Appendix B: LTCHS Commitment to Care

LTCHS Resident Profile and Dementia Care Journey

It is estimated that about 228,000 Ontarians are living with dementia. As Ontario's population ages, it is expected that these numbers will rise. According to the Alzheimer Society of Ontario, 255,000 people will be living with dementia in 2020 and over 430,000 people by 2038. According to the province's comprehensive strategy to address the needs of Ontarians with dementia and their care partners, a variety of services are needed to support a person with dementia in living well.

Residents living in City long-term care homes are diverse, frail and vulnerable. Coming from 70 countries, speaking 59 languages/dialects and practicing 43 different faiths/ denominations. The average age of our residents is 85 years and the average length of stay in our homes is 1.2 years. Forty three per cent of our residents are receiving accommodation subsidies requiring financial assistance or rate reductions and almost 10 per cent are administered by the Office of the Public Guardian and Trustee.

Sixty-nine per cent of our residents have moderate to very severe cognitive impairment, 65 per cent have dementia with 58 per cent exhibiting aggressive behaviours. Ninety per cent of our residents are dependent or require extensive assistance with their activities of daily living (support for incontinence, dining, dressing, mobility and transferring),90 per cent use mobility devices and 45 per cent receive mechanically altered diets to address chewing/swallowing difficulties.

In 2000, LTCHS implemented Gentlecare™ in all long-term care homes. This model of dementia care developed by Moyra Jones is based on the premise of accurately defining the deficit the person is experiencing, and organizing the macro-environment, people, programs and physical space, into a prosthesis to compensate for the deficits in functioning, to support existing or residual function and to maximize the quality of life.

As recognized leaders in behavioural support programs, City of Toronto long-term care homes have a long history of demonstrated knowledge of dementia, delirium and mental health in the delivery of care. Staff members and contracted medical professionals are knowledgeable in the most prevalent types and related causes of behavioural issues, understand disease processes, stages and progression, diagnostic and assessment process, cognitive or neurological symptoms, treatment interventions, appropriate communication to address resident needs, strategies to promote optimal quality of life and experience of the behaviour(s) from the perspective of the resident, family members and other partners in care. All City of Toronto long-term care homes have behavioural support programs.

LTCHS has an inter-professional approach to dementia care including Registered Nursing (RN/RPN), Medical Director, Personal Support Workers, Occupational Therapists, Physiotherapists, Social Workers, Recreationists, Complementary Care, Music Therapists, Art Therapists, Spiritual/Religious Care and Volunteers. Partnerships with residents and their families extends to external clinical support teams including Geriatric Mental Health Outreach Team from Baycrest and other acute hospitals, Psychogeriatric Resource Consultant, Behaviour Support Team and Ontario Shores Centre for Mental Health Sciences.

As resident acuity increases there is a growing demand for specialized knowledge and services, because of the complexity of care needs, varying degrees of physical frailties and cognitive impairments. Many LTCHS residents require increasingly complex interventions due to responsive behaviours, associated dementias and/or mental illnesses. Personal Support Workers received Excellence in Resident-Centred Care training administered by the Centres for Learning, Research and Innovation in Long-Term Care. Registered Nurses from all ten homes participated in Humber College's Health Assessment course challenging themselves with advanced nursing assessment skills, documentation and tools to improve resident outcomes. All members of the care team receive discipline specific (i.e. Rehabilitation Assistants and Clinical Dietitians) training and education along with inter-disciplinary (i.e. safe lift and transfer) training and coaching.

All staff receive orientation, training and practical examples that foster the division's **CARE** (**C**ompassion | **A**ccountability | **R**espect | **E**xcellence) Values, drive culture, priorities and provide a framework in which all decisions are based. In addition to visual clues (i.e. poster series in all locations), the CARE values frame volunteer recognition, staff appreciation, are aligned with the Toronto Public Service By-law and the City Manager's Culture initiative to transform and modernize the public service.

Recently, efforts have been directed in elevating the quality of clinical nursing care in the Homes through partnerships with Community College (Humber) in continuing education, broadening the scope of nursing practice and improving the nursing supervision structure to deliver a stronger clinical focus on leading evidenced-based practices for the care our residents receive.

There have been further developments in the prioritization of the preservation of residents' independence through restoring and maintaining physical function as much as possible through innovative, interprofessional rehabilitative and therapy services.

The introduction of a new electronic health care record system helps to transform the care experience and modernize the way LTCHS captures documents and manages resident care information. This partnership with technology facilitates communication of real time clinical sensitive outcomes, provide timely metrics to aid in decision-making, and increase efficiencies by enabling staff more time for resident care and interactions.

LTCHS recognizes that the next step in the approach of care implementation is to provide:

- Education on relationship-based care including emotional intelligence, enhancing use of empathy, and cultural sensitivity, safety and competency.
- Training in collaborative learning to promote greater flexibility and team work.
- Leadership education and training including teambuilding, relational care and staff empowerment.

To sustain the approach to care model, the program will be integrated into orientation for new staff, performance evaluations, clinical care dashboards and recruitment.

Communal living, co-housing and communal dining have numerous benefits including socialization, mutual support, understanding, respect, security, mental wellness and economic advantages. When asked, residents in City long-term care homes cite having companionship, being engaged in activities and safety as the main benefits. All City homes provide 24-hour resident-focused care in a welcoming environment, offering special services and programs designed to enhance quality of life and respond to the needs of each individual resident including nursing and personal care, behavioural support programs, dietetics and food services, recreational programming, spiritual and religious care, medical services, volunteer programs and diverse and inclusive care and services.

ADVISORY COMMITTEE ON LONG-TERM CARE HOMES & SERVICES

The Advisory Committee on Long-Term Care Homes & Services further advised LTCHS to "not implement a solitary and proprietary dementia care model, such as the Butterfly Model, and for staff to seek additional funding so that staffing levels, training programs and other resources can be increased to a level that is more reflective of the care and services residents need."

Aware of the aging population, rising acuity and complex care needs of residents, the Advisory Committee on Long-Term Care Homes & Services has recommended LTCHS to seek increases to the operating budget by at least the amount that would have been required to implement the Butterfly Model in all homes, including licensing, training, accreditation and staffing and target more staffing at a 1:5 staff to resident ratio similar to Peel Region's Butterfly Unit, and not to reduce the Net operating budget but to re-invest and increase resources.

Membership:

Gina M. Antonacci (Chair)
Associate Vice President, Academic
Humber Institute of Technology and Advanced Learning

Dalia Hanna
Program Director, Community Services
The G. Raymond Chang School of Continuing Education, Ryerson University

Kim Kohlberger
Program Director Reactivation Care, Continuing Care & Stroke
Mackenzie Health

Manon Lemonde
Faculty of Health Sciences
University of Ontario Institute of Technology

Gilles Marchildon
Executive Director
Reflet Salvéo

Sally Martin
Retired Director of Nursing (Fudger House)
Community volunteer - Belmont House, Pastoral Care, Health Cabinet, Out of the Cold

Elena Oliva
Resident, Wesburn Manor
Retired school teacher

Jan Nowakowski
Inter-Home Representative, Carefree Lodge
Retired business executive with extensive community volunteer experience

Samantha Peck
Director, Communications & Education
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Greg Shaw
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Margaret Smuk
Toronto Inter-Home Volunteers, Kipling Acres
40+ year volunteer