

APRIL 3, 2019 (MEETING 3) City Hall, 9:30 am

ECONOMIC & COMMUNITY DEVELOPMENT MEETING

EC3.4 "Review of Dementia Care Based Models"

**ISSUE: MISLEADING STATISTICS RE: COMPLIANCE/PUBLIC REPORTING**

*In the "Review of Dementia Care Based Models" (p. 7 of 12) Compliance outlines "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 "in good standing performance" and one was rated as "improvement required" ".*

In examining [publicreporting.ltchomes.net](http://publicreporting.ltchomes.net) the public can see that Resident Quality Inspections cover the areas of:

Falls Prevention  
Family Council  
Infection Prevention & Control  
Medication  
Minimizing of Restraining  
Nutrition & Hydration  
Personal Support Services  
Prevention of Abuse, Neglect & Retaliation  
Recreation & Social Activities  
Residents' Council  
Safe & Secure Home  
Skin & Wound Care

**Therefore a highlighted statistic such as "...less than one per cent of the non-compliances were related to resident aggressive behaviour..." makes mathematical sense (when only one non-compliance is amongst a dozen non-compliance factors), but of what relevance is such a statistic to a new "emotion based Dementia care" model? What about the many repeated acts of NON-COMPLIANCE, related to the CRITICAL INCIDENTS (many related to abuse and neglect, between staff to residents), the CRITICAL INCIDENT INVESTIGATIONS (many related to issues of documentation: accountability, safety, communication and Legislation requirements), and COMPLAINTS (many related to LTC Homes failure to report critical incidents to MOHLTC and Police, feigned ignorance to Zero Tolerance Policies, etc.) that are within the "Investigation Reports" for each LTC home?**

There are no consequences for non-compliance within MOHLTC, despite promises for transparency, proposed fines and follow ups. All of the "Investigation Reports" (true indicators of LTC Homes non-compliance) statistics should play a more important role in any LTC Homes study's projection for implementing any new models of LTC.

***Again, in the "Review of Dementia Care Based Models" (p. 7 of 12), Public Reporting outlines "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."***

Are indicators such as falls, antipsychotics, restraints, etc. a modern, relevant, and realistic yardstick for measuring LTC Homes standards (even when a LTC Home is better than a national average)? Indeed, the City of Toronto LTC Homes need to evolve.

The Summary Review of Dementia Care aims towards the potential for a pilot project in the City's ten long-term care homes as a flexible model of care, while working with present current practices. Of course any new models require endless resources, funds, staffing, and education. Has this report honestly presented Compliance and Public Reporting statistics (past and present) as valid future standards and measures of care required, in all LTC Homes? Greater attention must be given to the systemic problems within LTC foundations, before new programs can be launched.