

7. Long-Term Care Services Strategic Plan Plan stratégique pour les soins de longue durée
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COMMITTEE RECOMMENDATIONS

That Council:

1. Approve Long-Term Care's five-year strategic direction, which includes renewed mission, vision, values and strategic priorities, as described in this report; and
2. Direct the Director of Long-Term Care to include \$100,000 in the 2022 Long-Term Care budget for the development of a customized person-centred care model as described in this report; and
3. Direct the Director of Long-Term Care to report back to Committee and Council on the implementation plan and approach once confirmation of the LTC provincial budget revenues have been confirmed for 2022-2023.

RECOMMANDATIONS DU COMITÉ

Que le Conseil :

1. approuve l'orientation stratégique quinquennale pour les soins de longue durée, laquelle comprend la mission, la vision, les valeurs et les priorités stratégiques renouvelées définies dans le présent rapport;
2. demande au directeur, Soins de longue durée, d'inclure la somme de 100 000 \$ dans le budget 2022 relatif aux soins de longue durée, pour l'élaboration d'une approche personnalisée reposant sur des soins axés sur la personne, comme le décrit le présent rapport;
3. commande au directeur, Soins de longue durée de faire un compte rendu du plan de mise en œuvre et de l'approche au Comité et au Conseil une fois le financement provincial confirmé

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SERVICES COMMITTEE
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OCTOBER 27, 2021**

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COMMUNAUTAIRES ET DE
PROTECTION RAPPORT 22
LE 27 OCTOBRE 2021**

pour l'exercice 2022-2023.

DOCUMENTATION/DOCUMENTATION

1. Donna Gray, General Manager, Community and Social Services, dated October 21, 2021 (ACS2021-CSS-GEN-0015).

Donna Gray, Directrice générale, Services sociaux et communautaires, daté le 21 octobre 2021 (ACS2021-CSS-GEN-0015)

2. Extract of Draft Minutes, Community and Protective Services Committee, dated October 27, 2021.

Extrait de l'ébauche du procès-verbal, Comité des services communautaires et de protection, le 27 octobre 2021.

**COMMUNITY AND PROTECTIVE
SERVICES COMMITTEE
REPORT 22
OCTOBER 27, 2021**

**309 COMITÉ DES SERVICES
COMMUNAUTAIRES ET DE
PROTECTION RAPPORT 22
LE 27 OCTOBRE 2021**

SUBJECT: Long-Term Care Services Strategic Plan

File Number ACS2021-CSS-GEN-0015

Report to Community and Protective Services Committee on 21 October 2021

and Council 27 October 2021

**Submitted on October 21, 2021 by Donna Gray, General Manager, Community and
Social Services**

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**OBJET: Plan stratégique pour les soins de longue durée
Dossier: ACS2021-CSS-GEN-015**

Rapport au Comité des services communautaires et de protection

Le 21 octobre 2021

et au Conseil le 27 octobre 2021

**Soumis le 21 octobre 2021 par Donna Gray, Directrice générale, Services sociaux
et communautaires**

Personne ressource : Dean Lett, Directeur, Soins de longue durée

Dean Lett, Directeur, Soins de longue durée

Quartier : CITY WIDE / À L'ÉCHELLE DE LA VILLE

REPORT RECOMMENDATION(S)

That the Community and Protective Services Committee recommend that Council:

- 1. Approve Long-Term Care's five-year strategic direction, which includes renewed mission, vision, values and strategic priorities, as described in this report; and**
- 2. Direct the Director of Long-Term Care to include \$100,000 in the 2022 Long-Term Care budget for the development of a customized person-centred care model as described in this report; and**
- 3. Direct the Director of Long-Term Care to report back to Committee and Council on the implementation plan and approach once confirmation of the LTC provincial budget revenues have been confirmed for 2022-2023.**

RECOMMANDATION(S) DU RAPPORT

Que le Comité des services communautaires et de protection recommande au Conseil :

- 1. approuve l'orientation stratégique quinquennale pour les soins de longue durée, laquelle comprend la mission, la vision, les valeurs et les priorités stratégiques renouvelées définies dans le présent rapport;**
- 2. demande au directeur, Soins de longue durée, d'inclure la somme de 100 000 \$ dans le budget 2022 relatif aux soins de longue durée, pour l'élaboration d'une approche personnalisée reposant sur des soins axés sur la personne, comme le décrit le présent rapport;**
- 3. commande au directeur, Soins de longue durée de faire un compte rendu du plan de mise en œuvre et de l'approche au Comité et au Conseil une fois le financement provincial confirmé pour l'exercice 2022-2023.**

EXECUTIVE SUMMARY

This report provides a response to a Committee directive to propose a Dementia Care Strategy framework in the City's four long-term care homes which focuses on innovative dementia care models.

In addition, this report provides detailed information regarding Long-Term Care's renewed mission, vision and values as well as key strategic priorities to support the implementation of a Dementia Care Strategy, based on person-centred care.

Globally, there is growing recognition that people living with dementia are individuals who deserve, and can benefit from, a different approach to traditional care. An approach to care that shifts from an institutional, task-oriented model to a "home, person-centred" model.

Person-centred care (PCC) puts emphasis on the emotional needs of residents, with a focus on shifting decision making closer to the residents. PCC models also typically include the development of a 'household' whereby residents live in a home-like environment, often with full access to home-like amenities such as a shared kitchen, dining and living areas. Households are consistently staffed, focused on following the rhythm of each individual's daily life, bringing increased choice, autonomy, meaning and purpose for its residents. The consistent staffing fosters close, collaborative relationships between residents, staff and families, and better partnerships among all stakeholders.

As the four City-operated long-term care homes are home to 717 residents, it's important that they feel a sense of purpose and community.

To adopt a Dementia Care Strategy based in person-centred care, Long-Term Care (LTC) is recommending the development of a customized, comprehensive approach that includes:

- Enhancements to the physical space to be less institutional and more home-like
- Resident-directed care
- Focus on relationship-building
- Staff empowerment and education
- Collaborative decision making and autonomous teams
- A culture of continuous quality improvement

This report outlines the plan to achieve person-centred care in the City's long-term care homes.

RÉSUMÉ

Suivant une directive du Comité, le présent rapport propose un cadre stratégique de soins s'articulant autour de modèles novateurs pour les résidents atteints de démence des quatre foyers de soins de longue durée de la Ville.

Il définit également une mission, une vision et des valeurs renouvelées pour les soins de longue durée ainsi que les grandes priorités stratégiques qui consolideront la mise en place d'une stratégie sur la démence axée sur la personne.

À l'échelle mondiale, on reconnaît de plus en plus le droit des personnes atteintes de démence à une approche de soins adaptée et les bénéfices de celle-ci; l'approche en établissement axée sur les tâches laisse sa place aux soins axés sur la personne dans un environnement qui rappelle la maison.

Les soins axés sur la personne met l'accent sur les besoins affectifs des résidents tout en les impliquant davantage dans les décisions. Les modèles de soins axés sur la personne placent aussi généralement les résidents dans une sorte de ménage où ils vivent dans une atmosphère familiale, souvent avec un accès complet aux installations habituelles d'une maison, comme une cuisine commune, une salle à manger et un salon. Des employés s'occupent en tout temps de ces ménages, qui suivent le rythme de vie des résidents, ce qui accroît leur pouvoir décisionnel et leur autonomie et donne un sens et un but à leurs journées. Le personnel est toujours le même, ce qui favorise une collaboration étroite avec les résidents et les familles et de meilleurs partenariats entre tous les intervenants.

Les quatre foyers de soins de longue durée municipaux accueillent 717 résidents : il est important qu'ils y aient un sentiment d'appartenance et y trouvent un sens à leur vie.

En vue de l'adoption d'une stratégie sur la démence reposant sur des soins axés sur la personne, les Soins de longue durée (SLD) se sont dotés d'une approche personnalisée exhaustive visant à :

- Aménager des espaces physiques chaleureux où l'on se sent chez soi;
- Laisser les résidents dicter le rythme des soins;
- Cultiver l'établissement de relations;
- Outiller et sensibiliser le personnel;
- Encourager la prise de décisions collaborative et l'autonomie des équipes;
- Créer une culture d'amélioration continue de la qualité.

Le présent rapport fait état du plan pour établir une stratégie de soins axés sur la personne dans les foyers de soins de longue durée municipaux.

BACKGROUND

In February 2021, a motion was brought forward to the Community and Protective Services Committee that directed staff to present to Committee and Council a plan regarding transformative culture change i.e., adapting innovative models of care such as The Butterfly Model by Q2 2021.

Due to the COVID-19 pandemic, the City-operated homes have needed to shift their priorities to focus on outbreak prevention, containment of the virus and implementation of changing directives, which has resulted in significant resource pressures during the emergency response.

In light of this, the Community and Protective Services Committee resolved that staff be directed to present to Committee and Council a Dementia Care Strategy Framework for the City's Long-Term Care homes which focuses on innovative dementia care models by Q4 2021.

DISCUSSION

Strategic Background and Rationale

The global population is aging. In Canada, survey results suggest that most individuals would prefer to age in the familiarity and comfort of their own home. Due to enhanced community supports, seniors are able to remain in their homes longer, and are entering long-term care homes at later stages, often with advanced dementia or care needs that are too great for their loved ones to manage or to support within the community.

Although seniors enter long-term care homes for a variety of reasons, all share one commonality: the need for twenty-four-hour care and support, frequently due to physical and cognitive decline.

Within the City's long-term care homes, resident populations and care needs are diverse:

- 75% of residents have dementia
- 61% use wheelchairs
- 42% require assistance at mealtime
- 26% speak a language other than English or French as their first language

Current indicators show that the four City of Ottawa homes continue to provide excellent care and services to residents. Feedback received from residents and families is largely positive. This is evident in the results from last year's annual resident satisfaction survey

where 92% of respondents gave an overall positive rating of the City homes as a place to live, and 94% of respondents would recommend their home to family and friends. The City homes also have longer than average waiting lists for residents who would like to move in.

Despite these positives, the City's homes exist in a long-term care sector that experiences many challenges related to recruitment and retention, workload demands, lack of time to build relationships with residents, and lack of training to manage complex care needs.

Many of these challenges were heightened during the COVID-19 pandemic. For long-term care homes, navigating through the past year and a half has required continuous flexibility and responsiveness. All four of Ottawa's municipal homes have experienced COVID-19 outbreaks. Staff in the City-operated long-term care homes have worked tirelessly to ensure the safety and wellbeing of everyone in the homes during the pandemic, working with Ottawa Public Health, the Ministry of Long-Term Care and the Ministry of Health and other partners to implement effective infection prevention and control strategies.

Early in the pandemic, resident isolation and visitor restrictions were the main strategies to minimize the risk of outbreaks in long-term care homes. A number of residents suffered from the lack of social contact that family members, volunteers and visitors provide. In addition, cancelled activities, isolation of residents from other residents, and in-room dining were strategies that long-term care homes used to minimize the risks of COVID-19. The isolation that many residents experienced during the early months of the pandemic has been widely recognized as having an extremely negative effect on their quality of life.

At the same time, homes found creative ways to make improvements. Staff have worked to develop new processes, visiting guidelines, and protocols to allow residents to safely resume the activities and personal connections that are so important to maintaining their quality of life. Throughout the pandemic, teams in the homes have leveraged technology and adapted processes to mitigate the effects of isolation and to help residents to live with meaning and purpose.

Now that the long-term care sector is comparatively stable regarding COVID-19, LTC Services is planning to address these sector-wide issues through the implementation of a person-centred approach to care. In recent LTC strategic planning stakeholder consultations, this direction was a predominant theme – the need to create a dementia care strategy with person-centred care as the driver. This approach should attract staff who want to work in an empowered environment. It requires increased staffing to meet complex needs, an enhanced physical environment and supportive education to staff and those involved in resident care.

Movement to Improve Resident Experience in the LTC Sector

As a whole, the long-term care sector is recognizing the need to transform care; to shift to a person-centred approach that prioritizes the resident experience, offering individualized care, designed in consultation with residents and their loved ones, as fundamental to improving long-term care services across the province.

The intent is to shift from what is described as an institutional model of care to a person-centred, relationship-based approach to care. Bricks and mortar are transformed into neighbourhoods within homes and there is a culture shift from care being a series of tasks done to someone, to a relationship-based approach in which people participate in choice, and exercise autonomy and freedom. Staff are empowered, residents and staff interact in smaller neighbourhoods, and residents direct the care they receive.

Even before the COVID-19 pandemic shone a light on some of the challenges in the long-term care system, the sector was interested in making progress towards improved resident experiences.

Additionally, the Ontario's Long-Term Care Commission's report identified a number of recommendations. Areas included, increased staffing levels, enhanced infection prevention and control competence and capacity, and improved practices, funding, and compliance. Indeed, the final report from the Commission recommended improvements to quality of life by focusing on resident-centred care.

Both the Long-Term Care Commission and the report from Ontario's Auditor General on COVID-19 Preparedness emphasized the need for increased staffing in long-term care homes.

Provincial Funding Commitment

The Ministry of Long-Term Care has acknowledged the staffing funding deficits present within LTC pre-pandemic and has committed to increasing the funding for long-term care home operators to provide an average of four hours of direct care per resident per day. Direct care is defined as care that is provided by Registered Nurses, Registered Practical Nurses, and Personal Support Workers.

The additional provincial funding increase will take place gradually over the next several years, with initial funding flowing to operators in 2021-2022 and full funding anticipated by 2025.

The table below reflects the provincial governments' implementation targets for direct care hours, as described in the Ontario Long-Term Care Staffing Plan. At the time of this report, the provincial government has committed to a funding increase of 270

million, however detailed information is not yet available regarding the allocation of funds to City of Ottawa long-term care homes.

Table 1: Provincial Implementation Targets for Direct Care Hours

Year deadline	Hours of Direct Care per resident per day
Year 1: March 31 2022	3
Year 2: March 31 2023	3.25
Year 3: March 31 2024	3.7
Year 5: March 31 2025	4

It is important to note that the City's Long-Term Care homes currently offer an average of 2.9 hours of direct resident care and must increase to 3 hours by March 31, 2022.

As Long-Term Care moves toward implementing a person-centred care model, the increased provincial staffing investment numbers will help offset the cost associated with implementing the model.

The importance of increased staffing ratios is a key factor in providing successful person-centred care in long-term care homes. The introduction of these provincial targets for increased hours of care provides the City of Ottawa homes the opportunity to review the current service delivery models and identify strategies to enhance staffing levels to align with the recommended ratios in dementia care models researched.

Long-Term Care Services Mission, Vision and Values

During recent strategic planning sessions, with help from Clubine Consulting and Nous Group, Long-Term Care Services updated its mission, vision, values, and strategic direction to reflect the needs and priorities of all stakeholders. The feedback identified during stakeholder engagement and consultation highlighted the importance of prioritizing a person-centred care approach.



The Mission Statement: “Together in Care. Together in Life.” denotes a sense of shared involvement and relationship building among all stakeholders, including families, staff, volunteers, and the community.

The Vision: “Enriching lives every day.” characterizes the importance of building a sense of joy, meaning and purpose to residents, and engagement of staff.

The Values: “Dignity, Respect, Choice, Equity and Trust” represent the person-centred ideals that are critically important to the holistic quality of life for residents and stakeholders.

The strategic goals include Enriching Resident’s Lives, Enriching Staff, Enriching Partnerships, and Enriching Tools.

Throughout the stakeholder consultation phase, the need for transformation was clearly communicated as a requirement for all residents, those with and those without dementia.

Long-Term Care Strategy Framework

Implementation of Long-Term Care Services’ strategic priorities is planned throughout 2022 and the next term of Council.

Table 2: Long-Term Care Strategy Framework

Strategic Priority #1: Enriching Residents Lives	
Outcomes: Each resident is supported to experience their best life. Their choices are at the centre of actions that are taken. The place they live feels like home. Medical and therapeutic supports are high quality.	
Strategic objective	Measurement

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Change the culture to be person-centred	Resident experience and outcomes are improved in the home where person-centred care model is piloted.
Increase resident choices	Resident surveys report an increase in autonomy.
Embrace Family and essential Caregiver roles	Measure change in Annual Family Satisfaction Survey results.
Prevent and reduce risks, errors and harm that occur to residents	Propose: Measure change in "Falls with injury" rate.
Become leaders in the provision of Clinical services	As determined by the process, use Validations, monthly dashboard, for both qualitative & quantitative indicators.
Develop competency in Diversity/Inclusion/ Anti-racism/ Cultural Competency	Resident and Family Satisfaction Survey results (specific questions). Employee Annual Survey (include new related questions).

Strategic Priority 2: Enriching Staff

Outcomes: Teams work effectively together. This includes having the right skills. Team members are empowered to do what is in the residents' interests. Individual team members are equipped and are successful at performing their responsibilities.

Strategic Action	Measurement
Align structure to PCC model and ensure appropriate supervision and support for staff	Spans of control reduced. Hierarchy supports employee empowerment.
Improve productivity and service responsiveness to residents	Increase hours of care per resident.
Build high performing teams	Staff satisfaction related to support during PCC model change. Staff retention increased.
Attract and retain skilled staff	Monitor number of qualified applications received for posted jobs. Staff retention increased.
Improve skill in labour relations	A decrease in reported labour relations issues. Supervisor's report increased confidence in coaching and supervising staff.

Strategic Priority 3: Enriching Partnerships

Outcomes: Sound, evidence-informed practices are utilized, including external supports. Resources are freely exchanged for the betterment of resident's outcomes without regard to ownership. Problem solving with health systems partners is not territorial. Participation in Research enhances the quality of resident care.

Strategic Action	Measurement
Build partnerships with organizations with shared values	Expand or "rightsize" partner network. Equitable distribution of external facing assignments.
Influence decisions that impact the LTC sector	Annual evaluation of the alignment and outcomes.
Rekindle Volunteer engagement	Number of Volunteers Total Hours contributed.

Strategic Priority 4: Enriching Tools

Outcomes: Organizational services and systems enable the delivery of high-quality life experience. Audiences know and understand our priorities and are continuously updated on our processes. We have accurate information on which to base our plans. Quality is continuously monitored, improved and shared.

Strategic Action	Measurement
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Invest in technology that reinforces client-centred care and quality improvement	Reduction in resident information requests. Resident social engagement rating on annual survey.
Nurture innovation within the culture	Conversion of manual processes. Grants received to support research interests.
Improve Communications to Residents, Families and Staff	Reduction in information requests. Frequency of newsletters.
Improve Image/Optics	Reduction in general information requests. City Services Survey shows improved image of LTC.
Develop a robust Quality Improvement framework	Develop a scorecard and indicator targets. Complete the RNAO certification process.
Enrich educational opportunities for health disciplines	Improved staff retention rates. Successful internal promotion rate. Achieve objectives within budget. Number of student placement hours.

Key Findings of Environmental Scan/Stakeholder Engagement

During the initial stage of strategic planning, Clubine Consulting and Nous Group engaged stakeholders through the use of surveys, 1:1 and group interviews with residents, families, staff, sector leaders and members of advocacy groups. Key themes and trends emerged, all of which prioritized the need for a person-centred approach to care.

Table 3: Key Stakeholder Findings from Environmental Scan

	Staff	Residents	Families, Volunteers	Stakeholders and Advocacy Groups
KEY FINDINGS	<p>Staff are looking for:</p> <ul style="list-style-type: none"> relationships and a meaningful personal work experience ability for staff from all areas to be able to serve dementia increased staffing levels to enhance care and build relationships consistent staffing a dementia care strategy and training for LTC Services. 	<p>Residents expressed a need for:</p> <ul style="list-style-type: none"> more autonomy, freedom, and meaningful activities (cooking, gardening, pet programs etc.) a stimulating environment with interesting things to do continuity of staff and consistent care freedom and ability to be oneself separating residents with difficult behaviours. 	<p>Families would like:</p> <ul style="list-style-type: none"> more individualized care, with more 1:1 time, for their loved ones residents to have more control in their lives care to be provided in a less-institutional environment, akin to community living better staff to resident ratios. 	<p>Stakeholder and advocacy groups advised that:</p> <ul style="list-style-type: none"> the entire long-term care sector is understaffed and underfunded long-term care homes don't feel like homes the brand name of the person-centred care model is not important in many cases, the packaged person-centred care models do not justify the cost.

Two additional themes that emerged from these discussions are:

Improved Organizational support

Both staff and families noted that staff spend much of their working time fulfilling documentation requirements, leaving them little time to bond with residents. Several stakeholders reported that the current span of control is unsustainable, meaning that the ratio of staff to management, while common among long-term care environments, is not in line with City corporate standards, and results in unmanageable workloads and challenges related to adequate staff feedback and performance oversight.

Stakeholders also commented that the Long-Term Care Homes Act is regulation-focused, rather than client-focused, resulting in an environment heavily reliant on documentation, and less focused on positive outcomes for residents in long-term care homes.

Finally, staff, residents and families have identified continuity of staffing and increased staffing levels as critically important to providing individualized, person-centred care.

Enhanced Physical Space

All stakeholders consulted expressed a desire for adapted resident care, in a less institutional and home-like environment. Many respondents cited household-model attributes that they'd like to see implemented within the City's long-term care homes, such as:

- more green space,
- a colourful home-like environment,
- shared kitchen areas where residents can make meals for themselves and others,
- space for family gatherings, both indoors and out.

About Person-Centred Care

Throughout the stakeholder consultation, the desire to break from traditional medical models of care, in favour of person-centred care, was paramount. Traditional models of care are typically clinical, institutional, and task-oriented in nature, focused on clinical processes, with schedules and routines that are determined by the staff.

Person-centred care (PCC) models differ from traditional clinical models of care in that they involve shifting decision making closer to the residents, allowing them more choice in how their days unfold and how they spend their time.

During the strategic planning consultations, specific advocacy groups were asked to

contribute, and their voice is reflected in the strategic plan, LTC priorities and actions. The need for transformative change was prevalent. Transformative change that focuses on well-being requires sufficiently resourced teams as well as the right mix of educated, caring staff. It is also important to note that physical design is integral to well-being and a key focus of necessary change.

Key Findings from Person-Centred Care Model Review

There are a variety of established PCC models available. Several models were reviewed, including Schlegel Villages, Action Pact, Meaningful Care Matters (Butterfly), GentleCare, Eden Philosophy, DementiAbility/ Montessori, The Green House Project, and Planetree. The models were evaluated on the basis of resident outcomes, staff education, culture change, leadership philosophy, physical environment, and financial resources/support, including French resources.

In addition to this research, follow up meetings were held with several organizations to gather additional information; including Uniting, an Australian organization that implemented the Action Pact model in their long-term care homes, The Eden Alternative, a recognized person-centred model, and Dr. Philippe Voyer, a professor from the University of Laval, who offers consultation services on transforming dementia care.

The City of Toronto Long-Term Care Services was also consulted, as their organization, on the recommendation of Dr. Pat Armstrong and her team of associates, recently developed a customized Approach to Care. A tailored, client-centric approach was preferred to an off-the-shelf model, as it includes a commitment to stakeholder consultation, and enables home engagement in development of practice.

The established person-centred care models reviewed shared several commonalities, including:

- Shifting decision making closer to residents
- Focus on relationships and collaborative decision making
- Home-like environments
- Focus on bringing choice, autonomy, and purpose to residents
- Consistent staffing
- Improved staffing ratios

All models reviewed have appealing attributes, many of which have already been implemented within the City's long-term care homes. However, selecting one person-centred model that fully met the needs of stakeholders proved challenging for several reasons:

- **Value for investment:** Several models, such as Meaningful Care Matters (Butterfly) require a one-time branding fee and annual licensing fees per home.
- **Training Cost:** Several models, such as the Eden Alternative, required using professional trainers for all current and future training needs, which involved additional fees (training, materials, travel, and accommodations, etc.), with customization not available.
- **Customizability:** Most models reviewed did not offer the ability to customize the approach and material based on the unique needs of residents and home cultures.
- **Evaluation:** None of the models reviewed provided an evaluation framework and tools to measure the programs' outcomes and specifically the resident's quality of life indicators.

Customized approach

In exploring the different models that exist, and their associated costs, consideration was given to building on the expertise within the homes and adopting a flexible approach that would incorporate the principles of person-centred care and transformative change. This direction is supported by the Person-Centred Transformation Community of Practice Network of the Champlain Dementia Network and the Centre for Learning, Research, and Innovation (CLRI), who advocate for a customized approach as off-the-shelf models do not justify the financial investment.

The City's Long-Term Care Services is recommending:

- In 2022, engaging an external consultant to build a flexible, tailored person-centred care approach which:
 - Reflects stakeholder priorities, as outlined in Table 4: The Person-Centred Care Approach Design Criteria
 - Addresses the unique needs and diversity of the City's long-term care residents, and promotes inclusion
 - Incorporates the best practices from several established models of care
 - Includes development of the training curriculum and materials for staff, residents, families, volunteers, and caregivers
 - Includes a train-the-trainer model which builds in-house expertise to support the transformation in service delivery and ad-hoc coaching and training needs
 - Contains an evaluation framework designed in consultation with industry leaders and researchers from the University of Ottawa.

Piloting and evaluating the customized model within the City’s long-term care homes is planned to begin in 2023, with full implementation across the homes throughout the next term of Council.

The benefits of creating a customized approach to care are as follows:

- The uniqueness and diversity of each Home is respected, while fostering culture change
- Development and growth opportunities are built within the organization
- Design and implementation are flexible, and include active engagement of stakeholders
- Best practices from several models are applied
- There are no licensing and external trainer fees
- Development and implementation are informed by the lessons-learned from the City of Toronto, who have adopted a similar approach
- The comprehensive evaluation framework will establish pre-implementation benchmarking, data, and metrics

Table 4: Long-Term Care Person-Centred Care Design Principles

The following Design Principles, developed based on extensive stakeholder feedback, form the basis of the City’s person-centred care approach priorities and are the foundation upon which a customized, flexible approach will be built.

Design Principle	What it means
Meaningful	<ul style="list-style-type: none"> • Residents have strong relationships with staff and other residents • Residents have activities that align to their interests • Staff work is aligned to their strengths
Flexibility	<ul style="list-style-type: none"> • Residents live with their own rhythm and schedule • We accept reasonable risk to allow residents to have choice and freedom • We value residents needs over procedure/ tasks
Home-like environment	<ul style="list-style-type: none"> • Residents have their own personalized space • Residents have access to outdoor space • Space is available for families to meet, eat, and celebrate • We match like-minded people to create a sense of community
Culture Change	<ul style="list-style-type: none"> • Staff, residents, and families understand and support the vision • Staff are trained and are confident in their roles and responsibilities • Everyone is consulted and feels their voice is heard • Behavioural change is visible • Successes are celebrated and shared

	<ul style="list-style-type: none"> ● Change is lasting
Inclusion	<ul style="list-style-type: none"> ● All residents are accepted for who they are and feel culturally safe ● Staff can bring their whole selves to work ● Our organization provides sensitivity training to all staff on an ongoing basis ● We actively promote anti-racist/ anti-discrimination practices across the organization
Continuous Improvement	<ul style="list-style-type: none"> ● Residents receive excellent, personalized care ● We strive to continually improve our services ● Everyone (i.e., residents, families, and staff) is encouraged to identify ways to improve life in the home ● We will measure outcomes ● We are open to an agile approach and rely on evidence-based decision-making
Continuity	<ul style="list-style-type: none"> ● Residents know their care team and their care team know them ● Residents are not moved as their needs change and expertise will be brought in as needed ● Behavioural issues that cannot be accommodated are treated as exceptions ● The model is applied to the whole organization
Resourcing	<ul style="list-style-type: none"> ● Upfront investment is affordable ● Our funding is aligned to the vision ● Implementation resources are manageable ● Ongoing costs are sustainable ● Physical design requirements are achievable

Person-Centred Care Strategic Priorities, Goals and Outcomes

The following table details the strategic priorities, actions, outcomes and measurements to be considered in the development of a person-centred care approach.

Table 5: Person-Centred Care Strategic Priorities, Goals and Outcomes

Strategic Priority 1: Physical environmental redesign to create home-like environment		
Strategic Action	Outcome	Measurement
Physical space and overall environment (structures, staff, education, and community engagement) is redesigned to facilitate person-centred care; home routines are reviewed and optimized in the context of person-centred care; staff, families and volunteers participate in designed person-centred care at the home and individual level.	Compassionate working environment that models a home and not an institution.	Co-creation approach to design Investment in home redesign
Strategic Priority 2: Resident Direction		
Strategic Action	Outcome	Measurement
Residents and families participate in creating a	Residents are	Number of partner organizations

shared understanding of what person-centred care means; care plans reflect the resident voice and what is important to them – first person instead of third person.	connected to their communities.	and leaders connected to the Home.
Strategic Priority 3: Close Relationships		
Strategic Action	Outcome	Measurement
Staff are consistent on neighbourhoods and they know their residents as individuals with feelings.	Care plans reflect the resident voice and residents' express joy.	Resident experience – participate in meaningful experiences/day; choice of mealtime; % special relationship with a staff member
Strategic Priority 4: Staff Empowerment		
Strategic Action	Outcome	Measurement
Staff have access to education, opportunities to learn, opportunities to provide input. Decision-making processes are established that optimize staff input.	Staff are open to learning and seek and receive education.	% staff feel they are making meaningful contributions to care plans; % consistency of staffing on neighbourhood, turnover rate, staff satisfaction
Strategic Priority 5: Collaborative Decision-Making		
Strategic Action	Outcome	Measurement
The team collaborates in making decisions and is free to learn/adapt without fear of reprisal.	Decisions are made at the individual and neighbourhood level	Effectiveness of decision-making process rating.
Strategic Priority 6: Quality Improvement Processes		
Strategic Action	Outcome	Measurement
The culture of change is not an end state but rather one of evolution that seeks to use data to improve. The resident voice, team discussions and data will facilitate growth towards excellence and resident goals.	Resident survey – residents experience joy and they want to live in their neighbourhood	Quality of Life survey, decrease in falls with injury/neighbourhood from baseline; % of residents with responsive behaviours/neighbourhood/week vs baseline measure

Implementation Objectives

During the last few years, improving care and services for residents with dementia has been an important focus for the four City long-term care homes. In 2019, a Dementia Care Strategy workgroup with staff representation from across the four homes began to develop a strategy for the City's long-term care services to incorporate innovative dementia care into the services provided.

This group began valuable work on moving the four municipal homes towards person-centred care. However, given the pandemic, the work of this group was placed on hold while the City-operated homes have shifted their priorities to focus on outbreak prevention and management, containment of the virus, and responding to the rapid changes that COVID-19 has had on the sector, such as completing regular surveillance

testing for staff, and providing vaccination clinics. The number one priority for the four homes throughout the pandemic has been the safety and health of residents, staff, volunteers, and families.

While the City has implemented steps toward person-centred care, full adoption of a model requires a focus on building self-directed, autonomous teams, creating processes to support the culture change, training, and implementation of a PCC model. It also includes looking at the physical space, and modifications where possible to implement a neighbourhood environment.

Progress to Date / Initiatives Currently Underway

While many elements of the City of Ottawa homes are organized according to a traditional clinical model of care, the four homes are making progress in moving towards creating a more person-centred environment and have started to incorporate many best practices from several innovative care models into LTC programs.

To support staff in providing care and meeting the needs of residents with dementia, they have received training in the Gentle Persuasive Approach and P.I.E.C.E.S.™ The City homes have also seen great success in implementing elements of the Montessori DementiAbility program, which focuses on creating an environment that supports the needs, interests, skills, and abilities of individuals with dementia. In addition, the homes have worked with residents and their families to implement innovative music, gardening, art, movement, zootherapy and virtual programs to support residents to live enriched and fulfilling lives.

For example, all of the homes work to develop programming that highlight resident diversity and addresses their unique interests. Care planning is developed in partnership with residents and their loved ones, and the importance of social connections and family involvement is prioritized. Birthdays and special events are recognized and celebrated.

Council has recently approved a number of investments that have allowed the municipal long-term care homes to continue to provide excellent care and services. In 2018, Community and Protective Services Committee approved the addition of 35 additional personal support worker FTEs in order to increase the level of care provided in the City of Ottawa homes. In the 2019 budget, an additional 11 front-line and support positions were approved, including the creation of a quality improvement team in order to advance continuous improvements. During the COVID-19 pandemic, the City has made significant commitments to providing enhanced staffing levels and supplies in order to ensure the safety of residents, staff and visitors in the long-term care homes.

In addition, City funds have recently been allocated for staff training and technological improvements, such as the implementation of an electronic medication administration record software in 2019.

Enhancing the Physical Environments

The physical environment is a key component of the resident and family experience. As part of the move towards person-centred care, spaces will be redesigned and reconfigured so that the environment is less institutional and more 'home-like', encouraging family gatherings and interaction.

This will formalize a movement that is already taking place in the four City homes to make spaces more comfortable and personalized. For example, the City homes have worked with residents and their families to create spaces that are more home-like with bright colours, customized murals, creative wayfinding and prompting visuals, and interactive stations. Outdoor spaces are prioritized, as are indoor and outdoor plants, libraries, fireplaces.

There is still work to do in this area, such as providing options for resident rooms to be personalized to suit the resident. Each home has unique layouts and will require different solutions to improve the physical environment. For example, some homes will need to focus on access to outdoor space. In most homes, areas that currently look and feel more typically institutional, such as nursing stations and common dining areas, must be reimaged to function in a way that is more consistent with the social, neighbourhood model.

In addition, given the effects of COVID-19 on the long-term care sector, the City homes will need to ensure that any environmental changes meet infection prevention and control guidelines to minimize transmission of disease during future outbreaks.

Person-Centred Care Pilot Implementation Plan

Milestones: Implementation of a dementia care framework consists of two iterative phases. Phase 1 is being presented for approval. Phase 2 is noted solely to foster a complete understanding of the journey LTC will be taking.

Phase 1: Development (2022)

- Hire a consultant to develop a customized person-centred care approach for the City of Ottawa LTC Homes, as described in this report.
- Partner with researchers and educators from the University of Ottawa to develop a comprehensive evaluation framework to measure outcomes.

- Establish Person-Centred Care Steering Committee to guide the development of the PCC model.
- Continue ongoing work toward person-centred care, such as enhancements to the physical space.
- Preparation and approval of an implementation plan and approach, once confirmation of the LTC provincial budget revenues have been confirmed for 2022-2023.

Phase 2: Planned Implementation (throughout next term of Council)

- Pilot PCC approach
- Conduct evaluation of initial implementation
- Develop report which includes lessons learned
- Full implementation across all homes

Person-Centred Care Strategy Governance and Implementation Mechanism

Long-Term Care Advisory Committee

The City's Long-Term Care Advisory Committee, initially developed to support LTC's strategic planning process, has agreed to continue membership throughout 2022, meeting quarterly to provide guidance on the development of a person-centred care model / framework.

Person-Centred Care Steering Committee

A steering committee will be established to oversee the development and implementation of a person-centred care approach within Long-Term Care. The committee will be comprised of residents, staff, management, volunteers, union representatives, and other stakeholders. The steering committee will meet monthly to provide advice and ensure delivery of the project outputs.

Strategy Mid-Review and Reporting

A strategy will be developed to evaluate and report following the pilot.

Project Management

The development and implementation of a person-centred care model will be supported using the City's Project Management methodology and supporting documentation / processes.

FINANCIAL IMPLICATIONS

There are no financial implications associated with the first and third report recommendations.

The second report recommendation requires a one-time increase of \$100 thousand to Long-Term Care's budget in 2022 to be included as part of the 2022 Budget process.

LEGAL IMPLICATIONS

There are no legal impediments to implementing the recommendations outlined in this report. The City will continue to work to ensure that changes are made in accordance with applicable legislation.

COMMENTS BY THE WARD COUNCILLOR(S)

No comments necessary for this citywide report

ADVISORY COMMITTEE(S) COMMENTS

No Advisory Committee Consultation

CONSULTATION

In early 2021, with help from Clubine Consulting and Nous Group, Long-term Care Services embarked on creating a vision of the future state of the City's Long-Term Care Services. The goal was to create a vision that included the needs and ideas of all stakeholders, and to use this input in the analysis and selection of a person-centred care model / framework.

The strategic planning process involved:

Environmental scan / Stakeholder engagement

This exercise presented an opportunity for education and knowledge sharing to allow objective and meaningful reflection. It involved interviews and surveys with community stakeholders and advocacy groups, recipients of the services (residents and families), staff, volunteers, and City leaders. Participants were asked about City of Ottawa Long-term Care's areas of strength, trends and priorities within the sector, and areas of opportunity to focus on in the next 5 years.

Background research

The material reviewed included Accreditation reports and surveys, City initiated Staff Surveys, Compliance reports, Council reports, Labour related data, Health Council and Local Health Integration Network (LHIN) reports, Ontario Health Team plans as applicable, Resident and Family Council meeting minutes, stakeholder communications, and internal reports.

In addition, Long-Term Care established an Advisory Committee, comprised of 10 members including a City of Ottawa Associate GM, a City of Ottawa Councillor, sector leaders and educators, a resident, and a family member, to provide advice, guidance, and diverse perspectives throughout the strategic planning process. The LTC Advisory Committee has provided valuable and insightful feedback concerning the selection of a person-centred care model/framework.

ACCESSIBILITY IMPACTS

Ottawa Long-Term Care Services provides care and services for residents in line with the obligations of the Accessibility for Ontarians with Disabilities Act, 2005, the Integrated Accessibility Standards Regulation, 191/11 and the Long-Term Care Homes Act, 2007 and Ontario Regulation 79/10.

INDIGENOUS GENDER AND EQUITY IMPLICATIONS

There are no direct indigenous, gender and/or equity implications to this report. The long-term care strategic directions prioritize meeting the physical, psychological, social, spiritual, and cultural needs of all long-term care residents, in line with the Long-Term Care Homes Act, 2007. Subject to approval, the person-centred care approach for long-term care will be developed in consideration of equity implications.

RISK MANAGEMENT IMPLICATIONS

The expected risks associated with the implementation of a person-centred care model, include:

COVID-19

The health-care sector is still managing the COVID-19 pandemic. In the case of a major outbreak in the home, the project may be required to be put on hold while all resources are committed to ensuring the health and safety of residents, staff, and visitors.

All four City homes have experienced outbreaks of COVID-19 and navigating the risks and changing directives of the past year and a half has required continuous flexibility and responsiveness. Staff are going into the next phase of the pandemic with a considerable amount of fatigue, so it will likely take staff longer to adapt to changes in the workplace as a result. Change management plans will take this into account and prioritize staff engagement as a key feature of the project.

Government Policies and Funding

In addition, changes to the long-term care sector are on the agenda for all levels of government. There are still several unknowns regarding the federal and provincial government priorities regarding long-term care and changes to the current funding models. Specifically, the provincial response to the LTC Commission and the Ontario Auditor General reports and recommendations and the National Standards being developed for long-term care. Staff will continue to monitor changes in the sector and take opportunities to advocate for funding or specific approaches where appropriate through our associations and partnerships.

Human Resources

There is a shortage of skilled human resources across the health-care sector, and recruitment can be difficult for long-term care in particular. It is important to ensure that long-term care homes are screening and recruiting for the right people to deliver a person-centred approach to resident care. The homes will continue to nurture relationships with local institutions to support student placements and hiring. LTC services will work in partnership with the Community and Social Services Department HR Hub to research innovative recruitment opportunities for key positions. The City of Ottawa is a preferred employer in the long-term sector for their wage, benefit, career opportunities and work environment.

Partnerships and Regulations

Since this pilot aims to be a complete culture change, long-term care staff will need to work closely with numerous partners, including the Ministry of Long-Term Care, Ottawa Public Health, and Ottawa Fire Services to ensure that changes to services still meet all regulations and requirements. In addition, staff will ensure that the unions are engaged

throughout the planning and implementation.

RURAL IMPLICATIONS

There are no rural implications.

TECHNOLOGY IMPLICATIONS

There are no technology implications.

TERM OF COUNCIL PRIORITIES

By providing services to vulnerable residents of long-term care, Long-Term Care Services contributes to the City's Thriving Communities priority of the 2019-2022 Strategic Priorities of Council.

SUPPORTING DOCUMENTATION

There are no supporting documents.

DISPOSITION

Subject to Community and Protective Services Committee approval, Community and Social Services staff will undertake the next steps of the implementation of the Long-Term Care Services strategic direction. Community and Social Services staff will also implement any direction received as part of consideration of this report.