

Document 1:

Long-Term Care Homes Third Party Independent Review

Executive Summary

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Introduction

The City of Ottawa requested an independent review in October 2017 following a staff to resident physical assault at Garry J. Armstrong long-term care home and a verbal assault at Peter D. Clark. This abuse negatively affected these two residents and their families, and raised concerns and worries with many others.

City staff worked extensively to comply with a subsequent Compliance Order and Director Referral under the Ontario Long-Term Care Homes Act and its regulations. This resulted in a successful return to compliance in January 2018.

Mandate

Influencing factors for staff-to-resident and resident-to-resident physical, verbal, emotional and sexual abuse between 2015-2017; failure to report; and fact-based actionable recommendations were the focus of the Review.

Methodology

240 interviews and discussions were held with residents, families, staff and volunteers during Discovery Phase 1. Observations were made while assisting residents with their meal and shadowing Personal Support Workers at various times over 6 days at each home.

Phase 2 involved a literature review; a nursing staffing comparator survey; detailed analysis of City statistics and documents; a detailed analysis of 2015-2017 compliance findings; and external interviews.

Phase 3 synthesized Phase 1 and 2 findings in a report, with actionable recommendations.

Background

The City of Ottawa operates 4 long-term care homes ranging from 160 to 216 beds. There are 1,000 staff and 570 volunteers providing care and services to residents. The homes cost \$66 million to operate annually. The capital budget is \$350,000 annually.

The average age of the 717 residents is 85, with an average length of stay of 2 years and 3 months. 61-87 percent of residents have dementia. Peter D. Clark has highest number of male residents. 2 % to 93% of residents are francophone, depending on home.

Findings

The Reviewer found:

- no additional physical or verbal assaults on residents; and
- neglect and emotional abuse towards some residents in all homes.

There are multiple systemic and individual factors that likely contributed to the incidents of staff-to-resident and resident-to-resident abuse and neglect. Strategies to minimize risks are provided throughout the report and its appendices.

Observations and discussions during site visits confirmed that the vast majority of staff are caring and strive to do their best. Many positive comments about care were made.

Capable residents interviewed were in control of their care and felt safe. Residents and families expressed concerns about some staffs' suitability, especially related to attitude and poor English. Families and substitute decision-makers expressed more concern about the risk of resident-to-resident abuse than staff-to-resident abuse, although both risks caused anxiety about the care of loved ones.

This Review focussed on areas requiring the greatest attention to minimize risk. The findings should be considered in their entirety. If not, they are subject to misinterpretation.

Top Ten Influencing Factors

The following influencing factors should be improvement priorities.

- Quality and Risk Oversight
- Human Resources Leadership
- Nursing Staffing
- Resident mix
- Specialized dementia care
- Communication
- Volunteer Base
- Failure to Report
- Design and Essential Equipment
- Information Technology and Care Planning

Risk was not well managed for the major influencing factors from 2015-2017. The risk levels between and within the four homes ranges from low to high.

Given the complexity of influencing factors that may have contributed to an environment conducive to abuse and neglect, and the overall size and unique aspects of

the four homes, each finding should not be generalized to all homes or to all resident home areas within each home.

Nursing and Personal Care Staffing

Insufficient numbers of nursing and personal care staff is a critical risk.

The average 2016 nursing and personal care hours per resident per day was 2.70 for City homes versus 3.00 hours in Ontario non-profit homes. On average City homes provide 18 minutes less Personal Support Worker and registered nurse care for each resident each day compared to other Ontario non-profit homes.

An increase in Personal Support Workers was unanimously identified as the top staffing priority by all interviewed. 35 additional PSWs and 5.5 additional registered staff would be required to reach the Ontario 2016 average.

A nursing practice manager position on the senior management team is recommended.

Nursing staff at all homes, especially Personal Support Workers (PSWs), are working under a microscope and stressed. Many are fearful. A large number of staff has lost pride in their work, an unintended consequence of extensive media coverage. PSWs worry about losing their jobs.

An increase in nursing staff is not the panacea to manage the risk of abuse and neglect at City homes, however implementing other recommendations and strategies will be difficult to achieve without it.

Failure to Report

Failure to report was a concern related to the two incidents of publicly reported abuse in 2017. Nursing staff rotation on all residential home areas would help mitigate this concern.

Resident Mix

There is a need to balance the complexity of residents with special needs on each resident home area. The level of dependence for partial or full assistance must be considered.

Specialized Dementia Care

The City should increase nursing and personal care staff to reflect the Ontario trend or reduce the number of secure resident home areas for people affected by dementia. This level of care normally has higher nursing staffing levels than resident home areas focussed on physical functional decline.

The need for education about dementia for staff and families was a dominant theme.

Communication

Residents and families expressed concern with some staff working in the homes just “for the money.” Attitude and English language communication were identified as applicant attributes that needed to be screened. Excellent care is about relationship building, which is impossible without good communication and compassion.

The City’s long-term care homes’ website needs refreshed to include a broader range of information to enhance public accountability.

Quality and Risk Oversight: Management

Instability in management leadership was a major influencing factor. There were 52 changes in 21 senior management positions between 2015-2017. This instability was mainly due to 43 transfers between positions and between home. This practice should cease except for emergencies. Management qualifications and long-term care experience are a concern. Search and recruitment methods need to be broadened for management positions.

Quality and Risk Oversight: Governance

Quality and risk management for long-term care homes is needed at the governance level. The Community and Protective Services Committee should consider the creation of a Long-Term Care Board, with a quality and risk management function. This is in addition to current CPSC financial and regulatory oversight functions.

A quality improvement and risk management staff position should be considered.

Human Resources Leadership

Corporate human resources are not integrated to the level needed to support long-term care home managers. A dedicated senior Human Resources manager is recommended.

Volunteer base

Volunteer hours declined from 2015-2017. Additional volunteer help would be beneficial. Assisting residents at mealtime and monitoring residents at shift change are two practical needs. Review of the volunteer program was out of scope.

Design

The home designs are reflective of the residents and “thinking” 13-30 years ago when they were built or renovated. The design of some resident home areas is out-dated for secure and safe dementia care, and difficult to retrofit.

Equipment

The \$350,000 annual capital budget for the 4 homes is not adequate to purchase lifts, new beds, and other equipment and furniture identified in the 10-year capital plan. The gap between the \$350,000 annual capital budget and the 10-year capital plan should be identified for the 2019 budget process.

Information Technology and Care Planning

New resident care technology will be implemented in 2018. This is supported, and will improve care planning. It will also provide improved quality and risk data for analysis and reporting to a new Long-term Care Board of Directors or the Community and Protective Services Committee.

Conclusion

Abuse and neglect are symptoms of a multitude of factors that require governance and transformational change management to minimize risk and fulfill the City’s duty of care.

The cost of additional Personal Support Worker staff to reach the 2016 provincial average is \$2.3 million annually.

5.5 or 6 additional positions are also recommended, at a cost of \$600,000 annually.

If the staffing recommendations from this review are approved, the City contribution to long-term care home operations would increase from \$14.5 to \$17.3 million annually. Costs related to increasing registered staff to the Ontario average need further study and would be additional.