



REPORT

Long-Term Care Task Force on Resident Care and Safety

May 2012

An Action Plan to Address Abuse
and Neglect in Long-Term Care Homes



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ONTARIO

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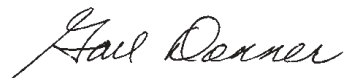
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- A number of organisations provided staff who supported the administration of the project and communications, and made sure that the Task Force's work ran smoothly: Ontario Association of Non-Profit Homes and Services for Seniors (Debbie Humphreys), Ontario Long Term Care Association (Lesley Atkinson) and Extendicare (Rebecca Scott).
- The Task Force's research analyst, Dr. Joann Trypuc, analysed the surveys and submissions, and worked closely with the Task Force to develop its report.
- The Chair held over 40 meetings with subject matter and industry experts and practitioners, and visited six long-term care homes. Everyone generously gave their time and shared their experiences and expertise. Particular thanks are extended to Drs. John Hirdes and Samir Sinha for meeting with the Task Force.

The Task Force's work would not have been possible without the significant input from residents, families, friends, staff, volunteers, Family and Residents' Council members, long-term care advocates and interested others. Long-term care homes and Councils helped to facilitate this input. Almost 2,000 individuals and groups took the time to respond to our survey, sent in submissions and emailed the Task Force.

On behalf of the Task Force, I personally would like to thank everyone who provided their input. Our research analyst, Joann Trypuc, and I read every word that was submitted to the Task Force. The opinions, suggestions and stories we received were thoughtful, heartfelt, wide-ranging and invaluable for guiding the Task Force's work. Our hope is that the Action Plan and its implementation does justice to your ideas for improving resident care and safety in long-term care homes.



Chair, Long-Term Care Task Force on Resident Care and Safety

“We will never be a civilized society until we take care of our fragile elderly in a proper manner.”

Voice of a Family Member/Friend

“It has for many years been my experience that residents want the same things that each and every one of us wants.”

Voice of a Health Care Aide

Executive Summary

On November 18, 2011, the Ontario Long Term Care Association (OLTCA), the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), the Ontario Association of Residents' Councils (OARC) and Concerned Friends of Ontario Citizens in Care Facilities created the Long-Term Care Task Force on Resident Care and Safety in response to media reports of incidents of abuse and neglect in long-term care homes and underreporting of these incidents. These organisations shared the concerns of the public and the Minister of Health and Long-Term Care about resident care and safety.

Independent of government, the Task Force was made up of a wide range of representatives from the long-term care sector: Family and Residents' Councils, nurses, long-term care physicians, personal support workers, unions, long-term care provider associations and advocates. The Task Force's external chair was Dr. Gail Donner, former Dean and Professor Emerita, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto.

The focus of the Task Force was to develop an action plan that examines and addresses the factors contributing to incidents of abuse or neglect in long-term care homes. The Task Force conducted its work from January to April 2012. Almost 2,000 individuals and groups responded to a survey or sent a submission or email. The opinions, suggestions and stories received by the Task Force were invaluable for guiding its work. Targeted interviews and meetings were also held with over 40 subject matter and industry experts and practitioners, six long-term care homes were visited, and data and reports were reviewed.

The Task Force believes that long-term care is a highly specialised area that focuses on the care of a diverse group of residents with complex conditions and needs. Long-term care requires specialised leaders and skilled staff to care for some of the most vulnerable people in our society. Residents have the right to courtesy and respect, excellent care in a safe environment, and protection from abuse and neglect. Everyone should know how to report abuse and neglect and do so without fear of reprisal. Long-term care homes should do all in their power to ensure that these rights are upheld.

Ontario has strong legislation to support the care and safety of long-term care residents and to prevent abuse and neglect. Strong laws are an excellent and necessary beginning but, clearly, they are not enough to eliminate abuse and neglect in all long-term care homes. The Task Force listened to the voices of residents, families, staff, advocates and other stakeholders, confirmed the reasons why abuse and neglect occur, and identified 18 actions to improve the care and safety of residents in long-term care homes.

- Eleven actions focus on areas where the long-term care sector can play a leadership role.
- Six actions require leadership by the Ministry of Health and Long-Term Care and may benefit from participation of other partners. The Task Force strongly endorses these actions recognising that the long-term care sector cannot implement these on its own.
- The final action is a commitment to implement.

Actions Where The Long-Term Care Sector Can Play a Leadership Role

MAKE RESIDENT CARE AND SAFETY THE NUMBER ONE PRIORITY IN LONG-TERM CARE HOMES OVER THE NEXT YEAR AND A TOP PRIORITY IN YEARS TO FOLLOW

1. All long-term care homes in Ontario will declare the prevention of abuse and neglect and zero tolerance as their number one priority over the next year and a top priority in years to follow. Management, unions, professional organisations and advocacy groups are strongly encouraged to identify this commitment in their written and verbal communications with the public, within their organisations, and with their partner organisations. Management, unions, professional organisations and advocacy groups are also strongly encouraged to commit to reviewing their policies and educational programs to ensure that there is a strong focus on the prevention of abuse and neglect.
2. As part of the quality improvement and utilisation review system required by the *Long-Term Care Homes Act*, each long-term care home in Ontario will establish a Quality Committee as a Board Committee or as a Senior Management Committee, if the home does not have a Board. The Committees are strongly encouraged to have broad representation – which may include but not be limited to management, frontline staff, medical staff, residents, families – and track quality indicators that include measures of resident care and safety within the home (as identified in Action 3). Committees will identify and address home-specific issues, and will make regular reports of the actions they have taken available to their residents and families, staff and other stakeholders.

COMMIT TO REDUCE INCIDENTS OF ABUSE AND NEGLECT IN LONG-TERM CARE HOMES AND BE ACCOUNTABLE FOR ACHIEVING RESULTS

3. The Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils and the Ontario Family Councils' Program will continue to work in partnership with Health Quality Ontario (HQQ) to identify indicators of abuse, neglect and quality of life. HQO is encouraged to track these indicators and report them publicly. The sector will work with HQO to set targets for these indicators. HQO and the Local Health Integration Networks will monitor performance (see Action 5).
4. The Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils, the Ontario Family Councils' Program and Concerned Friends of Ontario Citizens in Care Facilities will continue to work with Health Quality Ontario to develop a standard family and resident satisfaction survey for long-term care.

5. The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will begin a dialogue with the Local Health Integration Networks to integrate long-term care into their ongoing quality and performance improvement processes beginning with the indicators related to abuse, neglect and quality of life (as identified in Action 3).

ADVANCE THE DEVELOPMENT OF STRONG SKILLED ADMINISTRATORS AND MANAGERS

6. The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will jointly create a Leadership Development Strategy for the sector that focuses on the principles and practices of effective leadership and management. Education programs should be targeted at administrators, directors, managers and supervisors, and include learning modules in such areas as: creating a safe resident-centred environment; screening and hiring the best people; developing effective management-labour relations; understanding MDS-RAI and other data and how to use it to improve performance; working within a strict legal environment; developing effective communication and conflict resolution skills; working with Residents' and Family Councils; and other examples.

STRENGTHEN THE ABILITY OF STAFF TO BE LEADERS IN PROVIDING EXCELLENT AND SAFE CARE

7. As part of the legal requirement that staff who provide direct care to residents must receive annual education on recognising and preventing abuse, every long-term care home in Ontario is strongly encouraged to regularly assess the competencies of staff in these areas. Homes should ensure that these skills are incorporated into their staff performance management system. Homes should also make efforts to release time for staff to participate in education.
8. The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will liaise with the Local Health Integration Networks to obtain support for developing a streamlined basic training program in managing responsive behaviours that aligns with the Behavioral Supports Ontario Program, or a suitable alternative, and is provided to all long-term care homes in the province in a timely manner.
9. In order to promote long-term care homes as employers of choice, each home is strongly encouraged to establish a collaborative Employee-Management Group that examines issues related to quality of work life and the implementation of solutions. Issues to be discussed include but are not limited to employee workload, staffing schedules, staff training, safe working environments, ways to improve staff morale, ways to decrease employee stress and improve safety, and ways to deal with residents' responsive behaviours.

EMPOWER RESIDENTS AND FAMILIES WITH A STRONGER VOICE AND EDUCATION

10. The Ontario Association of Residents' Councils and the Ontario Family Councils' Program will actively encourage Residents' and Family Councils in each long-term care home to identify at least one tangible action each year directed to preventing abuse and neglect. Councils will be encouraged to work in partnership with long-term care administration to identify the roles that Councils and administration will play to implement these actions.
11. The Ontario Association of Residents' Councils and the Ontario Family Councils' Program – working in partnership with other organisations such as Concerned Friends of Ontario Citizens in Care Facilities, the Ontario Network for the Prevention of Elder Abuse and other groups – will create an education strategy that develops and/or makes available information for residents and families on such topics as: working effectively with administration; recognising and preventing abuse and neglect; ensuring respect and safety in the home; understanding zero tolerance; the *Long-Term Care Homes Act*; Residents' Bill of Rights; Power of Attorney; whistle-blower protection; the Ministry's Action Line; and other topics relevant to resident care and safety.

Actions That Require Leadership From the Ministry of Health and Long-Term Care

DEVELOP COACHING TEAMS TO HELP HOMES IMPROVE

12. The Ministry of Health and Long-Term Care should design coaching teams – with experience and expertise in reducing incidents of abuse and neglect in long-term care homes – in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, Health Quality Ontario and others. These coaching teams should assist homes that are poor performers to improve resident quality and safety in their homes. The Ministry should consider resourcing the coaching team initiative as part of its focus on supporting continuous quality improvement.

ADDRESS DIRECT-CARE STAFFING IN HOMES

13. Recognising that there are not enough direct-care staff to meet the needs of all long-term care residents safely, the Long-Term Care Task Force on Resident Care and Safety strongly recommends that the Ministry of Health and Long-Term Care implement the recommendations of the Sharkey report on strengthening staff capacity for better care (*People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes. A Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario. May 2008*).

SUPPORT RESIDENTS WITH SPECIALISED NEEDS TO ENSURE THEIR SAFETY AND THE SAFETY OF OTHERS

14. The Ministry of Health and Long-Term Care should address and resolve issues related to meeting the needs of residents with specialised (complex care) needs in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, and other relevant organisations. Areas to be addressed include, but are not limited to, specialised facilities, dedicated specialised units in long-term care homes, appropriate physical plant conditions, funding to cover specialised programs and the high needs of residents, and appropriate staffing with specialised skills.
15. The Ministry of Health and Long-Term Care should address issues related to the evaluation, appropriate placement and, where necessary, the transfer of residents with specialised needs to homes or other facilities that better meet their needs. The Ministry should conduct this work in partnership with the Ontario Association of Community Care Access Centres, the Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors.

ADDRESS LEGISLATIVE REQUIREMENTS AND PROCESSES THAT DETRACT FROM RESIDENT CARE AND MAY BE DRIVING ABUSE AND NEGLECT UNDERGROUND

16. The Ministry of Health and Long-Term Care should review the legislation with the goal of streamlining reporting requirements that focus attention away from direct resident care. The Ministry should conduct this work in partnership with the Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors.
17. The Ministry of Health and Long-Term Care should ensure that inspection, reporting, compliance and improvement processes effectively support a culture of ongoing quality improvement. The Ministry should conduct this work in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors and other stakeholders, as appropriate. This work includes but is not limited to: i) putting processes in place that promote the reporting of abuse by long-term care homes and acknowledge the corrective actions taken by homes to keep residents safe; ii) incorporating an advisory component into the long-term care home inspection process so that inspectors can share their knowledge on how to improve resident care and safety; and iii) analysing and making available provincial long-term care home trend data so that system problems related to resident care and safety that need provincial attention can be identified and addressed quickly.

Commitment to Implement the Action Plan

18. The originators of this Task Force – the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents’ Councils and Concerned Friends of Ontario Citizens in Care Facilities – will commit to ensuring that the Long-Term Care Task Force on Resident Care and Safety will oversee the implementation of this action plan and publicly report on its progress mid-year and at year end over the next three years. In the final year, the Task Force will assess progress and determine whether its monitoring function needs to continue.

Additional Areas Requiring Further Attention

The Task Force identified areas that need more time and thought to address:

- Educating and attracting people to work in long-term care. The long-term care sector needs to work in partnership with the Ministry of Training, Colleges and Universities to address the training of physicians, nurses, social workers, personal support workers and other health workers on the care of the elderly, dementia care, and abuse and neglect. Furthermore, long-term care and gerontology should be promoted as an exciting and rewarding career specialty in these education programs.
- Ensuring education standards are established for Personal Support Workers. The Ministry is developing a Registry for Personal Support Workers (PSWs). The Task Force supports the Registry and strongly urges the Ministry to ensure a standard for the education of PSWs is established so that graduates of training programs have core competencies.
- Addressing issues related to monitoring and security systems. Many survey respondents commented on the importance of the physical plant and monitoring systems and cameras to help keep residents safe.
- Improving the arbitration process for labour cases involving the abuse and neglect of residents in long-term care homes. In addition to concerns about how long the arbitration process takes, there are other issues that are of concern: many arbitrators have limited experience of healthcare; not all arbitrators have a good understanding of the legal definitions of abuse and neglect, Residents’ Rights and zero-tolerance; and not all arbitrators are sensitive to issues related to resident competencies in abuse and neglect cases. The Task Force encourages the Ministry of Health and Long-Term Care and the Ministry of Labour to engage stakeholders in the long-term care sector to discuss ways to improve the arbitration process for labour cases involving the abuse and neglect of residents in long-term care homes.

Introduction

1. OPENING REMARKS

The Long-Term Care Task Force on Resident Care and Safety conducted its work from January to April 2012. During this time, input was reviewed from almost 2,000 individuals and groups that responded to a survey or sent a submission, targeted interviews and meetings were held with subject matter and industry experts and practitioners, long-term care homes were visited, and data and reports were reviewed.¹ All this input and study – along with the experience and expertise of the Task Force members – provided solid information upon which to develop a long-term care action plan on resident care and safety.

The Task Force’s report begins with background on the Task Force and the information that it collected and reviewed to support its work. The next section presents the Task Force’s deliberations and actions. The actions are presented in two groups: 1) actions where the long-term care sector can play a leadership role; and 2) actions that require leadership from the Ministry of Health and Long-Term Care to implement. The Task Force strongly endorses the actions in the second group but recognises that these cannot be implemented solely by the sector. The report also includes additional areas that require further attention. Quotations are taken directly from the surveys and submissions and are included throughout the report.

The status of long-term care within healthcare may reflect the low value that society places on older and physically and mentally challenged populations. It must be recognised that, in fact, long-term care is a highly specialised area that focuses on the care of a diverse group of residents with complex conditions and needs. Long-term care requires specialised leaders and skilled staff to care for some of the most vulnerable people in our society.

“Looked at coldly, we don’t appear to value our elders. I’d rather talk about how we help ensure the joy and quality of life of all residents in long-term care homes. If the focus was on creating joy for the elderly, not on maintenance or the avoidance of bad things, not on hiring custodians for our elders but actual care-givers, then I don’t believe there would be abuse.”

Voice of a Family Member/Friend

The Task Force believes that residents of long-term care homes have the right to courtesy and respect, excellent care in a safe environment, and protection from abuse and neglect. Everyone should know how to report abuse and neglect and do so without fear of reprisal. Furthermore, long-term care homes should do all in their power to ensure that these rights are upheld.

¹ See Chapter 3, Information That Influenced the Task Force’s Discussions.

These rights are the law in Ontario. This province already has strong legislation to support the care and safety of long-term care residents and to prevent abuse and neglect. There are many homes in Ontario that meet their legal requirements and have excellent leaders and staff who provide great care to satisfied residents and their families. There are also homes that do not in spite of the legal requirements to do so.

The voices of residents, families, staff, advocates and others who replied to the survey identified shortcomings and issues that need to be addressed.

The data indicated that critical incidents related to abuse and neglect in long-term care homes still occur in Ontario.

And – most importantly – the long-term care sector established this Task Force because it shared the concerns of the public and the Minister of Health and Long-Term Care about resident care and safety in long-term care homes. The founding organisations of the Task Force are the Ontario Long Term Care Association (OLTCA), the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), the Ontario Association of Residents' Councils (OARC) and Concerned Friends of Ontario Citizens in Care Facilities.

The Task Force's report identifies 18 actions developed by the long-term care sector to improve the care and safety of residents. The sector's experience, expertise and commitment auger well for success.

2. BACKGROUND: THE TASK FORCE

2a. History and Mandate of the Task Force

On November 18, 2011, the long-term care sector created the Long-Term Care Task Force on Resident Care and Safety in response to media reports of incidents of abuse and neglect in long-term care homes and underreporting of these incidents. The organisations that created the task force – the Ontario Long Term Care Association (OLTCA), the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), the Ontario Association of Residents' Councils (OARC) and Concerned Friends of Ontario Citizens in Care Facilities – shared the concerns of the public and the Minister of Health and Long-Term Care about resident care and safety.

The mandate of the Task Force was to develop an action plan that examines and addresses the factors contributing to incidents of abuse or neglect in long-term care homes. The goal of the plan is to help prevent these incidents, support a zero tolerance of abuse policy, continue to advance a culture of openness and transparency in long-term care homes, and restore public confidence that residents receive high quality care and are treated with dignity and respect. The Task Force's objectives were to identify:

- Actions to prevent incidents of abuse or neglect that are within the control of operators as well as actions that require assistance from government, Local Health Integration Networks or other organisations to execute.
- Actions that will result in appropriate and timely reporting of incidents of disrespectful behaviour, bullying, abuse and/or neglect by residents, families, staff, visitors and/or volunteers.

The Task Force was independent of government and was made up of a wide range of representatives from the long-term care sector: Family and Residents' Councils, nurses, long-term care physicians, personal support workers, unions, long-term care provider associations and advocates. The Task Force had an external chair, Dr. Gail Donner, former Dean and Professor Emerita at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. (The terms of reference and members of the Task Force and their affiliations are in Appendix A.) The group held its first meeting on January 24, 2012 and met six times over the course of its work. The Task Force committed to completing its Action Plan by the end of April 2012.

2b. Strategies Used by the Task Force to Support its Work

The Task Force used the following strategies to support its work: conducting consultations, analysing data and reviewing documents (e.g., reports, studies, legislation, etc.). These activities were supported and promoted using various methods of communication.

CONSULTATIONS

The Task Force strongly believed that the action plan had to be informed by input from residents, family members, staff, volunteers, advocates and other interested stakeholders. A number of methods was used to obtain input, as noted below.

Standard Survey

The Task Force developed a standard survey to help guide respondents to give their opinions on key areas (Appendix B). Respondents could reply by:

- Completing the survey online (www.longtermcaretaskforce.ca and clicking “Your Voice”)
- Mailing a hard copy of the survey to a private post office box
- Faxing the survey to a private fax line
- Completing the survey using a confidential telephone voice mail box.

All consultation materials – including the survey and voice mail box – were in both official languages. The survey encouraged respondents, who needed help to answer the questions, to ask someone whom they trusted and were comfortable with for assistance. It was also noted that respondents did not need to sign their names nor identify themselves, and that answers were confidential. Only the Task Force Chair and the research analyst read the individual responses. Results were summarised and all identifiers were removed before the Task Force received the results. The only exception to confidentiality – which was clearly noted on the surveys – was the Task Force’s legal obligation to report to the Ministry of Health and Long-Term Care information it received related to abuse, neglect or other reportable actions where a long-term care home and/or individual(s) were identified.²

2 The following note was included on Task Force materials: “Investigation of incidents of abuse and neglect is not within the mandate of the Task Force. The Ministry of Health and Long-Term Care is responsible for ensuring compliance with the Long-Term Care Homes Act, 2007. If you have reasonable grounds to suspect harm or abuse of a long-term care home resident, please contact the Ministry directly by calling the Long-Term Care ACTION LINE at 1-866-434-0144.”

The survey process was launched on February 16 with March 19, 2012 as the deadline for responses. Mail-in surveys continued to be received well into April and were included in the final analysis of results. See Chapter 3 for the results of the consultations (3d, Results of the Consultations and Submissions).

Submissions

Some groups and individuals provided their input to the Task Force through formal submissions and general emails. This input was incorporated into the analysis of surveys (see Chapter 3d, Results of the Consultation and Submissions).

Meetings with Selected Subject Matter and Industry Experts and Practitioners

The Task Force Chair met with over 40 experts and practitioners and visited six long-term care homes to discuss care and safety issues and best practices. In addition, two experts in the care of older persons attended one of the Task Force's meetings. The information and insights from all those consulted were used to help inform the Task Force's deliberations. (See Appendix C for a list of the meetings.)

DATA ANALYSIS

Staff from the Ministry of Health and Long-Term Care provided the Task Force with information on critical incidents reported by long-term care homes, critical incident system inspections, and non-compliance related to duty to protect and zero tolerance of abuse. Ministry staff also collected information for the Task Force on complaints by type of issue over a one-month period of time. See Chapter 3c for the results of the data analysis (3c, Overview of Data Provided by the Ministry of Health and Long-Term Care).

DOCUMENT REVIEW

Numerous studies, reports and documents were reviewed on long-term care, quality and safety, staffing and promising care practices. In particular, documents on long-term care in Ontario were examined including the *Long-Term Care Homes Act, 2007* and its regulations, Coroner's inquests, Ministry inspection reports under the Act, and other reviews relevant to long-term care in Ontario. See Appendix D for the documents reviewed.

COMMUNICATIONS

The work of the Task Force and the consultation process were promoted using the following communication methods:

- A website included information about the Task Force, the consultation process, and ways to provide input and get additional information (www.longtermcaredtaskforce.ca). The website – which was in both official languages – also provided information on what to do in the event of abuse and neglect in long-term care homes.
- A public news release issued on February 16, 2012 announced the launch of the consultation process, described ways the public could provide input, and gave information about the Task Force and its members.
- Information was sent to all long-term care homes in mid-February (memo, posters and surveys) to encourage residents, families and long-term care employees to participate in the consultations. Homes were asked to display the posters and help facilitate the completion of surveys. (See Appendix E for the poster.)
- Letters were sent to healthcare associations and organisations and key partners to raise awareness about the Task Force and encourage input into the consultation process (e.g., Local Health Integration Networks, the Ontario Association of Community Care Access Centres, etc.).
- The Task Force Chair responded to media enquiries and requests for information as they occurred.

3. INFORMATION THAT INFLUENCED THE TASK FORCE'S DISCUSSIONS

The Task Force used four key sources of information each of which is described below:

- Information on long-term care in Ontario (residents, homes and staff)
- Legislation governing long-term care homes and supporting government processes
- Data provided by the Ministry of Health and Long-Term Care
- Consultations and submissions.

3a. Information on Long-Term Care in Ontario: Residents, Homes and Staff³

RESIDENTS

In Ontario, long-term care refers to care provided in facilities licensed under the *Long-Term Care Homes Act, 2007*. Long-term care homes provide care and services in a home-like setting for people who can no longer live independently in the community. These individuals may: require nursing care to be available on-site 24-hours a day; require frequent on-site supervision and monitoring to ensure their safety or well-being; require personal care and support (assistance with activities of daily living); be at risk of being financially, emotionally or physically harmed living in their residence; be at risk of suffering harm due to environmental conditions that cannot be resolved in their residence; or may harm someone if they live in their residence.

To be eligible for long-term care placement, Ontario residents aged 18 or older must have health care needs that can be met in long-term care and cannot be met with any combination of publicly-funded caregiving in the home or in the community.

In 2009/10, long-term care was home to 102,000 Ontarians. Nearly half of the 28,000 people discharged in the year died in the facility, 22% were discharged to acute care, 19% went home (after respite or convalescent care) and 12% went to another long-term care home.

3 Unless otherwise noted, the information in this chapter was taken from various documents including: 1) *Igniting and Integrating Innovation Within the Long-Term Care System*. 2011 (November 10). A Discussion Paper for the Ontario Long Term Care Innovation Expert Panel (November 15-16, 2011 Planning Retreat). 2) Long-Term Care Utilisation Report (May 2011) as documented in *Igniting and Integrating Innovation Within the Long-Term Care System*. 2011 noted above. 3) Long-term Care Homes Overview Ontario. 2011 (November). Prepared for the Task Force by Rebecca Scott.

Of the long-term care home resident population in Ontario, it has been estimated that:

- 73% have a mental disorder, including Alzheimer's or other forms of dementia
- 31% have severe cognitive impairment
- 70% have some bladder and/or bowel incontinence
- 40% require constant encouragement or total feeding
- 77% require one or two staff to transfer from bed to chair to provide constant supervision during transfers
- 89% require constant supervision or total assistance with dressing
- 54% have some health instability
- 45% exhibit some aggressive behaviour.

The 14 Community Care Access Centres (CCACs) are responsible for long-term care placement. The CCAC assesses individuals using the RAI HC tool (i.e., Resident Assessment Instrument Home Care). MAPLe scores are used to guide placement to the appropriate setting with residents having their choice of homes (i.e., MAPLe means Method for Assigning Priority Levels). The higher the MAPLe score, the more complex the resident. According to the Ontario Association of Community Care Access Centres, 83% of residents admitted to long-term care in 2010/2011 had high or very high MAPLe scores, compared to 72% in 2007/08.

The care needs of residents who live in long-term care homes are becoming more complex and specialised.⁴ Currently, over half of long-term care residents are 85 years of age or older with multiple co-morbidities. The proportion of older adults with mental health and addiction issues in homes is increasing.⁵ As life expectancy increases, there will be greater numbers of the very old who, despite new treatments and healthier lifestyles, will likely experience a high prevalence of age-related diseases.⁶ As well, it appears that long-term care homes are taking more younger residents with ongoing needs that may include mental health and addiction issues.

4 Dr. David Walker, Provincial ALC Lead. 2011 (June 30). *Caring for Our Aging Population and Addressing Alternate Level of Care*. Report submitted to the Minister of Health and Long-Term Care.

5 *Igniting and Integrating Innovation Within the Long-Term Care System*. A Discussion Paper for the Ontario Long term Care Innovation Expert Panel (November 15-16, 2011 Planning Retreat).

6 The Conference Board of Canada. 2011 (January). *Elements of an Effective Innovation Strategy for Long Term Care in Ontario*. Prepared for the Ontario Long Term Care Association by The Conference Board of Canada.

HOMES

There are 634 long-term care homes and 77,933 beds in Ontario. Of these beds, 76,174 are long-stay beds and the remainder are for residents who only stay for short periods of time: 404 are respite, 932 are interim and 423 are convalescent care beds.

The Ministry of Health and Long-Term Care funds and regulates all long-term care homes licensed or approved under the *Long-Term Care Homes Act*. Ontario's homes have different governance structures. Homes are operated by municipalities, hospitals or private entities that are either for-profit or not-for-profit, and range in size from large corporate owners to small local businesses and charitable organisations.

Private for-profit chains and small independent companies operate 57% of homes and 53% of the long-stay beds. Non-profit and charitable homes own 25% of homes and run 25% of long-stay beds. Municipalities run 16% of homes and 21% of long-stay beds. Eldcap units – which are long-term beds in acute care hospitals – represent 2% of homes and 0.3% of long-stay beds (Eldcap means Elderly Capital Assistance Program). A growing number of hospitals also have interim bed units.

Per diem funding arrangements, care standards and eligibility requirements are the same for all homes in Ontario. Long-term care homes have two key sources of operating funds:

- Ministry funding which includes per diem funding for nursing, personal care, programming, support services and accommodation.
- All residents pay a daily basic or standard accommodation copayment. Residents pay a larger daily copayment for preferred accommodation (private or semi-private rooms). All rates are set by the Ministry.

Residents who cannot pay the maximum basic accommodation rate can apply for a rate reduction, which is subsidised by the Ministry. The Ministry does not subsidise preferred accommodation rates. Municipal and charitable long-term care homes may receive municipal/charitable contributions. Non-profit nursing homes may also receive charitable contributions.

Nearly half of the long-term care beds in Ontario (45%) provide basic accommodation, one third are private beds and the remaining are semi-private beds.

Long-term care homes provide an average of 2.9 direct care hours per resident per day.⁷ Municipal, non-profit and charitable homes provide an additional 0.8, 0.4 and 0.14 hours of direct care per resident day, respectively, through top-up funding from tax revenues and donations.

⁷ Direct care is provided by Personal Support Workers, Registered Practical Nurses, Registered Nurses, Infection Control Practitioners, Clinical Nurse Specialists or Nurse Clinicians, and Nurse Practitioners.

Government policy has shaped redevelopment. In 1998, the government announced a program to build 20,000 new beds and rebuild 16,000 older beds (known as D beds).⁸ This program resulted in a significant increase in capacity. In 2009, the government announced the redevelopment of 35,000 B, C and upgraded D beds. Uptake has been slow due to funding and financing challenges.

Long-term care home operators are required to sign a service accountability agreement with their Local Health Integration Network (LHIN). This is a condition of funding, which means that the home operator is required to provide care and services for residents according to standards, policies, and all applicable legislation and regulations.

STAFF

Long-term care homes employ about 45,000 full time equivalent staff who provide nursing, personal care, and program and support services to residents. These staff include about 28,900 personal support workers, 10,650 licensed nurses, and 3,600 allied health professionals.⁹ About 88% of long-term care staff provide direct care.

Many human resource challenges impact on leadership and skill capacity within the long-term care sector. These include:

- Compensation: Pay rates are inconsistent within the sector (e.g., nursing) and are generally lower compared to other sectors (especially hospitals).
- Recruitment: Lack of confidence in the sector, shift work, lack of exposure to long-term care provides very little appeal for new and young workers.
- Retention: The main factors for leaving a long-term care job include perceptions about the long-term care system being out-of-date rather than responsive, and regulations being seen as being “more valued than expertise”. Significant physical demands, lack of full time employment, shift work, limited advancement opportunities and the inaccessible location of some homes are also challenges.
- Dissatisfaction of nurses: Long-term care nurses report feeling their work is not as valued or important as acute care work.

8 New beds are built since 1998 to current standards. *A beds* are built before 1998 and almost meet current standards. *B beds* substantially exceed 1972 standards but do not meet the criteria for *A beds* (may have 4-bed rooms and less access to common space). *C beds* meet 1972 standards (may have 4-bed rooms, inaccessible washrooms, limited dining/program space). *D beds* do not meet 1972 standards (may have hallway washrooms, poor accessibility, smaller rooms). *D upgrades* have been upgraded but do not meet the 1972 standards.

9 Sharkey, Shirley. 2008 (May). *People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes*. A Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario.

- Inadequate focus on personal support workers (PSWs): There is a poor understanding of the role of PSWs as a member of the health care team and few strategies to improve their job satisfaction.
- High turnover: There are high turnover rates among Directors of Care, RAI coordinators and administrators (9% to 22% from April 1 to October 31, 2009).

3b. Legislation Governing Long-Term Care Homes in Ontario and Supporting Government Processes

Ontario's long-term care homes are governed in law by the *Long-Term Care Homes Act, 2007* and *Ontario Regulation 79/10*. The Act and regulations – which came into effect on July 1, 2010 – address resident's rights, care and services, admission of residents, councils (Resident and Family), operation of homes, funding, licensing, municipal homes and First Nations homes, compliance and enforcement, administration, miscellaneous and transition. Certain sections from the legislation are directly pertinent to resident abuse and neglect. These include but are not limited to:

- Residents' Bill of Rights
- Mission statement
- Prevention of abuse and neglect, particularly the duty to protect and zero tolerance of abuse
- Definitions of abuse and neglect
- Complaints procedures and whistle blower protection
- Compliance and enforcement procedures.

The Ministry of Health and Long-Term Care also has processes for reporting abuse and neglect in long-term care homes, a complaints process, procedures for reporting critical incidents, and a formal compliance program (Long-Term Care Home Quality Inspection Program).

See Appendix F for more detailed information on legislation and supporting Government processes.

3c. Overview of Data Provided by the Ministry of Health and Long-Term Care

COMPLAINTS DATA

The Ministry collects complaints about long-term care homes from a number of sources including the Action Line and direct complaints submitted to the Ministry.¹⁰ Complaints may be received on issues that are or that become critical incidents (for example, a home may report a critical incident and the family may lodge a complaint about the same incident). There are difficulties accessing the Ministry's complaints data. Complaints include personal health information which must be kept confidential by law. In addition, currently some data, including the type of complaint issue, can only be accessed manually by reviewing detailed spreadsheets. The Ministry's electronic data system – which will help address this issue – will be updated by July-August 2012.

The Ministry offered to track, for a one month period of time, the complaints received about Ontario long-term care homes by type of information (Table 1).

Of the 238 complaints received from February 27 to March 27, one fifth (20.2%) reflected the highest level of harm: the improper or incompetent treatment or care of a resident resulting in harm or risk of harm to the resident. An additional 16.8% of complaints concerned abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm. There were three complaints of retaliation against a resident due to whistleblowing.

¹⁰ The Ministry Action Line is 1-866-434-0144.

Table 1: Complaints Received by the Ministry of Health and Long-Term Care About Ontario Long Term Care Homes, by Type of Information, February 27 to March 27, 2012

TYPE OF INFORMATION (LEVEL OF HARM)	#	%
(1) Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident	48	20.2%
(2) Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident	40	16.8%
(3) Unlawful conduct that resulted in harm or a risk of harm to a resident	0	0%
(4) Retaliation (violation of whistle blowing protection)	3	1.3%
(5) Misuse or misappropriation of a resident's money	0	0%
(6) Misuse or misappropriation of funding provided to a licensee under this Act or the <i>Local Health System Integration Act, 2006</i>	0	0%
(7) A failure to comply with a requirement under the <i>Long-Term Care Homes Act</i>	107	45%
(8) Any other matter provided for in the Regulations	40	16.8%
Total	238	100%

CRITICAL INCIDENTS

Long-term care homes must report critical incidents to the Ministry as defined in legislation. The home identifies each critical incident using incident categories. If an incident appears to fall into more than one category, the home selects the most appropriate incident category. If the home is unsure which category to use, it may use the “Other category”. When a critical incident is investigated, the duty inspector determines the category under which the incident falls. Any change in category is not reflected in the original data reported by the home.

It must be noted that even though a critical incident is reported to the Ministry, it does not mean that non-compliance was found in the home. By the same token, there may be critical incidents in the home that were not observed or reported.

The legislation defines a wide range of critical incidents some of which do not relate to abuse and neglect. Table 2 presents the types of critical incidents as reported by long-term care homes in Ontario in 2011.

There were 3,216 critical incidents that related directly to abuse and neglect in Ontario long-term care homes in 2011. These incidents accounted for 19.3% of all critical incidents reported to the Ministry.

Table 2: Critical Incidents (CI) Reported by All Long-Term Care Homes in Ontario by Critical Incident Type, January 1 to December 31, 2011 (NOTE: Even though a critical incident is reported to the Ministry, it does not mean that non-compliance was found in the home)

CRITICAL INCIDENT TYPE	NUMBER OF CRITICAL INCIDENTS	NUMBER OF CRITICAL INCIDENTS PER 100 BEDS *
<i>Critical Incident Types That Relate Directly to Abuse and Neglect</i>		
Abuse/Neglect	2,773	3.55
Resident to Resident	1,568	2.01
Resident to Staff	152	0.19
Staff to Resident	900	1.15
Visitor to Resident	53	0.07
Visitor to Staff	< 5	0.00
Other	96	0.12
Improper/Incompetent treatment of a resident that results in harm or risk	207	0.27
Misuse/Misappropriation of residents money	154	0.20
Unlawful conduct that resulted in harm/risk of harm to resident	82	0.11
<i>Total Critical Incident Types That Relate Directly to Abuse and Neglect</i>	<i>3,216 (19.3% of CI)</i>	
<i>All Other Critical Incidents **</i>	<i>13,443 (80.7%)</i>	
All Critical Incidents	16,659	21.34

* Counts per 100 beds: Both long-stay and interim beds are included in the denominator when calculating incident counts per 100 beds since critical incidents can occur for residents occupying either type of bed.

** All other critical incidents include: medication incident/adverse drug reaction; injury that results in a transfer to hospital; missing resident; missing resident with injury; contamination of drinking water supply; controlled substance missing/unaccounted; disease outbreak; emergency, environmental hazard; misuse/misappropriation of funding provided to a licensee; unexpected death; other critical incident; other mandatory report.

Source: Karen Slater, Senior Manager, Performance Improvement and Compliance Branch, Ministry of Health and Long-Term Care.

The data on critical incidents that relate directly to abuse and neglect indicate that:

- 2,773 incidents were categorised as “abuse/neglect”. Of these, 57% were resident-to-resident encounters (1,568), 33% were staff-to-resident (900 incidents) and 2% were visitor to resident encounters (53).
- There were 207 reported incidents of improper or incompetent treatment of a resident resulting in harm or risk, 154 reported cases of misuse or misappropriation of a resident’s money, and 82 cases of unlawful conduct that resulted in harm or risk of harm to the resident.

Table 3 presents critical incidents by Local Health Integration Network (LHIN). To make comparisons by LHIN easier, the number of critical incidents per 100 long-term care beds is presented. An examination of reported “abuse/neglect” incidents shows a variation in rates by LHIN ranging from a low of 2.34 per 100 beds in the North East LHIN to a high of 5.34 per 100 beds in the Central West LHIN. The Ontario average is 3.55 per 100 beds.

Table 3: Critical Incidents (CI) per 100 Beds As Reported by Ontario Long Term Care Homes, by Critical Incident Types and Local Health Integration Network (LHIN), January 1 to December 31, 2011* (NOTE: *Even though a critical incident is reported to the Ministry, it does not mean that non-compliance was found in the home*)

CRITICAL INCIDENT TYPE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	ON
	ESC	SW	WW	HNHB	CW	MH	TC	CEN	CE	SW	CH	NSM	NE	NW	
Critical Incident Types That Relate Directly to Abuse and Neglect															
Abuse/Neglect Total	2.54	3.76	4.33	3.67	5.34	3.68	3.02	2.78	3.29	3.48	4.80	4.16	2.34	2.53	3.55
Resident to resident	1.58	1.65	2.65	2.18	3.33	1.68	1.44	1.46	1.89	2.17	3.24	2.68	1.19	0.56	2.01
Resident to staff	0.11	0.19	0.18	0.22	0.38	0.14	0.25	0.04	0.11	0.02	0.44	0.52	0.06	0.06	0.19
Staff to resident	0.69	1.67	1.27	1.07	1.43	1.44	1.07	1.12	1.15	1.14	0.90	0.79	0.99	1.80	1.15
Visitor to resident	0.09	0.07	0.13	0.10	0.06	0.10	0.02	0.06	0.04	0.07	0.10	0.03	N/A	0.11	.007
Visitor to staff	N/A	0.01	N/A	N/A	N/A	N/A	0.02	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00
Other	0.07	0.17	0.10	0.11	0.15	0.31	0.22	0.10	0.09	0.07	0.12	0.13	0.10	N/A	0.12
Improper/Incompetent treatment of a resident that results in harm or risk	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	.027
Misuse/Misappropriation of residents money	0.11	0.26	0.20	0.24	0.20	0.14	0.17	0.07	0.14	0.15	0.30	0.26	0.28	0.22	0.20
Unlawful conduct that resulted in harm/risk of harm to resident	0.09	0.07	0.10	0.14	0.06	0.07	0.12	0.11	0.11	N/A	0.10	0.16	0.16	0.11	0.11
Total CI by LHIN per 100 Beds	23.2	22.6	17.1	20.2	23.2	20.7	17.3	20.3	21.8	22.8	22.8	25.7	22.1	21.5	21.3
TOTAL Critical Incidents by LHIN	1,015	1,636	671	2,106	796	861	1,030	1,470	2,120	938	1,751	785	1,097	383	16,659
Total Beds in LHIN	4,371	7,234	3,928	10,428	3,425	4,163	5,963	7,244	9,718	4,107	7,681	3,055	4,964	1,782	78,063

* Counts per 100 beds: Both long-stay and interim beds are included in the denominator when calculating incident counts per 100 beds since critical incidents can occur for residents occupying either type of bed.

Please see Table 4 for the full names of each Local Health Integration Network.

Source: Karen Slater, Senior Manager, Performance Improvement and Compliance Branch, Ministry of Health and Long-Term Care.

Table 4 indicates the number of critical incident system inspections that the Ministry conducted in 2011. Although 16,659 critical incidents were reported that year (Table 2), only 6.4% led to system inspections. It is unclear how many of these related directly to abuse and neglect.

Table 4: Number of Critical Incident System Inspections by Local Health Integration Network, January 1-December 31, 2011

LHIN #	LHIN NAME	# OF CRITICAL INCIDENT SYSTEM INSPECTIONS
1	Erie St. Clair	97
2	South West	179
3	Waterloo Wellington	88
4	Hamilton Niagara Haldimand Brant	125
5	Central West	38
6	Mississauga Halton	44
7	Toronto Central	48
8	Central	51
9	Central East	97
10	South East	62
11	Champlain	104
12	North Simcoe Muskoka	17
13	North East	73
14	North West	34
	Ontario	1,057

Source: Karen Slater, Senior Manager, Performance Improvement and Compliance Branch, Ministry of Health and Long-Term Care. Data from Facilities Monitoring Information System (FMIS) Extraction Date March 22, 2012.

3d. Results of the Consultations and Submissions

INTRODUCTORY REMARKS

The Task Force encouraged residents, family members, staff, volunteers, advocates and others to provide their input on long-term care in Ontario using a standard survey. Some groups and individuals provided their input through submissions and emails. Over a 33 day consultation period, input was sent to the Task Force electronically, and by mail, fax and telephone. Surveys that were mailed continued to be received past the consultation deadline.

There are a number of limitations with the consultation method used by the Task Force.

- The amount of time and resources the Task Force had to do its work impacted on the time to consult. It was hoped that a month would provide enough time for a large number of individuals to give their input. It is suspected that not everyone who wanted to provide their input was able to do so within 33 days.
- Time and resource limitations impacted on the consultation methods that were used. The Task Force was not able to conduct extensive site visits or hold public meetings across the province. Many of the Task Force's members represented provincial organisations and were asked to bring the perspectives of their members to the discussions. As well, the consultation materials could only be translated into French. Recognising that English is a second language for a number of long-term care residents, Family and Residents' Councils across the province were encouraged to help residents provide their input. The Councils were also encouraged to assist residents who had other difficulties communicating due to their medical conditions.

Even if the Task Force had unlimited time and resources to do its work, a substantial number of residents with mental or severe physical limitations might not be able to provide their input. This vulnerable population needed to depend on families, friends, advocates, fellow residents and staff to be their voices. Judging from the surveys received, this appeared to happen frequently.

Although the Task Force and individual members made significant efforts to communicate information about the consultations, the extent to which long-term care homes encouraged their residents, families and staff to participate appeared to vary. For example, some homes hung the Task Force posters in prominent places and provided confidential drop boxes and extra copies of the surveys. In other homes, information about the Task Force and consultations was difficult to find.

RESULTS OF THE CONSULTATIONS

The Task Force received 1,941 surveys and 5 submissions from individuals and groups who provided their input on long-term care in Ontario. Those who answered the survey were asked to identify the “voice” they were speaking as. Respondents could check as many as applied. Table 5 indicates that the largest respondent “voice” was family/friend followed closely by staff member and residents. A total of 753 respondents answered the survey using more than one voice.

Table 5: Number of Survey Respondents by the “Voice They Were Speaking As”

1,941 SURVEYS	
You are speaking as ...	#
Resident	510
Family/Friend	809
Staff Member	791
Volunteer	140
Family Council Member	170
LTC Advocate	154
Other	120
<i>Note: 753 surveys identified more than one voice.</i>	

The 1,941 surveys and 5 submissions included 26,155 comments which were analysed and put into major themes and issues. Responses to the four key questions are noted below. Respondents who identified themselves as having more than one voice were categorised using the following grouping rules:

1. Resident + any other voice = Resident
2. Staff + any other voice = Staff
3. Family + any other voice = Family
4. Family Council + any other voice = Family
5. Any combination of volunteer, advocate and other = Combined volunteer, advocate, other category
6. The five submissions were included in the combined volunteer, advocate, other category.

QUESTION 1: BASED ON WHAT YOU HAVE SEEN, HEARD OR EXPERIENCED, PLEASE TELL US THE KEY THINGS THAT MAKE A LONG-TERM CARE HOME A PLACE WHERE RESIDENTS FEEL SAFE, RESPECTED AND WELL CARED FOR.

When asked what makes a long-term care home a place where residents feel safe, respected and well cared for, the top three factors were resident-centred care that is responsive to the needs of the resident, staff attributes and physical home.

Resident-centred care is illustrated in the following quotations:

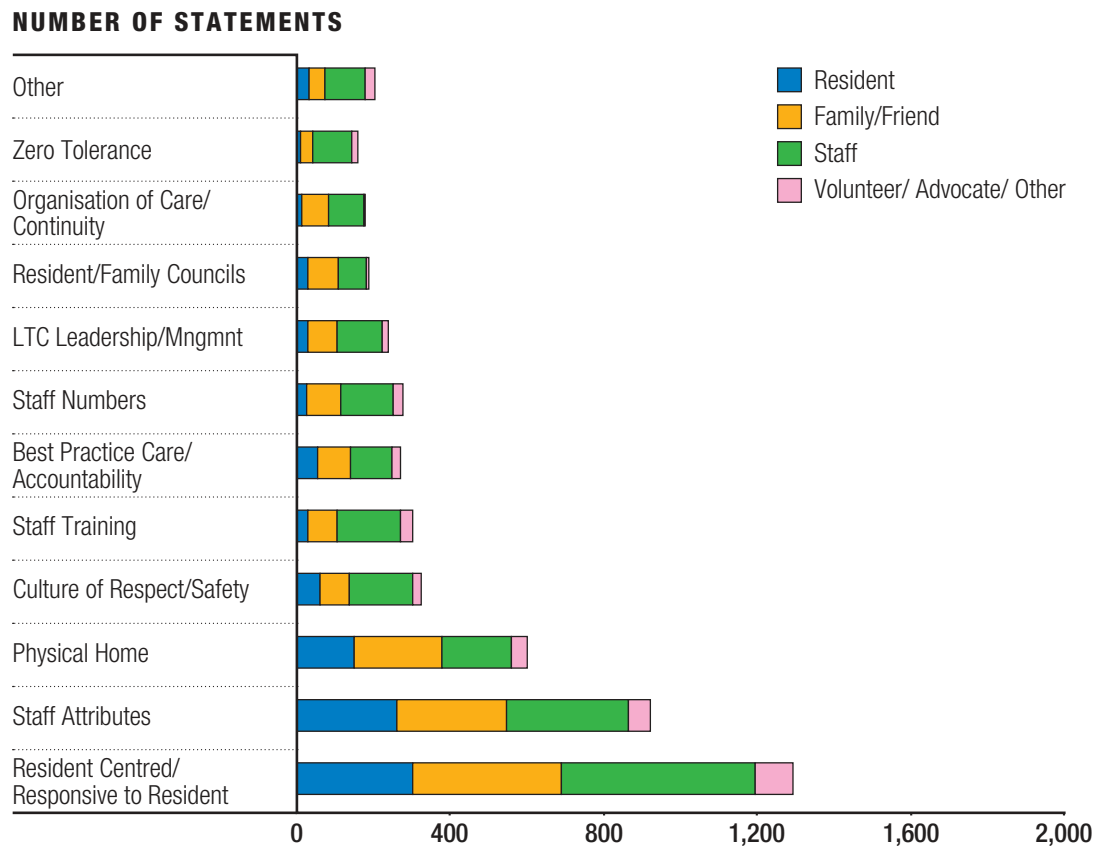
“A resident feels safe, respected and well cared for when his or her needs are met in a caring way by loving, sympathetic and understanding staff. If they need to be fed they should be given time to chew and swallow their food before having more put into their mouth. If they are incontinent, they should not be shamed because of it. I feel that a resident should be seen by the doctor in charge at least once a month.”

Voice of a Resident

“Residents who are able to make their own decisions (even poor decisions, as every adult should have this right). A long-term care home that functions like a community, where all stakeholders have input into its operation. A LTC home ensures it is the resident’s home, not the staff’s workplace. When I began working in LTC many years ago there was a culture that our residents should feel lucky to have us. The culture needs to change in order for residents living in LTC to feel safe and secure. The culture needs to be more customer service driven, focus on quality of life vs. quantity.”

Voice of a Long-Term Care Advocate

Figure 1: Key Things That Make a LTC Home a Place Where Residents Feel Safe, Respected and Well Cared For (1,941 Surveys and 5 Submissions: 6,603 Statements)



Staff attributes are illustrated in the following quotations:

“Gentleness when being cared for. Explain who you are, what you’re going to do and why. Provide privacy. Listen to the resident, look for facial expressions and non-verbal communication. Show compassion but do not baby. Encourage but don’t force even when you know what’s best for them but they won’t comply. Try to explain.”

Voice of a Personal Support Worker

“Staff engaging residents in conversation when providing care as opposed to staff conversing with each other and not including the resident in the conversation. Allowing the resident time to help with Activities of Daily Living and to make choices about their needs. A calm unhurried atmosphere. Staff with a cheerful demeanour and not moaning in earsshot at residents.”

Voice of a Nurse

“If the staff in any long-term care home is positive, healthy, trained and enjoys being with seniors, then the residents are happy. You don’t go to a long-term care facility to get better. You go there to live the rest of your life in a genuinely loving, caring and safe environment.”

Voice of a Family Member/Friend, Volunteer, Family Council Member and Advocate

Physical home was the third factor mentioned most often. Respondents described this as a home that is clean, well maintained, secure, providing good food and activities to keep residents busy and privacy for those who want it.

To illustrate:

“The long-term care facility should be a cheerful setting with colors on the walls, carpet and handrails in the hallways, bright colorful pictures on the walls and decorations that are pleasing to the fading eyes. The residents should feel comfortable like they are in their own home and not a sterile, white institution! Who wants that? They need comfortable beds and chairs. They need lots of hand railing in the bathroom especially around the toilet area, they need raised toilets. How can you expect elderly people to lower themselves down on regular toilet seats? LTC facilities need to be designed by people who have been around the elderly in retirement and LTC facilities. You get a really good idea what works and what doesn’t when you have that first-hand experience!”

Voice of a Family Member/Friend

QUESTION 2: FROM YOUR EXPERIENCE AND KNOWLEDGE, WHAT KINDS OF THINGS LEAD TO ABUSE AND NEGLECT IN LONG-TERM CARE HOMES? ABUSE INCLUDES EMOTIONAL, FINANCIAL, SEXUAL, VERBAL AS WELL AS PHYSICAL ABUSE.

Four of the five top factors that were identified as leading to abuse and neglect focus on staff. Many respondents – especially staff – mentioned quality of working life (QWL) issues that include workload, the lack of recognition and rewards, the lack of support and turnover of staff. An insufficient number of staff was also an issue, as were staff attributes and training.

To illustrate:

“The level of care we are forced to provide is pitiful. Years ago, we were admitting residents who would walk in with their walkers and live to be 100. Now we are admitting residents ... with many health issues. Resident care is getting heavier but the staffing levels do not increase. Workloads are never ending, staff are not receiving their breaks which causes frustration and burnout or even worse, possible abuse. Some staff are not using the mechanical lifts on residents in order to save time so they can rush to the next resident to get their work load complete. This puts staff and resident at a huge safety risk.”

Voice of a Personal Support Worker

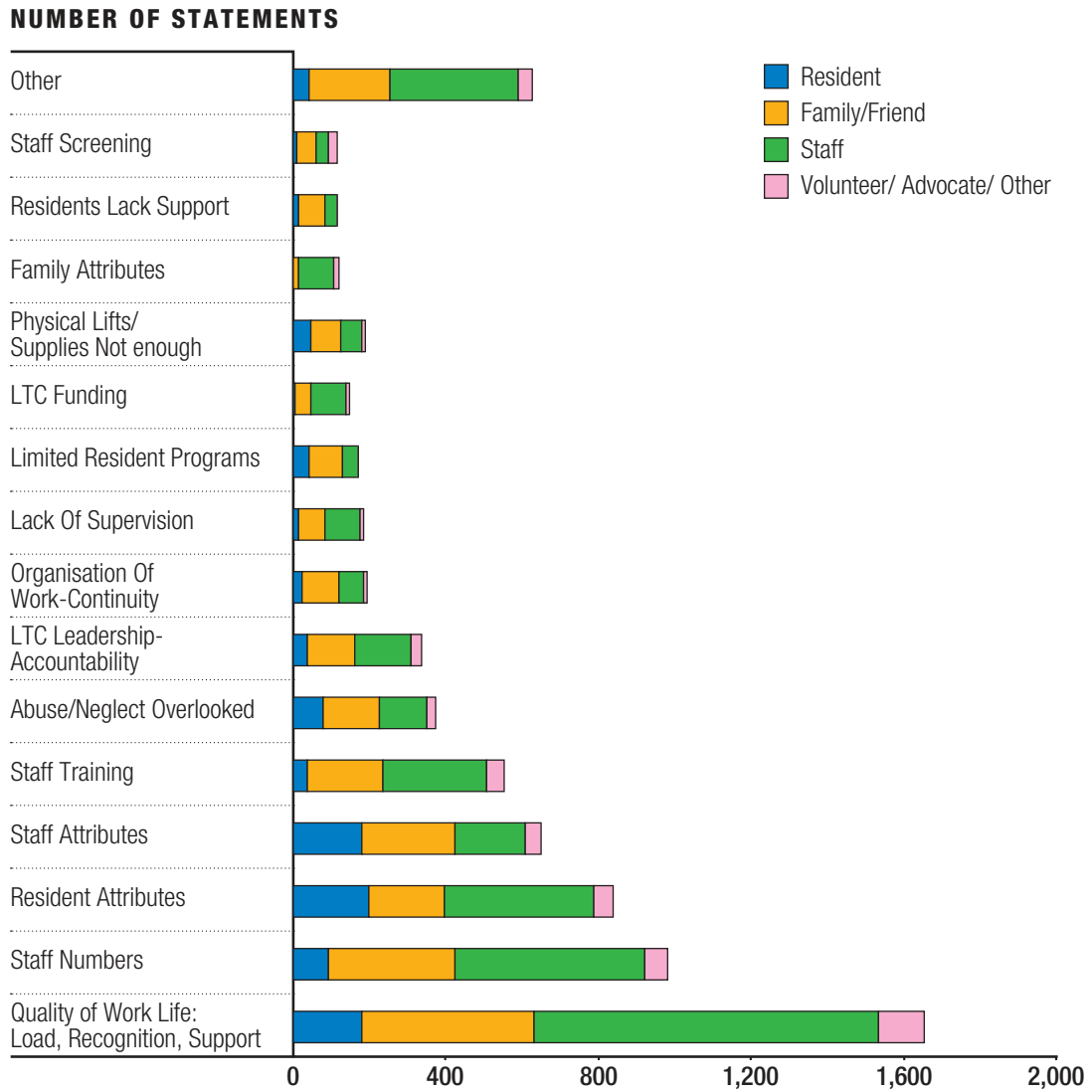
“When visiting my mom in the home, another resident was tired and uncomfortable, and very much wished to be put to bed. He required 2 assistants as he was in a wheelchair. The Personal Support Worker on the floor was alone and rightfully needed to wait until her partner was free. However, instead of explaining nicely and asking him to be patient for a few minutes, she spoke nastily, telling him she wasn’t going to hurt her back just to put him to bed and walked away from him. I wouldn’t talk to my parent like that and would be very upset if someone else did.”

Voice of a Family Member

“Not enough staff. More staff. Some staff, I don’t know where they got their training. They don’t know their job very well and don’t care.”

Voice of a Resident

Figure 2: What Kinds of Things Lead to Abuse and Neglect in LTC Homes (1,941 Surveys and 5 Submissions: 6,914 Statements)



Resident attributes was also identified as a factor that could lead to abuse and neglect. The quotation below illustrates the relationship between challenges with staff and residents. The two quotes that follow highlight resident issues.

“Personal Support Worker staff work very very hard in a physically as well as emotionally challenging environment. The volume of ‘tasks’ that must be completed in relation to the time allowed and the staffing complement required to complete these tasks does lend itself to potential abuse: care giver burn out/stress, being rushed and frustrated, not using adequate assistance for transfers etc., resulting in resident harm, a resident who for that day is not following the usual routine for whatever reason and throws a cog in the whole ‘machine’..... Basic resident care suffers when staff attentions must be primarily devoted to managing difficult/challenging behaviours of other residents who should be more appropriately placed (not in LTC) with staffing support and education to manage these behaviours--it is very easy to ‘neglect’ the physically dependent resident when time and effort is devoted to managing the ‘behavioural’ issues and very easy for resident to resident abuse to occur when staff are trying to focus on the physical needs of those who depend on them rather than occupying the ‘behavioural’ resident---no win situation.”

Voice of a Nurse

“As far as safety is concerned, I feel that confused, aggressive residents should be confined to a controlled area and not allowed to wander at will in and out of other residents rooms, especially in the middle of the night when the residents whose rooms they come into are sound asleep and therefore unable to defend themselves. I awoke once at around 2 am and found a confused resident wandering in our room. She thought she was in her room and that my husband and I should not be there. If I had been sound asleep, she could have done my husband and me serious harm”.

Voice of a Resident

“I was hit once by someone who was demented and walking around. I was afraid.”

Voice of a Resident

QUESTION 3: IN YOUR VIEW, HOW CAN INCIDENTS OF EMOTIONAL, FINANCIAL, SEXUAL, VERBAL AND PHYSICAL ABUSE AND NEGLECT BE PREVENTED?

When asked how to prevent abuse and neglect, the top two suggestions focused on more staff training and more staff (both in terms of numbers of staff and different types of staff). A zero tolerance culture – where management and unions work in partnership – was also mentioned often.

“I believe that workers want to do good work. They may not/cannot be prepared for all incidents and behaviours they encounter. Typical incidents should be discussed in a larger forum than one on one. Everyone, even the newest least qualified team members should feel that they can contribute to the problem solving for difficult situations/ clients.”

Voice of a Family Member/Friend

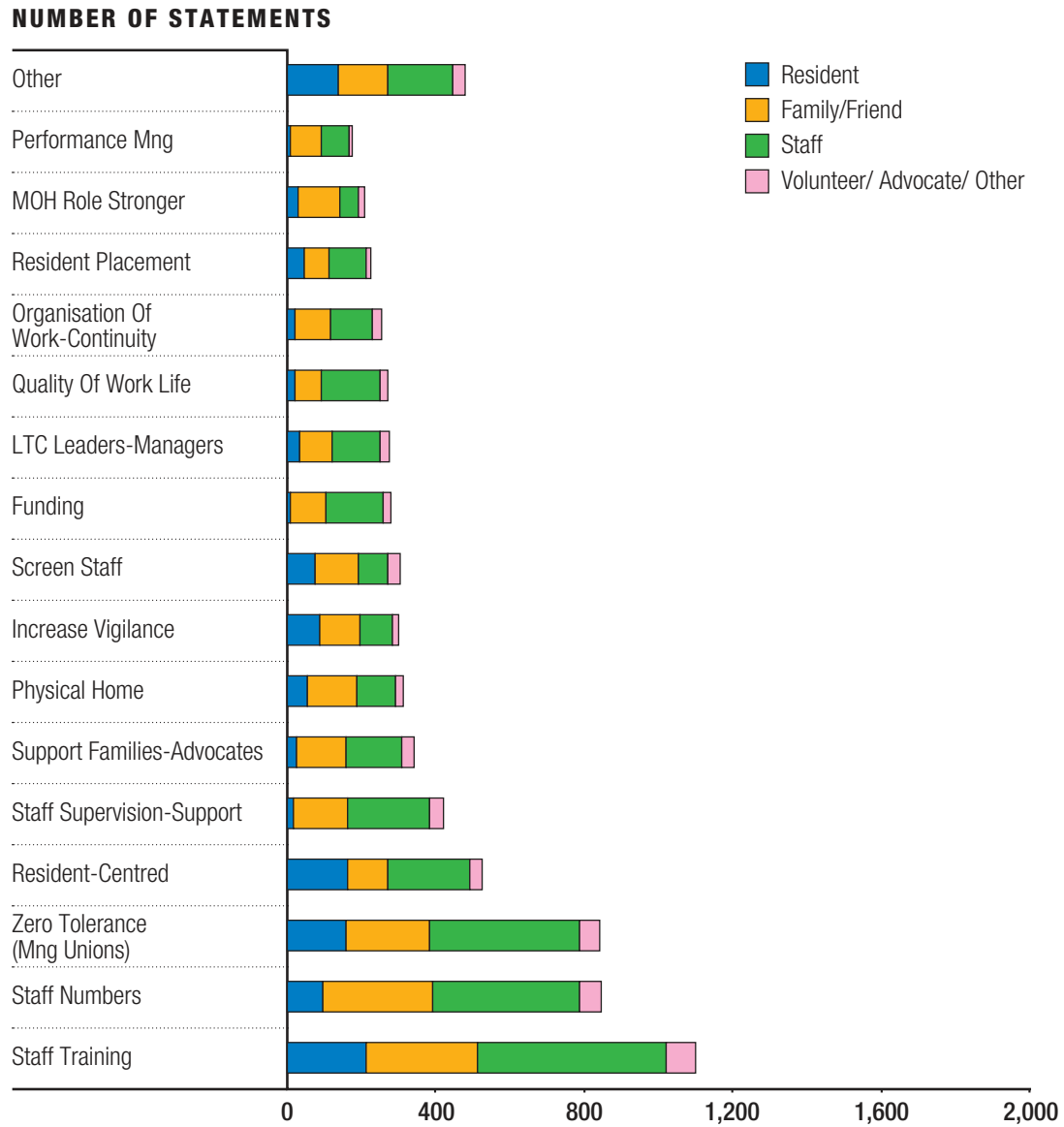
“A good management team that is interested and listens to the needs of residents and staff and sets the standards of care that are expected of staff, and see that they are met. Management in the home where my mother lives do not care for residents nor their staff, and don't listen to their concerns. Residents, families and staff complain and nothing changes.”

Voice of a Family Member/Friend

“Please do not allow bad people to move in here, work here, volunteer here. Always do police checks.”

Voice of a Resident

Figure 3: How Can Incidents of Abuse and Neglect be Prevented (1,941 Surveys and 5 Submissions: 7,140 Statements)



QUESTION 4: WHEN A RESIDENT IS ABUSED AND NEGLECTED, WHY DO YOU THINK IT MIGHT NOT BE REPORTED AND COMMUNICATED, AS REQUIRED BY LAW? ¹¹

The top three reasons why resident abuse and neglect might not be reported is fear of retribution (residents fearing that they will receive poor care, no care, be harmed or asked to leave the home); staff fearing that their fellow workers, unions and management will get back at them for “being a rat”; and management fearing bad publicity, a strong response from the Ministry and the loss of business. To illustrate:

“Out of fear of retaliation by the one doing the abusing. It is well and good to direct the nursing home to protect the ‘whistle blower’, the reality is that it is virtually impossible. Most are able to easily figure out who reported. And nursing homes cannot protect their staff when they are away from the work place; and in some cases not even in the workplace.”

Voice of a Family Member/Friend

“Fear of reprisal. Residents do not have a choice to move somewhere else or to dismiss the staff member... they must continue to live in the Home and often continue to receive care from a less than ideal staff member.”

Voice of a Manager

“Staff fear retaliation from management. Residents fear they will be ‘in trouble’ if they complain. Management/owners fear they will lose the ‘good reputation’ of the business if they report. Family members are afraid to ‘rock the boat’. They sometimes fear their resident will be thrown out or further neglected. And in all these cases - lack of education. People just do not understand what neglect is. I had complained to management and the Ministry that residents on my mother’s floor were being kept in their wheelchairs until after 11pm (not being put to bed) on evenings when the home was short staffed. Management was angry at my referral to this practice as ‘neglect’. They did not feel that keeping an 80 year old dementia resident tied in a wheel chair for 15 hours was neglectful, even though these residents were showing obvious signs of pain and fatigue.”

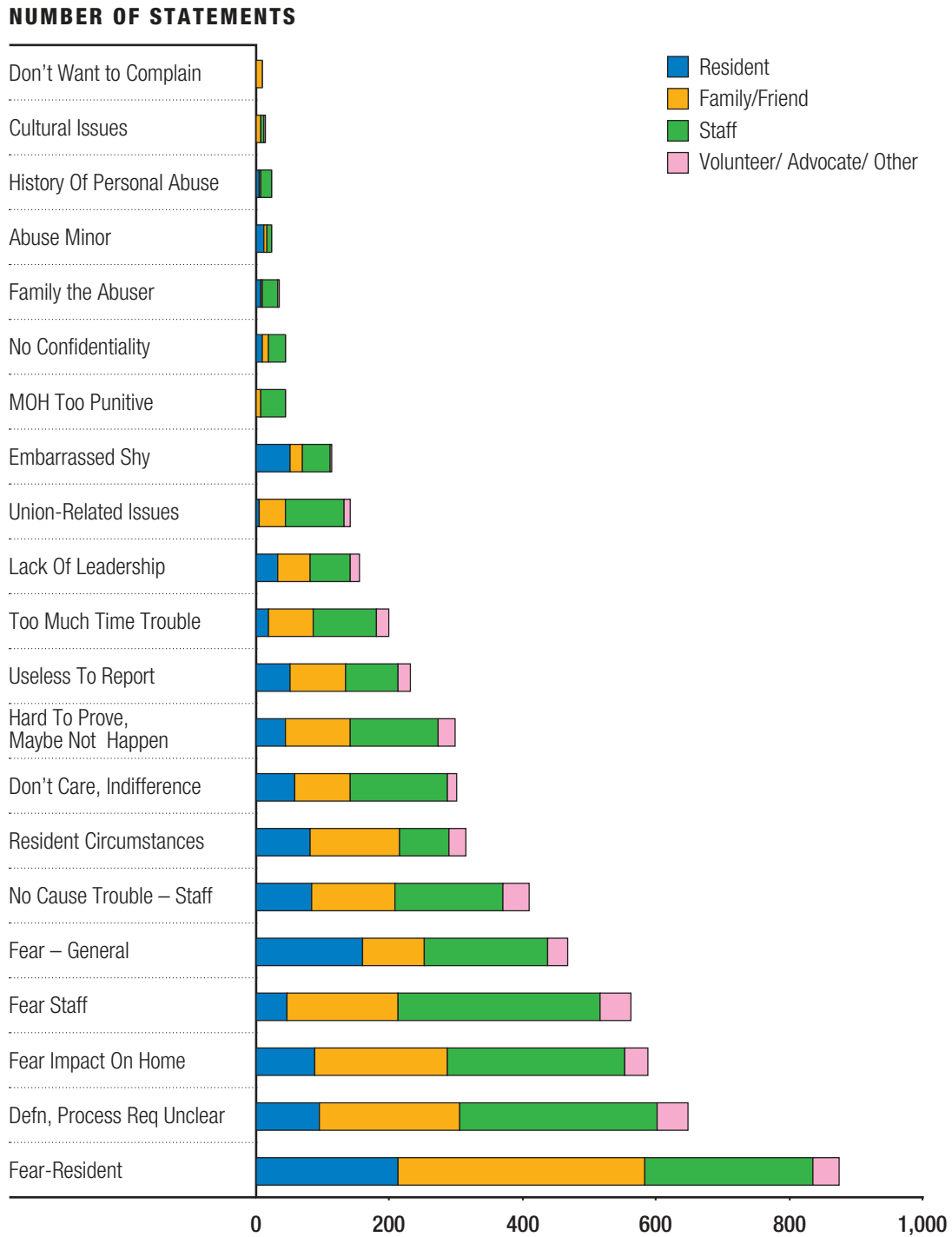
Voice of a Family Member /Friend

“A Personal Support Worker told me ‘when someone does something to me, I never forget it.’ In other words, do not report me.”

Voice of a Resident

¹¹ Question 4 asked “when a resident is abused or neglected, why do you think it might not be reported?” Question 5 asked “why do you think the outcome might not be communicated properly, as required by law.” Many respondents provided the same answers to both questions, left question 5 blank or noted that they were unsure what question 5 was asking. The responses to both questions were combined and are reported above.

Figure 4: When a Resident is Abused or Neglected, Why Do You Think it Might Not be Reported and Communicated, As Required by Law (1,941 Surveys and 5 Submissions: 5,498 Statements)



Many respondents suggested that abuse and neglect might not be reported because people might not know that what they are seeing or experiencing is abuse, and may not know what to do when it happens. Although Government has a Long-Term Care ACTION LINE phone number for anyone to call if they want to report abuse neglect or even a suspicion, a number of respondents did not know about the line:

“I’ve been coming here for four years. This is the first I heard about the help line. I will have to look for it in the home.”

Voice of a Family Member/Friend

The many reasons why abuse and neglect might not be reported are illustrated in the following quotation:

“It may not be reported because it is not recognised as abuse. Abuse may be part of the culture ‘that is the way we have always done things here.’ Perhaps the staff do not feel they have the support of management and that if they report, it looks bad on them and ‘nothing will be done anyway.’ Residents/family members often do not report what they feel is abuse because they are dependent on the staff for everything and do not want to anger anyone in case things get worse. What a terrible feeling it would be to wake up in your home each morning in fear of who would come through the door and what they would do to you. One other reason things are not always reported is because of vague legislation. We in LTC are having great difficulty interpreting when abuse is a criminal offence and when to call the police.”

Voice of a Nurse

The Task Force's Deliberations and Actions

4. INTRODUCTION

The Task Force conducted its work over four months. During this time, input was reviewed from almost 2,000 individuals and groups, targeted interviews and meetings were held with over 40 subject matter and industry experts and practitioners, and six long-term care homes were visited. The Ministry provided data and an extensive review was conducted of background information. Although time and resources limited the Task Force's ability to extend the consultation and study period, the extensive input received, the data and documents reviewed, and the experience and expertise of the Task Force members provided solid information upon which to develop a long-term care action plan on resident care and safety.

The input from the surveys and submissions give a clear picture of *what makes a long-term care home a place where residents feel safe, respected and well-cared for*. The most important is resident-centred care that is not rushed and is responsive to the needs and wants of the resident. Other top factors include kind, caring and considerate staff, a physical home that is clean, well-monitored, secure and provides good food, activities to keep residents busy and spaces for those who want their privacy, an environment of respect for residents and their safety, good care, enough staff and ones who know what they are doing and do it well, good leaders and managers, and family involvement in the lives and care of the residents.

Many of the factors that make a long-term care home a place where residents feel safe, respected and well cared for can be linked to why abuse and neglect happen and how they can be prevented.

- The top *factors leading to abuse and neglect in long-term care homes* reported in the surveys and submissions include staffing issues (such as high staff workload, few supports for staff, not enough staff, inadequate training and skills to care for residents, staff who do not have the right personal attributes to care for long-term care residents), and resident attributes (such as dementia or mental health and addiction problems, and responsive behaviours such as being aggressive, violent or overly demanding). Depending on the attribute, the resident may be the abuser or the victim of abuse. Other key factors that can lead to abuse and neglect include an environment or culture where abuse and neglect are overlooked ("it's the way things are"), lack of leadership in the home, lack of accountability when abuse and neglect happen, lack of supervision of staff and residents, and limited access to equipment and supplies.
- As for *how abuse and neglect can be prevented*, the top suggestions from the surveys and submissions include better staff training (both before staff are hired and on an ongoing basis), more staff, a strong zero tolerance of abuse and neglect by everyone in the home, true resident-centred care, and more staff supervision and support. Other suggestions include more support for and participation of families and advocates, a secure physical home that has enough equipment and supplies, increased vigilance, better staff screening, more funding, and better placement of residents who have highly complex care needs or severe behavioural problems.

The surveys and submissions highlight the fact that fear is the main *reason why resident abuse or neglect might not be reported*. People are afraid of reprisal if they report abuse or neglect: families are afraid that the care of their loved ones will be compromised; residents are afraid they will not get the care they need and are embarrassed that they will not be listened to; staff are afraid they will be ostracised by management and their colleagues; administration is afraid for the reputation of the home. Other top reasons why abuse and neglect might not be reported include: a lack of knowledge about what abuse and neglect are, how to recognise it, what to do when one sees it, and what to do to stop it; some residents do not have the capacity to complain because of their physical or mental limitations or they may not have someone to help them; people do not care and do not want to cause trouble or get involved; abuse and neglect may be hard to prove; people feel that it is useless to report since their voices are not heard and abuse and neglect have become part of the culture. As a result of all of these reasons, it is expected that abuse and neglect are underreported.

The Task Force believes that residents of long-term care homes have the right to excellent care in a safe environment, protection from abuse and neglect, and courtesy and respect. Everyone should know how to report abuse and neglect and do so without fear of reprisal. Long-term care homes should do all in their power to ensure that these rights are upheld.

These rights are the law in Ontario. Long-term care homes are governed by extensive legislation that is focused on ensuring quality care and safety and protecting residents from abuse and neglect (see Appendix F). The *Long-Term Care Homes Act* and Regulation 79/10 require all homes to have a Residents' Bill of Rights, provide a safe and secure environment for residents, protect residents from abuse by anyone, ensure that residents are not neglected by the home or staff, and develop and comply with a zero tolerance policy for abuse and neglect of residents. The law defines abuse and neglect, sets out whistle-blowing protection, obliges every home to establish a Residents' Council, and sets out the right to establish Family Councils. The law makes it mandatory for every long-term care home to have a written plan of care based on an assessment of the resident and the needs and preferences of the resident. Every home must also implement a quality improvement and utilisation review system.

In the Task Force's opinion, Ontario has strong legislation to support the care and safety of long-term care residents and to prevent abuse and neglect. Based on the results of the consultations, the documents reviewed and the experience of Task Force members, there are many long-term care homes in Ontario that meet their legal requirements and have excellent leaders and staff who provide great care to satisfied residents and their families. There are also homes that do not in spite of the legal requirements to do so. The voices of residents, families, friends, staff, volunteers, advocates and others who replied to the survey and sent submissions identified shortcomings and issues to be addressed. The data review also indicated that critical incidents related to abuse and neglect still occur in Ontario. And – most importantly – the sector established this Task Force because it shared

the concerns of the public and the Minister of Health and Long-Term Care about resident care and safety in long-term care homes.

Strong laws are an excellent and necessary beginning but, clearly, they are not enough to eliminate abuse and neglect in all long-term care homes. The job of the Task Force was to listen to the voices of residents, families, staff, advocates and other stakeholders, confirm the reasons why abuse and neglect occur, and identify specific actions to prevent these incidents.

“I do hope that, despite being in a time of extreme fiscal restraint, the issues identified by this task force can provide an outline of what needs to be addressed to ensure the better care in the future of our most vulnerable adults. Thank you for the opportunity to provide input on this very significant provincial issue.”

Voice of a Family Member/Friend

5. ACTIONS

One of the Task Force's objectives was to identify actions to prevent incidents of abuse or neglect that are within the control of the long-term care sector and actions that require other groups to lead or participate. The Task Force identified 18 actions to improve the care and safety of residents in long-term care homes.

Eleven actions focus on where the long-term care sector can play a leadership role. Six actions require leadership from the Ministry of Health and Long-Term Care and may benefit from participation of other partners. The Task Force strongly endorses these actions but recognises that they cannot be implemented by the long-term care sector on its own. The final action is a commitment by the long-term care sector to implement the Action Plan. The Task Force also identified additional areas for future consideration.

“Put some ‘teeth’ in your action plan. If you are going to tackle this issue, don’t just pay lip service to it. I have been involved in LTC as a family member for 6 years now and I have seen a gradual erosion of care. I feel for the residents who have absolutely no control over their own care as well as staff who are trying to do their best. I do not believe that staff (with the exception of the odd one) gets up every morning and ponders how they can be neglectful that day! No, they become abusive when the system fails them.”

Voice of a Family Member/Friend

5a. Actions Where the Long-Term Care Sector Can Play a Leadership Role

Actions where the long-term care sector can play a leadership role fall within the following areas:

- i. Make Resident Care and Safety the Number One Priority in Long-Term Care Homes Over the Next Year and a Top Priority in Years to Follow
- ii. Commit to Reduce Incidents of Abuse and Neglect in Long-Term Care Homes and be Accountable for Achieving Results
- iii. Advance the Development of Strong Skilled Administrators and Managers
- iv. Strengthen the Ability of Staff to be Leaders in Providing Excellent and Safe Care
- v. Empower Residents and Families With a Stronger Voice and Education

5A.1 MAKE RESIDENT CARE AND SAFETY THE NUMBER ONE PRIORITY IN LONG-TERM CARE HOMES OVER THE NEXT YEAR AND A TOP PRIORITY IN YEARS TO FOLLOW

Long-term care homes are residences for people who cannot live independently because of their needs. Although some residents only stay for a short period of time, most residents live in long-term care homes permanently because of their complex and special care needs. Residents include those who are older with multiple age-related diseases and those who are younger with ongoing needs that may include mental health, cognitive and addiction issues.

“Staff work where we live. We don’t live where they work.”

Voice of a Resident

Care and Safety as the Number One Priority

Although long-term care homes exist to care for individuals who can no longer live independently, they are – first and foremost – people’s homes. As such, there is a need to ensure that all residents have a high quality of life and live in an environment where they are well cared for and feel safe and secure at all times.

As noted earlier, Ontario has strong legislation focused on protecting long-term care home residents from abuse and neglect. Putting more legislation in place will not improve the homes or the situations where abuse and neglect occur. It is the view of the Task Force that the long-term care sector needs to shine a brighter spotlight on abuse and neglect by making it the number one priority in long-term care homes over the next year and an ongoing top priority in years to follow. The sector – and each long-term care home – needs to involve its key stakeholders in this endeavour including management, staff, unions, professional organisations and advocacy groups.

“Most important is the culture at the home, whereby all staff, and volunteers clearly understand that there is a zero tolerance attitude for any type of resident abuse within the home. A place where staff are qualified/appropriately trained to do their jobs, where staff want to be there, they are caring, compassionate people who are supported by management and they receive the training (and discipline as required) they need to be successful, and whereby staff clearly understand that residents have the right to be treated with respect and dignity at all times. Where staff understand that when complaints are raised, these are to be treated as opportunities and not as negative things. It is critical that residents/family feel they can raise concerns and know that the concern is treated seriously, that appropriate action is taken in a timely manner, and that the person raising the complaint is treated with respect (Whistleblowing protection).”

Voice of an Administrator

ACTION 1

All long-term care homes in Ontario will declare the prevention of abuse and neglect and zero tolerance as their number one priority over the next year and a top priority in years to follow. Management, unions, professional organisations and advocacy groups are strongly encouraged to identify this commitment in their written and verbal communications with the public, within their organisations, and with their partner organisations. Management, unions, professional organisations and advocacy groups are also strongly encouraged to commit to reviewing their policies and educational programs to ensure that there is a strong focus on the prevention of abuse and neglect.

Care and Safety From the Highest Levels and Throughout Homes

One tangible way that long-term care homes can demonstrate that resident care and safety is their number one priority is to ensure that the issue is addressed at the highest levels within each home. When senior leaders recognise and discuss issues related to abuse and neglect, the culture of the organisation begins to change to one of openness and addressing the issues. This approach will cascade throughout the organisation.

By law, every long-term care home in Ontario must develop and implement a quality improvement and utilisation review system. It must be recognised that the long-term care sector has led the way on accountability and quality improvement. In fact, the *Long-Term Care Homes Act* provided a model for Ontario's *Excellent Care for All Act (ECFAA)* which was passed in June 2010. *ECFAA* brings a standard approach to quality and accountability in hospitals and clearly makes this a responsibility of senior leadership (e.g., every hospital must establish a quality committee of the Board to report on quality-related issues, develop an annual quality improvement plan and make it available to the public).

It is the Task Force's view that the current long-term care legislation provides an important foundation to improve quality and accountability for resident care and safety. Many homes in Ontario have excellent quality improvement processes and initiatives. The limitation is that the approach is neither standard nor consistent across all homes. This makes it difficult to determine the priority that homes are giving to quality and accountability for resident care and safety. It is the Task Force's opinion that the long-term care sector could show great leadership by adopting the standard approach to quality and accountability that *ECFAA* requires of hospitals. This includes establishing a quality committee of the Board (or of senior management) and supporting greater public openness and transparency.

“In our institution, it is the lack of direction from the top. When you have management that has no respect from their employees because they give their employees no respect then it is passed on down and the residents get the end result of it. There is no confidentiality from the management what so ever. If you have a problem or witness abuse, you do not report it because by the time you turn your back, management is already spreading it around, and the friction starts. I firmly believe that when your staff are unhappy and have nowhere or one to turn to, then the abuse starts in all forms. The frustration amongst employees in our institution is caused by management and the lack of direction on their part. It feels like the more the employees are unhappy the better they like it. It is pretty bad when residents themselves say that the place would fall apart if it wasn't for the care and understanding and professionalism from the front line workers. Management is supposed to set the example and ours certainly do not unfortunately.”

Voice of a Family Member/Friend and Housekeeping Staff Member

“We feel that we can discuss matters openly with Managers and Executive Directors as they arise.”

Voice of Eight Residents

“There needs to be an on-going open discussion in all homes. It cannot just be an initiative that this Task Force is working on now, it has to be part of the everyday culture of the homes. When everyone knows what the rules are including residents, families, volunteers and staff and everyone's reporting concerns, this would create a safe environment for residents.”

Voice of a Volunteer

ACTION 2

As part of the quality improvement and utilisation review system required by the *Long-Term Care Homes Act*, each long-term care home in Ontario will establish a Quality Committee as a Board Committee or as a Senior Management Committee, if the home does not have a Board. The Committees are strongly encouraged to have broad representation – which may include but not be limited to management, frontline staff, medical staff, residents, families – and track quality indicators that include measures of resident care and safety within the home (as identified in Action 3). Committees will identify and address home-specific issues, and will make regular reports of the actions they have taken available to their residents and families, staff and other stakeholders.

5A.II COMMIT TO REDUCE INCIDENTS OF ABUSE AND NEGLECT IN LONG-TERM CARE HOMES AND BE ACCOUNTABLE FOR ACHIEVING RESULTS

Indicators Related to Abuse, Neglect and Quality of Life

Long-term care homes collect a great deal of information to meet legislative requirements and their accountability to government. For example:

- All homes must submit information on each resident using the Resident Assessment Instrument: Minimum Data Set or RAI-MDS. The tool – which has over 400 items – is used to help assess the needs of residents, plan their care and improve quality.
- Long-term care homes are required to conduct a satisfaction survey of residents and their families at least once a year, and act on the information. These surveys are not standardised across homes and may or may not include questions related to abuse, neglect or quality of life.

The Task Force has observed that, generally, long-term care homes have focused a great deal of effort on collecting data rather than using it to identify issues and improve performance. Less than four years ago, the long-term care sector began to work with Health Quality Ontario (HQO) to measure and publicly report information on long-term care in Ontario. Currently, HQO publicly reports 12 long-term care quality indicators at the provincial level (the indicators are in the areas of accessible, effective, safe, appropriately resourced and focused on population health).¹² The four publicly-reported indicators that measure “safe” include falls, pressure ulcers, use of restraints and medication safety. Three of these indicators – falls, pressure ulcers and restraints – are also reported publicly by individual homes although only 300 long-term care homes voluntarily provide this information currently. It is expected that all long-term care homes will provide this information by the end of 2012.

In addition to the quality indicators on HQO’s website, the organisation’s annual reports have included additional information on quality in long-term care homes such as the percentage of residents with verbal, physical or social behaviour affecting others, and the percentage of residents whose behaviour has recently worsened.¹³ This information is taken from the RAI-MDS, noted above. Health Quality Ontario is also working on a standard family and resident satisfaction survey for long-term care.

¹² For additional information, see <http://www.hqontario.ca/en/reporting/lrc/>. Accessed April 10, 2012.

¹³ Ontario Health Quality Council. 2010. *Quality Monitor 2010 Report on Ontario's Health System*. http://www.hqontario.ca/pdfs/2010_report_-_english.pdf. Accessed April 18, 2011.

The information that HQO publicly reports is an excellent resource for people who want to know how the long-term care sector is doing in 12 areas and how individual homes are doing in four areas. It is the view of the Task Force that the long-term care sector should continue working in partnership with HQO to identify additional indicators related to abuse, neglect and resident-centred quality of life (these may be taken from the MDS-RAI). When a group of indicators related to abuse, neglect and quality of life has been identified, HQO – on the advice of the long-term care sector – should determine which additional indicators to report publicly at the provincial and home-specific levels.

The long-term care sector should also continue working with HQO to develop the resident and family satisfaction survey which will – undoubtedly – include indicators of resident-centred quality of care.

ACTION 3

The Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils and the Ontario Family Councils' Program will continue to work in partnership with Health Quality Ontario (HQO) to identify indicators of abuse, neglect and quality of life. HQO is encouraged to track these indicators and report them publicly. The sector will work with HQO to set targets for these indicators. HQO and the Local Health Integration Networks will monitor performance (see Action 5).

ACTION 4

The Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils, the Ontario Family Councils' Program and Concerned Friends of Ontario Citizens in Care Facilities will continue to work with Health Quality Ontario to develop a standard family and resident satisfaction survey for long-term care.

Improving Performance and Being Accountable for Results

Collecting and reporting information is the first step to improving resident care and safety. Activities to improve care and being accountable for results are next. An important provincial initiative to improve performance in long-term care homes is HQO's *Residents' First*.¹⁴ The initiative provides training to help improve overall quality in homes and in specific areas such as the prevention of falls and pressure ulcers. Multidisciplinary teams are

¹⁴ For additional information, see <http://www.residentsfirst.ca/>. Accessed April 25, 2012.

trained to recognise where improvements need to be made and are given the skills to make these improvements. About three-quarters of Ontario’s long-term care homes are involved in *Residents’ First*.

Local Health Integration Networks (LHINs) – which are responsible for overseeing and funding long-term care homes – should work closely with homes to track, monitor and improve performance for all the indicators. This includes setting appropriate improvement targets for long-term care homes and holding them accountable for meeting these targets. The 14 LHINs have well-established performance improvement processes with the sectors that are under their authority (i.e., hospitals, community care access centres, community support services, mental health and addictions services, community health centres, and long-term care homes).

The Task Force believes that LHINs, generally, need to increase their focus on long-term care homes and, in particular, on abuse, neglect and quality of life in homes. LHINs need to monitor indicators related to these areas and consider adding them in Long-Term Care Home Service Accountability Agreements (L-SAAs). This approach will target areas for improvement across the sector and within homes, and will target variations between homes. Routinely analysing this type of information (known as rate-based indicators) will ensure that notable improvements in performance are continually being made. Currently, most notable improvements seem to occur in response to major investigations that are triggered by high profile abuse cases (known as sentinel cases). In the Task Force’s view, a continuous focus on improving performance needs to be a routine way of doing business.¹⁵ Indeed, it is up to the long-term care sector to move beyond a traditional monitoring and compliance approach to engaging its members in ongoing quality improvement.

“All our reports of incidents are followed up by management. Copies are given to Resident Council. They are openly discussed and residents are becoming more informed as to what action and results come from dealing openly with these issues.”

Voice of a Resident

“Penalties for abuse and or neglect should be more severely punished to the limits of the law. Also management of who ever committed an offence should be accountable in more ways than just slaps on the wrists. A culture of making sure that people understand that they are dealing with human beings that contributed to society and that require caring and patience, and not that they are a waste of space and just a way of collecting a pay cheque.”

Voice of a Family Member/Friend

¹⁵ The Task Force acknowledges Dr. John Hirdes for making the distinction between sentinel events and rate-based indicators for improving performance.

“We need to move away from the ‘task-oriented’ focus of providing care and look at the individualized needs of the resident - when staff are working in assembly line fashion, they lose sight of who they are caring for and this can lead to improper care.”

Voice of an Administrator

“There seems to be a lot of emphasis on neglect and abuse and rightfully so. But there are rarely if ever, comments or publications emphasizing what the home is doing well, or what they are doing right. Just as much focus should be placed on the positives rather than seeming to dwell on the negatives. Focus on what’s working well and let the good things show.”

Voice of a Unit Clerk

ACTION 5

The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will begin a dialogue with the Local Health Integration Networks to integrate long-term care into their ongoing quality and performance improvement processes beginning with the indicators related to abuse, neglect and quality of life (as identified in Action 3).

5A.III ADVANCE THE DEVELOPMENT OF STRONG SKILLED ADMINISTRATORS AND MANAGERS

The survey results and submissions indicate that long-term care administrators and managers help to make a long-term care home a place where residents feel safe, respected and well cared for. Effective leaders set the tone for how long-term care homes will be run. Excellent administrators and managers support a strong culture of caring and zero tolerance of abuse and neglect, model the practices and behaviours that are acceptable, and support good relationships between administrators and managers, between managers and caregivers, and between the entire caregiving team and residents and families. Leaders who publicly support a strong culture of caring and a zero tolerance of abuse and neglect will help decrease the fear of reprisal and encourage reporting.

Effective administrators and managers recognise that a long-term care home that values its residents and staff will be recognised as a valuable contributor to healthcare. Leaders make sure that residents receive high quality care and staff are supported, experience less stress and burnout, and enjoy their work. This is especially important given that the long-term care environment is a challenging – as well as rewarding – place to work.

“It’s necessary to have a management team that listens to its staff members’ issues. They need to show compassion for them (place themselves in their shoes). I visit my mother daily and seldom see them walking the floor to see firsthand how the staff works.”

Voice of a Family Member/Friend

“Having had our Mother in a long-term care facility for over five years now, I feel it all comes down to staff. From the top down. If there is a strong administrator then things are fine. There have been a few administrators over the five years. Staff come and go but you can tell which staff really care about the job they do. They are at most times over worked depending on the day. I would never want my mother to be in the home if she didn’t have someone to speak for her.”

Voice of a Family Member

The long-term care sector needs strong qualified and educated administrators and managers to run homes and departments that focus on the resident while meeting the need for effective and efficient operations. Although many long-term care leaders already have these qualities, it is important to advance strong administration and management across the entire long-term care sector. The long-term care associations and leaders who run safe, effective, resident-centred homes should work together to create a leadership development strategy for the sector. The strategy should be informed by leadership programs that already exist (e.g., Ontario Association of Non-Profit Homes and Services for Seniors Administrator Certification). Consideration should also be given to seeking the assistance and advice of organisations that have a solid track record of providing effective continuing education and career development using traditional and innovative education methods.

ACTION 6

The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will jointly create a Leadership Development Strategy for the sector that focuses on the principles and practices of effective leadership and management. Education programs should be targeted at administrators, directors, managers and supervisors, and include learning modules in such areas as: creating a safe resident-centred environment; screening and hiring the best people; developing effective management-labour relations; understanding MDS-RAI and other data and how to use it to improve performance; working within a strict legal environment; developing effective communication and conflict resolution skills; working with Residents’ and Family Councils; and other examples.

5A.IV STRENGTHEN THE ABILITY OF STAFF TO BE LEADERS IN PROVIDING EXCELLENT AND SAFE CARE

Long-term care homes are places where people work and, as such, staff need to be supported to provide excellent and safe care. It is the view of the Task Force that the overwhelming majority of those working in long-term care homes are committed and dedicated to providing quality humane care.

The survey results and submissions highlighted the importance of staff for making a long-term care home a place where residents feel safe, respected and well cared for. Staff attributes (kind, caring, considerate) and having sufficient staff with appropriate training were mentioned often by survey respondents. When asked to identify the factors leading to abuse and neglect, the responses mentioned most often related to staffing (including high staff workload, few supports for staff, not enough staff, inadequate training and skills to care for residents, staff without the right personal attributes to care for long-term care residents). Although the focus of the Task Force's work was the care and safety of residents, a number of survey respondents noted that residents are abusive towards staff. If a staff member does not have the support, backup or training to deal with the situation, he or she may – in turn – become abusive towards the resident.

When asked how abuse and neglect can be prevented, top suggestions from the surveys were better staff education and improving the quality of staff work life.

Better Staff Education

The Task Force identified two areas for education that will improve the ability of staff to be leaders in providing excellent and safe care.

One, staff training on the prevention of elder abuse needs to be strengthened. The *Long-Term Care Homes Act* and regulations require staff who provide direct care to residents to be trained annually in recognising and preventing abuse. Although this education is a legal requirement, more rigour needs to be brought to bear on the impact of the education in terms of staff competencies. As well, homes should incorporate these skills into their employee performance management systems and make efforts to provide release time for staff education.

“Staff should be trained to be good to their patients. They should be aware that what they do and what they say are very important and can weigh mightily upon a resident’s psyche. Staff should always remember residents are in a LTC facility because they are ill.”

Voice of a Resident

“My family member feels safe from intruders but not respected or well cared for by some staff members. They have been reported but nothing seems to change. Perhaps there has been no follow up. Some staff can be intimidating and the residents are afraid to ring their bells because of the attitude of them.”

Voice of a Family Member

“It takes special kinds of people to do this job. And I feel that if you work in the healthcare field that ALL healthcare workers should be entitled to benefits, whether you be full time or part time employees. I believe that just increasing the number of PSWs and/or nurses will not guarantee an increase in the quality of care - these people MUST be better trained in communication skills with the elderly and ill. This includes learning what active listening is, understanding that small changes to some resident’s routine can be upsetting, a gentle touch goes a long way and validation of one’s feeling is very respectful.”

Voice of a Family Member/Friend, Personal Support Worker and Volunteer

“Attentive staff and attentive supervision make all the difference. A home can be beautiful, have regular programming, decent food and such, but if the staff can’t be bothered to treat their clients as people as opposed to burdens, and the supervisors make no effort to change behaviour despite repeated requests from family, all the prettiness is useless. Examples: a client who is mobility impaired should have their diaper checked regularly; a client who cannot eat on their own should have assistance eating snacks as opposed to having them left on the side table in their room; a client who has communication issues should be asked if they would like to attend events, as they cannot make a positive statement to that extent without prompting; a client’s care plan should be followed to the letter; a client’s personal property should be treated with respect and not lost when ‘borrowed’; a client who cannot brush their own teeth should have staff do it for them every night, especially after the dentist has sent a letter stating as much; a client whose doctor has entitled them to beer at meals should have that beer given and not withheld for arbitrary reasons; a client who is on medication should receive that medication as prescribed. It’s simply a matter of dignity. Those in a care facility are there for CARE. So care about them.”

Voice of a Family Member

ACTION 7

As part of the legal requirement that staff who provide direct care to residents must receive annual education on recognising and preventing abuse, every long-term care home in Ontario is strongly encouraged to regularly assess the competencies of staff in these areas. Homes should ensure that these skills are incorporated into their staff performance management system. Homes should also make efforts to release time for staff to participate in education.

A second area for staff education is the care of challenging residents. As the needs of residents in long-term care become more complex, staff must have the skills to provide appropriate care. Examples of excellent programs being offered in Ontario on caring for challenging residents include the following:

- Behavioural Supports Ontario (BSO) is a comprehensive, system-wide effort to transform the care of older Ontarians who exhibit (or are at risk of exhibiting) responsive or challenging behaviours such as aggression, wandering, physical resistance and agitation due to mental health, addictions, dementia or other neurological conditions.¹⁶ BSO includes a training component for health care professionals and skill-building and knowledge transfer for caregivers. BSO began implementation in September 2011 in four “early adopter” Local Health Integration Networks (LHINs) and is being implemented throughout 2012 in the remaining 10 LHINs using a buddy system. The Ministry has provided all LHINs with funds to hire human resources for BSO.
- Gentle Persuasive Approaches (GPA) to preventing workplace violence is grounded in the principle of person-centred care for dementia patients.¹⁷ Courses are offered by Ontario’s Public Services Health and Safety Association and present a client-centred approach to violence prevention in health and community care. The Ministry provided funding to develop and disseminate some training, tools and resources on GPA.
- “Putting the P.I.E.C.E.S. Together” is a best practice learning and development initiative that provides an approach to understanding and enhancing care for individuals with complex physical and cognitive/mental health needs and behavioural changes.¹⁸ Training is provided at different sites throughout Ontario and to various groups. For example, the Ontario Long Term Care Physicians provides P.I.E.C.E.S. training to long-term care physicians as a continuing professional development credit (Mainpro-C credit).

¹⁶ For additional information, see <http://www.akeresourcecentre.org/BSO>.

¹⁷ For additional information, see <http://www.healthandsafetyontario.ca/PSHSA/News/Workplace-Violence-Prevention--PSHSA-Offering-Gent.aspx>.

¹⁸ For additional information, see <http://www.piecescanada.com/>.

- The Ontario Long Term Care Physicians, in partnership with The Alzheimer Knowledge Exchange (AKE), offers education to physicians on behavioural and psychological symptoms of dementia (BPSD).
- U-First! is a training approach for working with people who have dementia.¹⁹ It is designed to improve the quality of the interaction between the formal care provider and the person living with Alzheimer's disease and other dementias.
- The Registered Nurses' Association of Ontario has a Long-Term Care Best Practices Initiative, and clinical best practice guidelines in such areas as screening and caregiving strategies for older adults with delirium, dementia and depression, and preventing and managing violence in the workplace.

The *Long-Term Care Homes Act* and regulations require staff who provide direct care to residents to be trained annually in caring for persons with mental health issues and in behaviour management. Over the course of the Task Force's work, it became clear that not all front-line staff have sufficient training in managing behavioural issues. Although the Task Force recognises the importance and value of the programs noted above, there is concern that it will be a long time before these programs can be disseminated to all long-term care staff in the province.

The Task Force believes that the lack of basic behavioural training of front-line staff in long-term care homes is a serious education gap that needs to be addressed quickly. There may be opportunities to build on the education expertise and investments made in programs by the province and LHINs (such as BSO) by developing a streamlined basic training program in managing responsive behaviours. This education could be like a primer that gives all long-term care staff some key skills to provide safe care to residents with specialised needs. This basic training with a focus on developing hands-on skills could serve as a foundation for when more comprehensive training becomes available.

In conjunction with enhanced training, senior long-term care leaders must support and endorse behavioural curricula. Senior leaders must assist and accept accountability for the transfer of new knowledge into the attitudes, skills and staff performance that support a high-quality and safe resident care environment.

¹⁹ For additional information, see <http://u-first.ca/u-first-training-programs/>.

“Staff need to be trained in communication and conflict de-escalation techniques to avoid making residents frustrated (e.g., good eye contact and one-sentence questions). Train staff in managing conflict... Staff should speak slowly and in simple sentences and avoid making the resident feel rushed. Recognize there maybe language barriers between staff and residents and work to find a suitable solution. Staff should consider that the behaviour may result from an existing or new health problem, discomfort or fear. Encourage physiotherapy, exercise, rehabilitation or Tai Chi. When cause of disruptive behaviour can be identified, solutions should be incorporated in their care plan.”

Voice of a Family Member/Friend and Advocate

“Staff [need to] know they are supported – lots of education around dementia and responsive behaviours. Seeing first hand that responsive behaviours can be managed. Having a ‘team’ available in the home that can investigate, plan and evaluate attempts to find the ‘triggers’ or observe the resident along with observing resident/staff interactions.”

Voice of a Staff Member

ACTION 8

The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will liaise with the Local Health Integration Networks to obtain support for developing a streamlined basic training program in managing responsive behaviours that aligns with the Behavioral Supports Ontario Program, or a suitable alternative, and is provided to all long-term care homes in the province in a timely manner.

Improve Quality of Working Life

As noted previously, the survey results and submissions highlighted the importance of staff making a long-term care home a place where residents feel safe, respected and well cared for. A number of survey respondents noted that “happy staff equals happy and safe residents.” Staff have a poor quality of working life when they feel their ideas are not listened to, when their concerns are not addressed, when they have heavy workloads, few supports, limited access to the equipment and supplies that residents need, and poor training on how to use equipment and care for challenging residents. These conditions can lead to frustration, fatigue and poor judgement, and can unintentionally result in resident abuse and neglect.

The Task Force believes that long-term care homes need to work with their staff to address quality of working life issues.

“Training requires the funds for a home to replace workers on the floor who are now attending an education session--this cannot be stressed enough. More staff means more time to spend with residents which reduces loneliness and mental health issues, increases quality of life of residents (human contact and interaction is so key to wellness), decreases stress load for workers who can then provide better care to residents.”

Voice of a Family Member/Friend, Volunteer, Advocate

“I believe after working 30+ years in a long term care facility that working short or too heavy of a workload creates THE PERFECT STORM... When you have more management sitting at desks with no interaction with residents and very little interaction with staff, that Personal Support Worker, Health Care Aide, Restorative Care Aide, Registered Practical Nurse gets stressed to the max and has a difficult time being patient and accomplishing an ever-growing workload... \$ would be better spent on front-line workers where the residents would benefit... we are under pressure to do more work in less time..this is not an assembly line in a factory and our residents deserve to be treated with dignity and respect!”

Voice of a Restorative Care Aide

“Staff should be rewarded for going above and beyond. This will encourage them to truly be engaged as opposed to performing at minimal.”

Voice of a Family Member/Friend

“We have to find a way not to burn out the people who care for the most vulnerable.”

Voice of a Registered Nurse

“We recognize that short-staffing/staff burnout is a breeding ground for abuse and neglect of residents.”

Voice of an Advocate

ACTION 9

In order to promote long-term care homes as employers of choice, each home is strongly encouraged to establish a collaborative Employee-Management Group that examines issues related to quality of work life and the implementation of solutions. Issues to be discussed include but are not limited to employee workload, staffing schedules, staff training, safe working environments, ways to improve staff morale, ways to decrease employee stress and improve safety, and ways to deal with residents' responsive behaviours.

5A.V EMPOWER RESIDENTS AND FAMILIES WITH A STRONGER VOICE AND EDUCATION

When asked to describe the key factors that make long-term care homes a place where residents feel safe, respected and well cared for, the most frequent comment made in the surveys was resident-centred care that is responsive to the needs and wants of the resident. Some survey respondents suggested that resident-centred care helps to prevent abuse and neglect in long-term care homes. The *Long-Term Care Homes Act* begins by noting that “the people of Ontario and their Government believe in resident-centred care.” The legislation requires homes to support a comprehensive list of resident rights and to develop a care plan that is based on an assessment of the resident, and their needs and preferences. Residents or their designates must be given an opportunity to participate fully in the development and implementation of the resident’s care plan.

Many residents and families who replied to the survey documented positive resident-centred experiences. This was not the case for everyone. The Task Force believes that the Actions that it has recommended thus far will help to create environments that support resident-centred care. In addition, residents and families need to be empowered with a stronger voice and education to help improve care and safety in homes.

Residents' and Family Councils

When the survey asked about the key factors that make a long-term care home a place where residents feel safe, respected and cared for, quite a number of respondents suggested Family and Residents' Councils, and engaging families and advocates more in the homes. This is especially important for residents who have physical and mental challenges, or do not have family or friends to support them.

Although the law obliges every long-term care home in Ontario to establish a Residents' Council, not all of them function well. And even though the law sets out the right to establish Family Councils, not every home has one. Briefly:

- The Ontario Association of Residents' Councils (OARC) is a non-profit association that provides a network to strengthen the voice of residents through their home's Residents' Council.²⁰ OARC's objective is to support and assist in the formation, sustainability and effectiveness of Residents' Councils in long-term care homes.
- Family Councils are organised, self-led groups made up of family and friends of residents of long-term care homes. A family member of a resident or a person of importance to a resident may request the establishment of a Family Council for a long-term care home. If the Family Council requests it, the home may appoint a Family Council Assistant to assist the Council. The Ontario Family Councils' Program offers free information resources, consultation services, networking support and training to help start, strengthen and sustain Family Councils.²¹

In addition to Residents' and Family Councils, many other organisations advocate on behalf of the care and wellbeing of seniors including Concerned Friends of Ontario Citizens in Care Facilities and the Ontario Network for the Prevention of Elder Abuse.

In the view of the Task Force, Residents' and Family Councils have an important contribution to make supporting resident care and safety in long-term care homes. In particular, Councils play a valuable role identifying important quality issues for residents and their families. To be effective, Councils cannot work in isolation from the home; rather, Councils and long-term care homes must work as partners to address care and safety issues, in keeping with their unique roles.

“Our ‘open door’ policy in our home enables any person who has a complaint can go to someone of their choice, no matter who that may be, to discuss it or report. We encourage our residents to talk openly about complaints etc.... We have an excellent rapport with management and senior staff when it comes to resolution of reported problems.”

Voice of a Resident/Residents' Council

“I try to set a good example to other residents as I myself had been a target of retaliation. I did not give up and went as high up as I had to get resolution. Once the residents knew it was possible to get satisfactory results, they gained confidence that it was the right thing to do.”

Voice of a Resident/Residents' Council

²⁰ For additional information, see <http://www.ontarc.com/index.html>.

²¹ For additional information, see <http://www.familycouncilmembers.net/>.

ACTION 10

The Ontario Association of Residents' Councils and the Ontario Family Councils' Program will actively encourage Residents' and Family Councils in each long-term care home to identify at least one tangible action each year directed to preventing abuse and neglect. Councils will be encouraged to work in partnership with long-term care administration to identify the roles that Councils and administration will play to implement these actions.

Resident and Family Education

Residents need to be educated and informed about abuse and neglect. The survey indicated that abuse and neglect may not be reported because people do not understand the definitions of abuse and neglect and what to do when they happen. Some types of abuse may be more clearly understood and recognised than others. For example, some survey respondents noted that emotional and verbal abuse and neglect may be subject to interpretation. The lack of sufficient supplies and a slow response to call bells were viewed by some respondents as neglect whereas others noted that expecting an immediate response to call bells and requests for physical care was unreasonable.

The survey results also indicated that even though the law protects whistle blowers, fear of reprisal is the top reason why abuse and neglect may not be reported. Being educated and informed about zero tolerance – which includes knowing what abuse and neglect are, how to recognise it, what to do when you see it and what to do to stop it – are within the power of residents who are of able mind and body.

Residents' and Family Councils, along with other advocacy groups, have an important role to play educating residents about abuse and neglect. Since a great deal of information already exists, Councils could begin by identifying what residents and their families need to know, and developing and/or making available this information.

“Placing a loved one in a LTC facility is horrible and scary. I found some reassurance from staff but not enough concrete advice regarding finances and services.”

Voice of a Family Member/Friend and Volunteer

ACTION 11

The Ontario Association of Residents' Councils and the Ontario Family Councils' Program – working in partnership with other organisations such as Concerned Friends of Ontario Citizens in Care Facilities, the Ontario Network for the Prevention of Elder Abuse and other groups – will create an education strategy that develops and/or makes available information for residents and families on such topics as: working effectively with administration; recognising and preventing abuse and neglect; ensuring respect and safety in the home; understanding zero tolerance; the *Long-Term Care Homes Act*; Residents' Bill of Rights; Power of Attorney; whistle-blower protection; the Ministry's Action Line; and other topics relevant to resident care and safety.

5b Actions That Require Leadership From the Ministry of Health and Long-Term Care

The following six actions require leadership from the Ministry of Health and Long-Term Care and may benefit from participation of other partners. The Task Force strongly endorses these actions but recognises that they cannot be implemented by the long-term care sector on its own. These actions fall into the following areas:

- i. Develop Coaching Teams to Help Homes Improve
- ii. Address Direct-Care Staffing in Homes
- iii. Support Residents With Specialised Needs to Ensure Their Safety and the Safety of Others
- iv. Address Legislative Requirements and Processes That Detract From Resident Care and May be Driving Abuse and Neglect Underground

5B.1 DEVELOP COACHING TEAMS TO HELP HOMES IMPROVE

All long-term care homes in Ontario are committed to reducing incidents of abuse and neglect and many welcome being held publicly accountable for their results. Certain homes are leaders in addressing and preventing incidents of abuse and neglect and improving resident quality of life. The consultations indicated that some leaders are very willing to share their experiences and expertise with others. As well, many homes have promising practices to improve care and safety that can be used by others. The Task Force recognises that there may be challenges to disseminating this information such as limited flexibility to use funding for staff education, the lack of provincial forums to showcase innovations in long-term care, and the lack of recognition and rewards events to highlight homes and staff who demonstrate best practices. Although these challenges need to be addressed, there are opportunities for the long-term care sector to help the sector improve.

ACTION 12

The Ministry of Health and Long-Term Care should design coaching teams – with experience and expertise in reducing incidents of abuse and neglect in long-term care homes – in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, Health Quality Ontario and others. These coaching teams should assist homes that are poor performers to improve resident quality and safety in their homes. The Ministry should consider resourcing the coaching team initiative as part of its focus on supporting continuous quality improvement.

5B.II ADDRESS DIRECT-CARE STAFFING IN HOMES

From the survey, one suggestion to avoid abuse and neglect in long-term care homes is more staff. A sufficient number of direct-care staff are needed to take the time to care and to keep residents safe. In addition, staff need to work together as a team to care for residents. This includes staff who directly provide care as well as staff who regularly come into contact with residents (such as housekeeping, dietary, recreation, and others). The team needs to identify issues and solutions, and implement improvements.

Determining the right number of staff can be achieved using a number of actions that include but are not limited to:

- Hiring more people
- Increasing the number of full-time positions for direct-care providers to increase continuity of care (e.g., personal support workers, registered nurses, registered practical nurses)
- Developing collaborative healthcare teams where every staff member is a leader in providing care
- Strengthening the participation of direct-care staff in planning appropriate care especially since these staff know the residents best
- Adopting different care models to improve resident care and safety (e.g., consistent staff assignments which is supported by Health Quality Ontario; two caregivers-per-client for the most vulnerable residents; the use of interdisciplinary teams, etc.)
- Streamlining the hiring process for direct-care staff, where feasible (e.g., the vulnerable sector check takes a lot of time and delays hiring)
- Addressing the need to provide timely in-depth clinical assessment and treatment of residents with aggressive behaviours by physicians, nurse practitioners, nurses and other staff, as appropriate, within their scope of professional practice.

In May 2008, the *Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario* (the Sharkey report) noted that determining staffing requirements related to residents' quality of care and quality of life needs a comprehensive approach beyond setting staffing ratios and staffing standards.²² The report made a number of recommendations including the development of annual staffing plans at each long-term care home that take into account mix of residents and their care needs, a home's philosophy of care, the service delivery model, the use of team approaches to care, staff mix and experience, and other factors. The Sharkey report recommended that staffing be enhanced to include a broad range of nursing, personal care, programs and support services. It also recommended that provincial guidelines be established to support annual funding for enhanced capacity for resident care to achieve a provincial average of up to four hours of care per resident per day over the next four years (in 2008 and pending the results from annual evaluations and learnings). Care would include:

- Up to 2.5 hours to be provided by personal support workers
- Up to 1 hour to be provided by licensed nurses (registered nurses and registered practical nurses)
- Up to 0.5 hours to be provided by therapists, dietitians/nutritionists, social workers and other allied health professionals.

Although the Ministry accepted the recommendations in principle on June 17, 2008,²³ the Task Force notes that there continue to be concerns about sufficient and appropriate staffing in long-term care homes to provide resident care.

"I see more neglect than abuse. Workers have no time to be present with the residents as they are rushing from one resident to another. Laundry gets lost because the clothes are all washed together loosely instead of individual laundry bags. Staff are too busy. Staff left on their own without proper training to figure out how to deal with some of the more challenging residents. Staff having to deal with these difficult residents alone instead of with a co-worker. There are not multidisciplinary team meetings that include the staff in trying to help them deal with challenging residents."

Voice of a Family Member/Friend

22 Sharkey, Shirley. 2008 (May). *People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes*. A Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario.

23 http://www.health.gov.on.ca/english/media/news_releases/archives/nr_08/jun/nr_20080617.html

“Personally, I find residents feel safe when they have continuity of staff because they are counting on us for care and they are used to a familiar face . When we’re not there, they tell us how they were treated and I want them to be well treated when I am off. I want my replacements to give them their tea and cookie. I want them to have their room swept. I want proper diets followed! If the residents are upset, I’m upset too and frustrated especially if nothing is done and left unresolved. I’d like residents treated like my parent would be.”

Voice of a Family Member/Friend and Dietary Aide

“We need more staff for residents with behaviors and staff to supervise residents while staff are doing care. Care should be done in pairs leaving wandering residents to roam free. There are not enough activities. They should have daily activities not 1-2 times a week. Also, facilities are admitting residents with behaviors and cannot meet their needs by any means.”

Voice of a Staff Team Leader

“The work unfortunately becomes like an assembly line. You see it all the time. Everyone is rushed, not enough workers to do this important job and not valued enough. No one is physically able to get 12 residents washed, dressed, toileted, teeth and hair brushed and all fed by 9:30 in the morning. No way. Short cuts are taken and they lead to anxiety and difficult behaviours.”

Voice of a Personal Support Worker

“I love my job. For the most part I sincerely feel that my coworkers are truly genuine in attempting to provide quality compassionate care. Once again, given the ratios and the time constraints this is a huge challenge. This puts great stress on the workers and the residents. PLEASE HELP!”

Voice of a Personal Support Worker

ACTION 13

Recognising that there are not enough direct-care staff to meet the needs of all long-term care residents safely, the Long-Term Care Task Force on Resident Care and Safety strongly recommends that the Ministry of Health and Long-Term Care implement the recommendations of the Sharkey report on strengthening staff capacity for better care (*People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes. A Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario. May 2008*).

5B.III SUPPORT RESIDENTS WITH SPECIALISED NEEDS TO ENSURE THEIR SAFETY AND THE SAFETY OF OTHERS

Those who responded to the survey identified resident attributes as the third top factor that leads to abuse and neglect in long-term care homes. Survey respondents described this as residents who had dementia, mental health and addiction issues, or were aggressive, violent or overly demanding and loud. As noted in Chapter 3c (Overview of Data Provided by the Ministry of Health and Long-Term Care), Ministry data on critical incidents in long-term care homes in 2011 indicates that 57% of abuse and neglect incidents were resident-to-resident encounters (1,568 out of 2,273 incidents) and 7% were resident-to-staff encounters (152 incidents). Staff-to-resident encounters accounted for 33% or 900 incidents of abuse and neglect. When survey respondents were asked to suggest how abuse and neglect could be prevented, over 100 comments were made about doing a better job placing residents who have complex care needs or severe behavioural problems.

Long-term care homes are increasingly being pressured to accept residents who are inappropriate for congregate living, and who overwhelm the services, and the number of staff and skills that are currently available in long-term care homes. Homes are caring for more elderly demented residents with behaviours that need to be diffused, more residents with physically aggressive behaviours, and more younger persons with mental health, developmental and behavioural problems. Coroner's Inquests, reports and studies have identified the challenge of safely caring for aggressive residents who may be cognitively impaired or have violent tendencies. These documents recommend many of the same solutions: appropriate assessment and placement of residents in homes that meet their needs; more staff; staff with specialised training to manage behaviours appropriately; sufficient supports; specialised facilities or units; and funding to cover the high intensity needs of residents with behavioural issues.

Residents with complex care needs or severe behavioural disabilities should live in safe and appropriate physical environments, be cared for by staff with specialised skills who understand the resident's needs for care, safety and supervision, and have appropriate supports and programs to ensure a high quality of life.²⁴ These conditions are needed for the care and safety of residents with specialised needs as well as for the care and safety of all other residents and staff.

24 Dr. Roger P. Skinner, Regional Supervising Coroner – East Region, Office of the Chief Coroner for Ontario; Chair of the Geriatric and Long Term Care Review Committee of the Office of the Chief Coroner. Email communications, April 10, 2012.

It must be recognised – by the Ministry of Health and Long-Term Care, Community Care Access Centres (CCACs), hospitals and even families – that not all long-term care homes have the facilities and specialised staff to care for some individuals with very high needs. For clients with exceptionally high needs, a long-term care home may not be the most appropriate residential setting in which to receive care. In addition, placing these residents in a long-term home that is close to the family, but which cannot provide a safe environment or staff with specialised skills to meet the needs of the resident, increases the chance that abusive incidents will happen.

The Task Force identified issues that need to be addressed by the long-term care sector in partnership with the Ministry and CCACs to ensure the safe and appropriate placement of residents with high care needs. Ministry-related issues include the potential for specialised facilities, dedicated specialised units in long-term care homes, physical plant conditions, funding, and appropriate staffing with specialised skills. CCAC-related issues include properly assessing people and ensuring that long-term care homes have the information they need to decide if they can safely and appropriately meet a person’s needs. CCACs also help individuals and their families make decisions about placement in long-term care homes or other settings that will best meet their needs for care and safety, and provide a good quality of life.

"It is very difficult to have residents [with behaviours that put other residents and staff at risk] treated so they can live successfully in a long-term care home. We are seeing more difficult behaviours in the home and other residents are at risk! I would have to think long and hard before putting my mother in a home for that reason.

Voice of a Coordinator

"Our long term care home has both an appealing and reasonably safe environment; we have PIECES and GPA trained staff, we have all of the policies and procedures which are adhered to ensure safety and wellness for our Residents....what we don't have is control over the Residents who apply to live in our home (there are very few reasons for which we can refuse an applicant), and we must ensure that every Resident has their Rights respected and adhered to. This poses a challenge that the public cannot possibly understand. The risks for abuse are mostly Resident to Resident because of their clinical/ behavioural problems (mostly dementia related) and having to live in an institution with others. The interaction amongst residents is not always kind and friendly. They don't understand why all these other people are in 'their home', they don't understand why they 'can't leave when they want', or 'why I can't eat alone in my room'. There are too many examples to list of why residents may be overwhelmed with their new 'homelike' environment, which is actually nothing like their own home was! I know (from our residents personal reports and

satisfaction surveys) that they feel ‘well cared for’ and they express appreciation for that frequently. However, safety and respect are often more difficult entities to provide because of factors the staff may not see or be aware of (due to limited staff resources). How can staff see what is going on in the activity rooms between residents when they are busy toileting and providing personal care in a resident’s room. When there is 1:10-13 ratio of direct care givers, it is an impossible feat to be everywhere at once. They try their best to anticipate and prevent resident to resident ‘responsive behaviour’...but who knows what verbal and physical abuse is occurring when not witnessed?”

Voice of a Director of Care

ACTION 14

The Ministry of Health and Long-Term Care should address and resolve issues related to meeting the needs of residents with specialised (complex care) needs in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, and other relevant organisations. Areas to be addressed include, but are not limited to, specialised facilities, dedicated specialised units in long-term care homes, appropriate physical plant conditions, funding to cover specialised programs and the high needs of residents, and appropriate staffing with specialised skills.

ACTION 15

The Ministry of Health and Long Term Care should address issues related to the evaluation, appropriate placement and, where necessary, the transfer of residents with specialised needs to homes and other facilities that better meet their needs. The Ministry should conduct this work in partnership with the Ontario Association of Community Care Access Centres, the Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors

5B.IV ADDRESS LEGISLATIVE REQUIREMENTS AND PROCESSES THAT DETRACT FROM CARE AND MAY BE DRIVING ABUSE AND NEGLECT UNDERGROUND

Legislative Requirements

The *Long-Term Care Homes Act* and its regulations are relatively new. Although the legislation – and the processes to support it – were developed for a reason, some requirements appear to be excessive, require a great deal of “paperwork”, and draw time and resources away from direct resident care. As in any area, legislation needs to be reviewed to make sure that it evolves appropriately to support the changing environment.

From the perspective of the Task Force, long-term care homes spend a lot of time, attention and resources addressing and reporting on relatively insignificant items that are not related to direct resident care. This takes time, attention and resources away from residents and critical areas that need to be addressed and reported. Legislative changes are needed to help free up staff to provide more time to care, and free up managers to provide more time to supervise and support staff.

“Stop the punitive approach. You do not need to re-invent quality improvement. The literature is vast and the proven processes are well known. Tell the political masters what they need to hear and do not worry about what they want to hear. LTC is regulated up its yin yang. We work hard to provide good care and, by and large, we achieve it as well as any health care institutional system. Facilitate Quality Improvement and scrap the punitive approach of the current Act.”

Voice of a Physician

ACTION 16

The Ministry of Health and Long-Term Care should review the legislation with the goal of streamlining reporting requirements that focus attention away from direct resident care. The Ministry should conduct this work in partnership with the Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors.

Inspection, Reporting, Compliance and Improvement Processes

The Task Force believes that there is a need to change the working relationship between the Ministry and long-term care homes from a focus on compliance, enforcement and blame for what is not done well, to a partnership focused on working together to improve quality. A number of improvements that will have a positive impact on resident care and safety need to be made.

Many long-term care homes in Ontario take their responsibility to protect residents very seriously and have strong policies and practices in place. If an incident of resident abuse occurs and the home does the right things – reports the incident to the Ministry, disciplines the offender and makes sure that residents are safe – the home receives a written order that it has failed to keep the resident safe and is reported publicly. Rather than encouraging homes to report, this approach may actually drive abuse and neglect underground.

“Even when a home has followed all their policies and obligations in the event of abuse, it still gets penalized and cited for the mere incidence of abuse. The home was not able to prevent it and it gets on the public website. It can happen to any home and it is just sad that once one incident happens, the rest of the great people in that home are not seen. Just the incident is.”

Voice of a Nurse

“The goal should be to raise the current standard in long term care facilities. In this regard, it is very important to identify and promote exemplary practices, and to reward facilities for outstanding performance.”

Voice of a Family Member, Advocate and Retired Government Worker

Some survey respondents noted that long-term care inspectors play a minor – if any – role advising or informing homes on what and how to improve care. The role of Ministry inspectors under the Act has gradually shifted away from advising homes on best practices and ways to improve, to telling homes what they are doing wrong. Inspections without an advisory component are missed opportunities to help homes improve what they are doing for the benefit of residents. The experience and expertise of inspectors would be invaluable for helping improve resident care and safety.

Finally, the Ministry needs to analyse and provide the long-term care home sector with data on trends so that system problems that need provincial attention can be identified. Currently, information is only provided on individual homes. If we know that many homes use restraints inappropriately, an education program can be developed to address the issue across the province. If too many homes rely on the use of psychotropic drugs, directives for appropriate drug use can be issued to all homes. A provincial approach is invaluable for identifying important issues related to resident care and safety that need to be addressed by more than one home.

“System transformation is required. The current compliance system creates a culture of fear and endless paperwork. It rewards mediocrity and punishes innovation. Government should find ways to reward high performing homes and allow outcomes-based versus compliance-based reporting for these homes.”

Voice of a Manager

ACTION 17

The Ministry of Health and Long-Term Care should ensure that inspection, reporting, compliance and improvement processes effectively support a culture of ongoing quality improvement. The Ministry should conduct this work in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors and other stakeholders, as appropriate. This work includes but is not limited to: i) putting processes in place that promote the reporting of abuse by long-term care homes and acknowledge the corrective actions taken by homes to keep residents safe; ii) incorporating an advisory component into the long-term care home inspection process so that inspectors can share their knowledge on how to improve resident care and safety; and iii) analysing and making available provincial long-term care home trend data so that system problems related to resident care and safety that need provincial attention can be identified and addressed quickly.

5c. Commitment to Implement the Action Plan**ACTION 18**

The originators of this Task Force – the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils and Concerned Friends of Ontario Citizens in Care Facilities – will commit to ensuring that the Long-Term Care Task Force on Resident Care and Safety will oversee the implementation of this action plan and publicly report on its progress mid-year and at year end over the next three years. In the final year, the Task Force will assess progress and determine whether its monitoring function needs to continue.

6. ADDITIONAL AREAS REQUIRING FURTHER ATTENTION

Over the course of its work, the Task Force identified issues that need more time and thought to address. These include the following:

- The long-term care sector needs to give more thought working in partnership with the Ministry of Training, Colleges and Universities to address the training of physicians, nurses, social workers, personal support workers and other health workers on the care of the elderly, dementia care, and abuse and neglect. These topics should be included in the education curricula and long-term care homes should be recommended as preferred work placements for students in these programs. Furthermore, long-term care and gerontology should be promoted as an exciting and rewarding career specialty in these education programs.
- The Ministry of Health and Long-Term Care is in the process of developing a Registry for Personal Support Workers (PSWs). Although the Task Force supports the Registry, it strongly urges the Ministry to ensure that a standard for the education of PSWs is established so that graduates of training programs have core competencies. This should be a high priority given that PSWs play an important role caring for the elderly with complex needs.
- Over the course of the consultations, many survey respondents commented on the importance of the physical plant and monitoring systems and cameras to help keep residents safe. The long-term care sector needs to give more thought to the issue of monitoring and security systems.
- The Task Force heard from survey respondents who were concerned about how long the arbitration process takes in cases of staff to resident abuse. Task Force members identified other limitations of the process: many arbitrators have limited experience of healthcare; not all arbitrators have a good understanding of the legal definitions of abuse and neglect, Residents' Rights and zero-tolerance; and not all arbitrators are sensitive to issues related to resident competencies in abuse and neglect cases. The Task Force believes that there is an urgent need to address the limitations of the current arbitration process in cases of staff to resident abuse. The Ministry of Health and Long-Term Care and the Ministry of Labour are encouraged to engage stakeholders in the long-term care sector to discuss ways to improve the arbitration process for labour cases involving the abuse and neglect of residents in long-term care homes.

“When we have used the ‘zero tolerance’ for resident abuse and terminated staff, we were forced to spend thousands of dollars to defend our position because we had to go to arbitration. The arbitrators rule in favour of the employees and the employees are reinstated back to work. How does this protect the resident? What is ‘zero tolerance?’ Why do arbitrators reinstate employees to work with vulnerable seniors?”

Voice of an Administrator

7. CONCLUDING REMARKS

Residents of long-term care homes have the right to excellent care in a safe environment, protection from abuse and neglect, and courtesy and respect. Everyone should know how to report abuse and neglect and do so without fear of reprisal. These rights are the law in Ontario. Long-term care homes need to do all in their power to ensure that these rights are upheld.

The long-term care sector established this Task Force because it shared the concerns of the public and the Minister of Health and Long-Term Care about resident care and safety in long-term care homes. Although many homes provide great care to satisfied residents and their families, incidents related to abuse and neglect still occur in Ontario's long-term care homes.

It must be recognised that long-term care is a highly specialised area that focuses on the care of a diverse group of residents with complex needs. These needs are becoming more complex. The fact that the sector has not kept pace with meeting these needs impacts on resident care and safety, and can result in abuse and neglect.

The Task Force believes that the 18 actions that it has developed will result in improved resident care and safety. The long-term care sector needs to:

- Shine a brighter spotlight on abuse and neglect by making it the number one priority across the sector and in individual homes.
- Commit to reducing incidents of abuse and neglect in homes and be accountable for achieving results.
- Advance the development of strong skilled administrators and managers.
- Strengthen the ability of staff to be leaders in providing excellent and safe care.
- Empower residents and families with a stronger voice and education.

There are other actions that require the leadership of the Ministry of Health and Long-Term Care along with the participation of the long-term care sector. These actions include:


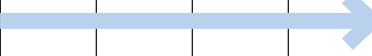

- Develop coaching teams to help homes improve.
- Address direct-care staffing in homes.
- Support residents with specialised needs to ensure their safety and the safety of others.
- Address legislative requirements and processes that detract from resident care and may be driving abuse and neglect underground.

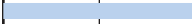
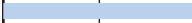


The long-term care sector is an important part of Ontario's healthcare family. The Action Plan and a commitment to implement is evidence that the sector will work to address issues to improve resident care and safety.

“For the most part, residents of LTC homes have raised families and been tax payers for decades. They have paid into a system and contributed to their communities in a variety of ways. As a society we owe the people who helped to build it, as much compassion and humanity as is possible to provide in an ‘institutional’ setting. I suspect that living in a LTC home was not a part of their original retirement plans. Many of them are forced to live in a congregated setting as the result of failing health or lack of necessary resources. Any one of us, regardless of age or health status, is a potential LTC resident.”

Voice of a Family Member/Friend and Family Council Member

8. ACTIONS, LEADS, PARTNERS AND TIMELINES

ACTION	LEAD	PARTNERS	TIMELINES				
			MAY 2012	DEC 2012	2013	2014	2015
ACTIONS WHERE THE LONG-TERM CARE SECTOR CAN PLAY A LEADERSHIP ROLE							
Make Resident Care and Safety the Number One Priority in Long-Term Care Homes Over the Next Year and a Top Priority in Years to Follow							
1	All long-term care homes in Ontario will declare the prevention of abuse and neglect and zero tolerance as their number one priority over the next year and a top priority in years to follow.	Each LTC home	Management, Unions, Prof Assoc., Advocacy Groups				
2	Each long-term care home in Ontario will establish a Quality Committee as a Board Committee or as a Senior Management Committee if the home does not have a Board.	Each LTC home	Management, Frontline/ Medical Staff, Residents, Families, Others, as appropriate				
Commit to Reduce Incidents of Abuse and Neglect in Long-Term Care Homes and be Accountable for Achieving Results							
3	The Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils and the Ontario Family Council's Program will continue working in partnership with Health Quality Ontario to identify a group of indicators related to abuse, neglect and quality of life.	OLTCA OANHSS OARC OFCP	Health Quality Ontario				

ACTION	LEAD	PARTNERS	TIMELINES					
			MAY 2012	DEC 2012	2013	2014	2015	
4	The Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils, the Ontario Family Councils Program and Concerned Friends of Ontario Citizens in Care Facilities will continue to work with HQO to develop a standard family and resident satisfaction survey for long-term care	OLTCA OANHSS OARC OFCP CF	Health Quality Ontario					
5	The Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors will begin a dialogue with the Local Health Integration Networks to integrate long-term care into their ongoing quality and performance improvement processes.	OLTCA OANHSS	LHINs					
Advance the Development of Strong Skilled Administrators and Managers								
6	The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will jointly create a leadership development strategy for the sector.	OLTCA OANHSS						
Strengthen the Ability of Staff to be Leaders in Providing Excellent and Safe Care								
7	Every long-term care home in Ontario will regularly assess the competencies of staff in recognising and preventing abuse. Homes will incorporate these skills in their staff performance management system. Homes should make efforts to release time for staff to participate in education.	Each LTC home						

ACTION	LEAD	PARTNERS	TIMELINES					
			MAY 2012	DEC 2012	2013	2014	2015	
8	The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will liaise with the Local Health Integration Networks to obtain support for developing a streamlined basic training program in managing responsive behaviours that aligns with the Behavioral Supports Ontario Program or a suitable alternative.	OLTCA OANHSS	LHINs					
9	Each home is strongly encouraged to establish a collaborative Employee-Management Group to examine issues related to quality of work life and the implementation of solutions.	Each LTC home						
Empower Residents With a Stronger Voice and Education								
10	The Ontario Association of Residents' Councils and the Ontario Family Councils' Program will actively encourage Residents' and Family Councils in each home to identify at least one tangible action each year to prevent abuse and neglect. Councils will be encouraged to work with administration to identify the roles that Councils and administration will play to implement these actions.	Residents' and Family Councils in each home	OARC OFCP Administration in each LTC home					
11	The Ontario Association of Residents' Councils and the Ontario Family Councils' Program, working in partnership with other organisations, will create an education strategy that develops and/or makes available information for residents and families.	OARC OFCP	Concerned Friends ONPEA					

ACTION	LEAD	PARTNERS	TIMELINES				
			MAY 2012	DEC 2012	2013	2014	2015
ACTIONS THAT REQUIRE LEADERSHIP FROM THE MINISTRY OF HEALTH AND LONG-TERM CARE							
Develop Coaching Teams to Help Homes Improve							
12	The Ministry of Health and Long-Term Care should design coaching teams in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, Health Quality Ontario and others. The team initiative should be resourced by the Ministry.	Ministry	OLTCA OANHSS HQO Others				
Address Direct-Care Staffing in Homes							
13	The Ministry of Health and Long-Term Care is strongly encouraged to implement the recommendations of the Sharkey report on strengthening staff capacity for better care.	Ministry					
Support Residents With Specialised Needs to Ensure Their Safety and the Safety of Others							
14	The Ministry of Health and Long-Term Care should work with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors and other relevant organisations to address issues related to meeting the needs of residents with specialised needs.	Ministry	OLTCA OANHSS Others				

ACTION	LEAD	PARTNERS	TIMELINES					
			MAY 2012	DEC 2012	2013	2014	2015	
15	The Ministry of Health and Long-Term Care should work with the Ontario Association of Community Care Access Centres, the Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors to address issues related to the appropriate assessment and placement of residents with specialised needs.	Ministry	OACCAC OLTCA OANHSS					
Address Legislative Requirements and Processes That Detract From Resident Care and May be Driving Abuse and Neglect Underground								
16	The Ministry of Health and Long-Term Care should work in partnership with the Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors to review the legislation related to reporting requirements.	Ministry	OLTCA OANHSS					
17	The Ministry of Health and Long-Term Care should work in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors and other stakeholders to ensure that the inspection, reporting and compliance processes add value and support ongoing quality improvement.	Ministry	OLTCA OANHSS Other stakeholders					
Commit to Implement the Action Plan								
18	The originators of this Task Force will commit to ensuring that the Long-Term Care Task Force on Resident Care and Safety will oversee the implementation of this action plan.	OLTCA OANHSS OARC CF	LTC Task Force					

9. SUMMARY OF ACTIONS

Actions Where the Long-Term Care Sector Can Play a Leadership Role

MAKE RESIDENT CARE AND SAFETY THE NUMBER ONE PRIORITY IN LONG-TERM CARE HOMES OVER THE NEXT YEAR AND A TOP PRIORITY IN YEARS TO FOLLOW

1. All long-term care homes in Ontario will declare the prevention of abuse and neglect and zero tolerance as their number one priority over the next year and a top priority in years to follow. Management, unions, professional organisations and advocacy groups are strongly encouraged to identify this commitment in their written and verbal communications with the public, within their organisations, and with their partner organisations. Management, unions, professional organisations and advocacy groups are also strongly encouraged to commit to reviewing their policies and educational programs to ensure that there is a strong focus on the prevention of abuse and neglect.
2. As part of the quality improvement and utilisation review system required by the *Long-Term Care Homes Act*, each long-term care home in Ontario will establish a Quality Committee as a Board Committee or as a Senior Management Committee, if the home does not have a Board. The Committees are strongly encouraged to have broad representation – which may include but not be limited to management, frontline staff, medical staff, residents, families – and track quality indicators that include measures of resident care and safety within the home (as identified in Action 3). Committees will identify and address home-specific issues, and will make regular reports of the actions they have taken available to their residents and families, staff and other stakeholders.

COMMIT TO REDUCE INCIDENTS OF ABUSE AND NEGLECT IN LONG-TERM CARE HOMES AND BE ACCOUNTABLE FOR ACHIEVING RESULTS

3. The Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils and the Ontario Family Councils' Program will continue to work in partnership with Health Quality Ontario (HQQ) to identify indicators of abuse, neglect and quality of life. HQQ is encouraged to track these indicators and report them publicly. The sector will work with HQQ to set targets for these indicators. HQQ and the Local Health Integration Networks will monitor performance (see Action 5).

4. The Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils, the Ontario Family Councils' Program and Concerned Friends of Ontario Citizens in Care Facilities will continue to work with Health Quality Ontario to develop a standard family and resident satisfaction survey for long-term care.
5. The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will begin a dialogue with the Local Health Integration Networks to integrate long-term care into their ongoing quality and performance improvement processes beginning with the indicators related to abuse, neglect and quality of life (as identified in Action 3).

ADVANCE THE DEVELOPMENT OF STRONG SKILLED ADMINISTRATORS AND MANAGERS

6. The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will jointly create a Leadership Development Strategy for the sector that focuses on the principles and practices of effective leadership and management. Education programs should be targeted at administrators, directors, managers and supervisors, and include learning modules in such areas as: creating a safe resident-centred environment; screening and hiring the best people; developing effective management-labour relations; understanding MDS-RAI and other data and how to use it to improve performance; working within a strict legal environment; developing effective communication and conflict resolution skills; working with Residents' and Family Councils; and other examples.

STRENGTHEN THE ABILITY OF STAFF TO BE LEADERS IN PROVIDING EXCELLENT AND SAFE CARE

7. As part of the legal requirement that staff who provide direct care to residents must receive annual education on recognising and preventing abuse, every long-term care home in Ontario is strongly encouraged to regularly assess the competencies of staff in these areas. Homes should ensure that these skills are incorporated into their staff performance management system. Homes should also make efforts to release time for staff to participate in education.
8. The Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors will liaise with the Local Health Integration Networks to obtain support for developing a streamlined basic training program in managing responsive behaviours that aligns with the Behavioral Supports Ontario Program, or a suitable alternative, and is provided to all long-term care homes in the province in a timely manner.

9. In order to promote long-term care homes as employers of choice, each home is strongly encouraged to establish a collaborative Employee-Management Group that examines issues related to quality of work life and the implementation of solutions. Issues to be discussed include but are not limited to employee workload, staffing schedules, staff training, safe working environments, ways to improve staff morale, ways to decrease employee stress and improve safety, and ways to deal with residents' responsive behaviours.

EMPOWER RESIDENTS AND FAMILIES WITH A STRONGER VOICE AND EDUCATION

10. The Ontario Association of Residents' Councils and the Ontario Family Councils' Program will actively encourage Residents' and Family Councils in each long-term care home to identify at least one tangible action each year directed to preventing abuse and neglect. Councils will be encouraged to work in partnership with long-term care administration to identify the roles that Councils and administration will play to implement these actions.
11. The Ontario Association of Residents' Councils and the Ontario Family Councils' Program – working in partnership with other organisations such as Concerned Friends of Ontario Citizens in Care Facilities, the Ontario Network for the Prevention of Elder Abuse and other groups – will create an education strategy that develops and/or makes available information for residents and families on such topics as: working effectively with administration; recognising and preventing abuse and neglect; ensuring respect and safety in the home; understanding zero tolerance; the *Long-Term Care Homes Act*; Residents' Bill of Rights; Power of Attorney; whistle-blower protection; the Ministry's Action Line; and other topics relevant to resident care and safety.

Actions That Require Leadership From the Ministry of Health and Long-Term Care

DEVELOP COACHING TEAMS TO HELP HOMES IMPROVE

12. The Ministry of Health and Long-Term Care should design coaching teams – with experience and expertise in reducing incidents of abuse and neglect in long-term care homes – in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, Health Quality Ontario and others. These coaching teams should assist homes that are poor performers to improve resident quality and safety in their homes. The Ministry should consider resourcing the coaching team initiative as part of its focus on supporting continuous quality improvement.

ADDRESS DIRECT-CARE STAFFING IN HOMES

13. Recognising that there are not enough direct-care staff to meet the needs of all long-term care residents safely, the Long-Term Care Task Force on Resident Care and Safety strongly recommends that the Ministry of Health and Long-Term Care implement the recommendations of the Sharkey report on strengthening staff capacity for better care (*People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes. A Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario. May 2008*).

SUPPORT RESIDENTS WITH SPECIALISED NEEDS TO ENSURE THEIR SAFETY AND THE SAFETY OF OTHERS

14. The Ministry of Health and Long-Term Care should address and resolve issues related to meeting the needs of residents with specialised (complex care) needs in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, and other relevant organisations. Areas to be addressed include, but are not limited to, specialised facilities, dedicated specialised units in long-term care homes, appropriate physical plant conditions, funding to cover specialised programs and the high needs of residents, and appropriate staffing with specialised skills.
15. The Ministry of Health and Long-Term Care should address issues related to the evaluation, appropriate placement and, where necessary, the transfer of residents with specialised needs to homes or other facilities that better meet their needs. The Ministry should conduct this work in partnership with the Ontario Association of Community Care Access Centres, the Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors.

ADDRESS LEGISLATIVE REQUIREMENTS AND PROCESSES THAT DETRACT FROM RESIDENT CARE AND MAY BE DRIVING ABUSE AND NEGLECT UNDERGROUND

16. The Ministry of Health and Long-Term Care should review the legislation with the goal of streamlining reporting requirements that focus attention away from direct resident care. The Ministry should conduct this work in partnership with the Ontario Long Term Care Association and the Ontario Association of Non-Profit Homes and Services for Seniors.
17. The Ministry of Health and Long-Term Care should ensure that inspection, reporting, compliance and improvement processes effectively support a culture of ongoing quality improvement. The Ministry should conduct this work in partnership with the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for

Seniors and other stakeholders, as appropriate. This work includes but is not limited to: i) putting processes in place that promote the reporting of abuse by long-term care homes and acknowledge the corrective actions taken by homes to keep residents safe; ii) incorporating an advisory component into the long-term care home inspection process so that inspectors can share their knowledge on how to improve resident care and safety; and iii) analysing and making available provincial long-term care home trend data so that system problems related to resident care and safety that need provincial attention can be identified and addressed quickly.

Commitment to Implement the Action Plan

r8. The originators of this Task Force – the Ontario Long Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents' Councils and Concerned Friends of Ontario Citizens in Care Facilities – will commit to ensuring that the Long-Term Care Task Force on Resident Care and Safety will oversee the implementation of this action plan and publicly report on its progress mid-year and at year end over the next three years. In the final year, the Task Force will assess progress and determine whether its monitoring function needs to continue.

Appendices

A: LONG-TERM CARE TASK FORCE ON RESIDENT CARE AND SAFETY: TERMS OF REFERENCE

Background

In response to media reports of incidents of abuse and neglect in long-term care homes and underreporting of these incidents, the long-term care sector created a task force to examine and address these issues. The task force is independent of government and has broad representation from across the sector, including Family and Residents' Councils, nurses, physicians, personal support workers, unions, long-term care provider associations and advocates.

Mandate

To develop an action plan that examines and addresses the factors contributing to incidents of abuse or neglect in long-term care homes with the goal of helping to prevent these incidents, supporting a zero tolerance of abuse policy, continuing to advance a culture of openness and transparency in long-term care homes, and restoring public confidence that residents receive high quality care and are treated with dignity and respect. The action plan will be shared with the public.

Composition of Task Force

Chairperson

The external chair is Dr. Gail Donner, Dean and Professor Emerita, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto.

Members

Dr. Phyllis Hymmen	Concerned Friends of Ontario Citizens in Care Facilities
Diane Sheldon	Family Member
Maria Elias	Ontario Association of Non-Profit Homes and Services for Seniors
Donna Rubin	Ontario Association of Non-Profit Homes and Services for Seniors
Donna Fairley	Ontario Association of Residents' Councils
Lorraine Purdon	Ontario Family Councils' Program
Dan Kaniuk	Ontario Long Term Care Association
Gail Paech	Ontario Long Term Care Association
Dr. Evelyn Williams	Ontario Long Term Care Physicians

Teri Kay	Ontario Network for the Prevention of Elder Abuse
Beverly Mathers	Ontario Nurses' Association
Tanya Bultje	Personal Support Network of Ontario; PSW Ontario
Josephine Santos	Registered Nurses' Association of Ontario
Beth McCracken	Registered Practical Nurses' Association of Ontario
Sharron Cooke	Resident
Sharleen Stewart	Service Employees International Union

Supports

Lesley Atkinson, Debbie Humphreys, Rebecca Scott, Dr. Joann Trypuc.

CONSULTATION

- The task force will invite submissions from residents, family members, staff, volunteers and other interested stakeholders.
- The task force will further seek advice from selected subject matter and industry experts on best practices and related issues.

TASK FORCE OBJECTIVES

- Gain a thorough understanding of: i) the factors that contribute to the safety and quality of care of residents in long-term care homes; and ii) solutions that will help prevent incidents where residents are not treated with care, dignity and respect.
- Promote an environment of openness, safety and quality in long term care by:
 - Identifying actions to prevent incidents of abuse or neglect that are within the control of operators as well as actions that require assistance from government, LHINs or other organisations to execute.
 - Identifying actions that will result in appropriate and timely reporting of incidents of disrespectful behaviour, bullying, abuse and/or neglect by residents, families, staff, visitors and/or volunteers.

DELIVERABLE

The Task Force is expected to complete its Action Plan by the end of April, 2012. The plan will be made public shortly thereafter.

B: SURVEY ON LONG-TERM CARE RESIDENT CARE AND SAFETY



Long-Term Care Task Force On Resident Care And Safety

PLEASE MAKE YOUR VOICE HEARD!

The Long-Term Care Task Force on Resident Care and Safety was set up to examine and address issues related to incidents of abuse and neglect in long-term care homes and the underreporting of these incidents.

- Abuse includes physical, emotional, financial, sexual and verbal abuse. Abuse can occur between residents and staff, between residents and other residents, between residents and volunteers, between residents and visitors, and between visitors and staff.
- Neglect happens when a resident does not get the treatment, care, services or assistance they need, and this has a negative impact on their health, safety or wellbeing.

YOUR INPUT IS VERY IMPORTANT TO US

The Task Force needs your input on abuse and neglect in long-term care homes so that it can develop an action plan on resident care and safety that is targeted for public release by the end of April 2012.

- If you need help to answer the following questions, please ask someone whom you trust and are comfortable with.
- You do not need to sign your name or identify who you are. Your answers are confidential and anonymous. Only the Chair of the Task Force and a research analyst will see your responses. They will be summarized and all identifiers will be removed before the Task Force sees the results. Please note, however, by law, the Task Force must report to the Ministry any information it receives that relates to abuse, neglect or other reportable actions where a long-term care home and/or individual(s) are identified.

There are a number of ways for you to give us your input to these questions:

- Visit www.longtermcaretaskforce.ca and click on “Your Voice” to respond online.
- Send your answers to the Long-Term Care Task Force, 1938 Bloor St West, P.O. Box 30026, Toronto, ON M6P 4J2.
- Fax your responses to the Long-Term Care Task Force at (416) 766-8007 between the hours of 8:00 am-8:00 pm.
- Call 1-866-399-6073 to record your responses.

Please send us your responses by March 19, 2012.

WE APPRECIATE YOUR INPUT. THANK YOU!

Please note: The investigation of incidents of abuse and neglect is not within the mandate of the Long-Term Care Task Force on Resident Care and Safety. The Ministry of Health and Long-Term Care is responsible for ensuring compliance with the *Long-Term Care Homes Act, 2007* and conducting inspections.

If you have reasonable grounds to suspect that a resident of a long-term care home is being or may be harmed or abused, please immediately contact the Ministry by calling the Long-Term Care ACTION LINE any day from 8:30 a.m. to 7:00 p.m (1-866-434-0144).

The Ministry will look into your allegation. By law, the Task Force must report to the Ministry any information it receives that relates to abuse, neglect or other reportable actions where a long-term care home and/or individual(s) are identified.

For further information on legal requirements please see www.longtermcaretaskforce.ca.

LONG-TERM CARE TASK FORCE ON RESIDENT CARE AND SAFETY IN ONTARIO

– Please Reply by March 19, 2012 –

Use extra paper if you need to

1. Based on what you have seen, heard or experienced, please tell us the key things that make a long-term care home a place where residents feel safe, respected and well cared for. Please be specific and give examples.

2. From your experience and knowledge, what kinds of things lead to abuse and neglect in long-term care homes? (Abuse includes emotional, financial, sexual, verbal as well as physical abuse.) Please be specific and give examples.

3. In your view, how can incidents of emotional, financial, sexual, verbal and physical abuse and neglect be prevented?

4. By law, a long-term care home must post the government's Long-Term Care ACTION LINE phone number for anyone to call if they want to report the abuse or neglect of a resident or even the suspicion of abuse or neglect. When a call is made, a government inspector must investigate and the report of the investigation must be clearly posted in the home.
 - 4a. When a resident is abused or neglected, why do you think it might not be reported?

 - 4b. Why do you think the outcome might not be communicated properly, as required by law?

5. Please add any other comments that you may have that will help the Task Force develop its action plan on resident care and safety.

6. Please tell us if you are speaking as a (check all that apply):
 - Resident
 - Family Member/Friend
 - Staff Member: Please specify your role _____
 - Volunteer
 - Family Council Member
 - Long-term Care Advocate
 - Other: Please specify _____

THANK YOU FOR PROVIDING YOUR INPUT

Submit your input:

- Visit www.longtermcaretaskforce.ca and click on “Your Voice” to respond online.
- Send your answers to the Long-Term Care Task Force, 1938 Bloor St West, P.O. Box 30026, Toronto, ON M6P 4J2.
- Fax your responses to the Long-Term Care Task Force at (416) 766-8007 between the hours of 8:00 am-8:00 pm.
- Call 1-866-399-6073 to record your responses.

C: MEETINGS WITH SELECTED SUBJECT MATTER AND INDUSTRY EXPERTS AND PRACTITIONERS

Meetings With the Task Force Chair

1. John Amodeo. Director, Health Sector Labour Policy, Ministry of Health and Long-Term Care.
2. Hugh Armstrong, PhD. Professor, School of Social Work, Carleton University.
3. Pat Armstrong, PhD. Professor, Chair in Health Services (CHSRF/CIHR), Department of Sociology and Women's Studies, York University.
4. Charles Beer. Chair, Personal Support Worker Registry Steering Committee.
5. Bernie Blais. Chief Executive Officer, North Simcoe Muskoka Local Health Integration Network.
6. Veronique Boscart, RN, PhD. Schlegel Chair for Enhanced Seniors' Care, Schlegel-University of Waterloo Research Institute for Aging (RIA), School of Health and Life Sciences and Community Services, Conestoga College Institute of Technology and Advanced Learning, Waterloo.
7. Elizabeth Bradshaw. Executive Director, Main Street Terrace, Toronto.
8. Tim Burns. Health Quality Ontario; Former Director Performance Improvement and Compliance Branch, Ministry of Health and Long-Term Care.
9. Wendy Campbell. Administrator and Owner, Staynor Nursing Home.
10. Larry Chambers. Scientist, Past President (2001-2011), Elisabeth Bruyere Research Institute.
11. Anne Coghlan. Executive Director, College of Nurses of Ontario.
12. Warren DiClemente. Chief Operating Officer and Vice President Educational Services, Ontario Hospital Association (with Eva Bell, Director of Conferences and Seminars).
13. David Doherty. Co-Chair, Family and Friends Council, Perly and Rideau Veterans' Health Centre, Ottawa.
14. David Harvey. Chief Public Policy and Program Initiatives Officer, Alzheimer Society of Ontario.

15. Heidi Hay. Senior Director, Local Health Integration Network Collaborative.
16. John Hirdes, PhD. Department of Public Health and Health Systems, University of Waterloo; Ontario Home Care Research and Knowledge Exchange Chair.
17. Dr. Paul Katz, MD. Vice President Medical Services and Chief of Staff, Baycrest.
18. Sargent John Keating. Senior Support Coordinator, Durham Regional Police Services.
19. Nina Leburn. Clinical Nurse Specialist, Revera, Winnipeg, Manitoba.
20. Dr. J. Kenneth Le Clair, MD. Professor and Chair, Division of Geriatric Psychiatry, Queen's University; Acting Deputy Head (Academic) Co-Chair, Interfaculty Mental Health and Primary Care Program; Co-Director, Centre for Studies in Ageing and Health; Clinical Director, Regional Geriatric Psychiatry Program, Providence Care, Mental Health Services, Kingston.
21. Jeff Lozon. President and Chief Executive Officer, Revera.
22. Elizabeth McIntyre, LL.B. Barrister and Solicitor, Cavalluzo, Hayes, Shilton, McIntyre and Cornish.
23. Jane E. Meadus, BA, LL.B. Barrister and Solicitor, Institutional Advocate, Advocacy Centre for the Elderly.
24. Pat Morden. Consultant, Former CEO Shalom Villages, Hamilton, Ontario.
25. Margaret Mottershead. Chief Executive Officer, Ontario Association of Community Care Access Centres.
26. Bill O'Neill. Executive Director, Kensington Gardens, Toronto.
27. Tolleen Parkin. Administrator, Sunset Manor, Simcoe County.
28. Eileen Patterson, MCE, PMP and colleagues. Vice President, Quality Improvement, Health Quality Ontario.
29. Marion Pringle. Provincial Director (Manitoba), Revera.
30. Dipti Purbhoo. Senior Director, Client Services, Toronto Central Community Care Access Centre.
31. Tammy Rankin. Elder Abuse Advisor, Region of Durham.
32. Marilyn Rook. President and CEO, Toronto Grace Hospital.

33. Joel Sadavoy MD. Founder Geriatric Psychiatry, FCPA (Distinguished), Professor of Psychiatry, University of Toronto; Sam & Judy Pencer Chair in Applied General Psychiatry; Director, Cyril and Dorothy, Joel & Jill Reitman Centre for Alzheimer's Support and Training; Head of Community Psychiatry and Geriatric Psychiatry Services, Mount Sinai Hospital, Toronto.
34. Jamie Schlegel. Chief Executive Officer, Schlegel Villages.
35. Shirlee Sharkey. President and Chief Executive Officer, St. Elizabeth Health Care, Toronto. Author, *Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario*.
36. Samir Sinha, MD, DPhil. Director of Geriatrics, Mount Sinai and the University Health Network Hospitals; Assistant Professor of Medicine, University of Toronto and Johns Hopkins University School of Medicine.
37. Roger Skinner, MD. Regional Supervising Coroner, East Region; Chair, Geriatric and Long-Term Care Committee, Office of the Chief Coroner.
38. Matt Snyder. Project Lead, Behavioural Supports Ontario. North Simcoe Muskoka Local Health Integration Network.
39. Karima Velji, RN PhD. Vice President Clinical and Residential Programs and Chief Nursing Executive, Baycrest, Toronto.
40. Steven Wilson. Lawyer, Mathews, Dinsdale and Clark, Toronto.
41. Walter Wodchis, PhD. Associate Professor, Institute of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto.

LONG-TERM CARE HOME SITE VISITS BY THE TASK FORCE CHAIR

1. Baycrest, Toronto.
2. Belmont House, Toronto.
3. Kensington Gardens, Toronto.
4. Main Street Terrace, Toronto.
5. The Village of Humber Heights, Etobicoke.
6. Tall Pines, Brampton.

Meetings With the Task Force (March 26, 2012)

1. John Hirdes, PhD. , Department of Public Health and Health Systems, University of Waterloo; Ontario Home Care Research and Knowledge Exchange Chair.
2. Samir Sinha, MD, DPhil. Director of Geriatrics, Mount Sinai and the University Health Network Hospitals; Assistant Professor of Medicine, University of Toronto and Johns Hopkins University School of Medicine.

D: DOCUMENT REVIEW

Alzheimer Society of Canada. 2010 (December 21). *Older Adult Abuse and Dementia: A Literature Review*. Prepared by MaryLou Harrigan, Research Consultant.

Armstrong, Pat, Albert Banerjee, Marta Szebehely, Hugh Armstrong, Tamara Daly and Stirling LaFrance. Nd. *They Deserve Better. The long-term care experience in Canada and Scandinavia*.

Banerjee, Albert, Tamara Daly, Hugh Armstrong, Pat Armstrong, Stirling LaFrance and Marta Szebehely. 2008 (February 14). “Out of Control”: *Violence against Personal Support Workers in Long-Term Care*.

Brennan, Shannon. 2012 (March 8). “Victimization of Older Canadians, 2009” *Juristat* December. Statistics Canada Catalogue no. 85-002-X.

Canadian Healthcare Association. (2009). *New Directions for Facility-Based Long Term Care*. Ottawa: Author.

Casa Verde Coroner Recommendations. *Recommendations of Deaths of Ezzeldine El-Roubi and Pedro Lopez at Casa Verde Nursing Home*. Inquest Date: January 31-April 18, 2005. Dr. D. Evans, Presiding Coroner.

DeHart, Dana, Jennifer Webb and Carol Cornman. (2009). “Prevention of Elder Mistreatment in Nursing Homes: Competencies for Direct-Care Staff.” *Journal of Elder Abuse & Neglect* 21(4): 360-378.

Flemons, W. Ward and Glenn McRae. 2012 (Special Issue). “Reporting, Learning and the Culture of Safety.” *Healthcare Quarterly* 15: 12-17.

Hirdes, John P., Lori Mitchell, Colleen J. Maxwell and Nancy White. 2011. “‘Iron Lungs of Gerontology’: Using Evidence to Shape the Future of Nursing Homes in Canada.” *Canadian Journal on Aging*: 1-20.

Hirst, Sandra, Charmaine Spencer, Marie Beaulieu, Michèle Charpentier, Joan Harbison, Lynn McDonald, Elizabeth Podnieks and Dana Howse. 2008 (March). *Institutional Abuse and Neglect: A Canadian Resource*. Prepared for the Project: A Way Forward: Promising Approaches to Abuse Prevention in Institutional Settings.

Kontos, Pia C., Karen-Lee Miller and Gail J. Mitchell. 2009. “Neglecting the Importance of the Decision Making and Care Regimes of Personal Support Workers: A Critique of Standardization of Care Planning Through the RAI/MDS.” *The Gerontologist* 50 (3): 352-362.

Lindbloom, Erik J., Julie Brandt, Landon D. Hough and Susan E. Meadows. 2007. “Elder Mistreatment in the Nursing Home: A Systematic Review.” *Journal of the American Medical Directors Association* 8: 610-616.

- McConnell, Heather and Josephine Santos (Registered Nurses' Association of Ontario). Nd. *Promoting the Awareness of Elder Abuse in Long-Term Care: National Elder Abuse Awareness Initiative.*
- McCool, Jessica J., Gerald J. Jogerst, Jeanette M. Daly and Yinghui Xu. 2009. "Multidisciplinary Reports of Nursing Home Mistreatment." *Journal of the American Medical Directors Association* 10: 174-180.
- Office of the Chief Coroner, Province of Ontario. 2011 (November). *2010 Annual Report of the Geriatric and Long-Term Care Review Committee.* Chair: Dr. Roger Skinner.
- Ontario Association of Non-Profit Homes and Services for Seniors. 2009 (November). *Submission to the Legislature's Select Committee on Mental Health and Addictions.*
- Ontario Long Term Care Association. 2011 (November). *Igniting and Integrating Innovation Within the Long-Term Care System.* A Discussion Paper for the Ontario Long Term Care Innovation Expert Panel Planning Retreat, November 15-16, 2011.
- Page, Connie, Tom Conner, Artem Prokhorov, Yu Fang, and Lori Post. (2009). "The Effect of Care Setting on Elder Abuse: Results from a Michigan Survey." *Journal of Elder Abuse & Neglect* 21(3) 239-252.
- Rosen, Tony, Karl Pillemer and Mark Lachs. 2008 (March 1). "Resident-to-Resident Aggression in Long-Term Care Facilities: An Understudied Problem." *Aggression and Violent Behavior* 13(2): 77-87.
- Sharkey, Shirley. 2008 (May). *People Caring for People: Impacting the Quality of Life and Care of Residents of Long Term Care Homes.* A Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario.
- The Conference Board of Canada. 2011 (January). *Elements of an Effective Innovation Strategy for Long Term Care in Ontario.* Prepared for the Ontario Long Term Care Association by The Conference Board of Canada.
- Volicer, Ladislav, Jenny T. Van der Steen, and Dinnus H. M. Frijters. 2009 (November). "Modifiable Factors Related to Abusive Behaviors in Nursing Home Residents With Dementia." *Journal of the American Medical Directors Association* 10: 617-622.
- Walker, David (Provincial ALC Lead). 2011 (June 30). *Caring for Our Aging Population and Addressing Alternate Level of Care.* Report submitted to the Minister of Health and Long-Term Care.

E: POSTER



Long-Term Care Task Force
on Resident Care and Safety
 ONTARIO

Your Voice Matters

We want your thoughts on what makes a long-term care home a place where people feel they are safe, respected and cared for.

Long-term care home residents, staff, volunteers, family members and other interested individuals are invited to submit comments to the Task Force in one of four ways:

- Online** Visit www.longtermcaretaskforce.ca and click on "Your Voice" to respond online.
- Phone** Call 1-866-399-6073 to record your responses.
- Fax** Send to (416) 766-8007 between the hours of 8:00 am - 8:00 pm.
- Mail** Long-Term Care Task Force
 1938 Bloor Street West
 P.O. Box 30026, Toronto, ON
 M6P 4J2

Responses will be accepted until **March 19, 2012**.
 All submissions are confidential.

(Please note that the Task Force must report to the Ministry any information it receives that relates to abuse, neglect or other reportable actions where a long-term care home and/or individual(s) are identified.)



The Long-Term Care Task Force on Resident Care and Safety is a committee of government and non-government representatives from across the sector, including family and resident groups, unions, advocates, academic experts, writers, unions, long-term care provider associations and advocates. It is mandated to develop an action plan that will assist in preventing incidents of abuse and neglect in long-term care homes that is targeted for public release in April 2012.

Please note that the investigation of incidents of abuse and neglect is not within the mandate of the Long-Term Care Task Force on Resident Care and Safety. The Ministry of Health and Long-Term Care is responsible for ensuring compliance with the Long-Term Care Home Act, 2007. If you have reasonable grounds to suspect that an abuse of a long-term care home resident, please contact the Ministry directly by calling the Long-Term Care Action Line at 1-800-431-0242. For further information on the law, visit www.longtermcareontario.ca.

DEVELOPING AN ACTION PLAN TO ADDRESS ABUSE AND NEGLECT IN LONG-TERM CARE HOMES

F: LEGISLATION GOVERNING LONG-TERM CARE HOMES IN ONTARIO AND SUPPORTING GOVERNMENT PROCESSES

Long-Term Care Homes Act, 2007 and Ontario Regulation 79/10

Ontario's long-term care homes are governed in law by the *Long-Term Care Homes Act, 2007* and *Ontario Regulation 79/10*.²⁵ The Act and regulations – which came into effect on July 1, 2010 – address the following: Residents Rights, Care and Services (Part II); Admission of Residents (Part III); Councils (Part IV); Operation of Homes (Part V); Funding (Part VI); Licensing (Part VII); Municipal Homes and First Nations Homes (Part VIII); Compliance and Enforcement (Part IX); and Administration, Miscellaneous and Transition (Part X). The following sections from legislation are directly pertinent to resident abuse and neglect.

FUNDAMENTAL PRINCIPLE AND RESIDENTS' BILL OF RIGHTS

The *Act* begins with the fundamental principle that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.

The *Act* outlines the *Residents' Bill of Rights* (s3(1)) by noting that long-term care homes shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.

²⁵ See http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07108_e.htm for the Long-Term Care Homes Act, 2007.

See http://www.e-laws.gov.on.ca/html/source/regs/english/2010/elaws_src_regs_r10079_e.htm for Ontario Regulation 79/10.

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the *Personal Health Information Protection Act, 2004* kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organisations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. (3.1)

The *Act* notes that residents may enforce the Bill of Rights against the home as though there was a contract between the home and the resident under which the home agreed to fully respect and promote all the rights in the Bill of Rights (s3(4)).

MISSION STATEMENT

Each home must have a *mission statement* that sets out and puts into daily practice the principles, purpose and philosophy of care of the home (s.4(1)). The mission statement must be consistent with the fundamental principle and the Residents' Bill of Rights, and be developed in collaboration with the Residents' and Family Councils and with the participation of staff and volunteers (s.4(2-3)).

PREVENTION OF ABUSE AND NEGLECT

The *Act* notes that long-term care homes have the duty to protect residents from abuse by anyone and must ensure that residents are not neglected by the home or staff (s19(1)).

The *Act* requires homes to have a written policy that promotes zero tolerance of abuse and neglect of residents (s20(1)). The policy must be complied with and communicated to all staff, residents and substitute decision makers. The Act and Regulation (s 96) outline the minimum content of the policy.

If a home suspects that an incident of abuse or neglect may amount to a criminal offence, it must immediately notify the police.

DEFINITIONS OF ABUSE AND NEGLECT

The *Act* defines "abuse" in relation to a resident to mean physical, sexual, emotional, verbal or financial abuse. The types of abuse are defined in section 2(1) of the Act and regulations.

Emotional abuse means,

- (a) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or
- (b) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.

Financial abuse means any misappropriation or misuse of a resident's money or property.

Physical abuse means

- (a) the use of physical force by anyone other than a resident that causes physical injury or pain (Note: physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances),
- (b) administering or withholding a drug for an inappropriate purpose, or
- (c) the use of physical force by a resident that causes physical injury to another resident.

Sexual abuse means,

- (a) any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or
- (b) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member;
- (Note: sexual abuse does not include: (a) touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living, or (b) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member.

Verbal abuse means,

- (a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or
- (b) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.

Neglect is defined in the Regulation as follows:

- "Neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

COMPLAINTS AND REPORTS

Homes must have written procedures to manage complaints which meet the requirements of the regulation. Homes are obliged to investigate and respond to written and verbal complaints concerning the care of a resident or the operation of the home. According to the Act, homes must immediately forward written complaints about the care of a resident or the operation of the home to the Director (s22.1).

Homes must investigate and respond to reports concerning abuse or neglect of a resident, and report the result of the investigation and response to the Director (in the Ministry of Health and Long-Term Care). The requirements for the report are set out in the regulation (s104).

A person who has reasonable grounds to suspect that one of the following events has occurred or may occur must report this to the Director immediately (Act s24(1)):

- Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
- Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
- Unlawful conduct that resulted in harm or a risk of harm to a resident.
- Misuse or misappropriation of a resident's money.
- Misuse or misappropriation of funding provided to a licensee under this Act or the *Local Health System Integration Act, 2006*, 2007, c. 8, ss. 24 (1), 195 (2).

The exception to the above is a resident who may make a report but is not required to do so.

Homes must inform the Director following a critical incident in the home. Depending on the type of incident, the home must either inform the Director immediately or within one business day. The home must follow-up with a report describing the incident, including the action the home took to respond to the incident. Failure to report is an offence.

WHISTLE BLOWER PROTECTION

The *Act* includes protection for whistle-blowing (s26.1). No person can retaliate against another person, by action or omission, or threaten to do so, for making a report or disclosing information to the Director. Retaliation includes dismissing a staff member, disciplining or suspending a staff member, imposing a penalty upon any person, or intimidating, coercing or harassing any person (s26.2). As well, residents cannot be discharged or threatened with discharge from or subject to discriminatory treatment for making a report or disclosing information to the Director (s26.3).

This is also true for the resident if the report is made by a family member, substitute decision maker or person of importance to the resident.

COMPLIANCE AND ENFORCEMENT

Part IX of the Act sets out the framework for the Ministry's compliance program which includes the process and rules for inspections, and the powers of inspectors. Section 152 of the *Act* sets out the actions an inspector can take if he or she finds non-compliance. These actions include a written notification, a request that the home develop a voluntary improvement plan, a compliance order or a work and activity order, or written notification with the matter referred to the Director for further action (152).

The Director has more extensive powers than inspectors. To address non-compliance, the Director may order the home to return funding, or withhold funding to the home. The Director may also order a home to retain a person acceptable to the Director to assist in the management of the home. The Director has the power to revoke a home's license. Note that the Director has separate and specific enforcement powers in the context of approvals for municipal and First Nations homes.

A home may request the Director to review an inspector's order. Homes may appeal decisions of the Director to the Health Services Appeal and Review Board.

QUALITY IMPROVEMENT

Every licensee of a long-term care home shall develop and implement a quality improvement and utilisation review system that monitors, analyses, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.

The quality improvement and utilisation review system needs to:

- Include a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review
- Be ongoing and interdisciplinary

The improvements made to quality must be communicated to the Residents' Council, Family Council and staff of the home on an ongoing basis.

Government Processes

REPORTING ABUSE AND NEGLECT IN LONG-TERM CARE HOMES

Anyone who is concerned about a long-term care resident's situation can report a concern or complaint (including the resident). There are a number of options for submitting a complaint:

- Follow the home's complaint procedures. All Ontario long-term care homes must post written procedures for making complaints. If the complaint is about possible harm to a resident, the home must investigate the complaint immediately and respond to a verbal or written complaint about the care of a resident or the operation of the home within 10 business days, if possible. If the home cannot investigate and resolve the complaint in 10 business days, it must inform the person and give the date when the complaint will be resolved.
- Contact the Ministry of Health and Long-Term Care by calling the toll free Long-Term Care ACTION Line (1-866-434-0144). The information will be given to an inspector for follow-up. The line is seven days a week, from 8:30 a.m. to 7:00 p.m.
- Contact the Ministry in writing to the Director, Performance Improvement and Compliance Branch.

COMPLAINTS PROCESS

The Ministry collects complaints about long-term care homes from a number of sources including the Action Line and direct complaints received by the Ministry. When a complaint is received, the Ministry follows a process that includes intake, assessment, triage and assignment of a duty inspector.

The duty inspector determines if there is possible non-compliance with the legislation and the immediacy of the risk based on the information gathered. The inspector will talk to the complainant, and may conduct an inquiry with the home (depending on the issue). Once an inspection is assigned, the inspector inspects, interviews residents, staff, others, reviews records, and other things associated with the issue. Based on all the evidence gathered, the inspector determines if the matter occurred and if the home is in compliance with legislative requirements.

Rather than simply determining if the complaint was verified or not, a full inspection is completed which will use one or more of the 31 specific inspection protocols which map to specific requirements in the legislation. If the inspector discovers non-compliance(s), s/he will issue a report and may issue an order(s) (specifics in Section 152 of the Act).

Complaints may be received on issues that are or that become critical incidents (for example, the home may report a critical incident and the family lodges a complaint about the same incident).

CRITICAL INCIDENTS

Long-term care homes must report critical incidents to the Ministry as defined in legislation. The LTC home identifies each critical incident using incident categories. The definitions of these are found in Section 107 of the Regulations. Not all critical incidents relate directly to abuse and neglect.

When a critical incident is reported, it is assessed and triaged. The inspector makes an immediate visit to the home when the incident has resulted in serious harm or risk of serious harm to a resident, and in other selected instances as per the legislation. When the critical incident is investigated, the duty inspector determines the category under which the incident falls.

COMPLIANCE PROGRAM: LONG-TERM CARE HOME QUALITY INSPECTION PROGRAM (LQIP)

The Ministry redesigned its compliance inspection program which is being implemented in phases from 2010 to 2012.²⁶ The new Long-Term Care Quality Inspection Program (LQIP) includes two types of inspections:

- Critical Incident, Complaint and Follow-up (CCF). Inspectors inspect a home to follow up on a complaint, mandatory report, critical incident or follow up inspection. The inspection is focused on the incident. Relevant inspection protocols are used to examine the issue and to determine if the home is non-compliant with the Act.
- Annual inspections (also known as Resident Quality Inspections). Ministry long-term care home inspectors will conduct an unannounced inspection of every home at least once a year. All long-term care homes received their first annual inspection under the Act by December 31, 2011. Mandatory inspection protocols are completed in each annual inspection. They include an in-depth review of a number of areas including quality improvement. In Stage 1, a sample of residents (about 40) is randomly selected and a preliminary review is conducted of the quality of care and quality of life indicators of these residents using a structured set of questions. If the Inspectors determine that there may be deficiencies, there is further inspection in Stage 2. In this stage, inspectors gather the information necessary to determine whether the standards of care set out in the *Long-Term Care Homes Act* and regulations are being met.

On July 1, 2010 the ministry began inspecting long-term care homes based on the requirements of the *Long-Term Care Homes Act, 2007* and regulation. The new inspection process uses a comprehensive approach that includes interviews with residents, families and staff to get their assessment of the quality of care and quality of life in the home. The inspection process and supporting technology have been thoroughly tested at each stage of development.

²⁶ http://www.health.gov.on.ca/en/public/programs/ltc/31_pr_inspections.aspx. Accessed April 5, 2012.

Copies of the public version of inspection reports detailing all findings of non-compliance must be publicly posted in long-term care homes and are provided to Residents' and Family Councils. They are also published on the Ministry's website. In addition, Health Quality Ontario publicly reports key long-term care indicators (such as rates of pressure ulcers, falls, incontinence and use of restraints). Almost 300 homes provide this information voluntarily. It is hoped that all homes will publicly report this information through HQO by the end of 2012.

