

Report LTCR-SS-04-16

To: Chair Burley and Members of the Social Services Committee
From: Jennifer Cornell, Administrator Grey Gables
Renate Cowan, Administrator Lee Manor
Karen Kraus, Administrator Rockwood Terrace
Meeting Date: April 13, 2016
Subject: **Medical Director's Report**
Status: Recommendation adopted by Committee as presented per Resolution SSC36-16; Endorsed by County Council May 3, 2016 per Resolution CC56-16;

Recommendation(s)

THAT Report LTCR-SS-04-16 regarding Medical Director Reports be received for information.

Background

Long-term care (LTC) homes are required to have a signed agreement with a Medical Director. The Medical Director is responsible to develop, implement, monitor and evaluate medical services, advise on clinical policies and procedures, communicate expectations to attending physicians, address issues related to resident care and participate in interdisciplinary committees and quality improvement activities. They are also responsible to provide on-call service and after-hours coverage. Payment for these services is provided through a per diem from the Ministry of Health and Long Term Care (MOHLTC) at a rate of \$0.36 per resident per day.

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

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

Financial/Staffing/Legal/Information Technology Considerations

Medical Directors are a vital team member in the provision of effective, high quality medical services. The 2016 budgeted amount for payments to the three Medical Directors totals \$41,636; in addition to this amount, the Ministry provides the homes with \$14,528 each for physician on call services.

Link to Strategic Goals/Priorities

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

By working collaboratively with the Medical Directors the homes are actively working to improve access to health services and enhance the quality of life for the residents in the homes.

Attachments

See pages 2-6.

Grey Gables

March 20, 2016

Medical Director's Report, Grey Gables 2015

It has been my pleasure to continue as the medical director at the Gables and to provide care, along with Dr. Winfield, to the 65 residents.

In 2015 there were 18 deaths, which is an average number. One of the residents had lived at the home for over 13 years. The deaths were all related to the resident's underlying medical conditions. There have been no respiratory outbreaks during the year. The home continues to have excellent influenza vaccine rates among residents and staff, although it could still improve.

The BSO program continues to be a big help with resident care. This is true for the in house work as well as the consultation services. They have helped with some significant challenges. We look forward to their continued support.

The ongoing decor updates are appreciated, as are the excellent gardens that help to set the Gables apart.

On a personal note, my mother-in-law has been residing at Grey Gables for the last year. It has helped to give me another perspective on the great care provided to the residents at the home.

Respectfully submitted,

Brian Power, MD, CCFP, FCFP

Lee Manor

RE: Lee Manor Annual Medical Directors Report for 2015

Dear Chairperson,

In 2015 Lee Manor had 55 new admissions. Twenty six of the patients, were transferred from other nursing homes. Of the 54 discharges, two were discharged to another facility and 52 patients passed away.

Physician rounds are done at least 2 days per week. However, some weeks due to a heavier workload, a 3rd day is required. In addition to annual physical examinations, all the minor emergencies and acute events are also treated. The team were able to avoid costly trips to the emergency room for our patients, by rendering acute medical care in the nursing home. Several patients who required sutures were also treated in the home.

Since our patients are weak and debilitated, they require extra vigilance to guard against complications when they acquire an acute infectious illness or injury. A cold or flu quite often turns into pneumonia because of their chronic underlying pulmonary conditions.

The previous winter was especially harsh, since we had a flu outbreak and several patients developed bacterial infections as a complication. The majority were treated in Lee Manor successfully.

The dedication of our nurses to treat acutely unwell patients in the home is admired. This contributes to a more cost effective health care deliverance. More importantly, it prevents further morbidity and complications because patients are treated in a familiar environment. This is critical in our demented patients to prevent delirium in the acute phase of an illness.

The excellent care the nurses provide is recognized by the patients, since patients and families quite often decline referral to the hospital and prefer to be treated in home.

Patients who develop an irreversible or end of life event also receive their palliative care in Lee Manor. Our skilled nursing staff play an important role during this difficult time. Not only do they comfort and treat each patient, but also support the family through this sad time.

Other activities during patient rounds include medicine reviews, evaluating and implementing where appropriate the pharmacist's recommendations. Special attention is paid to optimize medicine use in the frail elderly, to minimize or prevent drug induced side effects and optimize our patients' clinical care. The patients' and families' wishes are respected and acknowledged when treating each patient.

Our quality improvement initiatives are ongoing. Although Health Quality Ontario publishes only four quality indicators, (falls, incontinence, pressure ulcers and the use of restraints) Lee Manor and other nursing homes monitors 35 different indicators. Comparing the statistics for different time periods is challenging, since the patient case mix index changes through the year. However, the latest data (July to September 2015) indicates we exceed the provincial average in 19 out of 35 indicators. This number fluctuates throughout the year for example, in 2014 (for the same quarter) we exceeded the provincial average in 24 out of 35 indicators.

The multidisciplinary rounds with the pharmacist, appropriate registered nurses and registered practical nurses take place monthly. These continue to play a valuable role to coordinate care and discuss different therapeutic approaches in our patients with behavioural symptoms. By implementing the ideas discussed at the rounds, we achieved success with most of the demented patients who exhibited behavioural symptoms over the past year.

During the fall, a campaign to educate staff and encourage Flu Vaccine administration was launched. Until December 2015, sixty seven percent of staff received the vaccine (an improvement from the 56% the previous year) and 94% of residents.

The Long-Term Care Medical Director's Association Conference in Toronto was held from 23 to 25 October 2015, and I was privileged to attend it. As before, the discussions and lectures were excellent and informative and where appropriate, the current trends in long term care will be implemented.

Drs. McArthur, Robertson, Stanners, Tweedie and Veenstra continue to provide care for their own patients. These physicians also provide after hours care for their patients in case of medical emergencies. I was fortunate to have Drs. Fleming, Kennedy and Veenstra assist with coverage when I was away at conferences and on holiday.

Lastly, I want to thank our management team under Renate Cowan and Patti Mink for their support and experienced leadership. The dedication and compassion of our registered nurses, registered practical nurses and personal support workers while caring for our patients are noticed and appreciated.

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

Sincerely yours,

Dr. C.J. Van Zyl
Medical Director, Lee Manor Home for the Aged

Rockwood Terrace

Dear board members,

It is with pleasure that I give you my 2016 annual report as a medical director of Rockwood Terrace. This is now my 31st annual report having started as medical director in 1984.

I think that it has been a good year for the home and it still has a very positive public attitude within the community. We also continue to have a number of residents admitted from distant communities who are supposed to be here only whilst waiting for a bed at their institute of choice. A number of these residents changed their minds and did decide to remain at Rockwood Terrace permanently and I think this is an excellent recommendation to the standard of nursing care in our institution.

Just recently Lucy has announced her resignation and so we will soon be having a new director of nursing care. However, I do know of one nurse who will not be sending in her application for this job due to the uncertainty of the future of the home. I gather within the next 5 years Rockwood could either be moved over to Markdale or changed completely in position. This uncertainty is causing distress in the staff members who are worried about their seniority. I hope this question gets sorted out soon so that we will know where we stand.

The program to promote flu shots in both residents and staff has been again excellently received and we have a higher than provincial average uptake of the flu shot. People generally think that modern medicine can cure almost anything but there is still no cure for influenza and one of these days this virus will again mutate to the very aggressive form seen in 1919 that actually killed more people than were lost in the first world war. People often objected to the flu shot with the most nonsensical reasons which have no basis in scientific fact, and this can be very frustrating at times.

I am glad to see that pet program is still in operation, as I feel this is very beneficial for all the residents. Those still with normal cognitive function surely benefit from the interaction. Those residents with severe dementia often get better interaction with an animal than they do with a fellow human being.

I want to reiterate just how hard I think the nursing staff at Rockwood Terrace work. You may not realize this but there is a huge difference between the amount of work load done by the nurses at Rockwood Terrace and by the nurses at the local hospital. Those at the local hospital have time to sit and chat, whilst the Rockwood nurses seem to be on the go from the moment they arrive to the moment they leave. I think that they are worth every penny that they earn. They are a credit to the institution.

As you are aware from my previous annual reports I am always trying to reduce the number of unnecessary medications that the residents are taking. I am still amazed when I accept a new patient to Rockwood to see sometimes as many as 22 different medications. Whilst some of these might have value in a younger person, a large proportion of the medications are of no clear benefit in the elderly and their side effects are often causing considerable troubles to the patient. I am happy to report that at Rockwood Terrace we now have a lower than provincial average use of all medications but particularly for atypical antipsychotics which are very much overused in the geriatric population with no real scientific basis. I have had considerable benefit from attending medical education courses such as that offered in Toronto in November each year. No matter our age, we are never too old to learn new things.

I will closing wishing you all a very happy, healthy and prosperous 2016.

Yours sincerely,

David Walley

Respectfully submitted by,

Lynne Johnson
Director of Long Term Care