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# Niagara Region

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**REPORT TO:** Co-Chairs and Members of  
Public Health and Social Services Committee

**SUBJECT:** **Medical Director's Annual Report 2007**  
**Long-Term Care Homes**

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## **RECOMMENDATION**

That this Committee recommends to Regional Council that

1. this report be received for information.
2. the Regional Chair correspond with the Chair of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) and the Minister of Health and Long-term Care to advise of the Medical Directors' concerns, including the corresponding need for the appropriate number and mix of staff in long-term care homes and the need for alternative levels of care for older adults in Niagara.

## **EXECUTIVE SUMMARY**

- The Medical Directors of Niagara Region's eight long-term care homes continue to express their concerns over the growing inadequate capacity of staff to appropriately and safely attend to the increasingly complex needs of the residents.
- With the introduction of a new Minister of Health and Long-Term Care and with the increasing role of the HNHB LHIN, the timing is appropriate to apprise them of the Medical Directors' concerns and to advocate for additional resources and community care alternatives for Niagara.

## **FINANCIAL IMPLICATIONS**

There are no direct financial implications associated with the Medical Directors' reports; however, a shortfall in current Provincial funding creates additional financial pressure on the Region and on other operators of long-term care homes to fill the existing fiscal gap in order to respond to care pressures and to diligently manage associated risks. A successful advocacy effort will result in improved care and in reduced financial pressure on the Region in meeting care requirements.

## **PURPOSE**

This report summarizes

- a) common trends and developments identified by the Medical Directors in the annual reports submitted.
- b) key areas of concern and action for the improvement in care of the residents in the Region's eight long-term care homes and the broader community.

## **BACKGROUND**

Each year, the Medical Directors of the homes are asked to submit an annual report in accordance with the Standards of Care for Long-Term Care Homes.

The Medical Directors for the Region's eight homes are:

Dr. J. Adams, Upper Canada Lodge  
Dr. M. Ali, The Woodlands of Sunset and Rapelje Lodge  
Dr. E. Gomez, Northland Pointe  
Dr. D. Henry, Gilmore Lodge  
Dr. E.P. Kouros, Deer Park Villa  
Dr. P.K. Pang, The Meadows of Dorchester  
Dr. T. Wong, Linhaven (including the T. Roy Adams Regional Centre for Dementia Care)

The Region's long-term care homes contract the services of a local physician to serve as Medical Director to oversee the provision of medical care to the residents of each home. The Medical Directors meet on a quarterly basis to review common medical issues.

The Medical Directors along with the support of the attending physicians provide 24 hour coverage to the homes. Each is actively involved in numerous quality improvement activities, including the provision of an annual report.

The role of the Medical Director is pivotal in providing insight into the needs of the residents and managing their care. They are actively involved in the care teams in each of the homes, as well as providing guidance in identifying systemic improvements in long-term care. The Medical Directors are dedicated local practitioners in geriatric care and have served the Region's homes for many years.

## REPORT

### Summary of Trends and Developments

#### *Increased Complexity of Medical and Nursing Care*

The Medical Directors consistently cite the growing complexity of resident care needs, including the following indicators of increasing care requirements and complexity:

- Intravenous therapy
- Catheter care
- Oxygen therapy
- Admission and premature discharge of residents from hospitals with unstable, medical/psychiatric conditions to the long-term care homes.
- Admission and premature discharge of residents from hospitals with bedsores, MRSA, VRE and C.difficile to the long-term care homes.

The above increasing conditions create additional demands on long-term care home staff, which is not increasing in number and skill proportionate to the increasing need.

#### *Decreasing Systemic Capacity for Care*

The Medical Directors have identified issues within the broader health care system in Niagara that impacts on the quality of resident care including the following:

- Increase in crisis admissions to long-term care homes stemming from a shortage of community physicians, and the resultant inappropriate use of emergency departments.
- Increasing pressure on long-term care home beds, resulting in a significant backlog of individuals in acute hospital beds (for which one solution is an increase in the availability of long-term care beds in Niagara).
- A shortage of registered staff, both Registered Nurses (RNs) and Registered Practical Nurses (RPNs), resulting in over-extended staff who risk compromising resident care.

#### *Concern for Resident Quality of Life*

The Medical Directors have advocated previously for increased rehabilitation services and last year acknowledged the Province's improvement in physiotherapy services; however, they acknowledge the lack of progress in adding more social and recreational activities and occupational therapy for residents in long-term care homes. They acknowledge the contributions of volunteers, but cite the need for additional professional recreationist and occupational therapist services to enhance the resident's quality of life.

## Key Recommendations

Accordingly, the Medical Directors recommend the following:

- Increased Provincial funding must be made available to homes to hire additional front-line nursing staff to at least a recommended average of 3 hours of nursing care per day and to hire additional social/recreational activities staff, as well as improving access to occupational therapy.
- Systemic changes must be made to enable homes to hire and maintain the appropriate number of registered staff (i.e., RNs and RPNs) in long-term care homes (e.g., increasing the number of graduates from colleges and universities and increasing funding to long-term care homes in order to be competitive with hospitals in recruiting and retaining RPNs).
- Systemic changes must be made to the flow of older adults through the health care system to avoid unnecessary use of the emergency departments, and to enable prompt placement from hospital to long-term care homes or to alternate care in the community, (e.g., increasing supports in the home, including supportive housing and possibly additional long-term care home beds).
- Systemic changes must be made to avoid the admission or premature discharge of older adults with advanced and unstable medical and/or psychiatric conditions to long-term care homes, (e.g., addressing pressures on acute hospital beds, and increasing the capacity to care for residents with behavioural care needs, including funded local behavioural support units).

Seniors Services staff acknowledge the recent funding initiatives relating to the hiring of additional full-time RPNs and the plans to increase funding for additional Personal Support Workers in long-term care homes. These welcome staffing improvements have raised the level of resident care, but fall short of the recommended average of 3 hours daily. Unfortunately, without an increase in the number of RPN graduates from Ontario's community college system, the intended outcome of hiring more RPNs may not be achieved. Also, the systemic inability of long-term care homes to compete with the much higher wages paid to RPNs in hospitals will continue to disadvantage long-term care homes and the residents within them.

Seniors Services staff also acknowledge the recent initiatives relating to Aging at Home and the resultant initial improvements in supports in the home, including increased supportive housing and nurse practitioners services in Niagara. However, additional initiatives will be required in order to achieve the intended outcomes of appropriate care in the appropriate place at the appropriate time and to relieve pressure points in the health care system in Niagara.

Submitted by:

Approved by:

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Brian Hutchings  
Commissioner, Community Services

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Mike Trojan  
Chief Administrative Officer

*This report was prepared by Dominic Ventresca, Director, Seniors Services.*