

Thursday, September 20, 2018

**Long Term Care Public Inquiry Into the
Safety and Security of Residents in the
Long Term Care Home System**

**CLOSING SUBMISSION by
ONTARIO LONG TERM CARE CLINICIANS (OLTCC)**

Overview

1. The Ontario Long Term Care Clinicians (OLTCC) witness the facts of the intentional deaths and injury to long term care residents presented at the Inquiry. OLTCC observes the impact of these events on residents, families, staff and others, and will advance recommendations for improvements in the safety and security of our facilities.
2. OLTCC requested participation in the Public Inquiry to provide the following contributions:
 - i. Explain the contribution of the physician and Medical Director in long term care (LTC) homes.
 - ii. Provide the physician's perspective on staffing supervision in LTC.
 - iii. Address issues of nurse-physician communication.
 - iv. Give opinion on how resident's safety can be improved.
3. Specific recommendations on improving resident safety will include death investigations and safe medication practices.
4. The recruitment, development and retention of competent and dedicated health care professionals (HCP) must be a priority. Physicians, nurses, pharmacists and other providers need to feel their work is valued. The perception of over-regulation and punitive supervision discourages promising HCPs to seek work in LTC.

5. Ontario Long Term Care Clinicians is a not for profit organization that represents physicians who practice in Ontario long term care homes. Membership also includes nurse practitioners and pharmacists working in long term care. OLTCC is the largest organization in Canada that represents physicians in long term care.
6. The Vision of OLTCC is "all Ontarians in long term care will receive excellent care". We promote education, advocacy and engagement. Advocacy for LTC residents is through dialogue with the Ministry of Health and Long Term Care, and other stakeholders in LTC such as community supports, societies, hospitals, university and colleges. The annual conference is the largest conference for LTC physicians in Canada. An accredited Medical Director Curriculum covers regulations, leadership, risk management and quality improvement.
7. OLTCC's Value statement is "We believe a dedicated, collaborative, inter-professional team with Physician leadership provides the highest quality, comprehensive evidence-based medical care for LTC residents."

The Medical Director and Physician in LTC

8. LTCHA (2007) requires each home has a Medical Director who is a physician. The Medical Director shall advise on matters of medical care and consult with the Director of Care and other health professionals.¹
9. The LTHA regulations outlines the responsibilities and duties of the Medical Director:
 - i. Development, implementation, monitoring and evaluation of medical services.
 - ii. Advising on clinical policies and procedures, where appropriate.
 - iii. Communication of expectations to attending physicians and registered nurses in the extended class.

¹ Exhibit 5, LTCHA (2007)

- iv. Addressing issues relating to resident care, after-hours coverage and on-call coverage.
- v. Participation in interdisciplinary committees and quality improvement activities.

10. The Medical Director Curriculum and Course prepares physicians in long term care to be informed and skilled medical directors. With a thorough knowledge of the sector and development of appropriate skills, LTC Medical Directors can improve the quality of care for residents in their facilities.

11. The acuity and complexity of residents in long term care has increased. Proficiency through continuing professional development specific to long term care should be required for all Medical Directors and attending clinicians. The annual contract required of the Medical Director and attending physician should include continuing professional development specific to long term care.

Staffing and Supervision in Long Term Care

12. LTC interdisciplinary care involves a team of health care providers with complementary backgrounds and skills specializing in geriatric skills. The team members share common goals in assessing and providing resident care. The team includes prescribers, nurses, clinical consultant pharmacists, physiotherapists, social workers and dietitians.

13. LTC is an example of interdisciplinary care. Strong, empowered and motivated management and leadership is critical to the interdisciplinary team's success.

14. Models of care need to be flexible because of variables such as size of facility, community and medical resources.

15. Nursing staff, pharmacists and physicians and other HCPs need to be valued for their work in long term care.

16. There needs to be a mechanism to regularly assess competency of skills for LTC and the care of the elderly. HCPs working in LTC need to be aware of the regulation and requirements of the Ministry of Health and Long Term Care
17. Registered nurses and registered practical nurses spend more time in tasks such as phone calls, staffing, administrative tasks and managing the home that is outside of direct patient care.
18. Physicians and other HCPs should have a policy and procedure to communicate concerns about aspects of care to the residents.

Interdisciplinary and interprofessional communication

19. The electronic health record (EHR) assures a unified and comprehensive resident health record. The physician's history and progress notes, nursing notes, pharmacist's assessment and other HCP visit reports should be incorporated in this integrated, multidisciplinary record.
20. Residents benefit when prescribers and other HCPs can communicate at the right time from any place. Technology allows the health care team to discuss, communicate and transfer necessary information when not physically in the home.
21. Information technology allows accurate and timely interprofessional communication. Applications like PointClickCare (PCC) Secure Conversations and Blackberry Messenger text-messaging application enables healthcare professionals to securely communicate personal health information (PHI) using their smartphones and PointClickCare's electronic health record (EHR) platform. (PCC is used in most Ontario LTC homes.)
22. Remote access to those residents registered to the home promotes timely documentation into the health record, and timely access to care and decisions to keep the residents safe.
23. Information technology such as telemedicine and the regional clinical viewer (i.e. ConnectingOntario) provides efficient, confidential consultation and transfer of information.

Death investigation in Long Term Care

24. Investigation of deaths by the Coroner in long term care provides an objective, external authority when there are questions or concerns about a death. The coroner is a key link to the family, police and other authorities.
25. The Geriatric and Long Term Care Review Committee (GLTCRC) reports to the Chief Coroner of Ontario (CCO). The GLTCRC reviews all homicides involving residents of long term care or retirement homes. The GLTCRC also reviews cases where systemic issues may be present or where significant concerns have been identified by the family, investigating coroner or Regional Supervising Coroner. The annual report of the GLTCRC addresses concerns and risk resulting in mortality in LTC homes.
26. The OLTCC works with the GLTCRC in the review of cases. The annual report is an important channel for education, transparency and quality improvement.
27. All coroners should be knowledgeable about the long term care environment. Greater collaboration between the coroner and the physician, and other HCPs, is required in death investigations.
28. A mandatory process of death review should be required and regulated as an important quality indicator for every LTC home. An internal process, with external oversight, will better identify trends including population characteristics, staffing patterns and changes in procedure or environment. Reviews may include death chart audits or morbidity and mortality rounds.
29. Information from mandatory death reviews, inspection orders and critical incidences shared be shared across the LTC sector for purposes of quality improvement.

Medication management

30. Prescribers and pharmacists review all resident medications every three months. The signed review provides the authorization for the pharmacy to dispense the medication and the nurse to administer the medications. The facility's medication management system is reviewed at the quarterly Professional (or Medical) Advisory Committee. Residents, or the substitute decision maker, receives a monthly statement of their medications.
31. Individual prescribing involves prescribing, transcribing, dispensing and administration. Information technology, such as computerized prescription entry and integrated pharmacy and LTC home systems will assure a more efficient and secure means of medication management. Automated dispensing cabinets is one solution that has been piloted in a small sample of Ontario LTC homes. It remains to be proven if this solution can be scaled-up and sustained for the safety of LTC residents.
32. Medication management of regularly dosed medications has been successfully delegated to non-registered staff in other settings such as retirement homes and even LTC homes in other provinces. This allows the registered staff to focus their time on direct resident care.

Recommendations

33. The following is a summary of key recommendations:
 - i. Improve of the image of care in long term care homes to develop dedicated and competent health care professionals.
 - ii. Exposure and education for LTC should be and essential part of the undergraduate and postgraduate curriculum for nursing and medical schools.
 - iii. Medical Directors should complete the Medical Director course.
 - iv. Models of care should be flexible in order to meet the needs of the residents and the community.
 - v. A mandatory, confidential policy and procedure ensures concerns about colleagues and their care are reported.

- vi. An internal process of death investigation, with external oversight, will more readily identify population characteristics, staffing patterns and changes in procedure or environment.
- vii. Technology will improve interdisciplinary communication and medication management.

Respectively submitted,



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