2010 there were 32 deaths.

In 2011 there were a total of 414 falls: 331 without injury; 83 with injury and transferred to hospital for treatment which included 9 fractures. 95 of the falls resulted from 3 residents known to have frequent falls related to their diagnosis.

In 2010 there were a total of 455 falls: 379 without injury; 76 with injury and transferred to hospital for treatment which included 6 fractures.

The staff influenza vaccination rate in 2011 was 66%; residents 94.2%. This is a welcome increase from 2010 when the staff influenza immunization rate was 33.1% and residents 92.3%. Despite an intensive campaign promoting immunization for staff, low immunization rates continue to be a challenge in long-term care.

In 2011 there were 30 MOHLTC Critical incident Reports (CIS) completed. They consisted of; 19 falls resulting in transfer to hospital, 0 incidents of Abuse/neglect, 1 Resident to Resident Assault, 1 Resident to Staff Assault, 0 Medication Errors, 0 Outbreaks, 2 Elopements, and 7 "other".

In 2010 there were 33 MOHLTC Critical Incident Reports (CIS) completed. They consisted of; 16 falls resulting in transfer to hospital, 0 incidents of Abuse/neglect, 10 Resident to Resident Assault, 1 Resident to Staff Assault, 0 Medication Errors, 0 Outbreaks, 1 Elopement, and 5 "other".

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MEDICAL DIRECTOR'S REPORT FOR 2011

TALL PINES

SIGNIFICANT ISSUES

Further training is needed when dealing with demented clients that have highly unpredictable aggressive (responsive) behaviours. The Gentle Persuasive Approach (GPA) program has been implemented and 3 of the Tall Pines supervisory staff were trained as coaches and have been working to roll the training out to all staff. Resident safety is a constant concern and requires a sensitive vigilant approach without being overly controlling with the resident.

The new regulations brought in by the MOHLTC in July 2010 have been implemented and the staff trained. Refresher training is provided on a regular basis to ensure compliance with the new legislation. There is a long list of mandatory training required by the new Act and this is provided at the time of hire and annually at the Mandatory In-service to all staff, and more often where indicated.

PROGRAMS OF INTEREST

The CTAS scale (Canadian Trauma Acuity Scale/Score) is being taught to the registered staff. This is to help improve the communication between the emergency technicians and the nurses.

Credit is to be given to all the staff for their compassionate and skilful care provided to the residents. Their willingness to update the skills needed to perform their work is commendable.

The Nurse Practitioners are being used more effectively with wound care management and medical assessment and intervention, where possible, to avoid unnecessary transfers to hospital.

An interdisciplinary care team led by the Registered Dietitian at Tall Pines has developed and implemented a new Hydration Program that is seen as a best practise. The program identifies residents at high risk for dehydration and then individualised action plans are activated to minimise the risk. This program will be expanded in 2012 to all the regional long-term care homes. The RD is to be commended for this successful new initiative that is of great benefit to our residents.

SUMMARY

The management of abnormal behaviours on top of increasingly complex medical conditions makes the treatment of long term care residents a challenge. Continued training to gain knowledge and to learn appropriate skills will support staff to safely manage the individual and specialised care needs of our diverse mix of residents. This will continue to remain a theme in long term care.

HARRY T. EARLE MD., MEDICAL DIRECTOR