TORONTO

REPORT FOR ACTION

Review of Dementia Care Based Models

Date: March 15, 2019
To: Economic and Community Development Committee
From: Interim General Manager, Long-Term Care Homes & Services
Wards: All

SUMMARY

This report responds to Council's request of the General Manager, Long-Term Care Homes & Services (LTCHS) for a report on the potential for a pilot project in one of the City's ten long-term care homes, inspired by care-based programs (such as the Butterfly and Greenhouse project models), to better support seniors living with dementia.

LTCHS completed a number of activities and reviews in order to provide a thorough and informed response to the motion.

LTCHS engaged Dr. Pat Armstrong, Distinguished Research Professor of Sociology at York University, as an external consultant and researcher to assist in investigating leading models and approaches to dementia care. For almost a decade, Dr. Pat Armstrong and her international, interdisciplinary team of researchers have been reimagining long-term care. They have conducted 27 ethnographic studies of nursing homes in Canada, Germany, Norway, Sweden, the US and the UK. In addition, they have been involved in related studies that have taken them to another 20 homes and have seen examples of the Butterfly Household® Model and the Eden Alternative®, among others.

Attached as Appendix A to this report is the report from Dr. Pat Armstrong titled "Models for Long-Term Residential Care: A Summary of the Consultants' Report to Long-Term Care Homes and Services, City of Toronto".

As recommended by the consultants, LTCHS will investigate opportunities for enhanced direct care staffing levels.

LTCHS agrees with the conclusion provided by Dr. Pat Armstrong and her team regarding the need to have a flexible model of care, to not implement a specific pilot model for LTCHS but to continue its current practice of using the best aspects and

learning from all models, adapting them into our own person centred model to best suit the individual resident.

RECOMMENDATIONS

The Interim General Manager, Long-Term Care Homes and Services recommends that:

1. Economic and Community Development Committee receive this report for information.

FINANCIAL IMPACT

There is no financial impact arising from this report. The Chief Financial Officer and Treasurer has reviewed this report and agrees with the financial impact information.

EQUITY IMPACT STATEMENT

Long-term care homes must provide a safe, comfortable, home-like environment that supports a high quality of life for frail seniors and vulnerable individuals. Effective operation of long-term care is important to ensure that appropriate accommodation is available to a variety of equity-seeking groups including vulnerable seniors, persons with low income, persons with disabilities, women, LGBTQ2S and Indigenous Peoples, while responding to and meeting the complex care requirements of residents and clients.

LTCHS is guided by its **CARE** (**C**ompassion | **A**ccountability | **R**espect | **E**xcellence) values and is committed to providing a co-ordinated and comprehensive approach to resident care that recognizes the holistic needs, values, strengths and desires of each individual resident and client.

DECISION HISTORY

In July, 2018, City Council adopted Members Motion 44.53 directing the General Manager, Long-Term Care Homes & Services:

a. within existing resources, to provide better supports for seniors living with dementia in the City's ten Long-Term Care Home and Service units by implementing key measures inspired by care-based programs such as the Butterfly and Greenhouse Project models;

b. to report to the first meeting of the Community Development and Recreation Committee (now Economic Community and Development Committee) in 2019 on the potential for a full pilot project inspired by care-based programs, such as the

Butterfly and Greenhouse Project models, to better support seniors living with dementia, in one of the City's ten Long-Term Care Homes and Services units, including:

1. outcomes of residents in other jurisdictions living in Long-Term Care Homes employing an innovative care model;
2. financial impacts and potential for savings in the short, medium, and long-term; and
3. supports and resources Long-Term Care Homes and Services would require to further embed a new approach across the City's ten Long-Term Care Homes; and

c. together with the Seniors Advocate, to tour the municipally-owned and operated Redstone House at Malton Village Long-Term Care Centre in Peel Region where the Butterfly approach to dementia care was recently implemented.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.MM44.53

On November 3 and 4, 2015, City Council adopted the report, "Long-Term Care Homes & Services 2016-2020 Service Plan" which will guide the planning and delivery of long-term care services over the next five years provided in City-operated long-term care homes and to clients receiving services in the community.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.CD7.1

On November 3 and 4, 2015, City Council adopted the report, "Long-Term Care Homes & Services Capital Renewal Plan" which outlines a staged approach to mandatory redevelopment of City-operated long-term care homes, subject to future Capital Budget approvals.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.EX9.7

COMMENTS

Upon receiving direction from City Council, LTCHS:

- Completed an in-depth review of operations
- Conducted a preliminary comparison of models of care
- Consulted with the Advisory Committee on Long-Term Care Homes & Services (membership list in Appendix B page 4)
- Toured Redstone House Malton Village in Peel Region
- Hosted an exploratory meeting with Dementia Care Matters™
- Attended the Dementia Care Matters™ Conference
- Presented a detailed outline of the division's action plan for exploring the potential adoption of the Butterfly Model to the Toronto Seniors Strategy 2.0 Accountability Table (membership which includes seniors, caregivers, the Toronto Seniors Forum, community agencies serving seniors, advocacy, diversity and equity organizations, local businesses, school boards, hospitals, Toronto Central Local Health Integration Network, academics, researchers and relevant agencies, 15 City Divisions, 5 City Agencies, and various federal and provincial ministries involved in funding and delivering services, programs and initiatives for

seniors). LTCHS is represented on the Toronto Seniors Strategy 2.0 Accountability Table

- Selected an independent external consultant, following the City's procurement process to select a qualified consultant to investigate various models and approaches to care, to ensure an objective evidence-informed process
- Completed an in depth review of the City's long-term care homes operations related to compliance, public reporting regarding care indicators, expenditure comparisons, accreditation, Ministry of Health and Long-Term Care (MOHLTC) funding for behaviour supports and staffing.

Dr. Pat Armstrong's Report

Dr. Pat Armstrong was engaged as an external consultant to investigate leading long-term care models and approaches to dementia care. Dr. Pat Armstrong is a Distinguished Research Professor of Sociology at York University and a Fellow of the Royal Society of Canada. She held a Canadian Health Services Research Foundation/Canadian Institutes of Health Research Chair in Health Services and Nursing Research, and Chair of Women and Health Care Reform, a group funded for over a decade by Health Canada. She has published on a wide variety of issues related to long-term care, health care policy, and women's health. Dr. Pat Armstrong was supported by a Research Team whose backgrounds and credentials are contained on pages 12 and 13 of Appendix A.

Dr. Pat Armstrong and her team conducted an in-depth literature review and comparison of dementia care models, including gap analysis, stakeholder consultations, and cost-benefit risk-analysis to compare the work currently being carried out in the City's long-term care homes.

The LTCHS leadership team and the Advisory Committee on Long-Term Care Homes & Services (a program advisory committee of experts with professional, community and academic involvements in seniors' care, which supports and enhances public accountability in the operation of the Long-Term Care Homes & Services Division) have reviewed Dr. Pat Armstrong's Report and concur with the main findings.

Dr. Pat Armstrong and her team concluded that there was not one perfect model of dementia or resident care. As such, they recommend that a strategy based on learning from all care models and adapting promising practices from those models into the City's current model of care would be the best approach in terms of meeting the diverse and unique needs of our LTC residents.

> "There is concern that the [dementia care] models do not adequately address the considerable diversity in the resident and staff populations or the kinds of regulations and structural constraints faced by City homes.
>
> However, the overwhelming majority of those we consulted stressed two things: 1) **One size does not fit all** when it comes to models of care.
>
> 2) **Staffing levels must go up** in order to maintain the current quality and must go up even higher to improve it. Although City homes have higher staffing levels than most homes, we heard repeatedly that staff members want to do the right

thing but time and other policy restraints limit their capacity to do so. With more staff, they could focus less on tasks and clinical interventions. At a minimum, care as a relationship requires more staff, continuity in staff and time to care." (Appendix A, page 6).

"In sum, the mixed evidence does not lead to a recommendation for a single model but rather for a strategy to learn from all the models, adapting promising practices to specific homes and their populations." (Appendix A, page 5).

Dr. Pat Armstrong and her team go on to note that the City's long-term care homes have tried many of the approaches identified in the various models and have developed some innovative strategies. "Indeed, we heard much that is positive about the City's care homes when it comes to their approaches to care, their flexibility, their physical structures, and their leadership." (Appendix A, page 7). As well, Dr. Pat Armstrong's report provides opportunities for LTCHS to continue to improve care and service delivery. These are highlighted on page 10 of this report.

Butterfly Household® Model of Care

In reviewing the requirements to implement a proprietary model of care, specifically the Butterfly Household® Model of Care which is a specific approach to providing dementia care to residents, Dementia Care Matters™ offers a one-year culture change program known as a Butterfly Project. The 'Household model' has 3 elements: Leadership Consultancy, House Leader/Nurse Coaching and "Being a Butterfly®" learning program for staff.

There is a one-time license fee of $100,000 per home and requires all staff assigned to work on the dementia unit to attend eight days of training. The model promotes increased staff levels. For a 26 bed unit at Malton Village, staffing levels increased by 5 full time equivalents (FTEs) with the introduction of the Butterfly model. A project lead was hired to oversee the model of care and there is an annual accreditation process fee of $8,000 for sustainability and $4,000 for re-accreditation.

Associated capital costs to incorporate environmental enhancements will be required. The estimated per unit capital cost to implement the model in a City home is approximately $500,000.

There are currently approximately 370 residents (22 per cent) in special care units in the City's ten homes with behaviours related to their dementia. This is equal to approximately 31, 12-bed units. However, there are approximately 1,347 residents (78 per cent) with a diagnosis of dementia living in our homes who do not reside on dementia specific units. Forty-four per cent of these residents also exhibit behaviours.

Traditionally residents with a diagnosis of dementia who are exit seeking (residents who wander and do not know how to return to their unit or home) reside in special care dementia units. The special care dementia unit at Fudger House will serve as the sample for the purposes of a potential pilot project inspired by Butterfly.

Thirty residents live on the dementia unit at Fudger House. To implement the Butterfly model at Fudger House will cost approximately $1,332,000 operating as well as $500,000 capital costs.

Table 1: Cost for implementing the Butterfly model at Fudger House

One-time license fee	100,000
8 days training (FT/PT staff)	105,000
Increase in staff 6 FTE	480,000
Annual sustainability fee	8,000
Annual re-accreditation fee	4,000
Project Lead	105,000
Total Operating costs	$802,000
One-time Capital costs	$500,000

There are no potential savings in implementing the Butterfly Household model of care in the short, medium or long-term. There are however, opportunities to improve care and any investment would best be served by increasing direct care staffing levels.

Greenhouse Project
The Greenhouse Project evolved from the Eden Alternative with a philosophy of care guided by warmth, smallness, flatness and rootedness. Care is provided through relationships with minimum staffing levels of 6 hours per resident per day. The homes are small in size and blend into neighbourhoods. Plants are an important part of the environment and pets are encouraged.

City of Toronto homes range in size from 127 to 456 beds, organized into smaller resident home areas, sometimes based on culture or level of care need. Indoor and outdoor gardens enhance the environment and all City homes have therapeutic pet visiting programs coordinated by community volunteers.

City Long-Term Care Homes
Long-term care is a highly regulated and vigorously monitored sector. LTCHS regularly reviews operations related to resident and family satisfaction, compliance, public reporting, expenditure comparisons, Ministry of Health and Long-Term Care (MOHLTC) funding for Behaviour Support and staffing.

- **Program Evaluation & Satisfaction:** Each year LTCHS administers resident, client and family satisfaction surveys that are called Your Opinion Counts. With input from residents, clients and family members at each home and community programs the division is able to assess outcomes, establish action plans and make improvements through focused objectives, quality improvement and customer service changes. LTCHS strives for high satisfaction levels and the

results for 2018 have resident satisfaction at 89 per cent and family satisfaction at 93 per cent.

- **Compliance:** MOHLTC inspects all homes at least once per year with a Resident Quality Inspection (RQI). In 2017, the average number of non-compliances in the annual inspection for LTCHS was 5.5, well below the provincial average of 7.0. Less than one per cent of the non-compliances were related to resident aggressive behaviour. In April 2018, the MOHLTC introduced Public Posting of Home Performance Levels. Nine City homes were given an "in good standing performance" and one was rated as "improvement required".
- **Public Reporting:** LTCHS operations compare favourably to provincial and national standards. Canadian Institute for Health Information (CIHI) 2017-18 data for quality care indicators shows that similar to previous years, LTCHS average for indicators (falls, pressure ulcers, use of antipsychotics, restraints, mood, and pain) are better and more positive when compared with the provincial and national averages.
- **Expenditure Comparisons:** The Municipal Benchmarking Network (MBN) Canada 2017 report notes that many municipalities contribute additional resources to their long-term care operations to maintain standards of care that exceed provincial requirements. In 2017, Toronto's LTC home operating cost Case-Mix Index[1] (CMI) adjusted was $222.00 per bed per day, $26.00 or 10.5 per cent below the median municipal average value of $248.00. Of eleven municipalities participating in MBN Canada Long-Term Care Expert Panel, the City of Toronto is ranked third lowest in regards to how much it costs to provide one LTC home bed per day. The City of Toronto's net contribution is lower than other municipalities, including the Region of Peel (see comparison table below sourced from 2019 public budget notes).

Table 2: Comparison of Municipal Net LTC Contribution

	Peel	**Toronto**
Number of homes	5 includes Malton Village	10
Number of beds	703	2,641
2019 Net Expenditures	$36.7 million	$47.9 million
2019 Net Expenditures per bed	$52,205	$18,137
2019 Total FTEs	724.0	2,377.9

[1] Case-Mix Index (CMI) is a system that classifies people into groups that are homogeneous in their use of resources and is a key determinate of provincial funding allocated for resident care. An average long-term care home is assigned a CMI value of 100. If a home has higher than average care levels, the CMI will be higher. LTCHS has always had a CMI above 100 indicating that our residents' needs are higher than the provincial average as determined by the Ministry of Health and Long-Term Care. The current LTCHS CMI is 106.62

	Peel	Toronto
10 year capital investment per bed	$69,132	$31,769

- **National Accreditation:** LTCHS is accredited with Commendation for going beyond the requirements of Accreditation Canada's Qmentum accreditation program and demonstrating an ongoing commitment to quality improvement and resident/client focused care and services. LTCHS met 97 per cent of the 614 standard criteria and met 100 per cent of the required organizational practices (ROPs), which are evidence-based practices that mitigate risk and contribute to improving the quality and safety of care and services.

- **Behaviour Supports Ontario (BSO)**
  In 2001, Castleview Wychwood Towers (Ward 12) established the first behavioural support program. In 2005, validating the success of the program and recognizing an increase in residents being admitted with aggression across the province the MOHLTC consulted with LTCHS prior to launching a province-wide behavioural support program. In 2012, Cummer Lodge (Ward 18) opened the first Ministry-designated 16-bed Behavioural Support Unit which receives enhanced funding. This funding allows for increased care staff and specialized training for staff members.

  LTCHS is a learning organization. In addition to annual mandatory training for direct care staff and specialized training and forums, Behaviour Support Ontario (BSO) provides added clinical supports through the 5 Local Health Integration Networks (LHINs). Over the years, staff have received formal training and orientation on leading practices that best support residents and in particular those with dementia. Training includes PIECES, U-FIRST, Gentlecare™, DementiAbility, Gentle Persuasive Approaches (GPA™), Montessori and the Butterfly Household® Model.

- **Staffing**
  LTCHS is providing exemplary care and service to some of the City's most vulnerable residents. Dr. Pat Armstrong and her team noted positive use of culture change models and innovative strategies within LTCHS, but note increased staffing levels are required in order to improve care and service delivery.

  AdvantAge Ontario, a membership organization of not-for-profit long-term care homes, housing and community services providers report that residents in the province's 628 long-term care homes, with an average CMI of 100, receive an average of 3.45 hours of direct care per bed per day. City long-term care homes, with a more complex resident population having a higher CMI of 106.62 are funded for and provide an average of 3.77 hours per day. All of the culture change and dementia care based models recommend higher staffing ratios and reconfiguring roles to achieve them. For example, Malton Village have a staffing ratio of 1:5 and Green House Project requires consistent allocation and minimum staffing levels of 6 hours per resident per day.

The average number of absences per staff in 2016 was 9.09 days. Statistics Canada reports the average days lost per worker due to illness and disability to be 11.2 days in 2016. The 2017 average sick time for LTCHS staff is 9.16 days.

LTCHS will review systems and staffing requirements and incorporate any proposed revisions, as part of the 2020 budget submission, to respond to the consultant's recommendation that "staffing levels must go up".

LTCHS Approach to Care

Over the past decade, LTCHS has endeavoured to improve the quality of care and services for our residents and their families through training and education in several models of care, approaches, and/or education programs. A basket of knowledge has been acquired from approaches such as Gentlecare™, U-FIRST, PIECES, Gentle Persuasive Approaches (GPA™), and DementiAbility.

Many approaches focus on dementia care, however, LTCHS recognizes the need to have an approach that is inclusive and meets the needs of all residents – residents with and without dementia, young adults, LGBTQ2S, culturally diverse, etc. so that residents in the City of Toronto's ten long-term care homes receive care and services that are unique to the individual and promote and support their quality of life.

The LTCHS Approach to Care model is not a prescribed set of rules, but rather a flexible framework, comprised of leading practices gleaned from various models, adapting to the individual needs of each resident. For example, we have implemented activities and programs that are meaningful to residents as individuals, including Montessori activity centres, therapeutic pet visits and robotic pets, doll therapy, intergenerational programs and activities with daycare, school-aged and high school students, complementary care, art and music therapy including the peer-support Java Music Club, accessible touchscreen computer applications for dementia, bird watching and outdoor gardening.

As leaders in excellence and ground-breaking services for healthy aging, LTCHS Approach to Care builds on the LTCHS values of **C**ompassion | **A**ccountability | **R**espect | **E**xcellence with care and service expectations that guide everyday work and practice. LTCHS promotes behaviours to maintain trusting relationships with residents and family members, and healthy working interactions with colleagues. The LTCHS Approach to Care positively impacts the resident and family experience, and improves employee engagement and workplace culture.

Figure 1: LTCHS Approach to Care Framework

Although LTCHS are leaders in excellence and recognized for providing exemplary care and services there are opportunities for improvement. Dr. Pat Armstrong and her team make some suggestions for change:

1. Take greater advantage of having ten homes to learn from and with each other, as well as to share with other homes practices and approaches that are effective, especially in relation to diversity and to those who do not have dementia. This already happens to some extent but more could be done.
    - LTCHS is working to improve sharing among the homes by leveraging interactive technology, such as video conferencing and has established a Behavioural Support Working group to share lessons and success stories. The division will continue to explore.
2. Promote greater flexibility and teamwork, encouraging each home and each unit to apply strategies that allow greater autonomy for and consultation with staff, residents, volunteers and families, taking scope of practice and collective agreements into account.
    - In addition to the broader City of Toronto's culture initiative and employee engagement, divisional initiatives include many stakeholder engagement opportunities.
3. Provide more continuous, hands-on education not only for staff but also for managers, residents, families and volunteers.
    - LTCHS will continue to make education a priority and will explore further enhancements for hands-on education for all stakeholders, as suggested by the consultants.
4. Provide more opportunities for the communities outside the home to be part of the home, starting with re-opening the cafeterias that were closed, and building

on relationships with community organizations in developing culturally appropriate activities and services.

- Unlike hospitals, cafeterias are not commonly found in long-term care homes. The decision to close the cafeterias was a Council approved budget reduction and would require Council direction to reopen. The homes continue to repurpose the space to support community, resident and client use.
- LTCHS has hundreds of partnerships with various community organizations including those that support culturally appropriate activities and services.

5. Provide residents with more access to physical spaces, especially outdoor spaces and reconsider risk assessment, especially around issues such as residents making their own coffee.
    - Although all homes have secure outdoor space, we continue to enhance usability (making them more accessible year-round) and recognize there are further opportunities, including creative programming.
6. Carry out the mandated physical redevelopment of the homes, with input from staff, residents, managers, families and volunteers.
    - The 2015 Council approved LTCHS Capital Renewal Plan includes opportunities for engagement, however the projects remain unfunded. The George Street Revitalization, a companion project, was approved in the 2018 Capital Budget. In 2018, Council adopted the goal of increasing the City's inventory of long-term care beds, by 978, during redevelopment.
7. Provide a forum to bring together the union, the Colleges for the Health Professions and provincial inspectors to consider how collective agreements and regulations can promote flexibility in the division of labour, in decision-making and in reporting while protecting residents and staff.
    - LTCHS has a positive relationship with the union and works collaboratively on projects together. As suggested by the consultants, we will continue to explore other avenues for engagement.

LTCHS are continuing to review the consultant's suggestions, explore and develop strategies, and if necessary, will report back to Economic and Community Development Committee, regarding implementation.

CONTACT

Vija Mallia
Interim General Manager
Long-Term Care Homes & Services
416-397-5223
Vija.Mallia@toronto.ca

SIGNATURE

Vija Mallia
Interim General Manager
Long-Term Care Homes & Services

ATTACHMENTS

Appendix A: Models for Long-Term Residential Care: A Summary of the Consultants' Report to Long-Term Care Homes and Services, City of Toronto

Appendix B: LTCHS Commitment to Care

Appendix C: LTCHS Dementia Care Journey, 2004 – 2019