Ontario Long Term Care Clinicians

OVERVIEW OF OLTCC RECOMMENDATIONS FOR LTC SECTOR

AND

OLTCC RESPONSE TO THE LTC COMMISION SECOND INTERIM REPORT

INTRODUCTION

OLTCC is a not-for-profit volunteer organization representing clinicians practicing in Long Term Care (LTC). Our members include physicians, nurse practitioners, pharmacists and other professional health care providers. All members of our Board are actively working in LTC.

The OLTCC Vision is all Ontarians in LTC receive excellent care. Our Mission is carried out through education and advocacy.

LTC is a home and often a person's last home. Compression of morbidity and greater access to home care results in greater acuity for LTC residents. Additionally, there has been increasing complexity in the health care needs of residents moving into LTC, with a significant presentation of dementia and some residents being much younger and otherwise healthy.

OLTCC supports measures to improve the quality of life and care of residents in LTC homes. This is best achieved through leaders with experience, knowledge and familiarity with the regulations, legislation, structure and function of Long-Term Care and community partners.

OVERVIEW of OLTCC KEY RECOMMENDATIONS FOR LTC SECTOR:

1. OLTCC recommends the creation of a Chief Medical Officer for Long Term Care (CMO of LTC) to demonstrate real and tangible action in providing much needed oversight and direction to the LTC sector, and to inform, collaborate and coordinate with other health care system sectors and partners, i.e. hospital and public health The CMO Of LTC would:

- Draw on best practices from around the world, not just in times of COVID but for sector improvements and direction.
- Develop and establish standards of care.
- Inform LTC building design and infrastructure.
- Advise to Government inspections.
- Assist the sector in a crisis of any kind, not just a pandemic.

Additionally, there should be CMOs of LTC in each of the five Ontario Health regions to:

- Ensure direction and guidance is reaching each home and that standards are being met.
- Determine the makeup of interdisciplinary teams based on the number and types of health care and allied health care professionals in a region.
- Ensure homes have access to the expertise needed to support resident care – both in person and virtually.

Ontario Long Term Care Clinicians
1288 Ritson Road North, Suite 333
Oshawa, ON L1G 8B2
office@oltcc.ca

T: 905-404-9545
F: 905-404-3727

www.oltcc.ca
@OnLTCC

2. Sufficient funding to address staffing shortages, provide essential training for the specialized care required and sufficient time to properly care for each resident.

3. Training in palliative care for all LTC staff is essential. A focus on palliative care, advance care planning and goals of care conversations will ensure quality of life care for residents and support for family caregivers.

4. Funding should focus on quality of care and quality of life indicators, rather than expected outcomes in frail elderly. Funding should reflect non-procedural realities of current resident care (e.g. dementia care). Employment and contract models for physicians should reflect the care, consultation, oversight and leadership required, and should include Advance Care Planning with residents and their families to avoid unnecessary, unwanted and costly medical interventions.

5. LTC education should be made possible for nursing and medical schools, and in Family Medicine post-graduate training programs. The OLTCC Medical Director Course should be mandatory upon engagement as a Medical Director.

RESPONSE TO SECOND INTERIM REPORT

The Second Interim Commission, released on December 16, addressed the increased number of LTC infections and deaths in the second wave of the COVID-19 pandemic. Three factors were identified for reducing the risk.

i. Effective leadership and accountability
ii. Using performance indicators to assess each home's readiness to prevent and manage COVID-19 outbreaks, and
iii. Focused inspections to assess compliance with measures known to reduce the impact of the virus.

i. The Commissioners have heard that "homes where leaders were visible and provided clarity around staff roles and responsibilities fared better than those where leadership was less engaged. Homes with effective leaders were better prepared, had less outbreaks, and better contained outbreaks when they occurred." This recommendation is intended for the duration of the pandemic:

> *There is a clear lead for the quality of care amongst the leadership team of the Executive Director, Director of Nursing and Personal Care and Medical Director in each LTC home. This individual must be on-site each day in a full-time position and be held accountable for resident quality of care and the Province provide the financial resources necessary to effectively support the lead for quality of care in carrying out their role and responsibilities.*

ii. The second recommendation advises immediate use of performance indicators for resident and family satisfaction, staff engagement, staffing levels, and supply of PPE in the LTC home. These indicators are publicly reported.

The third recommendation calls for the resumption of proactive inspections, that is the resident quality inspections (RQI).

Key Responses to the Second Interim Report:

- OLTCC recognizes the need for visible leadership not only by Medical Directors but also be attending physicians and other primary care providing in long term care, especially in crisis situations, such as an outbreak.
- As per recommendation (1) above, OLTCC believes that a Chief Medical Officer (CMO) of LTC will be particularly useful in outbreak identification, coordination, advice, guidance. Where the long-term care leadership does not meet the care and safety of the residents, a CMO of LTC, is an office that is knowledgeable about the long-term care legislation and culture, will provide oversight and direction. This recommendation is supported by Ontario Medical and the Ontario Seniors Care Advisory Roundtable.
- The Medical Director is part of a leadership triad that includes the Executive Director (or administrator) and Director of Care. Again, as in our first submission, we state that this leadership team must work collaboratively to direct clinical care, including infection prevention and control. In homes in which this dynamic existed, infection rates were low to non-existent.
- Any person or body credentialing physicians in long term care should have completed the Medical Director Course. OLTCC advocates for regular annual credentialling with updated certification infection prevention and control.
- The Ministry of LTC should work with Ontario Long Term Care Association (OLTCA) and AdvantAge Ontario and the OLTCC in advancing a consistent leadership model for long term care.
- There needs to be a clear and consistent direction on the use of virtual care in long term care, especially in the situation of an outbreak. The same applies to cohorting care when clinicians (MDs and nurse practitioners) are visiting more than one health care setting in the midst of an outbreak
- If remuneration is commensurate with responsibility, there is a significant gap in what is expected of the Medical Director. The current annual compensation for a Medical Director in a 100-bed facility is only $10,950 ($0.30 x 100 x 365). Similarly, other attending physicians not in medical directorship roles do not receive administrative or leadership compensation.
- The 2015 Auditor General report recommended “to prioritize comprehensive inspections based on LTC homes’ complaints and critical incidents and other risk factors”. Regular annual inspections should include an IPAC Program review. There should be better coordination of inspections currently performed by Ministry of LTC, Ministry of Labour, Training and Skills Development (MLTSD) and Public Health inspectors.
- The Second Report of the LTC Commission refer to the LTCHA, which describes LTC as “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.” OLTCC is firmly rooted in the conviction that long term care is the resident’s home. Our residents have limited life expectancy. Resident-centered care requires their wishes and goals of care must be respected. The Long- Term Care Homes Act (2007) lists the Residents’ Rights. Policies must avoid making LTC a more institutional environment.