Grey County

Committee Report

Report LTCR-SS-11-14

To: Chair Burley and Members of the Social Services Committee
From: Lynne Johnson, Director of Long Term Care
Meeting Date: June 11, 2014
Subject: **Medical Director Reports and Stakeholder Inspections**
Status: Recommendation adopted by Committee as presented per Resolution SSC44-14; Endorsed by County Council July 8, 2014 per Resolution CC95-14;

Recommendation(s)

THAT Report LTCR-SS-11-14 regarding Medical Director Reports and Stakeholder Inspections be received for information.

Background

Medical Director

Long-term care (LTC) homes are required to have a signed agreement with a Medical Director. The Medical Director is responsible to develop, implement, monitor and evaluate medical services, advise on clinical policies and procedures, communicate expectations to attending physicians, address issues related to resident care and participate in interdisciplinary committees and quality improvement activities. They are also responsible to provide on-call service and after-hours coverage. Payment for these services is provided through a per diem from the Ministry of Health and Long Term Care (MOHLTC) at a rate of $0.30 per resident per day.

We are fortunate to have a Medical Director in each home that fulfills their duties in a professional and compassionate manner. They all have excellent working relationships with the staff and are committed to advancing the care of residents' in long-term care through continuing education and membership in the Ontario Long Term Care Physicians Association.

The annual report from each of the medical directors is included with this report.

Stakeholder Inspections

Long Term Care homes are regularly inspected by a variety of stakeholders. The inspections are usually unscheduled with the inspectors reviewing various aspects of care and services within the home. Visits may be triggered as part of a routine inspection, based on an incident/injury, complaint or follow up to a previous inspection.

A total of 31 inspections were completed during the last quarter of 2013 and the first quarter of 2014 by the MOHLTC, Public Health, Ministry of Labour and the local fire departments.

The most notable increase in inspections was by the MOHLTC regarding the abuse investigation at Grey Gables. As a result of this investigation, 6 written notifications and 2 orders were issued by the Ministry. A written notification of non-compliance is issued whenever any area of non-compliance is identified. If the non-compliance presents a serious risk to residents, an order is issued.

A compliance plan was developed by the home and submitted to the Ministry, that involved a review and revision of the Abuse Prevention Program, Complaint Procedure and Reporting policies. The home also completed mandatory staff education on these programs through general staff meetings, impromptu interviews, online learning and posters. Ongoing work related to culture change continues to reinforce the values of the home and Grey County Long Term Care. As a result of an inspection on December 2, 2013, orders and written notifications resulting from this investigation were all placed back into compliance.

The following table illustrates the total number of inspections, by stakeholder, for each of the homes for the 8 month period ending April 2014.

	Stakeholder	**Outcome**
Grey Gables	MOHLTC (10 inspections) Public Health (2 inspections)	MOHLTC- 2 orders, 7 written notifications
Lee Manor	MOHLTC (2 inspections) Public Health (5 inspections) Fire Department (2 inspections)	Public Health- 4 findings
Rockwood Terrace	MOHLTC (4 inspections) Public Health (3 inspections) Ministry of Labour (2 inspections) Fire Department (1 inspection)	Public Health- 1 finding Ministry of Labour- 1 order Fire Department- 1 order

Financial / Staffing / Legal / Information Technology Considerations

Medical Directors are a vital team member in the provision of effective, high quality medical services.

Stakeholder visits and inspections provide feedback on areas for improvement to ensure safe care. Information from the reports is used to address any identified issues and direct corrective action. Reports from stakeholder visits are posted in each home as required.

Link to Strategic Goals / Priorities

Goal 2 of the Corporate Strategic Plan is to "Pursue strategies and offer services that strengthen communities, put people first and improve quality of life opportunities". Action 2.2 within this goal is to "Work cooperatively with local partners to improve access to health care services".

By working collorboratively with the Medical Directors and monitoring and evaluating stakeholder inspections, the homes are actively working to improve access to health services and enhance the quality of life for the residents in the homes.

Attachments

1. LTC Medical Director Report 2013 - Grey Gables
2. LTC Medical Director Report 2013 - Lee Manor
3. LTC Medical Director Report 2013 - Rockwood Terrace

Medical Director Report 2013 – Grey Gables

May 19, 2014

This is the medical director's report for Grey Gables for 2013. It has been my pleasure to continue in that role and to continue to provide care to many of the residents. The medical care at the Gables is being provided by me and Dr. Harvey Winfield.

There were 18 deaths in 2013. This is an average number as compared to other years. There were no respiratory outbreaks in the winter of 2013114, due to good luck or to the excellent immunization program. All but one of the residents had the influenza vaccine and approximately 80% of the staff. This should be 100% but, unfortunately, flu vaccination is not mandatory.

There were some challenges this past year both related to incidents with staff and specific patient problems. In regards to the latter, the availability of support from the BSO team has been a help. Current funding for long term care facilities leaves the staffing for direct resident care at the bare minimum with little leeway to deal with problems.

The flooring renewal project was a stress for staff and resident alike, but has turned out very well. The updated decor has helped to make the Gables more homey and comfortable.

I personally underwent assessment, in 2013, as part of the College of Physicians and Surgeons of Ontario peer assessment program. They randomly chose homes and Physicians to review each year as part of their efforts to insure good care for the residents in the long term care homes in this province. There were no problems identified.

Respectfully submitted, sincerely,

Brian Power, MD, FCFP

Lee Manor

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May 27th, 2014

Board of Directors
County of Grey

RE: Lee Manor Annual Medical Directors Report for 2013

Dear Chairperson

Lee Manor is a 150 bed Long-Term Care Facility. In 2013 I cared for an average of 117 of the residents and 4 family physicians cared for the remaining 33 residents. The Occupancy Rate for 2013 was 99.33%. There were 40 deaths in the Home and 6 residents were discharged to another facility.

In October 2013 I attended The Long-Term Care Medical Director's Association Conference in Toronto. This is always a highlight in the year since the lectures are relevant and very informative. The emphasis on appropriate evidence based care, relevant special investigations and optimizing medication regimes to avoid adverse drug effects is center to what we as long term care physicians do.

It is also an opportunity to liaise with colleagues and realize we share the same challenges in most of the long term care homes.

In addition I attended the Ontario LTC Physicians Quality Improvement Program in May and September. This conference focused specifically on certain aspects of resident care and strategies on how to improve it. In Lee Manor the quality improvement initiatives highlighted at this conference were already to a large extent implemented by management. It was nevertheless a valuable experience for me as Director.

With the demographic shift in Canada the residents become more complex every year. The increase in Dementia cases contribute to this.

Although the numbers fluctuate from quarter to quarter, Lee Manor compares favorably to the provincial averages for the 4 key quality indicators in Ontario. As publicized on Health Quality Ontario's website, Lee Manor fares better in 3 of the 4 categories compare to the provincial average. The three indicators are: the percentage of residents with worsening bladder control, pressure ulcers that recently got worse and residents that were restrained. For the past year our statistics reflect positively for the pressure ulcer and restraint category, final comparisons will be known once the data is published.

Lee Manor implemented a Falls Prevention Program, which led to a reduction in falls. The Lee Manor Restorative Team which include: Physiotherapy, Occupational and our Restorative Personnel play a significant role in resident safety and prevention of falls.

With regard to Flu Vaccine administration in 2013, 88% of the residents received the Flu Vaccine and only 55.8% of the staff. Education of staff and residents continue to increase this number.

Transfers to the Emergency Dept. and hospitalization of demented residents quite often lead to unnecessary complications like delirium. Therefore it is more appropriate, in certain residents, to treat them in Lee Manor for acute medical conditions. This places a heavier burden on our nursing staff but is in the best interest of our residents.

Ontario Telemedicine Network is an effective level of communication and education for both staff and residents. Although I envisage the day our Lee Manor residents can receive some of their specialist consultations by Telemedicine, it is not yet accepted by our specialist colleagues.

Lee Manor also utilizes the Behavioural Support Team to assist in advice and managing some of our more complex demented residents. Their ability to respond on short notice is appreciated.

Dr. Fred Veenstra and I both completed Physician Chart Audits this year. The aim is to involve all physicians eventually.

On a personal note I would like to thank our management team under Renate Cowan and Patti Mink for their support and proactive leadership. I am grateful to our Registered Nurses, Registered Practical Nurses and Personal Support Workers for the excellent care they provide to our residents. At our case conferences with families we hear time and again the families' appreciation for the dedicated care their loved ones receive.

It remains a pleasure and a privilege to be involved with Lee Manor.

Sincerely yours,

Dr. C.J. Van Zyl
Medical Director

Medical Director Report 2013 – Rockwood Terrace

David T Walley, MD
368 College Street North
Durham, ON   N0G 1R0

December 9, 2013

Dear Board Members,

It is with pleasure that I give you my report as medical director for the year of 2013. It is amazing how quickly life flies by when you're not noticing it. My elderly patients tell me this all the time and I am now definitely starting to believe them.

I think 2013 has been a very positive year for Rockwood Terrace, and it is still a great joy for me to practise geriatric practice within this facility.

Whilst the rate for immunization for the flu vaccine has increased for the staff it has unfortunately gone down for the residents. I'm not sure why this is happening. As both a family physician and as medical director I strongly recommend that all people be immunized for influenza. This virus is responsible for about 300 deaths in Canada every year and I think the disease as general, is taken far too lightly by patients. The flu outbreak of 1919 was responsible for more deaths than whole of the First World War put together. We are always worried that the virus will mutate into a very aggressive form and our only hope of combatting this seems to be the vaccinations.

The staff are becoming more accustomed to the electronic medical record from point click care. This system however is not very user-friendly and I vastly prefer the system used in my office on a Macintosh computer. I have been very disappointed with the backup from point click care. Recently at our geriatric conference they were asked to have a booth at the conference and to sponsor it. They refused to do this but then did ask for free medical advice from our section president for help developing their software. This seems a very unusual state of affairs given the size of this operation. We had booths from much smaller companies presenting information to us. Also I have had some frustration with Classic care pharmacy as I have been trying to get them to set up Rockwood Terrace as an advance staging area for use of their software. I have been a computer user for medical records since 1988 and despite telling them this, things are still not happening. I want to try and smoothly transition the software into Rockwood, as I think this will greatly benefit things and cut down on medication errors et cetera.

Of course the level of care having to be given to patients at Rockwood Terrace is increasing by the year. Patients are coming in more and more frail and also more

elderly than we've ever had before. It is very difficult but very challenging to manage these patients given the fact that they are so frail and often have such side-effects to medication that could not be seen in a younger age population. However, with the extra training that I take in geriatrics every year through continuing medical education, I am hopefully keeping abreast of this. I wish to thank you for paying for my membership fees to the Ontario Long Term Care Medical Director's association as well as payment of my registration fee for the annual conference in Toronto. This is always a great benefit to me.

About a month ago also I did an extra course in palliative care which I think will be of great benefit in the future. I think that in the future the provincial government will be looking at trying to keep costs down by keeping our seniors in the nursing home for medical care, whereas before they had been transferred to the hospital. This is going to create a greater burden on the staff at Rockwood, but I am nevertheless in favour of this as I think we can produce as good as a result in Rockwood if not better than that from the local hospitals at a vastly reduced cost to the health care system.

There have been a lot of changes with physiotherapy this year and hopefully that will get sorted out soon, as I think the residents are the ones to suffer when there is disagreement between the physiotherapy association and the provincial government. Also this year I think the pet therapy has been a big success. We have people bringing in pets 2 to 3 times per week. It is interesting to see severely demented patients who have very little interaction with other people light up and open up when they are approached by animals. I think we can bring some joy into their lives by continuing this.

I have particularly enjoyed my interaction this past year with the director of nursing staff, Lucy as well as with the administrator, Karen. They are both responsible people and are easy to deal with and I feel we have a mutual respect. I would like it known that I think they are both doing exceptional jobs.

Wound care still seems to be a very difficult issue. Patients returning from hospitals are often infected with VRE and MRSA. Also we see people coming back with bedsores because of inadequate nursing care. This is more of a problem now than ever been before, I think, because of lack of staffing in hospitals with budget cuts. It continues to make things difficult for us down the line and is another reason if possible for not transferring patients to hospital. This year for wound care we have switched to the 3M protocols and products. Both the RNs and PSW's have been involved in extra training and I think we're now slowly starting to turn the corner in seeing better results for our residents. I think this program is a good idea as it allows the nursing staff to start treating these problem areas as soon as they are seen, rather than waiting for my visit to initiate therapy. Otherwise this delayed treatment time is an opportunity lost.

Of course we are still having our battle with falls in the elderly. I have approached this by making sure that residents are not on a class of medication called benzodiazepines as this will increase the incidence of falls. Often however when patients are admitted (who have been under the care of other doctors, who may not be keeping so up to date in geriatrics) they are often on these medications and it is sometimes very difficult to wean them off. It is also difficult to present this case to relatives as well as the residents as they are often extremely dependent on these addictive medications. It is my goal again, to try to decrease the number of medications per resident as I think they are all on far too many medications. Surprisingly the most resistiant to change comes from the relatives, not from the patients themselves. Why this is so I am not sure. However I will keep up this effort.

Having access to the medical records offsite is very important as I am so busy when I am at Rockwood that it is easier to look at this sort of problem when I am at home via a computer link. This year Karen Kraus has been able to get me a small windows-based laptop for use to do this at home. I am Mac user and unfortunately the Mac is not compatible with point click care, and access to all parts of the medical record is necessary for me to make important changes. So I'm grateful for this and I think I have made a number of important alterations both in the medications themselves and sometimes in the route of administration and also the time of their administration.

Bladder infections are always a problem in long-term care. We are slowly educating the nurses that the presence of bacteria in urine cultures does not necessarily mean that the patient has a bladder infection. The bladder infection has to be accompanied by a number of symptoms. Bacteria in the urine in seniors is extremely common and with that finding alone it does not necessarily indicate a bladder infection. Making a wrong diagnosis in this event would mean that the patients are then exposed to extra antibiotics with accompanying risks of these medications.

This year again I have had some minor problems with local physicians not visiting their patients in Rockwood Terrace. I have tried to make it clear to them that having privileges at Rockwood Terrace means that they have to abide by their annual agreement as most responsible physician. I'm happy to say that most of the physicians visit on a regular basis. But I have had some difficulty at times with this issue. One possible way of dealing with this would be to revoke the privileges of any physician in this position. It is not a course of action that I take likely. But it is nevertheless a possible course of action to be considered. As chief of staff I do not have the power to do this but this lies within the power of the administrator. We have had a number of discussions about this already. We shall keep you posted.

All that remains to be said is to wish you all a very happy, healthy and prosperous New Year.

Yours sincerely,

David Walley.

Respectfully submitted by,

Lynne Johnson
Director of Long Term Care