Committee Agenda

Long Term Care Committee of Management
January 4, 2018 – 9:30 AM
Heritage Room, Grey County Administration Building

1. Call to Order
2. Declaration of Pecuniary Interest
3. Business Arising from the Minutes
   a. Minutes of the Long Term Care Committee of Management meeting dated December 12, 2017
      That the minutes of the Long Term Care Committee of Management dated December 12, 2017 be adopted as presented.
   b. Election of the Vice Chair for 2018
      That ______ be nominated as Vice Chair for the Committee of Management for 2018.
   c. Addendum to LTCR-CM-03-18 Sienna Senior Living Contract
      That Addendum to Report LTCR-CM-03-18 be received; and
      That the negotiated contract between Sienna Senior Living and Grey County be approved as drafted; and
      That the Warden and Clerk be authorized to execute the agreement.
4. Closed Meeting Matters
   That the Long-Term Care Committee of Management do now go into closed session pursuant to Section 239 (2) of the Municipal Act, 2001 to discuss:
   - a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a
Committee of Management
January 4, 2018
Page 2

person, group of persons, or organization (Sienna Senior Living Contract)

5. Reports - Long Term Care

a. LTCR-CM-07-18 Long Term Care Renewal Application

That report LTCR-CM-07-18 regarding an update on the Enhanced Long-Term Care Home Renewal Application be received and that direction be provided.

b. LTCR-CM-05-18 Declaration of Compliance

That report LTCR-CM-05-18 regarding the Declaration of Compliance be received; and

That the Warden and Clerk be authorized to sign and submit a Declaration of Compliance for Grey Gables, Lee Manor and Rockwood Terrace to the South West Local Health Integration Network for the reporting period of January 1, 2017 - December 31, 2017.

c. LTCR-CM-06-18 Ministry of Health and Long-Term Care Updates – New Interview Guidelines and Memo to the Sector of October 2017

That report LTCR-CM-06-18 regarding Long Term Care Sector Updates from the Ministry of Health and Long Term Care be received for information.

6. Correspondence

a. Patient Ombudsman correspondence

That the Patient Ombudsman 2016/2017 Annual Report be received for information.

7. Other Business

8. Next Meeting Dates

a. Tuesday, February 13, 2018 – Bay Room

9. Adjournment
Long Term Care Committee of Management
December 12, 2017 – 9:30 AM

The Committee met on the above date at the County Administration Building with the following members in attendance:

Present: Councillors Dwight Burley, Alan Barfoot, Arlene Wright and Warden Stewart Halliday

Regrets: Councillors Sue Paterson

Staff Present: Kim Wingrove, Chief Administrative Officer; Lynne Johnson, Director of Long-Term Care; Kevin Weppler, Director of Finance; Jennifer Cornell, Karen Kraus and Renate Cowan, Long-Term Care Administrators; Heather Morrison, Deputy Clerk/Records Manager; Mary Lou Spicer, Deputy Director of Finance; Mike Alguire, Purchasing Manager and Tara Warder, Committee Coordinator

Call to Order

Heather Morrison called the meeting to order at 9:32 AM.

Election of the Chair and Vice Chair

Heather Morrison called for nominations for Chair of the Committee.

CM01-18 Moved by: Councillor Wright Seconded by: Warden Halliday

That Councillor Burley be nominated as Chair of the Long-Term Care Committee of Management for 2018.

Warden Halliday moved to close nominations.

Councillor Burley accepted the nomination and was acclaimed Chair of the Committee of Management for 2018.

The Committee requested that the nomination of Vice Chair be deferred until the next meeting in order for all members to be present.
Councillor Burley then assumed the Chair.

Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

Minutes of Meetings

Committee of Management minutes dated November 23, 2017

CM02-18 Moved by: Warden Halliday Seconded by: Councillor Wright

That the minutes of the Committee of Management meeting dated November 23, 2017 be adopted as presented.

Carried

Business Arising from the Minutes

Kim Wingrove noted that staff understand that further correspondence has been sent to Councillors requesting status quo in long-term care operations, however staff have not received that letter. The County’s response to Mr. Patey is based on the original letter that was received by staff.

The Committee requested the process for submitting correspondence be provided to Mr. Patey.

Reports – Long-Term Care

LTCR-CM-01-18 Facility Inspections

Karen Kraus addressed the Committee on the above report noting that Ministry of Health inspectors visited Rockwood Terrace in July. They completed a full Resident Quality Inspection. Seven areas of non-compliance were found. Ms. Kraus outlined the information on non-compliance areas.

Discussion occurred on the process from the Ministry to report abuse. It was noted that the Ministry has stated that the home must call the police in all cases of suspected abuse.

The Committee reviewed the website which lists inspection reports on all long-term care homes found at http://publicreporting.ltchomes.net/en-ca/Search_Selection.aspx.

The Committee discussed responsive behaviours which may include resisting care, wandering and hoarding, etc.
Councillor Barfoot then entered the meeting.

Discussion occurred on ways to communicate the plans for corrective action taken and/or planned. Staff were requested to bring back such a report.

The importance of properly interpreting the results and information contained within these reports was noted.

Discussion occurred on the length of time it takes the Ministry to complete investigations and how often appropriate action has already been taken by the home before the Ministry responds.

CM03-18 Moved by: Warden Halliday Secondly by: Councillor Wright

That report LTCR-CM-01-18 regarding Facility Inspections be received; and

That staff bring forward a report summarizing corrective actions taken to a subsequent meeting.

Carried

LTCR-CM-02-18 Grey Gables, Lee Manor, Rockwood Terrace Update

Lynne Johnson addressed the Committee on the above report, updating the Committee on recent activities and events at the homes. A successful job fair was held at Grey Gables, and each of the homes held Colour It events, Christmas Bazaars and Volunteer Appreciation Days.

CM04-18 Moved by: Councillor Barfoot Secondly by: Warden Halliday

That Report LTCR-CM-02-18 providing an update on Grey Gables, Lee Manor and Rockwood Terrace be received for information.

Carried

LTCR-CM-03-18 Sienna Senior Living Contract

Lynne Johnson presented the above report. Ms. Johnson outlined the contents of the draft contract.

The contract fee schedule was discussed. The County will be billed as work progresses.

The $265,000 noted is a maximum amount for 2018 including both the operational review and phase 1 encompassing specific parts of the redevelopment.
Staff noted the operational review team will have some expenses for mileage and accommodation. It was suggested that a schedule of Sienna’s plans to be in the homes be provided ahead of time. Staff noted Sienna is bound by the Broader Public Sector Expenses Directives. The Committee requested Sienna provide an estimate of the timelines required for the operational review.

The Committee requested that the County’s lawyer review the agreement. Staff noted that they will forward the agreement to the County’s lawyer.

**CM05-18** Moved by: Councillor Wright Seconded by: Warden Halliday

- That Report LTCR-CM-03-18 regarding the Sienna Senior Living contract be received; and
- That the contract terms and conditions be approved as drafted; and
- That the appropriate by-law be brought forward for Council’s consideration.

**CM06-18** Moved by: Councillor Barfoot Seconded by: Warden Halliday

- That Report LTCR-CM-03-18 regarding the Sienna Senior Living contract be deferred pending further information.

Carried

**FR-CM-02-18 2017 Long-Term Care Write Off of Uncollectible Accounts**

Mary Lou Spicer presented the above noted report. The Ministry requires that any write offs be done in the year they pertain to. The Ministry will reimburse portions of the write offs depending on the nature. Between Lee Manor and Rockwood Terrace, there is $26,631.66 to be written off and $13,216 will be funded by the Ministry.

The County does not budget for write offs or recovery.

There are various reasons that a person can have arrears in Long-Term Care.

**CM07-18** Moved by: Councillor Barfoot Seconded by: Councillor Wright

- That Report FR-CM-02-18 titled 2017 Long Term Care Write Off of Uncollectible Accounts be received and that the write off recommendations contained within the report be approved.

Carried
Correspondence

Correspondence and Action Plan – Ontario Supporting Seniors to Live Their Best Life

Lynne Johnson spoke to the above correspondence, which Council requested come back to the Committee of Management for further direction. Lynne Johnson outlined the proposals in the new action plan from the Province.

Ms. Johnson reviewed some of the questions at the end of the document which could be addressed by staff.

The Committee noted that the document is for the public’s comment. It was requested that the document be posted to the County website for ease of public access.

*CM08-18* Moved by: Councillor Wright Seconded by: Warden Halliday

That the correspondence be received; and

That individual Councillors be encouraged to review the Action Plan and respond to the strategy as appropriate.

Carried

Other Business

It was noted that the terms of reference call for the committee to be appointed for the term of council. Consistency and the depth of knowledge is important for this committee and it is recommended that the membership of the committee remain for the rest of term.

*CM09-18* Moved by: Warden Halliday Seconded by: Councillor Wright

Whereas the appointments for the Committee of Management for Long-Term Care are for the term of office in recognition of the need for a high degree of specialized knowledge regarding the oversight of long-term care operations in Grey County;

Now Therefore Be It Resolved That the Committee of Management requests Council’s support to maintain the current membership of the Committee of Management as Councillors Wright, Barfoot, Paterson and Burley and Warden Halliday.

Carried
Next Meeting Dates

Tuesday, January 4, 2018 at 9:30 AM – Bay Room

On motion by Councillor Barfoot, the meeting adjourned at 11:40 AM.

Dwight Burley, Chair
Recommendation

1. That Addendum to Report LTCR-CM-03-18 be received; and

2. That the negotiated contract between Sienna Senior Living and Grey County be approved as drafted; and

3. That the Warden and Clerk be authorized to execute the agreement.

Executive Summary

A Request for Proposal was issued on August 24 and closed on September 21, 2017 for a private partner to provide Long Term Care Management and Consulting and Support Services and Redevelopment Support. The submissions were reviewed and interviews conducted by an Evaluation Committee.

The Long Term Care Committee of Management approved a recommendation directing staff to negotiate a 5 (five) year contract with Sienna Senior Living which was approved by County Council on November 23, 2017.

The deliverables under the contract to be completed in 2018 include:

a) An Operation Review  
b) Phase-1 Redevelopment Support

The cost for these deliverables are not to exceed $265,000 plus HST. On completion of the Operational Review, a recommendation of management consulting deliverables and associated costs for future years will be made.
Addendum to PDR-CM-03-18

Report LTCR-CM-03-18 provided a draft contract for services with Sienna Senior Living. At the December 12, 2017 Committee of Management meeting, staff were directed to obtain additional information prior to execution of the contract.

Background and Discussion

The Operational review will include the following areas:

- Operations Administration
- Clinical Operations/ Environmental Services
- Quality & Risk / Informatics
- Human Resources
- Procurement
- Finance
- Information Technology

The review is estimated to take 3-5 months. The timeline and approach is outlined below.

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<tr>
<th>Week 1-3</th>
<th>Month 1-3</th>
<th>Month 3-5</th>
<th>Month 5 and Ongoing</th>
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<tbody>
<tr>
<td>1:1 Mtg. w/Director / Sienna Lead Operational Review Initiated</td>
<td>Review / Consultation on Key Resident Programs as defined in LTC Act / LHIN</td>
<td>Assessment &amp; Planning of recommendations of Operational Review</td>
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<tr>
<td>Site Tours &amp; Key Staff Mtg. / Introductions Understanding the home’s Annual Operating Plan &amp; Deliverables Understanding Gaps in Compliance / CLH</td>
<td>Intro. Sienna Leaders to Grey County Committee of Management Networking Groups (i.e. Regional ED/DOC Mtgs.) Initial Assessment of Accreditation Readiness &amp; Gap Analysis Assessment of PCC Utilization &amp; Staff Knowledge</td>
<td>Operational Review Activities</td>
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<td>Metrics / Concerns/Complaints</td>
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Areas of support for redevelopment for Phase-1 of the contract will include:

- Development of the Redevelopment Plan and Critical Path for implementation
- End to End Support for the application process
- Development of Site Selection criteria

Legal and Legislated Requirements

Long Term Care (LTC) is a highly regulated and increasingly complex operation from both a resident acuity and public accountability perspective. This requires more resources to provide resident care, meet reporting responsibilities and provide the oversight necessary to ensure that legislated responsibilities are being met.
The LTC department has over 450 full and part-time employees with a 2018 proposed Operating and Capital budget of $31,408,923 requiring a municipal levy contribution of $6,269,646.

The cost for Year-1 of this 5 (five) year contract is $265,000 (plus HST). Additional management/consulting services and pricing will be agreed upon completion of the operational review and outlined in an addendum to the contract.

The contract has been developed based on information from the Request for Proposal and subsequent negotiations on requirements to meet the customized needs of Grey County. The in-depth details of the contract are of a confidential nature and if disclosed, could significantly impact the competitive position and interfere with the contractual agreement between Sienna Senior Living and Grey County.

Relevant Consultation

☒ Internal - CAO, Finance Director, Agreements and Purchasing
☒ External - legal

Appendices and Attachments

None
Committee Report

To: Chair Burley and Long Term Care Committee of Management Members

Committee Date: January 4, 2018

Subject / Report No: LTCR-CM-07-18

Title: Update on LTCR-CM-22-17 Enhanced Long Term Care Home Renewal Application

Prepared by: Lynne Johnson

Reviewed by: Kim Wingrove

Lower Tier(s) Affected: County wide

Status: Recommendation

Recommendation

1. That report LTCR-CM-07-18 regarding an update on the Enhanced Long-Term Care Home Renewal Application be received and that direction be provided.

Executive Summary

An application to the Ministry of Health and Long Term Care Home Licensing Renewal Application is complete and ready for submission.

Background and Discussion

On September 12, 2017, Committee of Management received report LTCR-CM-22-17 which reviewed the information required to complete an application to the Enhanced Long Term Care Home Renewal Program. The following resolution was supported by the Committee and formally adopted by Council on October 12, 2017:

1. That report LTCR-CM-22-17 regarding the Enhanced Long Term Care Home Renewal Application be received; and,
2. That the completed application, declaration and attestation forms be submitted to the Ministry of Health and Long Term Care Redevelopment Branch.

The application has been completed as outlined in report LTCR-CM-22-17, including associated supporting document in accordance with the Application Guidelines, long term care funding policies, etc.
As discussed throughout 2017, many long term care operators are in the process of redevelopment. On November 7, 2017 the provincial government announced its 20-point plan — called Aging with Confidence — to bolster services for the province’s senior population. The announcement included 5,000 new long-term care beds by 2021-22, with a pledge to build a total of 30,000 over the next decade in an effort to reduce waiting lists. To date, some beds have been allocated to private operators to support their redevelopment plans and it was announced December 21, 2017 that 26 additional beds are being awarded to a home in Hanover. Staff have requested additional information from the SWLHIN and will be reviewing the impact of this change on Grey County’s redevelopment plans.

Legal and Legislated Requirements

The license to operate 100 long term care beds at Rockwood Terrace expires in 2025. MOHLTC requires Grey County as the licensee to provide notice of intent to redevelop in order to obtain a new 30 year license and qualify for redevelopment support funding.

Financial and Resource Implications

None with this report.

Relevant Consultation

☒ Internal: CAO, Finance
☒ External: MOHLTC, Sienna

Appendices and Attachments

LTCR-CM-22-17
## Committee Report

**To:** Chair Burley and Members of the Long Term Care Committee of Management  
**Committee Date:** January 4, 2018  
**Subject / Report No:** LTCR-CM-05-18  
**Title:** Declaration of Compliance  
**Prepared by:** Lynne Johnson, Director of Long Term Care  
**Reviewed by:** Kim Wingrove, Chief Administrative Officer  
**Lower Tier(s) Affected:** All Grey County  
**Status:**

### Recommendation

1. That report LTCR-CM-05-18 regarding the Declaration of Compliance be received; and

2. That the Warden and Clerk be authorized to sign and submit a Declaration of Compliance for Grey Gables, Lee Manor and Rockwood Terrace to the South West Local Health Integration Network for the reporting period of January 1, 2017-December 31, 2017.

### Executive Summary

The Long-Term Care Service Accountability Agreement (L-SAA) is a legal document between the Local Health Integration Network and Grey County. It is updated every three years and posted on the Grey County web site.

A requirement of the L-SAA is that an annual Declaration of Compliance is signed and submitted to the Local Health Integration Network (LHIN).

### Background and Discussion

The Declaration confirms that the provisions of the 2016-2019 L-SAA have been met during the reporting period and requires an annual authorization for signing rather than a blanket delegation by-law.

The reporting period the current declaration covers is January 1, 2017-December 31, 2017. Inquiries have been made of the Administrators of each home and Finance Department and all
parties confirm that to the best of their knowledge and belief, all obligations under the L-SAA have been fulfilled during the reporting period.

Legal and Legislated Requirements

It is a requirement of the L-SAA that an annual Declaration of Compliance be submitted. To the best of our knowledge and belief, staff confirm that Grey Gables, Lee Manor and Rockwood Terrace have fulfilled all obligations under the L-SAA for the reporting period of January 1 – December 31, 2017.

At the time of writing this report, the 2017 document was not yet available from the LHIN therefore 2016 document is included with this report as a sample. This is a time sensitive process and must be signed and received by the LHIN by March 1, 2018.

Financial and Resource Implications

Failure to submit the Declaration of Compliance would breach the requirements of the Long-Term Care Service Accountability Agreement.

Relevant Consultation

☒ Internal

- Administrators- Jennifer Cornell, Renate Cowan, Karen Kraus
- Finance Department- Mary Lou Spicer

☐ External (list)

Appendices and Attachments

Sample- 2016 Declaration of Compliance
Schedule E – Form of Compliance Declaration

DECLARATION OF COMPLIANCE
Issued pursuant to the Long Term Care Service Accountability Agreement

To: The Board of Directors of the South West Local Health Integration Network (the “LHIN”). Attn: Board Chair.

From: The Board of Directors (the “Board”) of the [insert name of Licensee/Holder] (the “HSP”)

For: [insert name of Home] (the “Home”)

Date: [insert date]

Re: January 1, 2016 – December 31, 2016 the Applicable Period

The Board has authorized [insert name of individual authorized by the Board to make the Declaration on the Board’s behalf] [insert title] to declare to you as follows:

After making inquiry of the person, name and position of person responsible for managing the Home on its behalf and the Chief Executive Officer or the Executive Director and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the long-term care service accountability agreement (the “Agreement”) in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

(i) it has complied with the provisions of the Local Health System Integration Act, 2006 and with any compensation restraint legislation which applies to the HSP; and

(ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement;

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the LHIN and the HSP effective April 1, 2016.

[Signature]
[Name, Title]
Appendix 1 - Exceptions

Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.

[insert here]
Recommendation

1. That report LTCR-CM-06-18 regarding Long Term Care Sector Updates from the Ministry of Health and Long Term Care be received for information.

Background and Discussion

Updates to the long term care sector are provided to clarify existing policy or provide notice of changes (pending/actual). Two recent documents and an attachment were recently circulated to the sector. They are referenced below.

Conducting Interviews Guidance Document

On November 7, 2017 the Ontario Long Term Care Association provided the homes with a document from the Ministry of Health and Long Term Care, “Conducting Interviews Guidance Document”. The guidelines were created as a result of the OLTCA Quality Committee identifying sector concerns with the tone and approach of some inspectors and the disruptive effects on the staff and home operations. The guidance document outlines the:

- Expectations of the Inspectors
- Expectations of Staff
- Reminders when conducting an interview
- Rationale/Additional Detail
It is our understanding that the document was recently distributed to all long term care home inspectors. The guidelines will be used in the home as an education tool to support open communication with the inspectors and clarify responsibilities of all parties.

LTC Homes Memo to the Sector- October 2017

This memo from the Ministry of Health and Long Term Care Branch provides several sector specific updates and reminders for programs and services within the homes including:

- Information on a new leading practices database
- Update on Bed Rail Safety
- Responsive Behaviours
- Personal Support Worker Credentialing
- Dementia and New Quality Standards
- Clarification of Mandatory and Critical Incident Reporting Requirements

Each update will be reviewed and assessed against current practices.

Notable within this memo was the recirculation of a Mandatory and Critical Incident Reporting Requirements memo dated February 10, 2015. Questions have been raised in the past from Committee and Council regarding incidents. This memo provides an overview of the expectations, process, method and time-frame for reporting critical incidents.

Legal and Legislated Requirements

There is a very high focus on accountability and compliance within long term care homes and the *Long Term Care Homes Act, 2010* and *Ontario Regulation 79/10* provide the criteria which must be met. Each organization works to interpret the requirements under the Act and Regulation however the interpretation may not be the same as the interpretation of the Compliance Inspector. To meet legislative requirements it is imperative that organizations have the ability to review research and collaborate in a nimble fashion to respond to needs and changes in a timely manner.

Financial and Resource Implications

Sector expectations, changes and updates come from a wide variety of legislative bodies and professional organizations including the Ministry of Health and Long Term Care, South West Local Health Integration Network and the Ontario Long Term Care Association.

The number of competing priorities continues to grow and staff work diligently to review changes (proposed and actual), understand the impact, research and update policies/procedures and roll out education and communication to the appropriate staff.

Relevant Consultation

- Internal
- Administrators of Grey Gables, Lee Manor and Rockwood Terrace.
Appendices and Attachments

Documents as follows:

1) Conducting Interviews Guidance Document
2) LTCHomes.net Memo to the Sector
3) Memorandum- Clarification of Mandatory and Critical Incident Reporting Requirements
Introduction

Inspectors are required to conduct inquiries and inspections in order to collect evidence for the purposes of ensuring compliance with the requirements under the Long-Term Care Homes Act, 2007. Crucial information is gathered while conducting interviews to ensure that findings of non-compliance are comprehensive and accurate.

This guidance document has been developed to assist Inspectors in the Long Term Care Homes Quality Inspection Program, as well as staff in long-term care homes (LTCH), in Ontario, in preparing for and conducting Inspector interviews.

For the purposes of this document, LTCH staff are referred to as the interviewee.

Expectations for all Interviews

Each interview must be conducted using the values and elements of professionalism, including but not limited to:

- Honesty and Integrity
- Confidentiality
- Respect
- Timeliness
- Objectivity
- Knowledge

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<tr>
<th>Expectations of Inspectors</th>
<th>Expectations of LTCH Staff</th>
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<tr>
<td>• Introduce themselves and explain the purpose of the interview.</td>
<td>• Introduce themselves and identify their position and role in the care team.</td>
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<tr>
<td>• During the interview, use good interpersonal skills which include smiling upon introduction, using effective communication and good listening skills.</td>
<td>• Respond in a professional manner</td>
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## Conducting the Interview

<table>
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<tr>
<th>Reminders</th>
<th>Rationale/Additional Detail</th>
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<tr>
<td>Determine if it is a convenient time for the interviewee</td>
<td>To avoid unnecessary disruptions to resident care or other routines, noting there may be times when an immediate interview is required.</td>
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<td>If it is possible the interview will be conducted at a mutually agreed upon time.</td>
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<td>Face to face interviews</td>
<td>Preferred for interviewing LTCH staff and residents, witnesses to alleged abuse or when conducting interviews related to contentious issues.</td>
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<td>Telephone interviews</td>
<td>Appropriate for conducting inquiries, contacting complainants, family members and staff of the LTCH who are not on duty in the LTCH during an inspection.</td>
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<td>Ensure that the time is also convenient and that the interviewee is able to communicate safely (e.g. not while driving) and with privacy.</td>
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<td>If an interviewee is not able to communicate safely, they must communicate this to the Inspector.</td>
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<td>If speaking with a staff member who is not on duty in the LTCH</td>
<td>If this is required, the Inspector would review the schedule to see when the staff member is working next and if they will not be in the LTCH prior to the completion of the inspection, the Inspector would request the staff member’s phone number from the LTCH.</td>
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<td>The Inspector will call the staff member at the number provided by the LTCH and set up a convenient time for an interview.</td>
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<td>The Inspector must provide the reason for the interview and if necessary, provide their authority for the request.</td>
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<td>Requests for interviews, with a staff member who is not on duty in the LTCH, will be made to provide required information, when circumstances warrant.</td>
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<td>LTCH staff members must cooperate with the request for interviews.</td>
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<td>Interview one interviewee at a time</td>
<td>As per best practice, an Inspector should not interview more than one interviewee at a time.</td>
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<td>e.g. Do not interview the Administrator and the Director of Nursing and Personal Care together in one interview; separate their interviews.</td>
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<tr>
<td>Interviewees should only provide information that</td>
<td>During face to face or telephone interviews, the Inspector must advise the interviewee that he/she is able to consult.</td>
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they can personally substantiate

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<th>Answer</th>
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<tr>
<td>any relevant documentation or records as needed to corroborate accuracy of information provided during the interview. Once an inspector notifies an interviewee that an interview is required, the interview will take place as soon as reasonably possible in order to ensure the integrity of the evidence gathering process.</td>
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</table>
• Interviewees must inform the Inspector of the need to consult relevant documentation or records.
• The Inspector may need to schedule a follow-up interview once the interviewee has consulted relevant documents or records.
• Inspectors should remind interviewees not to discuss the scope or content of their interview with other people. |

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<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Interviewee has confirmed the accuracy of the information</td>
<td>For both face to face or telephone interviews, the Inspector must confirm this before the interview is over and allow an opportunity for the interviewee to amend any errors.</td>
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<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Provide the Inspector’s contact information to the interviewee</td>
<td>Contact information to be provided should any follow-up be required.</td>
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<th>Question</th>
<th>Answer</th>
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| Inspector requires access to documented information                      | There may be times when an Inspector requires access to documented information to verify facts of an interview.
• The Ministry requires LTCH’s to provide Inspectors with [timely remote access](#) (if available) so that Inspectors are able to access information using their own computer. Inspectors must not use the remote access when they are not on-site in the LTCH. |

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1. **Regulator’s Code of Practice: Integrity in Pursuit of Compliance**
2. **LTCHA, 2007, c.8, s. 147(1)(d).**
IN THIS MEMO

Leading Practices Database, a Tool for LTC Homes
Health Canada Safety Alert – Bed Rail Safety
Meeting the Needs of Residents with Responsive Behaviours
PSW Certification
Quality Standards: Behavioural Symptoms of Dementia
Clarification of Mandatory and Critical Incident Reporting Requirements

LEADING PRACTICES DATABASE, A TOOL FOR LTC HOMES

Canadian long-term care home operators have a wealth of knowledge on how to deliver top quality care for residents. There is now a free online database that features over one thousand recognized leading practices that you can use to improve operations in your home.

The Leading Practices Database features an advanced search function that makes it easy to sift through information on a wide variety of topics including managing medication, client rights and consent, patient safety, workplace safety, and mental health services to name just a few.

Accreditation Canada is pleased to share this database and they also invite your contributions to make the tool even more robust and informative. If you would like to suggest a leading practice for inclusion in the database, take a look at the easy online submission process.

Visit the database here: https://healthstandards.org/leading-practices/

HEALTH CANADA SAFETY ALERT – BED RAIL SAFETY

Health Canada continues to receive reports of patient entrapment in beds, with some incidents leading to serious injury or death. It is important for staff to perform a resident assessment to determine if the use of bed rails is appropriate for each individual and to closely monitor residents for whom bed rails are used.

Here is an excerpt from the Health Canada letter on what to consider when doing a patient assessment for the use of bed rails.

- Patient mental status (oriented, alert, confused, drowsy, disoriented, unconscious)
- Patient mobility status (immobile vs. complete independence)
- Patient risk of fall (previous falls, overweight, partial paralysis, seizures or spasms)
- Risk of fall injuries (oedema, osteoporosis, fragile skin, vascular disease, critically ill)
- Patient anxiety level upon bed rail use
- Patient medications

Note: S. 15(1)(a) of O. Reg. 79/10 under the Long-Term Care Homes Act, 2007 addresses the requirement for a resident to be assessed where bed rails are used.

The following links will help you learn more about the issue of bed rails and entrapment risk.

- Health Canada Letter to Health Care Professionals
- Health Canada article on hospital bed safety
• Health Canada Guidance Document, Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards

MEETING THE NEEDS OF RESIDENTS WITH RESPONSIVE BEHAVIOURS

Every licensee of a long-term care home has an obligation under O. Reg. 79/10, s. 53(1) to take specific measures to ensure that the needs of residents with responsive behaviours are met. There is also a need to reassess these measures when persistent physical aggression is seen. This particular issue was addressed by a recent meeting of the Geriatric and Long-Term Care Review Committee.

The expectation is that long-term care homes will use all available resources to address residents’ responsive behaviours. These resources include:

• Services offered through Behavioural Supports Ontario,
• The High Intensity Needs Fund program,
• Specialized units,
• Behavioural outreach teams
• Specialized Geriatric Services

In accordance with the LTCHA and Regulation, homes must provide residents with the care they require, based on assessed needs, as set out in residents’ plans of care. In meeting the needs of residents with responsive behaviours, LTC homes are required to have resident monitoring and internal reporting protocols, as well as protocols for the referral of residents to specialized resources where required. These are in addition to other responsive behaviour-related requirements set out in the Act and Regulation.

PSW CERTIFICATION

Homes should be aware of a recent notice sent out by the National Association of Career Colleges (NACC) that there have been reports of Personal Support Workers using fraudulent certificates.

We are told that legitimate PSW certificates will bear the NACC watermark in the background and that the signature fields for the school and the NACC will be filled. Also, the date of the certificate will always be listed in one of the following formats:

• October 2017
• October 30, 2017 (always the last day of the month)

QUALITY STANDARDS: BEHAVIOURAL SYMPTOMS OF DEMENTIA

Health Quality Ontario recently published new quality standards that address care for people living with dementia and the specific behaviours of agitation and aggression.

The quality standard focuses on care for people who are in a long-term care home, an emergency department, or admitted to a hospital. It also provides guidance on the care given when a person is transitioning between these settings – for example, when someone is discharged from a hospital to a long-term care home.

Also, there are a number of other dementia-related resources also available on the HQO website.
CLARIFICATION OF MANDATORY AND CRITICAL INCIDENT REPORTING REQUIREMENTS

Long-term care home staff must be familiar with the mandatory and critical incident reporting requirements set out in the Long Term Care Homes Act, 2007.

We would like to remind staff and licensees of these requirements by way of the attached memo that was previously distributed in February 2015. Please take the time to review the information to ensure your home’s processes are in line with the expectations and requirements under the Act.

In addition, we also want to remind all licensees that in accordance with section 20 of the Act, all licensees must have a written policy in place to promote zero tolerance of abuse and neglect of residents, and ensure that the policy is complied with. That written policy must include an explanation of the duty under section 24 to make mandatory reports to the Director as well as meet other minimum requirements set out in section 20 of the Act.

This means that there needs to be a process outlined within the policy to ensure that any staff member or representative of the licensee who has reasonable grounds to suspect that any of the areas outlined in section 24(1) of the Act has occurred or may occur, participates in the process of immediately reporting the suspicion and information upon which it is based to the Director and that there is a process set out to enable that to happen.

***
DATE: February 10, 2015

MEMORANDUM TO: Long-Term Care Home Licensees
Long-Term Care Home Administrators

FROM: Nancy Lytle
Director
Performance Improvement and Compliance Branch

RE: Clarification of Mandatory and Critical Incident Reporting Requirements

The Long-Term Care Homes Act, 2007 (LTCHA) and Ontario Regulation 79/10 (Regulation) contain mandatory and critical incident reporting requirements for licensees. The purpose of this memorandum is to identify the form in which the Director requires that every licensee submit these reports to the Director. Licensees are required to submit the reports identified in this memorandum in the form set out in this memorandum and its appendices pursuant to subsection 88(2) of the LTCHA. This memo:

- updates the memorandum dated August 4, 2010 from Tim Burns, former Director, by clarifying the reporting of Critical Incidents under section 107 of the Regulation, along with a reminder of the mandatory reporting requirements to the Director under subsection 24(1) of the LTCHA;
- is a reminder of the licensee’s obligation to report its investigations of alleged, suspected or witnessed incidents of abuse or neglect of residents under section 23 of the LTCHA; and
- is a reminder of the actions to be taken by licensees or others in relation to the reporting requirements, including the timeframe of the final report under subsection 104(3) of the Regulation, as previously outlined in the memorandum of March 28, 2012, from Karen Slater, former Director (Â).

This memorandum contains a summary of the specified reporting requirements in the LTCHA and its Regulation. Please refer to the LTCHA and the Regulation for the complete requirements.

It is the licensee’s responsibility to ensure that this information is provided to all staff who are expected to report on the licensee’s behalf.

LTCHA, Subsection 24(1) – ‘Reporting Certain Matters to the Director’

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident’s money.
5. Misuse or misappropriation of funding provided to a licensee under the Act or the Local Health System Integration Act, 2006.

How to Report Under Section 24
TABLE 1 in Appendix A, attached, sets out how licensees, including those individuals reporting on behalf of a licensee, must submit mandatory reports under section 24 of the LTCHA to the Director.

LTCHA, section 23 – Licensee must investigate, respond and act; and Regulation, section 104 – Licensees who report investigations under subsection 23(2) of the Act.

The licensee is required to investigate alleged, suspected or witnessed incidents of abuse of a resident by anyone or neglect of a resident by the licensee or staff that are known by or reported to the licensee (see section 23 of the LTCHA). (Please refer to the definitions of abuse and neglect set out in subsection 2(1) of the LTCHA and section 2 of the Regulation.) Appropriate action must be taken in response to these incidents. The licensee must report to the Director the results of the investigation and the action(s) taken. This report to the Director must be in writing and section 104 of the Regulation sets out what information must be included in the report. Licensees must submit this report to the Director within 10 days of the licensee becoming aware of the incident or at an earlier date if required by the Director. If the licensee cannot provide all of the material mandated by subsection 104(1) then the licensee must submit a preliminary report to the Director within 10 days of the licensee becoming aware of the incident and must provide a final report within a period of time specified by the Director. In a separate memo dated March 28, 2012 the Director identified that the final report must be submitted in 21 days unless otherwise specified by the Director.

How to Report Under Section 23
Licensees must submit the reports required by section 23 of the LTCHA and section 104 of the Regulation through the on-line Critical Incident System (CIS) using the CIS form.

Additional Clarification Regarding Reporting of Abuse of Residents

In determining whether a mandatory report under section 24 relating to abuse or neglect of a resident is required, or if section 23 applies, LTC Home licensees and staff should review the definitions of abuse and neglect as set out in subsection 2(1) of the LTCHA and section 2 of the Regulation. The definitions in force as of the date of this memo are outlined below.

LTCHA, section 2(1):
“Abuse”, in relation to a resident, means physical, sexual, emotional, verbal or financial abuse, as defined in the regulations in each case”, and

Regulation, section 2(1)
“emotional abuse” means,
(a) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or
(b) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.

“financial abuse” means any misappropriation or misuse of a resident’s money or property.

“physical abuse” means, subject to subsection (2),
(a) the use of physical force by anyone other than a resident that causes physical injury or pain,
(b) administering or withholding a drug for an inappropriate purpose, or
(c) the use of physical force by a resident that causes physical injury to another resident

Note: “physical abuse” is this subsection does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances. Regulation s. 2 (2).

“sexual abuse” means,
(a) subject to subsection (3), any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or
(b) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

Note: Sexual abuse in this subsection does not include,
(a) touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or
(b) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member. Regulation s. 2 (3).

“verbal abuse” means,
(a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or
(b) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.

“neglect” means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

Under section 24 of the LTCHA, licensees are NOT required to report an assault on a staff member by a resident. Although licensees may not have to report these incidents under the LTCHA, licensees may be required to, or should report these incidents to other persons or entities, such as the Ministry of Labour or the police.

Reporting Critical Incidents
This reporting is outlined under section 107 of the Regulation.
Regulation, subsection 107(1) – report of critical incident immediately
The following critical incidents must be reported to the Director immediately, in as much detail as is possible in the circumstances, followed by the written report referred to in subsection 107(4) – refer to Appendix B:
1. An emergency, including fire, unplanned evacuation or intake of evacuees.
2. An unexpected or sudden death, including a death resulting from an accident or suicide.
3. A resident who is missing for three hours or more.
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.
6. Contamination of the drinking water supply.

Regulation, subsection 107(3) – report of critical incident within one business day
The following critical incidents in the home must be reported to the Director within one business day after occurrence of the incident, followed by the written report referred to in subsection 107(4) – refer to Appendix B:
1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including: a breakdown or failure of the security system; a breakdown of major equipment or a system in the home; a loss of essential services, or flooding.
3. A missing or unaccounted for controlled substance.
4. Subject to subsection (3.1), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident’s health condition.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.

Regulation, subsection 107(2) – reports
For reporting purposes, the Ministry’s normal business hours are 8:30 a.m. - 4:30 p.m. After normal business hours, the immediate report of the incidents listed in subsection 107(1) of the Regulation must be made using the Ministry’s after hours emergency contact [Spills Action Centre (SAC) pager]. This pager number is only to be used by LTC Home licensee/staff and only for purposes of after-hours reporting on behalf of the licensee.

Where the licensee is required to report a critical incident to the Director under subsections 107 (1), (3) and (3.1), the licensee must make a report in writing to the Director within 10 days of the licensee becoming aware of the incident or at an earlier date if required by the Director. This report must include all of the information set out in subsection 107(4) of the Regulation. The licensee must submit this report to the Director using the on-line Critical Incident System form.

Summary of the Regulation Amendments Affecting Critical Incident Reporting, Effective September 15, 2013
The Regulation was amended to remove “loss of essential services” and “flooding” from the list of emergencies that must be reported immediately. These incidents were added to the list of environmental hazards that must be reported within one business day.

The reporting requirements for environmental hazards were clarified so that the reporting requirements apply to incidents that affect the provision of care or the safety, security or well-being of one or more residents of a LTC home, for a period greater than six hours.
The reporting requirements related to injuries were amended so that reporting is only required no later than one business day after the occurrence of an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a **significant change** in the resident’s health condition. The term “significant change” is defined in the Regulation (see subsection 107(7) of the Regulation). If the LTC home licensee is unable within one business day to determine whether the injury has resulted in a significant change in the resident’s health condition, the licensee must contact the hospital within three calendar days after the incident to determine whether the injury resulted in a significant change (see subsection 107(3.1) of the Regulation). If the licensee finds out that the injury has resulted in a significant change in the resident’s health condition or the licensee remains unable to determine whether this is the case, the licensee must inform the Ministry of the incident no later than three business days after the incident occurred. The licensee must follow with the report required under subsection 107(4).

**How to Report Under Section 107**

TABLE 2 in Appendix B. attached, sets out how the licensee, and others on behalf of the licensee, must submit to the Director the reports required by section 107 of the Regulation.

If you have further questions related to this memorandum, please email your question to CIATTgeneral.MOH@ontario.ca with the subject line “CIS Reporting Question”. Thank you for your attention to this matter.

____________________________

Nancy Lytle

Attachment
### TABLE 1: LTCHA Subsection 24(1) – Reporting Certain Matters to the Director

<table>
<thead>
<tr>
<th>Type of Incident in LTC Home</th>
<th>Section of the LTCHA</th>
<th>How Licensee must submit report to MOHLTC (Director)</th>
<th>Reporting Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident</td>
<td>LTCHA s.24(1).1</td>
<td>Immediately initiate and submit the on-line Critical Incident System (CIS) form identifying this as a “Mandatory Report”.</td>
<td>Monday-Friday 8:30 a.m. – 4:30 p.m.</td>
</tr>
<tr>
<td>Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident</td>
<td>LTCHA s.24(1).2</td>
<td>Immediately initiate and submit the on-line CIS form identifying this as a “Mandatory Report”.</td>
<td>All other times (including statutory holidays)</td>
</tr>
<tr>
<td>Unlawful conduct that resulted in harm or a risk of harm to a resident</td>
<td>LTCHA s.24(1).3</td>
<td>Immediately initiate and submit the on-line CIS form identifying this as a “Mandatory Report”.</td>
<td>Immediately upon having reasonable grounds to suspect this has occurred or may occur</td>
</tr>
<tr>
<td>Misuse or misappropriation of a resident’s money</td>
<td>LTCHA s.24(1).4</td>
<td>Immediately initiate and submit the on-line CIS form identifying this as a “Mandatory Report”.</td>
<td>Same as Monday-Friday</td>
</tr>
<tr>
<td>Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006</td>
<td>LTCHA s.24(1).5</td>
<td>Immediately initiate and submit the on-line CIS identifying this as a “Mandatory Report”.</td>
<td>Same as Monday-Friday</td>
</tr>
</tbody>
</table>
Appendix B: TABLE 2: Critical Incident Reporting under O Reg 79/10 subsections 107(1), (3), (3.1), and (7)

<table>
<thead>
<tr>
<th>Type of Incident in LTC Home</th>
<th>Section of O Reg 79/10</th>
<th>How Licensee must submit report to MOHLTC (Director)</th>
<th>Reporting Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>An emergency, including fire, unplanned evacuation or intake of evacuees.</td>
<td>s.107(1.1)</td>
<td>Immediately initiate and submit the on-line Critical Incident System (CIS) form identifying this as a 'Critical Incident'. Phone the After Hours Pager # [redacted]</td>
<td>Immediately: full report within 10 days of becoming aware of the incident*</td>
</tr>
<tr>
<td>An unexpected or sudden death, including a death resulting from an accident or suicide.</td>
<td>s.107(1.2)</td>
<td>Immediately initiate and submit the on-line CIS form identifying this as a 'Critical Incident'. Phone the After Hours Pager # [redacted]</td>
<td>Immediately: full report within 10 days of becoming aware of the incident*</td>
</tr>
<tr>
<td>A resident who is missing for three hours or more.</td>
<td>s.107(1.3)</td>
<td>Immediately initiate and submit the on-line CIS form identifying this as a 'Critical Incident'. Phone the After Hours Pager # [redacted]</td>
<td>Immediately: full report within 10 days of becoming aware of the incident*</td>
</tr>
<tr>
<td>Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.</td>
<td>s.107(1.4)</td>
<td>Immediately initiate and submit the on-line CIS form identifying this as a 'Critical Incident'. Phone the After Hours Pager # [redacted]</td>
<td>Immediately: full report within 10 days of becoming aware of the incident*</td>
</tr>
<tr>
<td>An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.</td>
<td>s.107(1.5)</td>
<td>Immediately initiate and submit the on-line CIS form identifying this as a 'Critical Incident'. Phone the After Hours Pager # [redacted]</td>
<td>Immediately: full report within 10 days of becoming aware of the incident*</td>
</tr>
<tr>
<td>Contamination of the drinking water</td>
<td>s.107(1.6)</td>
<td>Immediately initiate and submit the on-line CIS form identifying this as a 'Critical Incident'. Phone the After Hours Pager # [redacted]</td>
<td>Immediately: full report within 10 days of becoming aware of the incident*</td>
</tr>
<tr>
<td>Type of Incident in LTC Home</td>
<td>Section of O Reg 79/10</td>
<td>How Licensee must submit report to MOHLTC (Director)</td>
<td>Reporting Time Frame</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>-------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition</td>
<td>s.107(3.1)</td>
<td>Initiate and submit the on-line CIS form identifying this as a 'Critical Incident'</td>
<td>Same as Monday-Friday</td>
</tr>
<tr>
<td>An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including:</td>
<td>s.107(3.2)</td>
<td>Initiate and submit the on-line CIS form identifying this as a 'Critical Incident'</td>
<td>Same as Monday-Friday</td>
</tr>
<tr>
<td>A breakdown of major equipment or a system in the home</td>
<td></td>
<td></td>
<td>Within one business day of the incident; full report within 10 days of becoming aware of the incident*</td>
</tr>
<tr>
<td>A loss of essential services, or flooding</td>
<td></td>
<td></td>
<td>Within one business day of the incident; full report within 10 days of becoming aware of the incident*</td>
</tr>
<tr>
<td>A missing or unaccounted for controlled substance.</td>
<td>s.107(3.3)</td>
<td>Initiate and submit the on-line CIS form identifying this as a 'Critical Incident'</td>
<td>Same as Monday-Friday</td>
</tr>
<tr>
<td>Subject to subsection (3.1) [see below], an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change** in the resident's health condition.</td>
<td>s.107(3.4)</td>
<td>Initiate and submit the on-line CIS form identifying this as a 'Critical Incident'</td>
<td>Same as Monday-Friday</td>
</tr>
<tr>
<td>A medication incident or adverse drug</td>
<td>s.107(3.5)</td>
<td>Initiate and submit the on-line CIS form identifying this as a 'Critical Incident'</td>
<td>Same as Monday-Friday</td>
</tr>
</tbody>
</table>

** Using the Critical Incident System, the full report under subsection 107(4) of the Regulation must be made within 10 days of the licensee becoming aware of the incident or at an earlier date if required by the Director.

** In section 107 of the Regulation, "significant change" means a major change in the resident’s health condition that,

- (a) will not resolve itself without further intervention,
- (b) impacts on more than one aspect of the resident’s health condition, and
- (c) requires an assessment by the interdisciplinary team or a revision to the resident’s plan of care. [s.107(7)]

Regulation, subsection 107(4.1):

Where an incident occurs that causes an injury to a resident for which the resident is taken to a hospital, but the licensee is unable to determine within one business day whether the injury has resulted in a significant change in the resident’s condition, the licensee shall,

- Contact the hospital within three calendar days after the occurrence of the incident to determine whether the injury has resulted in a significant change in the resident’s health condition; and
- Where the licensee determines that the injury has resulted in a significant change in the resident’s health condition or remains unable to determine whether the injury has resulted in a significant change in the resident’s health condition, inform the Director of the incident no later than three business days after the occurrence of the incident, and follow with the report required under subsection (4) [s. 107(3.1)]

Regulation, subsection 107(2) – reporting after hours

Normal business hours of OHTT are 8:30 a.m. - 4:30 p.m. After normal business hours, the immediate report of the above incidents must be made using the Ministry’s after-hours emergency contact Spalls Action Centre (SAC) paper. This pager number is only to be used by LTC Home licensees/staff and only for purposes of after-hours reporting.
Fearless about change

Many people have already heard me say that I see my role as Ontario’s first Patient Ombudsman as an exciting opportunity to collaborate with health sector organizations and bring forward the patient voice to inspire the right changes in healthcare that can work for everyone. With this focus in mind, I am proud to report on our office’s first full year of operations.

As Ontario’s transformation agenda takes hold, with the promise of a more coordinated patient and caregiver experience across our healthcare system, my hope is that our office will evolve in the same positive ways. We aim to be fearless in pursuing quality improvement and constructive change, proving time and time again that every experience matters.

Yet, no matter how powerful the concept is of helping drive positive systemic change, we can never lose sight of our most important priority – the patients and their caregivers who call us every day because they need our help. Every person is different so every complaint is different. Some complaints are simple and can be resolved quickly and others are incredibly complex and take longer.

We started taking complaints on July 4, 2016 and, just one year into our work, we’re still learning and evolving our processes – and encouraging people to tell us if they think we can do better. I believe our small, hard-working, committed team has been very successful so far. This report is our first opportunity to share our results and insights with others.

One very important thing we’ve learned over the past year is that some patients are very effective in speaking for themselves and others are more uncomfortable voicing complaints and sharing difficult experiences. In fact, we’ve heard that many people fear reprisal and that their healthcare or the care of their family member will suffer if complaints are brought forward. We want people to know that our office is a safe place to bring their concerns and share stories.

We realize that part of our work is to encourage health sector organizations to have less fear of feedback, no matter how challenging it can be to hear that things went wrong. Failure forces us to learn from our mistakes. We can then take this new knowledge and try to do better next time.

Our goal is to work collaboratively with patients and health sector organizations without taking sides, listen to all perspectives, get the facts and help problem solve in ways that maybe people hadn’t thought of before – think outside the box, make connections and help bridge healthcare and communication gaps.

We are asking patients and caregivers to continue to be fearless in bringing their complaints to our office, and for health sector organizations to be fearless in working with us to resolve patient complaints and make suggestions for healthcare improvements. For our part, we will be fearless in being the conduit for the patient voice in healthcare and making recommendations that need to be made to focus on what matters most in healthcare – the patient.

We look forward to working with you to achieve this goal.

Sincerely,

Christine Elliott
“It is really important to meet people where they live and let them know about our services. It’s also important to understand local healthcare needs and priorities – which, as everyone knows, vary widely across the province. For this reason, our office needs to be as inclusive and as accessible as possible.”

- Patient Ombudsman

About the Patient Ombudsman

On December 10, 2015, Christine Elliott was appointed as Ontario’s first Patient Ombudsman. Six months later, on July 4, 2016, the Patient Ombudsman’s office opened for business.

The Patient Ombudsman’s authority is set out in the Excellent Care for All Act, 2010. Our role is to receive, respond to and help resolve complaints from current or former patients or their caregivers about their care or experiences with health sector organizations. Our jurisdiction currently includes public hospitals, long-term care homes and Local Health Integration Network (LHIN) home and community care services (formerly Community Care Access Centres (CCACs)). As an impartial office of last resort, we can help when patients and caregivers have not been able to resolve their complaint directly through the internal complaints process with their health service organization. There is no charge for anyone to file a complaint with our office.

The Patient Ombudsman can also undertake investigations into complaints or other matters on her own initiative related to patient care or experiences and make recommendations to healthcare organizations based on the findings of these investigations.

The Patient Ombudsman’s office champions fairness in healthcare. We take the time to listen to patients and health sector organizations, get all the facts and then take the appropriate steps from there. We recognize there are urgent matters where time can be a central issue for people to get the care they need. We also realize that some circumstances will require the patient and the health sector organization complained about to have an ongoing relationship. Our job, whenever possible, is to work with patients or their caregivers and health sector organizations to achieve a resolution.
We cannot offer direct help if the complaint is about, for example, a regulated healthcare professional (such as a physician or nurse), a retirement home or if the complaint is part of a court proceeding. However, we can and do act as a navigator and guide people to someone who can help.

We have been receiving many complicated complaints, some involving multiple health sector organizations and others that are decades old. It takes a broad range of skill sets to unpack these sometimes very difficult patient experiences and help find the right and often very creative solutions. For this reason, our team of fifteen people includes three investigators and four early resolution specialists who are nurses, lawyers, social workers – even staff with medical and dental backgrounds. They are skilled, experienced negotiators and facilitators, including several who are multi-lingual.

**History of the Patient Ombudsman**

- **2010** *Excellent Care for All Act*
- **2014** Bill 8, the *Public Sector and MPP Accountability and Transparency Act* amends the *Excellent Care for All Act* to create the role of the Patient Ombudsman
- **December 2015** Christine Elliott appointed as first Patient Ombudsman
- **Spring 2016** Consultations across Ontario
- **July 2016** The Patient Ombudsman’s office opens
- **September 2016** More than 400 complaints received
- **July 2017** One full year of operations completed July to July
“As a new organization, we have a lot to learn and we’ll evolve over time. We held consultations with patients and caregivers across Ontario. Their valuable insights have contributed to everything from our corporate mark to our vision, mission and values statements.”

– Manager, Communications and Engagement

What we heard from Ontarians

In the spring of 2016, prior to the office opening, we began a series of consultations with patients and caregivers and issued a survey across the healthcare system, including health sector organizations. We received more than 600 responses to a wide variety of questions, including what people expected from our office, how they wanted to interact with us and what an appropriate resolution of their complaint would look like.

We consulted with patients across the province in Ottawa, Toronto, London and Thunder Bay and they told us that our work is important to people.

In terms of their expectations, patients were clear that they wanted speak with someone on the phone who would not only listen to the details but would also be committed to doing something about their complaint. In terms of a resolution, the vast majority – more than 80 per cent – said the most important outcome was to ensure no other person would have a similar negative patient experience.

In the stories we heard, people really do worry about reprisal and that their healthcare will be impacted if they speak up. In these circumstances, people have told us that they want us to be the conduit for their voices.

These insights informed the way we set up our office, from the development and design of the website to the establishment
of our vision, mission and values, and even the manner in which our early resolution specialists interact with patients.

Our outreach to patients and health system stakeholders is ongoing. Since our office opened, the Patient Ombudsman has met with or made presentations to over 115 patient and stakeholder groups in over 30 cities across the province. The Patient Ombudsman has visited all 14 LHINs, meeting with patients, patient and family organizations, LHIN officials, hospitals, long-term care homes and home and community care organizations. Provincial webcasts were also carried out in English and French tailored to what patients, caregivers and health system stakeholders need to know about how we can help. Patients and health service providers were able to participate in the live webcasts or access them later on the Patient Ombudsman’s website.

Ontarians told us that they wanted the Patient Ombudsman’s office to act as a bridge between health sector organizations and the patients and – in collaboration – drive positive change. Our logo is therefore designed to be the arc of a bridge, which is also meant to represent patient and caregiver concerns around transitions in and between care settings and the importance of bridging gaps in healthcare delivery.

We are committed to reaching out to all Ontarians and letting them know about our work. We hope that health sector organizations, patients and caregivers alike will help us spread the word and over time will pave the way for growing trust and credibility.

The arc of the bridge in our logo represents the importance of transitions and bridging gaps for patients and caregivers.

Collaboration in action: Patient relations

The caregiver of a patient requiring frequent out-patient hospital visits complained that the hospital’s patient relations process was unclear and difficult to use.

Experience

Resolution

After discussing these concerns with Patient Ombudsman, the hospital agreed to revise its patient relations process and make information more accessible to the public to assist future patients.
What we stand for

Vision
To be a trusted champion for fairness and to influence positive change in Ontario’s healthcare system.

Mission
We facilitate resolutions and investigate complaints involving health sector organizations, without taking sides, and make recommendations to improve experiences for all Ontarians.

Values

We are respectful: We are considerate of the dignity, privacy and diversity of every person.

We listen: We take the time to listen closely and carefully, acknowledging all experiences and perspectives.

We communicate: We communicate clearly and promptly so that every person knows what to expect. We do so in a professional, courteous way that respects all audiences, languages and abilities.

We are fair: Everyone deserves to be treated fairly. That’s why we look at every issue impartially, listening to all sides to achieve clarity and understanding.

We are empathetic: We acknowledge that every experience is unique and respond to every person with openness and compassion.

We are trustworthy: We are accountable to the people we serve and strive to provide high-quality service that adapts and improves as we learn.
## Our first year at a glance

### Outreach
- Provincial survey with 600 responses from patients and caregivers
- Consultation sessions in Ottawa, Toronto, London and Thunder Bay
- 115 individual outreach activities in 30 Ontario communities
- Visited all 14 LHIN areas
- Webcasts in French and English tailored to patients and caregivers and health sector organizations

### Telephone Intake
- 1,431 complaints received by phone
- The vast majority of telephone intakes were resolved within one to two days
- Almost 700 referrals to other complaints bodies or services
- 52 people made multiple complaints by phone
- 187 people made first contact by phone and later sent a written complaint

### Written Complaints
- 553 written complaints were received
- 39 people complained about more than one health service organization
- 31 people sent more than one written complaint

### Early Resolution of Written Complaints
- 398 complaints resolved and four partially resolved as of June 30, 2017
- 38 calendar days, on average, to achieve resolution, 75% resolved within 49 days
- More than 300 additional referrals to other bodies or services
- 2 investigations have been launched
How we work to make every experience matter

We received almost

2,000 complaints

Of the 553 written complaints received:

- Mail: 53%
- Online: 30%
- Fax: 10%
- Others: 7%

Many complaints are comprised of multiple complex issues that can fall under various jurisdictions. We work collaboratively across Ontario’s healthcare sector to ensure every issue is considered and every experience matters.

Intake and Triage
Listening and Guiding

Within our jurisdiction
We can help resolve complaints, provided in writing, that have already been voiced at a public hospital, long-term care home and/or home and community care delivered by LHINs.

Premature complaints
If a complaint has not yet been voiced at the public hospital, long-term care home or LHIN, we will help refer it back to complete this important first step. Many of the written complaints we received were premature. We helped people connect or reconnect with their healthcare organization to resolve their concerns.

Out of our jurisdiction
We cannot help if, for example, a complaint is about a regulated healthcare professional, such as a physician, registered nurse or physiotherapist, about a retirement home or part of a court proceeding. We made more than 1,000 referrals last year to other organizations and complaints bodies and services.

Year 1
In our first year, we worked together with patients, caregivers and health sector organizations and established a strong foundation to receive, review and attempt to resolve complaints. As we evolve, we build on the momentum to strengthen relationships, uncover further insights and ultimately help to improve the patient experience for generations to come.
75% of the written complaints we received in our first year were resolved in the early resolution phase.

Of the complaints we received, many focused on these issues:

- Inappropriate discharge
- Lack of communication
- Policies/procedures
- Access to care and services
- Poor care
- Attitude and behaviour
- Inadequate patient relations process
- Patient safety
- Competency of staff
- Lack of consent

If we can’t achieve early resolution, we may decide to conduct a formal investigation. This will highlight key problems and help prevent the same issues from recurring.

The Patient Ombudsman may decide to launch a special investigation to look deeper into system-wide issues and make recommendations to influence positive change.

As we continue to hear from Ontarians about their patient experiences, we will start to gain more in-depth knowledge and insights that will help inform and guide quality of care improvement initiatives.

Down the road, we’ll start to see clear patterns emerging from our resolutions and our investigations. Then we’ll be able to make broader recommendations based on evidence to improve care for all.
“When it comes to our healthcare system, patients and healthcare providers alike are struggling with the fact that there are more questions than answers. We can be relentless when it comes to making connections between the right people and the right information. Even if we can’t help directly, we do our best for a warm hand-off.”

– Early Resolution Specialist

How we work to make every experience matter

The Patient Ombudsman’s office received almost 2,000 complaints from patients and caregivers since we opened our office on July 4, 2016. This number includes 1,431 complaints from patients and caregivers that contacted us by phone, and 553 written complaints.

Our efforts to achieve resolution start at the first point of contact and with active listening. For many people, these discussions were their first opportunity to tell the whole story of their experiences with the healthcare system. Our early resolution specialists worked with them to identify the issues that contributed to their experiences and formulate potential solutions. Often, this involved connecting patients back to the right person, usually a patient relations lead, in their healthcare organizations to ensure these organizations had the opportunity to address the concerns. When the complaints or elements of the complaints fell within the mandate of other complaint bodies, we facilitated those connections. Sometimes research and outreach were required to find the right connection. We heard from patients that having a plan in writing made it easier for them, so when appropriate, we followed up in writing with a summary of the discussion and information about the options explored. Following these discussions and actions, only 187 of the people who initially contacted us...
by phone later followed up with a written complaint. Of the 1,431 complaints that came to us by phone, almost all were resolved within one to two days.

In our first year, we received 553 complaints in writing by mail, fax or through our on-line complaint form, including the 187 people who initially contacted us by phone. Most of the written complaints were sent by a caregiver, substitute decision-maker or other person writing on the patient’s behalf. When someone complains to us on behalf of the patient we seek the patient’s consent in order to share patient information with the health service organization. If the patient lacks capacity to consent, we obtain consent from the patient’s substitute decision-maker.

Our on-line web form was launched in January 2017 to make it easier for people to send us their complaints. While submissions through the web form made up 30 per cent of written complaints over the full year, by June 2017 60 per cent of complaints were coming in to the Patient Ombudsman using the on-line form. In a small number of situations, patients may not be able to write about their complaint. We accommodate these patients by making an audio recording of their concerns and then preparing a written transcript of their complaints. We are compliant with the standards under the Accessibility for Ontarians with Disabilities Act, 2005.

Many of the complaints we received were from patients or caregivers who had not yet attempted to resolve their concerns with the patient relations staff or department at their healthcare organization. Some were worried about reprisals for complaining and others didn’t know how to bring their concern forward. Many discussions with our office focused on the challenge of maintaining a relationship with a health service provider for needed care, while pursuing a complaint about a care experience. In many cases, our office was able to connect or reconnect the patient to their health service organization to have their concerns addressed.
Collaboration in action: Assault response

At the time of an involuntary admission to hospital under the Mental Health Act, a patient reported having been assaulted. The patient later complained that the hospital had failed to adequately respond to the reported assault.

Experience

Resolution

Patient Ombudsman determined that although the hospital had recorded the patient’s declaration, there was no evidence in the medical records that the hospital had followed its internal policy in responding to the patient’s alleged assault. As a result, the hospital apologized and updated its internal policies to prevent a similar incident from occurring in future.

Written complaints by type of health service organization:

- 70.1% Public Hospitals
- 19.2% Home and Community Care
- 10.7% Long-term Care Homes

We received more than 400 calls and 50 written complaints about services or organizations that are not within our jurisdiction. In addition, many of the complaints that involved hospitals, long-term care homes or home and community care also involved related issues that were outside of our mandate. We help people to make connections with other complaints processes (e.g. the professional colleges that are responsible for regulated health professionals) and services including mental health and disability services, access to financial, housing and legal resources and access to health benefits programs. Overall, more than 1,000 connections were made to other complaints bodies or services in our first year. The vast majority of complaints with non-jurisdictional issues were related in some way to medical care, including primary care, and the largest number of referrals were made to the College of Physicians and Surgeons of Ontario.

If you look at how many written complaints we’ve received so far about the health sector organizations within our jurisdiction over two-thirds were about Ontario’s public hospitals, about 20 per cent were about home and community care services and approximately 11 per cent about long-term care homes.

These results make sense for several reasons, most notably, that Ontario’s public hospitals serve many more patients each year than the other two sectors. For example, in 2014/15 there were more than six million visits to emergency departments across the province; hospitals performed 1.2 million outpatient surgeries and 350,000 inpatient surgeries. The volume of acute care episodes is very different compared to the approximately 750,000 connections home care makes annually or the 78,000 long-term care home residents across the province.

1 Quick Facts: Ontario’s Public Hospitals, Ontario Hospital Association.
2 Fact and Figures for Community Care Access Centres (CCACs) in 2015-2016, Home Care Ontario.
3 Ontario Developing 300 Long-Term Care Homes, Ministry of Health and Long-Term Care Health Bulletins, February 6, 2015.
People also have more options in terms of complaints processes in the long-term care homes and home and community care service sectors, including taking their concerns directly to the Ministry of Health and Long-Term Care, including the LTC Action Line, or the Health Services Appeal and Review Board.

Finally, the relationship between patients and home and community care and long-term care are often ongoing, compared to the episodic nature of hospital care. Patients and caregivers may be more reluctant to complain about services that they need over the long-term out of fear of damaging relationships or losing services. This is a significant concern raised by many members of long-term care home family councils.

The nature of the concerns raised by patients and caregivers varied by the type of health service organization. The majority of complaints about home and community care related to service delays and service decisions that limited access to care. Under the Home Care and Community Services Act, 1994, the Health Services Appeal and Review Board (HSARB) has jurisdiction to hear appeals about home and community care service decisions, so many of these patients and caregivers were referred to HSARB. Over one quarter of the complaints about home and community care involved wait times or policies related to admission to long-term care homes.

For long-term care homes, patients and caregivers most frequently raised concerns about the quality of care. Other common concerns were about policies and procedures, often related to co-payments or the lack of compensation for lost property.

Patients and caregivers who complained about public hospitals most frequently cited concerns about discharge planning. While hospitals were identified in these complaints, it’s important to consider that discharge planning often requires communication and collaborative planning involving other health services or organizations. Lack of communication or miscommunication was also a significant concern.

In fact, poor communication is a recurring theme across all types of complaints in all sectors.

Top three complaints about:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Delay in Service</th>
<th>Inadequate Service</th>
<th>Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and Community Care</td>
<td>30%</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Long-term Care Homes</td>
<td>30%</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Public Hospitals</td>
<td>17%</td>
<td>15%</td>
<td>12%</td>
</tr>
</tbody>
</table>

“My goal is to find creative ways to settle the issues in a patient or caregiver’s complaint, no matter how complex, without the need for a formal investigation. To me, that’s the definition of success, that’s the definition of a resolution.”

– Early Resolution Specialist
What types of complaints we receive

What is a complaint?

From the Patient Ombudsman’s perspective, complaints provide constructive feedback about healthcare. They offer meaningful information and insights that can help improve patient and caregiver experiences and drive quality of care improvement.

The Patient Ombudsman has the authority to receive complaints about public hospitals, long-term care homes and home and community care provided through Local Health Integration Networks (formerly Community Care Access Centres). Many of the complaints we receive also involve other health services or organizations.

The nature of the complaints we receive is wide ranging, and can involve anything from rude or insensitive communication to concerns about policies and procedures.

Why complain?

It’s to be fearless about helping yourself and others – and knowing this effort will ultimately help drive positive change in Ontario’s healthcare system.

Voicing complaints and working together to support health sector organizations to respond and resolve them effectively is important. This work helps identify trends and patterns and address root causes of issues to prevent them from happening again and again.

While not always the top concern, miscommunication or a perceived lack of communication was an overarching theme in almost all of the 2,000 complaints we received. This issue represents the greatest opportunity for improvement in Ontario’s healthcare system.

The top five healthcare issues Ontario’s patients and caregivers seem most concerned about are:

- **Inappropriate discharge**: 11%
- **Miscommunication or lack of communication**: 10%
- **Understanding and improving policies and procedures**: 10%
- **Access to service**: 9.5%
- **Poor care**: 9%
Resolution is different for everyone

Complex system, complex issues

We received many complicated complaints, involving multiple issues and several health sector organizations. Most complaints came from current patients, but because we are brand new and there is no statute of limitations, a few complaints were decades old.

What does resolution look like?

Every complaint is unique. We do everything we can to hear, understand and help resolve complaints. Even if the complaints we receive are outside our jurisdiction of public hospitals, long-term care homes and home and community care, we helped people identify the right resolution to their concern, make connections and access the information they need.

This can include:

• Sharing the patient or caregiver perspective with a health service provider
• Getting the right information to make a decision
• Connecting to the right person who can help
• Raising awareness of the issue
• Getting a policy or a procedure changed for the better
• Helping to prevent someone else from going through a similar experience
• Getting an apology or formal acknowledgment of the concern

75% of written complaints resolved at early resolution

Our first year: At a glance

Most complaints were resolved in the early resolution phase. Analysis of the nature and pattern of these complaints will help to inform our investigative work going forward.

75% addressed at early resolution by the end of our first year

160 open complaints with early resolution activities underway

2 investigations have been launched

Of the resolved written complaints:

• 25% of complaints were addressed by the health service organization with facilitated communication from our office
• Another 4% of complaints were paused to give the health service organization the opportunity to resolve the complaint once a relationship had been re-established with the support of our office
• A formal apology or acknowledgment was provided by the health service organization in response to 8% of the complaints
• Almost 70% of complaints required at least one referral to another complaint body or service for matters that were outside of the Patient Ombudsman’s jurisdiction
Collaboration in action

We always seek to resolve complaints informally first before they go into formal investigations. Early resolutions are the lion’s share of our work and the most frequent result. Here are the highlights of our collaborative efforts across Ontario’s healthcare system.

Experiences

A resident of a long-term care home complained that new staff needed more orientation and training in order to facilitate better continuity of care for residents. She also requested more courtesy, specifically that new staff introduce themselves before starting care.

Patient Ombudsman mediated a discussion between the resident and the long-term care home administration. The home agreed to review their on-boarding policy and confirmed that every new staff member must complete an orientation and that all current staff receive mandatory on-line training. The administration also agreed to consider initiating the “Hello my name is” campaign to encourage and remind staff about the importance of introducing themselves before starting care.

A man had a stroke which resulted in significant physical and medical challenges. Initially, he was taken to one hospital by ambulance for specialized treatment and then, once stable, transferred to his local hospital. Later, because he had long-term care needs that were too complex for a long-term care home, he was transferred again to a complex continuing care hospital – far from his caregiver’s home. His caregiver did not drive and had several chronic conditions herself. The caregiver did not understand why her husband needed to be moved to another hospital, especially one so far from her home.

Patient Ombudsman helped facilitate communication between the hospital and the caregiver to help her better understand the reason for the transfer and also helped facilitate the transfer of the patient to another complex continuing care hospital that was more accessible to the caregiver.
A woman who lived independently at home with dementia was no longer able to shop for herself or prepare her own meals. She was receiving some home and community care services, such as Meals on Wheels and personal support services to help her take medication correctly. Increasingly, she refused to allow people into her home and, as result, didn’t seem to be receiving enough help with her care needs. Her caregiver was concerned about her overall nutrition and noticed she had lost a significant amount of weight.

Patient Ombudsman worked with the health sector organization to schedule times when the caregiver and the service providers were in the patient’s home at the same time to ensure they could meet the woman’s care needs.

After a medical procedure, a patient with no additional health insurance requested a ward room in a hospital. Because none were available, the patient was put into a semi-private room and advised by hospital employees that the semi-private co-payment would not be charged. Upon discharge, the patient was billed at the semi-private room rate.

Patient Ombudsman reviewed the patient’s concerns with the hospital and it was agreed there was a perceived lack of communication. The hospital agreed to review its policy on billing for patient accommodation and more effectively communicate the policy to patients. The hospital also reimbursed the patient for the full amount of the semi-private room.

A patient with no informal support system was in a lot of pain and required out-patient surgery at a local hospital as soon as possible. The hospital policy required that day surgery patients needed to be accompanied home upon discharge. The patient tried to explain that no one was available to assist. The hospital, based on its policy, cancelled the surgery.

Patient Ombudsman worked as a facilitator between the hospital and the patient to achieve a resolution that resulted in the re-scheduling of the surgery and an agreement that the hospital would keep the patient overnight as an in-patient.

A resident of a long-term care home changed her power of attorney. Due to the complex nature of the resident’s care plan and the circumstances, the long-term care home’s administration was concerned about recognizing the new power of attorney. This response eroded the trust between family members and the long-term care home. The family, worried about reprisal because the resident was still living under the care of the home’s employees, felt obligated not to force the issue further.

Patient Ombudsman facilitated communication between the family and the long-term care home. Eventually, the new power of attorney was recognized. The discussion also resulted in a revised care plan and clarification as to how care decisions should be communicated in the future.
“We’ve heard a lot about the issues and challenges Ontario’s patients and health sector organizations face every day. We’re still learning about what we can do to help and recognize that solutions won’t come from working in isolation. We need to share insights and resources in order to really make a difference.”

- Executive Director

Themes and lessons

In reflecting on the complaints we received over our first year, a number of themes emerged that provide opportunities to improve healthcare and the experience of patients and caregivers.

Improving communication

The early insights we are gathering from our first year of operations are particularly interesting to us because they align with the results of our consultations completed before our office opened. During our consultations, 66.5 per cent of people we surveyed told us that improving communications from health sector organizations to patients and caregivers was the most important issue they hoped we could help address. This point has also been borne out through our travels and our complaint resolutions so far.

Overall, patients want to be treated with greater compassion and dignity and to be seen as a whole person, not just as a disease or condition. They mentioned that small things can make all the difference. This includes having healthcare providers introduce themselves, explain in simple terms what is happening, describe clearly the options available and their impact on patient care and give the patient and caregivers the opportunity to ask questions. They told us that they want to receive information, whenever possible, in writing so they can refer back to it later.

People have told us they often feel that they haven’t been given the information and time needed to make fully informed decisions and they feel pressured to make decisions before they are ready. It is essential that people, whenever possible, feel in control of their own decisions and are fully informed of their options.
Another issue related to communication that patients and caregivers have raised with us is the fear of speaking up about their care, or the care of a loved one, in case there is reprisal. We’ve learned that this fear of reprisal is most intense in rural and northern communities, where there are fewer options for care. Health service organizations can help to reduce this concern by ensuring that patients and caregivers are given information about how to raise a concern and be assured that their feedback is welcome to help improve care for everyone. Many health sector organizations have embraced a commitment to improving the experience of their patients and their families and have developed effective patient relations processes. Others are just starting this journey.

We recognize that there are no quick answers but, based on the results and insights we’ve collected so far, we can offer the following observations. Patients and caregivers are eager to participate in their own care plans and want to contribute to improving the healthcare system for others. At the same time, they don’t know what they don’t know. They need to be informed about what is going on, understand their choices and feel empowered to make decisions for themselves based on clear and factual information. Being open and transparent and involving patients and caregivers as much as possible, from hiring staff to strategic planning to technology, results in shaping a heath sector organization that focuses on what really matters – the patient.

“Communicating effectively is key to facilitating a successful resolution. It’s my job to help ensure that by the end of what is often a series of difficult conversations, everyone involved has a full understanding of the facts and how best to collaborate around next steps.”

– Early Resolution Specialist

Collaboration in action:
Finding a place

A long-term care (LTC) home resident with dementia was transitioned to a hospital because of agitation and anxiety. Although, the resident wasn’t hurting anyone, staff at the LTC home found meeting the needs very challenging. In hospital, the patient’s behaviour improved, resulting in a discharge. However, the LTC home wouldn’t accept the patient back.

Experience

Resolution

Patient Ombudsman facilitated discussions that resulted in the return of the resident to the LTC home and connected the caregiver to the Ministry of Health and Long-Term Care’s Action Line to raise additional issues of compliance with the Long-term care Homes Act.
We are committed to finding ways to share our results and insights with health sector organizations in order to help them continue to strengthen patient relations processes.

Strengthening patient relations processes across the province

Health sector organizations receive feedback and complaints from patients, their families and other members of the public and generally have patient relations processes in place to review and attempt to resolve these complaints as expeditiously as possible. As an independent body of last resort, we can only get involved if this internal process has been completed first. These important first steps are appropriate as the most effective place to resolve a complaint is at the point of care. However, we are finding that many of the complaints we’ve received over the past year have not been raised with the appropriate health sector organization first. Patients and caregivers may not know how to engage in the process or if the process has actually been completed or not.

As we look ahead, we will work with the Ministry of Health and Long-Term Care and Health Quality Ontario, bringing our first year insights to bear on the ongoing efforts to improve patient relations processes for everyone.
Streamlining the experience for patients with complex complaints

As we’ve noted throughout the report, the complaints we receive are often complex and involve matters that are both within and outside our jurisdiction. In addition to our own efforts to achieve a resolution, over 1,000 connections were made between patients and caregivers and other complaint bodies or services. To address the range of issues included in a complaint, some people needed up to four outside referrals. Just to provide some context, a single complaint could involve concerns about the health service organization, individual healthcare professionals involved in a person’s care as well as matters that are within the jurisdiction of the Ministry of Health and Long-Term Care and the Health Services Appeal and Review Board.

Providing a seamless complaint experience for a patient or caregiver can be as challenging as providing seamless healthcare. While our office works with people to help them navigate this complex web, we believe there are opportunities to improve the process. We will be reaching out to the colleges governing healthcare professions, the Ontario Ombudsman and other complaint bodies to explore opportunities to provide a more seamless experience for patients and caregivers with complaints about their healthcare.

“It is important to have relevant and timely information available to patients and caregivers about their transitions across care settings. This issue is system-wide and capacity planning needs to become a priority for all of us.”

– Patient Ombudsman
“By working together and aligning our processes as much as possible, we’ll be more effective in ensuring every patient and caregiver experience leads to better quality of care for everyone.”

– Early Resolution Specialist

Improving planning for discharge

Planning for discharge is a complex process that can involve communication and collaboration across many health service organizations. Ensuring the capacity for patients to access the right services when they need them is an ongoing challenge for the healthcare system at all levels. For the health sector organizations within the Patient Ombudsman’s jurisdiction, the challenges are many. Hospitals in particular feel pressure to discharge patients that no longer require acute care to free up capacity for other patients. At the same time, there can be long wait times for long-term care homes and a need to provide care for residents with increasingly complex needs. The home and community care sector is also under pressure to provide more care to more patients, often with complex needs. For patients with highly complex care needs, the services that they need may simply not exist.

Solving these problems is well beyond the mandate or power of the Patient Ombudsman; however, based on what we’ve heard from patients there are significant opportunities to improve the quality of patients’ experiences as they prepare for discharge and transitions across healthcare settings. Accurate, timely communication and the engagement of patients and their caregivers in planning are key.

We receive complaints from people who are eligible and appropriate for long-term care but are being told that they must move from hospital to a retirement home that they cannot afford or a long-term care home that they did not choose. Along these same lines, people tell us that they are being advised that they cannot be placed directly to a long-term care home from the hospital and then worry they won’t be provided with sufficient services to wait at home. Patients and caregivers often reported that they were unsure about the plan for care after discharge and did not have information they needed to make informed decisions. Given that information is often provided at a time of stress, patients and caregivers have commented that receiving information in writing would help them understand the plan and make better decisions.
Financial and operational performance in our first year

The Patient Ombudsman receives all of its funding from the Ministry of Health and Long-Term Care. While this report focuses on activities and results achieved in the year since we opened our office in July 2016, our funding is approved and managed based on the Government of Ontario’s fiscal year (April 1 to March 31). Our office is committed to prudent fiscal management, and we ended our fiscal year on March 31, 2017 with a surplus of $388,525 based on an 2016-17 approved budget of $4.3 million.

Included in our budget is funding to purchase back office support from Health Quality Ontario. This arrangement provides value for Ontarians by streamlining the Patient Ombudsman’s administrative costs, while ensuring the human resources, financial and technology support necessary for our work.

A great deal was accomplished in our first year to support the opening of our office and the launch of our services.

Our accomplishments include:

- Completion of an organizational branding initiative, including province-wide patient and stakeholder consultations which resulted in the design of our logo, development of our vision, mission, values and the launch of the website, online form and our brochure, in both official languages
- Staff recruitment to build our diverse and skilled team
- Establishment of our office and the infrastructure needed to support our work
- Procurement and customization of state of the art case management and telephone systems

Now in our second year, we are engaged in a strategic planning initiative that will set out our priorities and goals for the next three years. We are continuing to refine our business processes and are developing better ways to receive ongoing feedback on our own work from patients, caregivers and health service organizations so that we can continue to improve our services and effectiveness in influencing positive change.

Financial statements for the Patient Ombudsman can be downloaded at: patientombudsman.ca/About-Us/Accountability-and-Transparency/Corporate-Documents
Final thoughts

In our first year we’ve focused on listening and learning from patients and caregivers, healthcare providers and our own team. We’ve identified opportunities to increase public awareness of our office and improve our internal processes to provide a better experience for the people who contact us.

We’re continuing to refine our information and communication so that we can tell patient and caregiver stories more effectively and provide evidence to drive healthcare system improvements. We’re building the relationships with healthcare providers, planners, funders and policy-makers that will help turn stories and evidence into better patient experiences.

In our second year, we’re using the information and evidence gathered in our first year to identify issues and situations that would benefit from more in-depth investigations. We are also reaching out to health system partners to share what we’ve learned and act as a catalyst to drive improvement efforts. We know that we need to continue to build awareness of what we do, as well as confidence that a thoughtful, impartial examination of negative experiences can help to make things better in the future.

The work of building this new organization has only just begun and we are committed to fulfilling our promise to the people who fearlessly come forward and share their perspectives and stories with us – to make every experience matter.

Collaboration in action: Home care services

After moving to a retirement home, a resident became concerned about the lack of consistency in home care service delivery since the relocation.

Experience

Resolution

Patient Ombudsman facilitated communication between the resident and the providers of home and community care services in her region. As a result of this discussion, the resident’s service schedule became more consistent and better aligned with the retirement home’s schedule, enabling the resident to participate more fully in activities, including regular meals.