



Progress Report

Long-Term Care Task Force On Resident Care and Safety

January 2013

Delivering on the Action Plan to Address Abuse
and Neglect in Long-Term Care Homes



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

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A Message from Members of the Long-Term Care Task Force on Resident Care and Safety

The Long-Term Care (LTC) Task Force is pleased to present its first progress report. The LTC Task Force on Resident Care and Safety was established by the sector in November 2011, to respond to media reports and public concern about incidents of abuse and neglect in long-term care homes and an underreporting of these incidents. The Task Force has broad representation including a resident, family member, advocates, nurses, long-term care physicians, personal support workers, unions, and long-term care provider associations.

This progress report represents the first of six semi-annual progress reports that will be issued over the next three years. This report follows up on our commitment to implement the 18 multi-faceted actions contained in the original report released in May 2012. You can refer back to these original action statements within this document, and see the progress that has been made to date. Some stories have also been included to provide you with a glimpse of the changes underway. We have also set three-year targets in the form of outcome statements to guide our efforts.

We hope you will find that this first progress report demonstrates our commitment to transparency and to working steadily and collaboratively to improve the care and safety of residents.

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

- Concerned Friends of Ontario Citizens in Care Facilities (Concerned Friends)
- Family Member
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)
- Ontario Association of Residents' Councils (OARC)
- Ontario Family Councils' Program (FCP)
- Ontario Long-Term Care Association (OLTCA)
- Ontario Long-Term Care Physicians (OLTCP)
- Ontario Network for the Prevention of Elder Abuse (ONPEA)
- Ontario Nurses' Association (ONA)
- Personal Support Network of Ontario, (PSNO and PSW Ontario)
- Registered Nurses' Association of Ontario (RNAO)
- Registered Practical Nurses' Association of Ontario (RPNAO)
- A Resident in Long-term Care
- Service Employees International Union (SEIU)

Introduction

This is the first progress report of the Long-Term Care Task Force on Resident Care and Safety, prepared in response to the *Action Plan to Address Abuse and Neglect in Long-Term Care Homes* (Action Plan) released on May 16, 2012.

This initial progress report is one of six semi-annual reports to be delivered by the Task Force over the next three years. Task Force members recognized early on the strength and value of a collaborative approach. We have continued to build on this foundation - as the best way to ensure that progress is made in various ways across the province.

The Action Plan report examined and addressed the factors contributing to incidents of abuse and neglect in long-term care homes. It laid out a vision for the long-term care system within 10 themes and 18 actions for improving resident care and safety. The leadership for these actions was assigned as follows:

- Eleven actions focused on areas where the long-term care sector can play a leadership role.
- Six actions required leadership by the Ministry of Health and Long-Term Care (MOHLTC) and may benefit from participation of other partners.
- The final action called upon the Task Force to commit to overseeing the implementation of the Action Plan, and to publicly report on progress every six months.

The Action Plan called for an approach that would advance an open and transparent environment within long-term care homes, and restore public confidence that residents receive high quality care and are treated with dignity and respect. This progress report, and the five others that follow, will reflect that approach.

Overview of this Report

This progress report includes information on the gains being made on the 18 actions over the last six months of 2012. **Part I** provides an overview of the groundwork laid to anchor the work of the next few years. **Part II** identifies the progress made to date on the eleven sector-led actions and the six Ministry of Health and Long-Term Care led actions. **Part III** describes the planned next steps, and highlights a few considerations as we move forward.

As this report demonstrates, long-term care (LTC) sector partners and the ministry have initiated work on many levels - and in a concerted way - to promote a culture of safe care for residents living in long-term care homes.

Part I: Laying the Groundwork for a Three-Year Implementation

Steering Committee Leading the Efforts

Action 18 calls upon the originators of this Task Force – 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 - to commit to ensuring that the Long-term Care Task Force on Resident Care and Safety oversees the implementation of the Action Plan and publicly reports on its progress mid-year and at year end over three years.

Following the release of the Action Plan in May 2012, these organizations, joined by the Ontario Family Councils' Program (FCP), came together to form a Steering Committee to guide implementation efforts and ensure coordinated input and approval of all members of the Task Force.

The Committee meets regularly and has established communication processes to support planning, co-ordination and decision making going forward.

Collaborative Approach to Implementation

A fundamental aspect of building the implementation plan is to have the voice of residents and families represented at the Steering Committee table. These perspectives ensure that plans are anchored to what makes the most difference to the lived experience of residents and families, and the work life of staff. This balance of perspectives (resident, family, provider, staff and advocate) is shaping a different conversation than has existed in the past across the sector at the provincial level.

Three-Year Outcome Measures

As a first step following the release of the Task Force Action Plan report, the Task Force and ministry developed three-year outcome statements for the actions they are respectively leading. These outcome statements bring focus to the results we are aiming for, while the action statements reflect the “who” and the “how” we will go about the work of achieving the outcomes.

Year 1 Work-Plan

The Year 1 work-plan was built in consultation with Task Force members and the Ministry of Health and Long-term Care (MOHLTC). Input was also sought from organizations identified in the Action Plan as having a partnership role in implementation, including, for example, Health Quality Ontario (HQO) and Behavioural Supports Ontario (BSO). This work-plan will continue to evolve as we move forward.

Early Steps to Build Awareness

The Steering Committee initiated the work to raise awareness levels and support for the first Task Force Action, starting with supporting long-term care homes declare resident care and safety as a top priority. In the fall of 2012, the first phase of a *Safe Care* campaign was launched with a letter and promotional poster to support long-term care homes in communicating this commitment to their residents, family, and volunteers. Going forward, Task Force member organizations will build towards a consistent framework for the participation and commitment of LTC homes and sector partners, to address issues of abuse and neglect and advance a policy of zero tolerance.

Part II: Progress According to the Actions

The Steering Committee has organized its efforts to make progress on the specific actions in relation to the broad key themes and the assigned leadership roles, as set out in the Task Force report.

Progress to date has many layers and there are several types of activities underway. These activities range from developing physician and management leadership curricula that incorporate concepts of resident safety, to supporting Residents’ Councils and Family Councils to play a stronger role in partnership with home administrative staff to reduce incidents of resident abuse and neglect.

Key developments on ministry-led actions include recent funding announcements to support recruitment and specialized training for LTC staff:

- \$10M for LTC homes to provide staff training and development opportunities that focus on improving resident safety, preventing abuse and neglect, and advancing quality of care for residents with responsive behaviours or other specialized care needs, including residents with palliative or end-of-life care needs;

- \$10M for the improvement of resident care and safety with the purchase of supplies and equipment for residents with intense, specialized needs;
- \$7.9M in base funding to increase the Nursing and Personalized Care envelope to support another positive change in resident care - removing expenditure caps on incontinence supplies and medical director fees; and
- \$3.5M in additional base funding to LHINs for Behavioural Supports Ontario to support the recruitment of PSWs and the training of PSW, nurses and other health care professionals.

These developments mark a good beginning for the Action Plan implementation and process of promoting Safe Care environments within and across the LTC sector.

The following section describes the progress on each action, based on the established three-year outcomes.

ACTIONS BEING LED BY THE LONG-TERM CARE SECTOR

Task Force members have a leadership role to play in the implementation of actions one through 11 described below.

Theme 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

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 organizations and advocacy groups are strongly encouraged to identify this commitment in their written and verbal communications with the public, within their organizations, and with their partner organizations. Management, unions, professional organizations 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.

<p>3 Year Outcome:</p> <p>All long-term care homes and organizations participating on the Task Force have declared resident care and safety as a top priority.</p>	<p>Progress: In the fall of 2012, the first phase of a campaign was launched to raise awareness of the objectives of the Task Force and to support long-term care homes in communicating this commitment to a zero tolerance of abuse and neglect to their residents, family, volunteers. This Safe Care campaign was initiated to establish a common framework for use by LTC homes, advocacy organizations and other sector partners as they move</p>
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	forward with programs and activities to raise awareness, engagement and communicate with the public.
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Complementary Developments...

The Ontario Long-Term Care Physicians are working collaboratively at a national level to create core curriculum for Medical Directors- including topics related to abuse and neglect - to increase the competencies of Medical Directors in LTC homes.

Action #2 - As part of the quality improvement and utilization 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). The Committee will identify and address home-specific issues. Committees will make regular reports of the actions they have taken available to their residents and families, staff and other stakeholders.

<p>3 Year Outcome:</p> <p>100% of LTC homes have established a Board or Senior Management Quality Committee to guide and support a culture of continual improvement to the quality and safety of resident care.</p>	<p>Progress: In the fall of 2012, the Ontario Association of Non-Profit Homes and Services for Seniors and the Ontario Long-Term Care Association surveyed their membership to determine the percentage of homes that have a Board level or Senior management Quality Committee in place. Survey respondents report that 89 percent have Quality Committees in place.</p>
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Theme 2: Commit to Reduce Incidents of Abuse and Neglect in Long-Term Care Homes and be Accountable for Achieving Results

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 working in partnership with Health Quality Ontario 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).

<p>3 Year Outcome:</p> <p>LTC indicators that reflect quality of life are developed and reported on publicly.</p>	<p>Progress: Initial discussions have occurred with HQO and the MOHLTC on the most suitable indicators related to abuse, neglect and resident quality of life. Further discussions will be held to identify opportunities to report on indicators once finalized.</p>
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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 HQO to develop a standard family and resident satisfaction survey for long-term care.

<p><u>3 Year Outcome:</u></p> <p>Standardized provincial resident and family satisfaction survey questions that reflect resident and family input are prepared for implementation.</p>	<p><u>Progress:</u> The Steering Committee has met with representatives from HQO and the MOHLTC. Further discussions will be held to examine opportunities to identify specific survey questions related to resident and family satisfaction that could be used by LTC Homes. It is anticipated that this work can be informed by research being led by the Centre for Learning Research and Innovation in Long Term Care (CLRI)* located at Bruyere Continuing Care in Ottawa.</p> <p>* The MOHLTC has committed funding to establish three Centres for Learning Research and Innovation in Long Term Care at Bruyere Continuing Care in Ottawa, Baycrest in Toronto, and Schlegel Villages in Waterloo.</p> <p>The Ontario Association of Residents' Councils, along with the Ontario Family Councils' Program, and Concerned Friends will continue to bring forward the factors that families and residents most frequently talk about, namely: kind/respectful care, compassionate care, gentleness of care, continuity of staff, availability of personal care, and the quality of medical care.</p>
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Action # 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 beginning with the indicators related to abuse, neglect and quality of life (as identified in Action 3).

<p><u>3 Year Outcome:</u></p> <p>Local Health Integration Networks have incorporated long-term care indicators into their ongoing quality and performance monitoring and improvement processes.</p>	<p><u>Progress:</u> LTC Homes in Ontario are accountable to the Local Health Integration Networks for their funding and performance. The accountability agreement is called a LTC Service Accountability Agreement (LSAA). These agreements specify the operating requirements. Progress on this action is on hold pending completion of work on Action 3 to develop quality of life indicators.</p>
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Theme 3: Advance the Development of Strong Skilled Administrators and Managers

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.

<p><u>3 Year Outcome:</u></p> <p>Leadership development strategy created for LTC sector. The strategy focuses on principles and practices of effective leadership and management that support resident-centred care with the focus on the importance of building supportive and cooperative relationships with all staff.</p>	<p><u>Progress:</u> OLTC and OANHSS initiated the development of a leadership strategy and a program model that defines the planned activities and outputs along with evaluation measures to improve the leadership and management culture in LTC homes. These program activities include, defined credentialing tracks for LTC leaders (e.g. Administrators and Directors of Care, and Specialist certification), communities of practice, and province-wide programs and educational offerings.</p> <p>Through the involvement of OARC and FCP, the perspectives of the resident and family have been incorporated into OANHSS' Administrator Leadership Program. OARC and FCP are also participating in the Curriculum Development Committee being led by one of the three Centres for Learning Research and Innovation in Long-Term Care. For example, Schlegel Villages and Conestoga College are partnering to develop a leadership training curricula (in the form of e-modules).</p> <p>The Task Force view the Residents' and Family Councils' contribution to the various curriculum development efforts as an important step forward in ensuring that the lived experiences of residents and family members are reflected in the various leadership training programs developed.</p>
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Theme 4: Strengthen the Ability of Staff to be Leaders in Providing Excellent and Safe Care

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.

<p><u>3 Year Outcome:</u></p> <p>LTC associations provided leadership by supporting and encouraging their membership to fulfill their obligation to educate staff on recognizing and preventing abuse and neglect.</p>	<p><u>Progress:</u> The various associations have provided educational programs and member support activities to help home staff to prevent, identify and respond effectively to situations of abuse or neglect within homes.</p> <p>In the summer of 2012, OANHSS offered four full day educational sessions, which were open to all long-term care homes in Ontario. These sessions on “Resident Abuse: Investigations and Interventions,” were held in different parts of Ontario, in collaboration with MOHLTC, the Durham Regional Police Services, the Elder Abuse Advisor for Durham Region and the Ontario Provincial Police. The sessions clarified abuse definitions under the <i>Long-Term Care Homes Act, 2007</i> (LTCHA), incorporated case studies and included a review the six MOHLTC <i>Decision Trees on Abuse and Neglect Reporting</i>. Over 330 individuals participated, representing 180 organizations including LTC Homes, advocacy organizations and police services.</p> <p>Also, in the fall of 2012, OANHSS increased its supports available to homes for clear policies and procedures on abuse and neglect prevention.</p> <p>OANHSS has revised and updated its LTCHA Policy and Procedure Sample on Preventing Abuse and Neglect to include the MOHLTC Decision Trees, clarify reporting requirements, and reflect the learnings from compliance inspection results.</p>
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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 a timely manner.

<p><u>3 Year Outcome:</u></p> <p>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.</p>	<p><u>Progress:</u> Several of the Task Force Members have moved forward on different strategies in collaboration with the Behaviour Supports Ontario (BSO) Program. This program has provided funding (administered by the LHINS) and is contributing to the provision of more appropriate and safe care strategies for LTC residents with responsive behaviours. As of September 30, 2012 BSO has successfully hired more than 475 new front-line staff across the province and provided specialized training in techniques and approaches applicable to behavioural supports to an estimated 14,000 new and existing front-line staff.</p> <p>The ministry has provided an additional \$3.5M in base funding in BSO to the LHINs to support the recruitment of Personal Support Workers (PSWs) and the training of PSWs, nurses and other health professionals. The ministry has also announced funding of \$10M for staff training and development opportunities that focus on improving resident safety, preventing abuse and neglect, and advancing quality of care for residents with responsive behaviours or other specialized care needs, including residents with palliative or end-of-life care needs.</p> <p>BSO has also successfully developed, launched and integrated the “Capacity Building Suite” of education/training tools and resources to offer professionals, care teams and their employers complete, end-to-end guidance to enhance patient-centred care for people with responsive behaviours. They include: the Capacity Building Roadmap, Behavioural Education Training and Supports Inventory, Person and Practice-based Learning tool and the Road Ahead.”</p> <p>OARC, FCP & Concerned Friends are beginning to collaborate with BSO to create a “Family and Friend Resource Guide.” The goal is to increase the level of understanding and possible strategies for family friends and residents who encounter challenging behaviours in their long-term care home.</p>
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	<p>In December 2012 OANHSS, OLTCA and BSO hosted webinars for individuals working at leadership levels, to train LTC leaders on how they can support their staff in the use of the various capacity building tools to support quality care, core competencies development, workforce learning and the development of programs related to responsive behaviours. Further webinars are scheduled for January 2013.</p> <p>The Ontario Long-Term care physicians have offered education on the behavioural and psychological symptoms of dementia (BPSD). Two workshops were presented at the November 2012 conference called “Geriatric Medicine for the Practising Physician.” There were 60 participants attending the in-depth workshops on the topics of:</p> <ol style="list-style-type: none"> 1) Managing the Complex Resident with Behaviour Changes: Case Based Team Approach 2) Appropriateness of Antipsychotics
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“It Works... It Really Works”

Incidents of responsive behaviours, such as aggression, wandering, physical resistance and agitation, have decreased more than 50 per cent in the past month at Streamway Villa, a long-term care home in Cobourg. Restraint use is down to one resident and medication administration is declining. These successes have been largely made possible by the home’s participation in the Behavioural Supports Ontario (BSO) project. Through BSO, Streamway Villa has hired RPN / behavioural specialist nurse Sarah Wilson and provided both her and a PSW with training to offer supports to residents prone to responsive behaviours.

“We’re taking a more holistic approach at managing responsive behaviours, rather than resorting to medications,” says Wilson. “We’ve gone to having almost no restraints in the home as well. We have one resident where restraint and medication use has been virtually eliminated. We were actually very surprised by these positive results - showing how the range of behavioural supports and methods make a big difference to the resident quality of life.”

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.

<p><u>3 Year Outcome:</u></p> <p>LTC associations provided leadership to support members to establish and maintain collaborative Employee-Management groups to generate and implement quality of work life solutions that contribute to a Safe Care program.</p>	<p><u>Progress:</u> OLTC and OANHSS are planning to enhance their educational offerings of tools and resources to support homes in improving their employee-management practices and establishing collaborative workplace solutions.</p>
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Theme 5: Empower Residents with a Stronger Voice and Education

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.

<p><u>3 Year Outcome:</u></p> <p>OARC and FCP has supported each home's Family and Residents' Councils to annually identify a key tangible action towards the prevention of abuse and neglect of residents that is agreed upon and can be implemented in</p>	<p><u>Progress:</u> OARC and FCP are currently collecting information on existing practices within the homes of some of the tangible actions taken and the results of these actions. These practices will be shared amongst Residents' Councils, Family Councils, Concerned Friends, and the provider associations, to encourage other Councils in this process. Once each Council has identified their specific action to reduce abuse and neglect (or potential abuse and neglect), they are encouraged to work in partnership with administrative staff on implementation of the actions within their home. Councils are also being encouraged to share their experiences with OARC and FCP to build positive,</p>
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<p>collaboration with management.</p>	<p>mutual support amongst Councils and LTC homes. For example, a series of a newsletter articles were developed with the theme of the “Value of Positive Relationships within Long-Term Care” to continually support Councils to establish and maintain a vital role as part of the Quality Improvement Team in their home.</p>
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Supporting Families to understand the complexity of the types of Abuse and Neglect

In November 2012, the Family Councils’ Program held an education day focused on the prevention of abuse and neglect. The morning session was a presentation by Donna Corbett, Education Coordinator, Performance and Improvement and Compliance Branch of the Ministry of Health and Long-Term Care (MOHLTC). The focus of the session was to review the MOHLTC Abuse Decision Trees: Licensee Reporting of Abuse and Neglect.

The afternoon the session focused on Capacity and Consent with a presentation by Laura Tamblyn Watts, Elder Concepts Principal and former National Director of the Canadian Centre for Elder Law. The morning presentation by Donna Corbett was videotaped and will be available to families through the Family Councils’ Program. Future education days will include information and /or resources on preventing, identifying and clarifying abuse and neglect specific for families.

Both sessions were very well received by attendees.

Families are eager for this information, and by understanding the complexities of the types and definitions of abuse and neglect, families can make a difference to the quality and safety of care in Long-Term Care Homes across Ontario.

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.

3 Year Outcome:

OARC and FCP have developed and delivered an educational opportunity strategy for residents and families through their respective Councils in all LTC homes on the significant role they have in preventing abuse and neglect.

Progress: OARC and FCP have formed an inclusive Education Committee consisting of a resident, a family member, Concerned Friends, ONPEA and RNAO. A review is underway of the existing resources suitable for our target audiences, residents and family members. A strategy and a three-year educational program model are being developed. Including a resident and a family member on the team ensures a balanced perspective and increases the accessibility and impact of educational information for residents and families about their rights to Safe Care, and strategies to protect against abuse and neglect in LTC homes.

Complementary Developments...

The Registered Nurses' Association of Ontario (RNAO) is leading a Canada-wide, Best Practice Guideline (BPG) initiative on elder abuse, funded through the New Horizons for Seniors Program, Human Resources and Skills Development Canada (HRSDC). This BPG initiative will result in an evidence-based best practice guideline on recognizing, managing and preventing elder abuse, as well as a set of implementation tools to facilitate uptake of the guideline across health care and community settings. The initiative builds on the success of a former HRSDC funded project entitled 'Promoting the Awareness of Elder Abuse in Long-Term Care', a RNAO and Canadian Nurses Association (CNA) collaborative. This collaborative project launched the Prevention of Elder Abuse Centres of Excellence (PEACE) in 2010 in 10 long-term care homes across the country. Positive outcomes of the PEACE initiative included practice changes and increased confidence of staff in responding to instances of abuse. The RNAO Long-Term Care Best Practices Initiative is currently revising the PEACE curriculum to ensure the content reflects the Ontario long-term care context.

Open Lines of Communication and a Shared Commitment to Resident Care and Safety

OARC dedicated a full day of their spring Board of Directors meeting to the issue of Abuse and Neglect in LTC homes. The Board reviewed the definitions of the many types of Abuse and Neglect according to the Long-Term Care Homes Act, 2007. Members found the scope of these definitions very helpful when sharing their lived experiences as residents. After being led through possible scenarios, the group developed strategies they could discuss with their home's management team for mitigating situations in their homes. It became clear to every resident that the Residents' Council in each LTC home has the potential to play a very important role in the effort to prevent abuse and neglect in their home.

OARC Board members were encouraged to introduce this topic at a Residents' Council meeting in their homes. Many Council members also invited the administrator to attend a meeting to speak about the mandatory education program taking place in their home.

Betty Nealon, a new OARC Board Member and President of the Residents' Council for The Pines LTC in Bracebridge returned from the OARC meeting and met with the new administrator and the Director of Resident Care to share her first OARC Board meeting experience and to find out more about her home's Abuse and Neglect policy and procedure for education. During this meeting the administrator invited Betty to join her in attending an upcoming training session on Abuse and Neglect.

Betty describes her return home after her first meeting as an OARC Board member. "People were congratulating me for attending both the OARC Board meeting and the Education Session, on behalf of our home's Residents' Council. I think they are more accepting of my opinions and show me more respect because I have shown that I want to learn and help for the good of all residents in my home."

Donna Fairley, Executive Director of OARC sums it up this way:

"When an administrative team and the Residents' Council establish a relationship that encourages dialogue, quality of living for everyone is improved. Residents, families, volunteers and all staff members can forge mutually respectful relationships. It is important that residents continue to contribute to staff learning about resident care AND it is important for all staff to continue to develop their understanding of the lived experience of residents. Everyone has a responsibility to ensure good quality care for all residents."

ACTIONS BEING LED BY THE MINISTRY OF HEALTH AND LONG-TERM CARE

The Ministry of Health and Long-Term Care has played a leadership role in the implementation of actions 12 through 17 as described below.

Theme 6: Develop Coaching Teams to Help Homes 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.

<p><u>3 Year Outcome:</u></p> <p>Two models of coaching available to LTC homes requiring significant improvements to their quality performance:</p> <ol style="list-style-type: none">1) Coaching for leadership by the LTC sector and the CLRIs2) Improving Compliance to the LTCHA/Quality Inspection standards.	<p><u>Progress:</u> The MOHLTC will work with the LTC sector organizations over the coming months to identify opportunities to develop leadership skills and competencies in the sector. The Centres for Learning Research and Innovation (CLRI) are active partners in this process as they continue to deliver education, knowledge transfer and other initiatives to support the sector in the delivery of quality care to residents in Long-Term Care Homes. The MOHLTC has committed \$22.7M in program and capital funding for this initiative to establish the three CLRIs and for the creation of 192 LTC home beds. The education and training opportunities that will be available through the Centres are designed for the LTC sector, including an Excellence in Resident-Centred Care Course, Leadership in Seniors Care course, a Geriatric Training Program, and a PSW certificate course for seniors care (available in 2015). The CLRIs are also partnering with colleges and universities to enhance curriculum for health care workers who are entering and those who are already in the LTC field.</p> <p>The MOHLTC has also developed mechanisms, using existing legislative authority, to ensure homes that are poor performers acquire resources to support and coach them to address and resolve their leadership and compliance concerns.</p>
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Theme 7: Address Direct-Care Staffing in Homes

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).

<p>3 Year Outcome:</p> <p>The Ministry of Health and Long-Term Care has identified opportunities to enhance staffing capacity through education and training, and partnered with OANHSS, OLTC, FCP and OARC to align existing staffing plan requirements with planned quality improvement activities.</p>	<p>Progress: To better support direct care staffing in LTC homes, the government has provided funding for an additional 2,500 personal support worker (PSW) positions and more than 900 nursing positions in LTC homes since 2008. In 2012/13, the MOHLTC made an additional investment of \$3.5M in base funding to help train and recruit PSWs as part of the BSO project.</p> <p>This new investment is to assist the LHINs with recruitment and training of PSWs who will help to provide direct care and supporting people with challenging and complex behaviours in LTC homes.</p> <p>On December 18th, 2012, the MOHLTC posted proposed amendments to LTC home regulations for consultation. As part of this posting, the MOHLTC is proposing amendments relating to qualification requirements for staff working in LTC homes. The proposed amendments will make it easier for LTC homes to recruit and retain qualified staff.</p> <p>Ms. Sharkey recommended enhanced accountability for better resident outcomes in LTC homes. The MOHLTC engaged with the Health Quality Ontario (HQO - formally Ontario Health Quality Council) to develop and launch a LTC home Public Reporting website with information on resident quality of life and quality of care indicators. As of 2012/13, this public report provides quality of life and quality of care data at a provincial and home-specific level. HQO is working with sector partners to further enhance LTC home public reporting including the introduction of benchmarks and more frequent reporting.</p> <p>Ms. Sharkey also recommended the implementation of staffing plans that facilitate collaboration, transparency and local responsibility for leadership, training, teamwork and</p>
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	<p>staffing patterns in LTC homes. Existing LTC home legislation requires LTC home licensees to have a written staffing plan for nursing services and personal support services. This staffing plan must ensure a staffing mix that is consistent with residents assessed care and safety needs and that meet the requirements set out in the legislation. An opportunity exists to align the existing staffing plan requirements with quality improvement activities identified in this report aimed at improving collaboration between management, residents, families and staff.</p>
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Theme 8: Support Residents with Specialised Needs to Ensure Their Safety and the Safety of Others

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.

<p>3 Year Outcome:</p> <p>Investments have been made by the MOHLTC and LHINs for specialized units, training and additional staffing to address current and future needs of residents with specialized and/or complex care needs.</p>	<p>Progress: To date, the MOHLTC has invested approximately \$55M in Behavioural Supports Ontario (BSO) over 2011/12 and 2012/13, which includes annual funding of \$40M to hire health human resources with specialized skills, to enhance services and support people with challenging and complex behaviours in LTC homes, or other settings.</p> <p>An additional investment of \$3.5M, in base funding, was made in 2012/13 to help recruit PSWs as well as train PSWs, nurses and other health care professionals. The MOHLTC continues to work with the 14 LHINS to roll out the BSO investment. As of September 30, 2012 an estimated 14,000 new and existing front-line staff have received specialized training in techniques and approaches applicable to behavioural supports (<i>BSO Quarterly Report / Q2 2012 / 13</i>).</p> <p>Having additional and more highly trained LTC Staff as allowed the LHINs to create three more specialized units for complex care needs. To date there are four specialized units</p>
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	<p>in the province. On December 18th, 2012, the MOHLTC posted proposed amendments to LTC home regulations for consultation. As part of this posting, the MOHLTC is proposing amendments relating to specialized units that will improve admission and discharge to and from these units.</p> <p>As well, the MOHLTC has announced funding of \$10M in fiscal year 2012-13 for the LTC Home sector to purchase and provide staff training and development opportunities (including backfilling staff taking training). This training will focus on improving resident safety, preventing abuse and neglect, and advancing quality of care for residents with responsive behaviours or other specialized care needs, including residents with palliative or end-of-life care needs.</p> <p>Additionally, to further support resident safety and those with specialised needs, the MOHLTC is making a further investment of \$10M to support LTC homes with the purchase of supplies and equipment for residents with intense and specialized needs. This funding will provide LTC homes with opportunities for improving the care and safety of their residents.</p>
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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 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.

<p>3 Year Outcome:</p> <p>The LTC placement and assessment process has ensured the needs of applicants with specialized needs are addressed.</p>	<p>Progress: The MOHLTC has engaged with the Ontario Association of Community Care Access Centres (OACCAC) to work on clarifications regarding placement practices and education related to the requirements under the legislation. The MOHLTC is also in the process of reviewing the recommendations on the LTC home placement process contained in the Ontario Auditor General’s 2012 Annual Report.</p> <p>On December 18th, 2012, the MOHLTC posted proposed amendments to LTC home regulations for consultation. As part of this posting, the MOHLTC is proposing amendments relating to specialized units that will improve admission and discharge to and from specialized units. The ministry will partner with sector stakeholders including the LHINs,</p>
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	OACCAC, CCACs, OLTCA and OANHSS to ensure an effective implementation of the proposed amendments. This provides an opportunity to identify enhancements to the assessment and placement process for residents with specialized needs.
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Theme 9: Address Legislative Requirements and Processes That Detract From Resident Care and May Be Driving Abuse and Neglect Underground

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.

<p><u>3 Year Outcome:</u></p> <p>The MOHLTC monitored the effectiveness of the legislation to ensure its primary focus is the quality of care and life for residents in LTC Homes. The ministry worked with the Task Force, and Associations to bring forward any necessary changes.</p>	<p><u>Progress:</u> The MOHLTC continues to work with the LTC Home sector and key advocates to identify changes that may be required to reporting requirements. Consultations will occur as those changes are proposed.</p> <p>The MOHLTC is actively pursuing amendments to Ontario Regulation 79/10 (Regulation) under the Long-Term Care Homes Act, 2007 (LTCHA), based on feedback received from the sector, relating to the admission to Convalescent Care Program beds, qualifications for staff, admission to and discharge from specialized units and reporting of critical incidents. These proposed amendments were posted to the Regulatory Registry on December 18, 2012 and will remain posted for 45 days, after which time the MOHLTC will consider any input received. The MOHLTC had begun consulting with key stakeholders regarding these proposed amendments and will continue to solicit feedback through January 2013. The proposed amendments can be viewed at: http://www.ontariocanada.com/registry/view.do?postingId=11362&language=en</p> <p>Of particular note, the proposed amendments related to the reporting of critical incidents responds directly to feedback received from the LTC sector regarding the duplication of reporting processes that causes administrative burden on LTC homes. These proposed amendments will seek to streamline reporting requirements to ensure high risks</p>
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	addressed as top priorities and more time is spent on care.
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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.

<p><u>3 Year Outcome:</u> The MOHLTC has monitored the inspection program (known as the LTC Quality Inspection Program (LQIP)), and tracked data to inform its quality improvement program. The MOHLTC has monitored, evaluated, refined and improved the inspection program based on tracking data. The ministry has delivered and monitored an inspection program that adds value and supports for ongoing quality improvement.</p>	<p><u>Progress:</u> To support this recommendation the MOHLTC has already undertaken several initiatives. These include:</p> <ul style="list-style-type: none"> • Public Posting of inspection reports both in long-term care homes, and on the ministry’s website. • Created and shared with the sector, abuse/neglect decision trees to support LTC home staff to identify abuse and neglect and report these incidents to the MOHLTC so that appropriate action can be taken by the licensee and the MOHLTC. Extensive education was provided to the sector by the ministry to support them in the use of these decision trees. • The implementation of the Centralized Intake, Assessment and Triage Team (CIATT) in November 2012. The CIATT provides a consistent approach to the triaging and assessment of issues that may present harm, or risk of harm, to residents as a priority through the application of a rigorous, risk-based, standardized assessment and triage process. The CIATT receives, assesses and triages all complaints about LTC homes and all critical incident reports submitted by LTC home licensees and improve the efficiency and service provided by the LQIP. • Continued improvement to data and reporting modules within the inspection system to better track information related to inspections and inspection findings • The implementation of a Continuous Quality
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	<p>Improvement (CQI) program, with clear performance measures, within the ministry inspection program to monitor and improve upon performance</p> <p>Additionally, all MOHLTC inspection tools and resources, including 31 Inspection Protocols, are shared with LTC homes to enhance and support their understanding of the requirements of the legislation and the inspection process. The provision of these tools and resources provides LTC homes with the opportunity to incorporate the tools into their own staff education and performance improvement programs (i.e. to conduct their own “mock” inspections), thereby allowing the homes to identify and correct issues immediately.</p>
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Theme 10: Commit to Implement the Action Plan

Action # 18 - The originators of this Task Force – Ontario Long-Term Care Association, the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Residents’ Councils, Concerned Friends of Ontario Citizens in Care Facilities, and the Ontario Family Councils’ Program - 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.*

<p><u>3 Year Outcome:</u></p> <p>Six progress reports on all actions are released publicly on a semi-annual basis over three years.</p>	<p><u>Progress:</u> This document represents the first of the six progress reports. The second report will be issued during the Summer of 2013.</p>
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Part III: Next Steps and Conclusion

Next Steps

The Steering Committee will continue to lead the efforts going forward, by meeting regularly and working closely with all members of the Task Force and their organizations.

The work to expand the leadership curriculum for administrators will be further advanced through various channels - the provider associations (OLTCA and OANHSS), in coordination with the work underway at Behavioural Supports Ontario and the three Centres for Learning Research and Innovation in Long-Term Care. The combination of these efforts will result in stronger administrative skill, knowledge, and management expertise relating to abuse and neglect, and strategies for prevention, and supporting residents with specialized behavioural needs.

The next phase of roll-out for the *Safe Care* campaign will be developed for Task Force implementation (as per Action #1). An element of this will include consultation and engagement of stakeholders on how best to support implementation in their setting or organization. For example, the Family Councils' Program, OARC and Concerned Friends, will be implementing facets of *Safe Care* through changes to their websites - to focus on reaching the general public and families as a means to better support the prevention of abuse and neglect, and the process for reporting such incidents, when they occur.

The Steering Committee, on behalf of the Task Force, will continue to work with the ministry and HQO on the actions relating to quality of life indicators, and resident satisfaction survey questions that capture the elements that make them feel safe, for example, whether the care is kind, respectful, compassionate, gentle, and whether the home has a continuity of staff, availability of personal care and access to high quality medical care.

Concerned Friends, as part of its advocacy role, will continue to monitor the information that it receives from across the province for evidence of improvement in resident care and safety, and reduction of abuse and neglect.

Task Force members will advance work on the delivery of specific abuse and neglect prevention educational initiatives, tools and resources. For example, the Family Councils' Program and Ontario Association of Residents' Councils will work together with Concerned Friends, Ontario Network for the Prevention of Elder Abuse, residents and family members - building on a compendium of resources on elder abuse specifically for use by Residents' and Family Councils. RNAO will continue its efforts to lead practice changes and increase confidence of staff in preventing and responding to instances of abuse and neglect.

The long-term care home provider associations (OLTCA and OANHSS) will be providing resources and supports to their members, to encourage a broadening of participation (e.g. staff, resident, and a family member) on the quality improvement committees, and the development of collaborative staff/management strategies that improve the quality of work-life for staff and safe care environment for residents in long-term care homes.

Both the Steering Committee and Task Force members will continue to support and participate in the various actions that the Ministry of Health and Long-Term Care is leading. We are encouraged by the progress to date, and look forward to collaborating with the ministry throughout the full implementation period.

Conclusion

Members of the Long-Term Care Task Force on Resident Care and Safety are committed to the implementation of the Action Plan to Address Abuse and Neglect in Long-Term Care Homes. While this progress report reflects the earliest phase of implementation, it demonstrates that real progress is being made, and through collaboration and partnership with the Ministry of Health and Long-Term Care, we are on track for fulfilling the commitment to implementing all 18 Actions over the coming three years.

A foundation has been set for the work ahead, focussing on the strategies and actions that most directly impact the quality of life for residents and families, and work life of the staff. We believe these efforts will create more openness and transparency in long-term care homes, and support residents to receive high quality care and be treated with dignity and respect.

APPENDIX 1:

Background

The Long-Term Care Task Force on Resident Care and Safety was established in November 2011, as independent of government, and had broad representation from across the sector, including family and resident councils, nurses, physicians, personal support workers, unions, long-term care provider associations and advocates. 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 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 Task Force took a comprehensive approach consulting with long-term care residents, families, friends, volunteers and staff, as well as researchers, academics and other subject matter experts to gather information to understand the factors in long-term care that contribute to safe, high quality resident care and promote an environment of openness and respect. There were 1,941 surveys and 5 submissions were received during the consultation process.

The Task Force also considered a number of key sources of information including: information on long-term care in Ontario (residents, homes and staff); the new governing legislation (*The Long-Term Care Homes Act, 2007*) and supporting government processes including quality inspection; and, data provided by the MOHLTC. The Chair of the Task Force also met with over 40 industry and subject matter experts to obtain their input.

All of this input was considered in the drafting of the May 2012 Final Report. This *Action Plan* marked the first step in creating a sector-wide vision for improving the safety of residents in long-term care homes in Ontario.