



# Maximizing Resident Care and Safety

OANHSS Submission to the  
Ontario Standing Committee on  
Finance and Economic Affairs

JANUARY 2014

## Summary of Recommendations



**OANHSS** | Ontario Association of Non-Profit Homes and Services for Seniors

# Maximizing Resident Care and Safety

## Summary of Pre-Budget Recommendations January 2014

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### Introduction

OANHSS is the provincial association representing not-for-profit providers of long term care, services and housing for seniors. Members include municipal and charitable long term care homes, non-profit nursing homes, seniors' housing projects and community service agencies. Member organizations operate over 27,000 long term care beds and over 8,100 seniors' housing units across the province.

This submission provides input from the non-profit long term care (LTC) provider's perspective on how the system can be improved through public investments and policy changes and enhancements; changes that the Ministry may wish to include in its 2014-15 budget planning process.

As of May 2013 the Ministry of Health and Long-Term Care (MOHLTC) reported approximately 21,000 seniors were awaiting placement in one of the 77,600 LTC beds in Ontario's 630 LTC homes<sup>1</sup>. The occupancy rate in the province averages 99.0%.

The people behind these numbers represent the most vulnerable of all societal groups; the frail elderly. Not all seniors need LTC and all stakeholders are working hard to enable seniors to remain in their communities. The result of this policy direction, coupled with the facts of the demographics of aging, is that those with the greatest need are the ones being admitted to LTC homes. Acuity in the LTC population is increasing accordingly.

Historically, the primary reasons for relying on LTC were due to physical health issues. Over time, mental health issues, dementias in particular, have grown in prevalence and are expected to continue to grow with the aging "baby boomers". Along with the increase in

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<sup>1</sup> Ministry of Health and Long-Term Care. [Long-Term Care Home System Report](#), August, 2013.

mental health conditions has grown the risk to the safety and well-being of residents and staff of LTC homes. The risk stems often from individuals suffering from mental health afflictions without the necessary level of care and expertise.

Individual homes have made efforts to deal with the care and safety demands created by the growing mental health issues in LTC. Unfortunately, there are limited or no additional resources made available on a system-wide basis. Although many homes have "secure behaviour units" these receive no additional funding over the standard level of care funding.

There are some exceptions on the horizon. LHINs have developed exploratory approaches to the provision of care around mental health, with an emphasis on aggressive behaviours, most notably, Behaviour Supports Ontario (BSO). One of the BSO models that OANHSS members support is the "embedded model" of care where expertise and increased staffing is made available to enable individual homes to properly care for residents with manageable behaviours. We also strongly support the BSO model of enhanced supports within a "designated" and transitional behaviour unit which provides intensive therapy for residents with very difficult to manage behaviours. These approaches have been shown to work and it is time to implement them on a system-wide basis in order to minimize the risk of the incidents resulting from aggressive behaviours that periodically occur within homes. This will involve a financial commitment on the part of the MOHLTC.

We do not profess to have an answer that will totally eliminate critical incidents resulting from aggressive behaviour. These are often totally unpredictable and unpreventable, however, the actions recommended in this Budget submission will go far to diminish the risk of injuries and maximize the safety and well-being of all residents in LTC.

The nature of the LTC population has changed and the LTC system needs to respond appropriately. In our submission we make the point that overall acuity measures, although very useful for some purposes, do not provide enough information to properly understand the resident population.

## Summary of Recommendations

### Resident Acuity

1. **Given the 1.1% increase in year over year acuity and the ongoing input cost pressures (averaging approximately 1.5%), OANHSS recommends a maintenance increase of 1.5% to the NPC and PSS envelopes.**

#### Rationale:

- Year over year, overall acuity/CMI has increased by 1.1%
- This trend hides some larger growth areas that reveal a resident population that is getting sicker and requiring heavier care:
  - On average over 40% of residents have six or more formal diagnoses and this group is growing at 7.9% per year.
  - At any given time, 38.5% of residents are experiencing a flare up of a medical condition and 8% of residents' conditions are unstable.
  - Emphysema/COPD is increasing at 3.1%, arteriosclerotic heart disease at 5.2% and renal failure at 6.4%.
- These and other physical health issues have resulted in an increase in labour intensive care:
  - Oxygen therapy is increasing by 5.9% per year
  - Monitoring acute conditions 6.1% per year
  - Administering IV medications 10.2% per year
  - Monitoring intake/output 11.8% per year

### Aggressive Behaviours and Mental Health

#### Moderate Aggressive Behaviours

2. **The Ministry increase NPC and PSS funding, based on Behaviour Supports Ontario (BSO) in-home expertise models, to ensure a core level of behaviour care expertise in all homes and to offset the behaviour-related funding deficit inherent in the RUGs methodology.**
3. **Although effective training and education programs exist, (PIECES, U-First, Montessori, etc.), access to these resources needs to be improved. OANHSS recommends that the Ministry facilitate access to the appropriate training and education programs for all care staff on a regular and recurring basis.**

Rationale:

- 35% or about 27,500 residents have moderate aggressive behaviours – this is growing at a rate of 4.2% or about 1,200 per year.
- Residents with a dementia, depressed mood and cognitive impairment are highly over-represented in this group:
  - Dementias account for 62% of the general resident population but 72% of moderately aggressive residents.
  - Residents with depressed mood account for 33% of the general population but almost 42% of the moderate group.
  - Residents with a cognitive impairment account for 27% of the general population but 35% of those with moderate behaviours.
- Residents with moderate aggressive behaviours require more attention which draws staff time away from the needs of the general resident population and lowers the overall quality of life in the home.
- If staff do not have the time and expertise to provide the proper care to these residents than the risk of aggressive behaviours can escalate to very dangerous levels.
- OANHSS members agree that a province-wide and permanent approach to dealing with the issues of aggressive behaviours is critical.
- Homes need adequate staffing, expertise and properly funded training to maximize the well being and safety of residents and staff:
  - Although effective training and education programs exist (PIECES, U-First, Montessori, etc.) access to these resources needs to be improved.
  - The BSO embedded model is supported by OANHSS and members (specialized and permanent in-house supports).

**Severe Aggressive Behaviours**

- 4. The Ministry must revise the applicable regulations to enable homes, based on reasonable criteria, to redirect admission of residents, and the right to transfer existing residents, deemed to pose a significant risk to other residents and staff due to aggressive behaviour to a designated behaviour unit.**
- 5. In order to ensure the safety of all residents and staff, OANHSS recommends that the Ministry expand the number of designated units for extremely aggressive residents and that homes without designated units be permitted**

**to transfer, or refer, residents to such specialized units or other appropriate settings within the mental health system as appropriate.**

- 6. That the Ministry, based on the BSO designated unit staffing model, fund all existing and new designated units across the province and that designated unit funding be separate from level of care funding.**
- 7. In concert with the foregoing recommendations, the province needs to facilitate a research project that will investigate, in detail, the characteristics of residents and potential residents at risk of aggressive behaviours with the objective of identifying various levels of risk within that population. That research should also assess the care needs of the various risk-levels in order to determine their fit within the scope of practice within LTC.**

Rationale:

- 11% of residents have severe aggressive behaviours.
- This group has a much greater concentration of the most prevalent mental health challenges:
  - 83.5% suffer from some form of dementia.
  - 66.5% are assessed with a depressed mood.
  - 53.6% have a cognitive impairment.
- Care for residents with severe behaviour issues requires specialized behaviour units – both transitional and long term.
- Designated/specialized unit funding must be separate from level of care funding.
- There is also a critical need to gain a better understanding of the characteristics of the resident population displaying aggressive and related behaviours.



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