

March 18, 2019

Medical Director's Report, Grey Gables 2018

It continues to an honour to be the medical director at Grey Gables and to provide care, along with Dr Winfield, to the 65 residents of Grey Gables.

There were 18 deaths of residents this past year. This is an average number. There were a few minor outbreaks of both respiratory and gastroenteritis illnesses. These were dealt with efficiently by the staff with support from Public Health. There continues to be good vaccination rates with both residents and staff.

This past year saw stress in the home from the proposed closing of Grey Gables as part of the Rockwood Terrace redevelopment. The change in County council's position on this issue has been a great relief to everyone. I certainly hope that this allows the Rockwood Terrace rebuild to proceed in a positive way.

HQ Ontario reports on physician use of antibiotics, antipsychotics and psychotropic medications. This is also tracked by our pharmacy allowing a comparison to other homes in the area and in the province. Decisions for use are certainly done on an individual basis depending on the patient's needs and current guidelines but it is helpful to see these comparisons. Avoidance of unnecessary prescriptions is important. The BSO team continues to be invaluable in the management of our residents with behavioral problems related to their dementia and can help to reduce the use of medications.

I had a chance to do a review of the deaths at Grey Gables over the last 10 years. Residents live at the home for an average of 40 months, although the length has dropped to 36 months in the last 5 years. There are 19 deaths a year on average. Most of the residents die in the home, with only 3 deaths occurring in hospital in the last 5 years. This number was 11 in the first 5 years of the study period. This confirms the good work that the staff does to provide palliative care in the home. This allows the residents to die with dignity in an environment where they are comfortable.

I would like to welcome Cynthia Merrifield as the new Director of Care and to thank all the staff for their efforts on behalf of the residents.

Respectfully submitted,

Brian Power, MD, CCFP, FCFP

Lee Manor

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February 20, 2019

Board of Directors
County of Grey

RE: Lee Manor Annual Medical Directors Report for 2018

Dear Chairperson,

In 2018 Lee Manor admitted 62 patients. Twenty six patients came from other nursing homes, four from acute care hospitals and the remainder from private homes or assisted living/group homes. Sixty patients passed away. One patient's medical condition improved with dedicated care to the extent that he was successfully placed in a private home in a rural community.

We lost some of our long time residents. Sixteen of them lived in Lee Manor for more than 5 years and 8 for more than 10 years. Our demographics currently include 45 patients (+/-30 %) of residents between 90 and 99 years of age and 3 residents over a 100 yrs of age.

Our group of physicians providing care to their own patients in the nursing home also changed. Drs. Lisbeth Cox and Carolyn Travers joined while Drs. Gurdeep Singh, Bruce Stanners, Cam Tweedie and Fred Veenstra continue the medical care of their patients. The continuity of care these physicians provide to their frail and elderly patients contribute significantly to the wellbeing of their patients. The Owen Sound Family Health Team physician group on occasion also helped out with after hours coverage.

The Influenza Outbreak in the community did not spare Lee Manor and during late December 2018 a respiratory outbreak was declared. In addition to Influenza A, RSV infection was also prevalent in the home. This happened in spite of a 91% flu vaccination rate for residents and 70% vaccination rate for staff.

A respiratory outbreak leads to more intense acute nursing care. However most of the patients were cared for in Lee Manor and the staff rose to the occasion to provide the necessary medical care to the affected patients. The outbreak peaked during the first

week of January 2019 and at the time of writing this report the outbreak has been declared over.

Our facility CPS score in September 2018 was at 3.12/6 which is slightly lower than the 3.41 at September 2017. The CPS score indicates the severity of dementia with 6/6 indicating late stage dementia.

The RAI-MDS (Resident Assessment Instrument - Minimum Data Set) is a quality indicator report the MOHLTC use. It is updated every 3 months. Some of the quality indicators are published on the Health Quality Ontario website. Although it is comprehensive, it is a lagging indicator, which limits its use to plan patient's future clinical care. Retrospectively it is used to compare the home to the provincial average.

As mentioned above, about half of newly admitted patients come from other nursing homes or hospitals. Quite often these patients have an indwelling catheter, pressure sores or other parenteral lines or tubes. Taking into account the patients' debilitated conditions, Lee Manor compares favourably with the provincial average on the MDS quality indicator report under the "Safety" as well as the "Other Clinical Issues" category.

The "Safety" category includes patients with pressure ulcers, infections, physical restraints, respiratory conditions and patients taking antipsychotics without a diagnosis of psychosis.

The "Other Clinical Issues" category covers indwelling catheters, bowel and bladder continence, pain, patients with feeding tubes and weight loss. Depending on the patient cohort, the numbers fluctuate but overall we are above the provincial average in the majority of these subcategories.

Efforts are ongoing to improve the other two categories i.e physical function and psychosocial function. However quite often our patient mix is such that patients are too weak or demented to take part in the programs we offer to improve their physical or psychological well being.

Classic Care Pharmacy is the company providing pharmacy services to Lee Manor. They publish a quarterly comparison to other nursing homes they serve of medications prescribed. This is helpful to get an idea in real time of how we compare with the other homes.

For example; our antipsychotic medication use has decreased from 29% in early 2017 to 24% currently. More than 70% of residents receive some form of an antidepressant, which is above the other homes' average. The antidepressant category, however, includes the medication trazodone, which is used to facilitate sleep and decrease agitation in demented patients. So not all patients in this category use the medication for depression.

Pain management is a high priority in Lee Manor. The analgesic category shows a slightly higher percentage of Lee Manor patients receive pain medicine compared to the other homes. During 2018, management also standardize our pain scales to more accurately identify patients with pain.

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

From: David Walley
Sent: January 13, 2019 5:46 PM
To: Kraus, Karen
Subject: 2018 MD report

Dear board members,

It is with pleasure that I give my 2018 report to you all. I have been medical director since 1984, which is now 35 years. It seems hard to believe that all that time has passed seemingly so fast. I am still very much enjoying my time at the institution and thoroughly enjoyed the age group of the people that I treat, whom I find both surprisingly respectful of authority but also very grateful for the care that they are rightfully shown .

I am surprised that as I do this report there are still no firm plans to rebuild another institution. I fully expected this to be already started by this point. Hopefully plans will be coming along and we will soon be breaking ground to build the new institution. I think that would be very exciting for both residents and staff alike.

Since there are now two staff members that drive electric vehicles I would like to respectfully request that one EV charging point be setup with dedicated parking for either staff members or residents' relatives. I have been asked by residents' relatives if there is any way that they could charging their electric vehicle. I have had to answer that that it is not available at this time.

The nurses are a great help to me in communicating the wishes of the residents for their medical needs. It is extremely helpful that I have a registered nurse accompany me on my rounds to see my patients .In particular I would like to commend the help and professionalism I am shown by Andrea, Kelly and Cynthia. I also have a very good relationship with the director of nursing, Lucinda Walter. Nothing is ever too much trouble for her whenever I make any requests. She has been an excellent addition to the nursing home.

I am so pleased that we now have x-ray visiting as this is a great help in that the residents do not have to move out of the institution for simple procedures. I would very much like there to be ultrasound facilities as well and wonder whether this could be looked into. Residents are sometimes asked to pay up to \$400 for private ambulance transportation for outside tests, and I find this totally ridiculous. People cannot afford this outrageous fee.

Again I have worked very hard at trying to reduce the number of medications that each resident is on. This of course is very difficult. Residents have sometimes been told a few years before, that a certain medication would need to be taken for the rest of their life. Firstly, medical recommendations change with time. Such that a new medication is maybe better or medications that were once felt to be very useful have now been proven not to be beneficial. This can be very frustrating at times especially to try to modernize people's approaches. We have a very low prescription rate for benzodiazepines as well as atypical antipsychotics. All things go in succession in life, and I now find that I am being asked for opioids, from both the healthcare aids as well as the registered nurses. They have obviously done some courses that have alerted them to the possibility that atypical behaviour can often be caused by pain. However this is just one cause for atypical behaviour, With such things as grief, depression and infection also being very common. The Ministry of health also expect us to have at least 80% of patients in the

institution being prescribed opioid painkillers. I'm not sure where they have got this figure from but in my opinion it is exaggerated. This is an ongoing battle and I shall not give up.

I'm happy to report that we have greater than 80% staff members and greater than 90% residents having been vaccinated for the flu. Influenza is now in the area and this is our best protection. People forget how devastating some of these diseases can be and a lot of them can be prevented with simple and safe vaccinations. I was watching a TV program last night about Jane Goodall, the well-known chimpanzee specialist, in Tanzania, She had her troop of chimpanzees virtually wiped out by polio. I could see the grief in her face when she talked about this and the suffering of the chimpanzees was very moving. People forget that we are primates as well and it really saddens me to hear all these weird and wonderful excuses for not being vaccinated. They are quite without foundation.

I'm not sure what changes have been made in the dietary department but I think the food quality has really improved in the past two years.

I have been particularly perturbed about the Ministry of health's procedure for handover of care when residents have been transferred back into Rockwood from another institution. The nurses are compelled to write all of the present medications as well as the previous medications and the medications that have been stopped. This has already led to numerous errors and seems so easy to rectify. Only those medications that are being used in the other institutions should be continued, and anything else should be discontinued automatically. However on this particular case we are up against Ministry of health guidelines who always seem to think that they know best.

I may be mistaken but it seems to me that in the numbers of volunteers I see in Rockwood has declined in the past year. I rarely see children visiting the seniors and I rarely also see animals being brought into the institution. I know that both of these are received warmly by the residents and it does a lot to help lift the spirits. Is there some reason why I am having this opinion?

I have been very pleased with the feedback I have heard from relatives regarding the care given to terminally ill residents. I think the staff should be commended on their deeply caring attitudes towards both the dying and the relatives of the dying. I believe that the care they get is superior to the same situation in the hospitals. As physicians, we all recognise this and whenever possible try to get residents back to Rockwood for their final weeks and days.

That seems to be all of my thoughts and recommendations. In closing I wish you all health and happiness for 2019

Yours sincerely,

David Walley MD