

ADOPTED by Council at its meeting held August 29, 2011 [M204-2011 SDHC26/11]
/KS

Windsor, Ontario August 29, 2011

**REPORT NO. 24 of the
SOCIAL DEVELOPMENT,
HEALTH & CULTURE STANDING COMMITTEE**
of its meeting held August 10, 2011

Present: Councillor Al Maghnieh, Chair
Councillor Alan Halberstadt
Councillor Ed Sleiman

Regrets: Councillor Percy Hatfield
Councillor Ron Jones

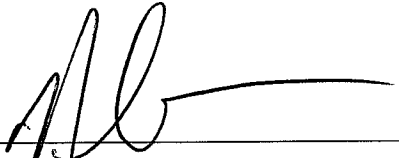
That the following recommendation of the Social Development, Health and Culture Standing Committee **BE APPROVED** as follows:

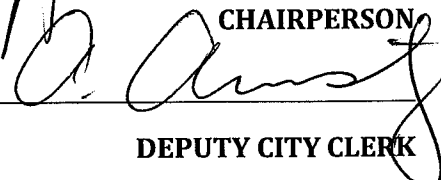
Moved by Councillor Sleiman, seconded by Councillor Halberstadt,
THAT the report providing an update regarding changes to Long-Term Care Services **BE RECEIVED** for information.

Carried.

Report No. 15317 SS2011 2

Clerk's Note: The report of the Community Development and Health Commissioner entitled "An Overview of Changes to Long-Term Care Services" is **attached** for information.



CHAIRPERSON


DEPUTY CITY CLERK

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THE CORPORATION OF THE CITY OF WINDSOR
Social Development, Health and Culture Standing Committee-
Administrative Report

**MISSION STATEMENT:**

"The City of Windsor, with the involvement of its citizens, will deliver effective and responsive municipal services, and will mobilize innovative community partnerships"

LiveLink REPORT #: 15317 SS2011	Report Date: May 30, 2011
Author's Name: Lucie Lombardo/Nancy Musson	Date to Standing Committee: Aug. 10, 2011
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To: Social Development, Health and Culture Standing Committee

Subject: An Overview of Changes to Long-Term Care Services

1. RECOMMENDATION: City Wide: Ward(s): _____

THAT the report providing an update regarding changes to Long-Term Care Services BE RECEIVED for information.

EXECUTIVE SUMMARY:

N/A

2. BACKGROUND:

On September 27, 2010 Council received a Communication regarding the Long Term Care Homes Act 2007 and Regulation 79/10 (LTCHA) that received royal assent in July 2010.

On July 1, 2010 the legislation governing Long Term Care which included the Nursing Homes Act, Charitable Institution Act and Homes for the Aged and Rest Homes Act were repealed. The new LTCHA serves as the single legislative authority for safeguarding resident rights, improving quality of care and strengthening the accountability of Long Term Care Homes in Ontario.

3. DISCUSSION:

As Huron Lodge has progressed with the implementation of the LTCHA and regulations many changes have occurred in service provision to residents and families. Moving toward compliance with the new Act and Regulations has resulted in improvements for existing programs and implementation of new initiatives in order to ensure continued quality service. To this end the Administrator and Management Team of Huron Lodge have worked diligently to bring all procedures in line with the Act and Regulations, and have been an active participant with the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) LTCHA Implementation Project Advisory Committee. This group was established on July 27, 2010 to provide non-profit members support to implement changes that would bring them in line with the many changes included in the regulations.

Following are highlights of key initiatives as a result of the new Act and Regulations:

- **Compulsory Training on the New Long Term Care Homes Act and Regulations**

All staff, apart from those who are off on extended leave, have been trained on the New Act and Regulations. This was a mandatory one hour training presented by the Administrator, the Director of Resident Services, and the Staff Development Coordinator. This was done on a Power Point presentation and gave a general overview of the Act and how it will impact residents. It also included an overview of the new inspection protocol. It emphasized the fact that the Ministry of Health has gone from an advisory role to an inspection role, a major change in philosophy.

Under the obligations of the Act, new employees, or those returning from leave, must undergo extensive training laid out by the new Act immediately prior to commencing their assigned duties. To this end Huron Lodge has developed a self-directed learning package that includes all mandatory training determined by compliance with the Act and Regulations. It includes:

- The Residents' Bill of Rights
- The home's Mission Statement
- The home's policy to promote zero tolerance of abuse and neglect to residents
- The duty of mandatory reporting (where abuse or neglect is witnessed, suspected or alleged)
- Protection from retaliation for reporting any abuse or neglect
- The home's policy to minimize restraints
- Fire prevention and safety
- Emergency and evacuation procedures
- Infection prevention and control
- All procedures relevant to the employee's responsibilities

Additionally all direct care staff or those who have contact with residents must receive training related to:

- Abuse recognition and prevention
- Mental Health Issues, including caring for persons with dementia
- Behaviour Management
- How to minimize the restraining of residents, and where restraining is necessary how to do so in compliance with the Act and Regulations
- Palliative (End of Life) Care

- Falls and Fall prevention management
- Skin and wound care
- Contenance Care and Bowel Management
- Pain Management, including recognition of signs of pain

It is also mandatory under the Act that all staff receive annual training for all of the above mentioned topics. The Staff Development Coordinator has, in conjunction with the Management Team, prepared a minimum one day training program for staff. This resulted in a total revision of the curriculum for professional development days. Volunteers and Contractors must also have some training on the new Long-Term Care Homes Act and Regulations.

- **New Inspection Protocol**

Prior to the new Act and Regulations coming into effect, the Ministry of Health, Long-Term Care Division had Compliance Advisors. These Advisors would come in for the annual review to ensure compliance with the previous standards. They could utilize their judgement and discretion related to a home's programs and could also offer advice and make recommendations in order to be helpful.

The Ministry has now moved to having Compliance Inspectors, much the same as the Ministry of Labour. Each long-term care home will have an annual inspection as opposed to an annual review. It is expected each home will have an inspection prior to December 31, 2011.

The new inspection protocol is designed consistent with such a system used in the United States. When the inspectors arrive (3 to 4 inspectors) there will be an entrance conference with the Administrator and/or designate. There is specific information they require within defined time frames e.g.: within the first hour they require a list of key personnel, the Chairs of the Residents' Council and Family Council, and the meal times and medication pass schedule. They then proceed with the inspection protocols including interviews with a previously determined random sample of residents who are cognitive and their family members if they are not cognitive. The Inspection process continues for up to two weeks. The computer program used for this new inspection protocol does not allow for any discretion as to how the inspection proceeds. Questions asked and the observances made trigger the inspection protocols from Stage 1 (screening) to a Stage 2, where further in depth investigation occurs. Most protocols relate to resident risk. On average most homes that have been inspected to date are receiving up to 26 to 30 violations.

- **Residents First Initiative**

Due to the new Long-Term Care Homes Act and Regulations, Ontario's entire long-term care sector is facing many complex changes. In order to proactively respond to these changes a broad range of healthcare stakeholders joined together to develop and implement a provincial initiative called Residents First. This initiative is supported by the Ministry of Health and Long-Term Care and Health Quality Ontario (HQO) Public Reporting. The vision is that each resident enjoy safe, effective, and responsive care in order for them to achieve their highest potential quality of life.

Residents First training sessions have been attended by the Administrator, the Director of Care and the Director of Resident Services with the initial kick-off occurring in September 2010.

Since that time there have been regional one day sessions, two regional Webinars, and most recently a full day training session in May 2011.

As the Residents First initiative proceeds it will:

- Enable shared learning in quality improvement
- Facilitate and expedite the spread of best practices among long-term care homes
- Assist in accelerating the application of quality improvement tools and methods across the long-term care sector
- Develop leadership capacity to ensure sustainability

Huron Lodge is participating in Residents First and has designated staff members that are familiar with the philosophy of the program. These staff will act as mentors and coaches to support and encourage staff to provide the highest quality of care possible.

This program is very closely tied with Huron Lodge's Continuous Quality Improvement program which is discussed next.

- **Huron Lodge Continuous Quality Improvement Program**

In conjunction with the aforementioned Residents First Program, Huron Lodge has expanded the Continuous Quality Improvement program. This program is being developed with standards consistent with the LTCHA and Regulations, Residents First, existing programs with measurable outcomes and new programs that will require measurable outcomes for benchmarking purposes.

To this end a new procedure for quality improvement was developed and reviewed at the Committee of Management Meeting in March 2011. At the mandatory long-term care act and regulation training, staff were asked to volunteer for committees that would review quality improvement practices and protocols. The first meetings with these volunteers will be occurring shortly. The intent is to begin with the initiatives that take into consideration resident safety and quality of life, are measurable with existing baseline numbers, and are performance based. Huron Lodge will begin by reviewing the mandatory programs of falls prevention and management, skin and wound care, continence care and bowel management, and pain management.

There is a Quality Improvement Steering Committee as well as there will be Quality Improvement teams comprised of those staff who volunteered. The process will also include the review of any quality measures determined from:

- Annual Satisfaction Survey
- The following internal committees:
 - Professional Advisory Committee
 - Infection Control Committee
 - End of Life Committee
 - Pastoral Care Committee
 - Quality of Life Committee
 - Huron Lodge Residents' Council
 - Huron Lodge Residents' Food Council
- Resident/Family Suggestions
- Monthly Physiotherapy Reports

- Review of Critical Incidents
- Quarterly review of complaints, trends, and analysis

The Continuous Quality Improvement Program will allow for self critiquing in order to review those systems that monitor, analyze, evaluate and improve the quality of the accommodation, care, services, programs and goods provided to residents of Huron Lodge.

In addition to the implementation of the critical mandatory requirements of the LTCHA there are other important initiatives demanding attention. They are as follows:

OTHER IMPORTANT INITIATIVES

- **Local Health Integration Network (LHIN)**

Huron Lodge works closely with the LHIN on many levels. As in the past, signing a service agreement with the Ministry of Health Long Term Care Division, we now sign an LSAA (Long Term Care Service Accountability Agreement) with the Erie-St Clair LHIN. These are the agreements by which the LHIN's flow funding to providers of long term care services, amongst others, including municipalities. Recognizing the importance of having continued input a number of Management Staff at Huron Lodge sit on committees at the LHIN which include:

- The Long Term Care/Community Support Services Advisory Network/Aging at Home
- The Governance Advisory Council
- The End of Life Committee
- A committee looking at specialized units in long term care homes

Huron Lodge staff also attend ad hoc committees as requested or required. For example on June 16, 2011 Huron Lodge was asked to have representation on an Alternative Levels of Care local strategy meeting for the Erie/St. Clair LHIN.

- **Management Information Systems (MIS)**

The Management Information System as reported to the Mayor and City Council in March of 2009, under Council Resolution 61/2009 is a framework that defines the standards for reporting financial and statistical information related to day-to-day operations of Canadian Health Services Organizations.

Huron Lodge was chosen as a pilot home for this initiative, and did receive one time funding for participation. Once fully implemented and operational, the information to be gained will be invaluable both for quality improvement and future planning.

The MIS initiative has been rolled out in five phases, with the last phase scheduled to start September 2011 and to be fully completed by May 2012. This system is a part of the Ontario Healthcare Reporting Standards (OHRS) whose mandate is to provide relevant and useful data and reports to track trends within the healthcare sector. Once fully implemented, it will allow for comparisons both within Huron Lodge and also with other homes of similar size.

- **Infection Prevention and Control Program**

The Professional Advisory Committee reviews, at least quarterly, the Continuous Quality Improvement Program in relation to Infection Prevention and Control. The Committee is comprised of the following members: Administrator, Huron Lodge, Medical Director, Huron Lodge, Pharmacy Services, Laboratory Services, Medical Officer of Health /designate, Director of Care, Infection Control Officer, Registered Nurse, Nurse Practitioner, Nurse Led Outreach Program, Hotel Dieu Grace Hospital and Director of Resident Services.

Both the prevalence of antibiotic-resistant organisms and a vulnerable, immunocompromised population are increasing in long term care homes. There is conclusive evidence to indicate that monitoring for Health Care Associated Infections (HAI's) is associated with reduced infection rates.

Surveillance is also utilized in monitoring the effectiveness of the infection control program, as this is an important and growing concern in long term care homes. Infections can have a significant impact on health care costs and can adversely affect resident's health and quality of life.

Huron Lodge has experienced a consistent reduction of infection rates as noted from 2007 to 2010:

- 24.9% in 2008 from previous year
- 22.6% in 2009 from previous year
- 5.3% in 2010 from previous year,

An overall reduction of 45% has been noted from 2007 to 2010.

Implementation of the following strategies have been completed at Huron Lodge to ensure compliance under the Long Term Care Homes Act, 2007, Section 229:

1. Screening for tuberculosis within 14 days of admission unless the resident has already been screened within 90 days prior to admission. Prior recommendations were screening within one year of admission.
2. Immunization against Tetanus and Diphtheria in accordance with the publicly funded immunization schedules is offered to residents.
3. Hand hygiene program as per the Ministry of Health and Long Term Care "Just Clean Your Hands Program".

4. FINANCIAL MATTERS:

At its meeting of March 29, 2011, The Committee of Management reviewed the OANHSS funding strategy report. The Committee of Management continues to support the OANHSS advocacy initiative to increase per diems in the Long Term Care Sector to ensure continued quality services in Long Term Care.

5. CONSULTATIONS:


OANHSS – Teleconferences on the Act and Regulations
Committee of Management – Meeting of March 29, 2011
Huron Lodge Management Team
Residents First

6. CONCLUSION:

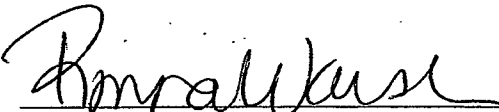
The Administrator of Huron Lodge will continue to provide updates in regards to the implementation of the Long Term Care Homes Act, the roll out of the unannounced inspection process, and any new funding initiatives.



Nancy Musson
Director of Resident Services



Lucie Lombardo
Executive Director LTC,
Administrator Huron Lodge



Ronna Warsh
Community Development and Health
Commissioner and Corporate Leader Social
Development, Health, Recreation and
Culture

/ja

APPENDICES:

DEPARTMENTS/OTHERS CONSULTED:
Name:
Phone #: 519 ext.

NOTIFICATION :

Name	Address	Email Address	Telephone	FAX

