



NEWSLETTER

“Nursing executives cannot be silenced.”

— *Vanessa Burkoski, former chief nurse at London Health Sciences Centre, dismissed in June from her job for calling attention to a most disturbing pattern in the transformation of Ontario’s health care system: there are not enough nurses.*

As the former president of the Registered Nurses Association of Ontario, Ms. Burkoski was a major contributor to a May 2016 report that made an urgent call for more nurses in hospitals, long-term care, and community care.

Residents at risk

More nurses needed in long-term care

Nursing perspective

“The needs of many long-term care residents remain underserved. This is the result of myriad factors and, most notably, limited access to nurses. RNAO continues to call on the province to require and enforce staffing standards that include a minimum of one nurse practitioner per 120 residents, and a workforce that consists of at least 20 per cent RNs, 25 per cent RPNs, and no more than 55 per cent personal support workers.”

— *Mind the Safety Gap in Health System Transformation: Reclaiming the Role of the RN*, a report by the Registered Nurses Association of Ontario (RNAO), May 2016

Industry perspective

“Currently, long-term care homes are operating with reduced care teams and depend on nurses to perform tasks that can be easily and safely relegated to personal support workers.”

The Ontario Long-Term Care Association has called on the Ontario government for a relaxing of the ‘restrictive 24/7 registered nurse requirement’ in long-term care homes.

— Pre-budget submission to the Ontario government from the Ontario Long-Term Care Association, January 2015

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Inspections ramp up for high-risk homes

“The ministry did not regularly conduct secondary reviews of the almost 10,800 complaints and critical incidents received in 2014 to ensure they were appropriately closed without inspection.

This presents a risk that cases are being closed without the ministry verifying that homes had taken proper action.”

— Office of the Auditor General of Ontario, December 2015

From 2013 to 2014 the health ministry received a significant increase in complaints and critical incidents requiring inspections — up from approximately 3,640 in 2013 to 5,440 in 2014. The London region experienced the largest increase.

Ministry inspectors could not keep up. Comprehensive inspections had to be done, meaning there were fewer people available to respond to complaints and critical incidents.

Response rates were slow, especially in Toronto and Hamilton. Compliance orders were issued, but not followed up.

The Office of the Auditor General

told the ministry to pay more attention to those homes that are known to be particularly bad.

So, a few months ago, the ministry announced that the intensity of the inspections will be informed by the compliance history and risk level of the home. Effective immediately, homes with the greatest risk will see more inspectors for longer periods of time.

Concerned Friends keeps a list of homes with serious problems. Our list for 2015 is below.

The ministry also keeps a list of high-risk homes, but does not make its list available to the public.

Concerned Friends’ list of high-risk homes for 2015

Concerned Friends volunteers sift through thousands of inspection reports each year, collecting data on the numbers and types of problems occurring in each region.

Below is a list of homes that had the most serious problems in 2015, based on the issuance of Directors’ orders.

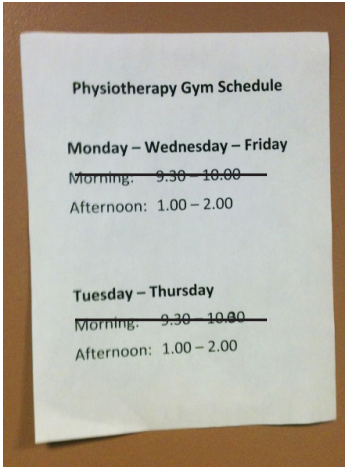
These are orders referred to the Director of the Performance and Improvement and Compliance Branch, and indicate serious and long-standing problems.

Most of the homes are for profit. All are accredited — some with “exemplary standing.”

	Type	Management
Maitland Manor, Goderich	for profit	Extendicare Assist Management & Consulting
Georgian Heights, Owen Sound	for profit	Extendicare Assist Management & Consulting
Country Lane, Chatsworth	for profit	Extendicare Assist Management & Consulting
Extendicare Rouge Valley, Toronto	for profit	Extendicare (Canada) Inc.
Ballycliffe Lodge, Ajax	for profit	Chartwell Master Care LP
Lakehead Manor, Thunder Bay	for profit	Revera Long Term Care Inc.
ReachView Village, Uxbridge	for profit	Revera Long Term Care Inc.
Hanover Care Centre, Hanover	for profit	Hanover Nursing Home Ltd.
Foyer St.-Viateur, Limoges	for profit	Genesis Gardens Inc.
St. Joseph’s Manor, Elliot Lake	non profit	St. Joseph’s General Hospital
South Centennial Manor, Iroquois Falls	non profit	Ansen General Hospital
St Joseph’s Health Centre, Guelph	non profit	St. Joseph’s Health System

Is physiotherapy funding being misused? Again?

A new funding system was launched in 2013 to stop inappropriate billing



Prior to 2013 some publicly funded physiotherapy clinics and long-term care homes were confusing exercise with physiotherapy and billing OHIP inappropriately.

A 92-year-old woman sits in her wheelchair in her room each day, all alone except for the hours her husband comes to visit.

Two years ago she had a stroke. Her husband repeatedly pleads with the management of the long-term care home to get her some physiotherapy, but he is denied.

The other residents of this long-term care home say they used to get physio, but since 2013 they've been receiving very little, if any at all.

Since 2013, the home has been contracting its physiotherapy service to an outside agency. Since then, there has been very little traffic in and out of the physiotherapy gym. In fact, most of the equipment that used to be there is gone now. The room looks abandoned, save for a couple of donated wheelchairs and walkers for loan, and a machine that heats up towels. It is open for just one hour each day.

Health ministry funding appears to be generous. This year, each long-term care home is receiving \$796/bed/year to

deliver physiotherapy — that's up from \$750 in 2013.

For a 200-bed home such as this one, that translates to nearly \$160,000 per year to pay a full-time physiotherapist and two non-certified assistants (both of whom earn minimum wage).

So why are fewer people receiving physiotherapy in this home than ever before?

Physiotherapy is not a hot towel service. It is not passing a beach ball, and it is not a group exercise class. There are separate funding mechanisms for these things.

Physiotherapy is something that only a physiotherapist can provide, or can train an assistant to provide. It is done on a 1:1 basis, with set goals to help the resident maintain mobility and reduce pain. It is designed to be stopped when the goals are met.

Caregivers who are concerned about loved ones who require physiotherapy and are not receiving it are encouraged to file a complaint with the Ministry of Health Action Line.

Research brings hope for policy change

Researchers across Canada are embarking on a four-year research project to evaluate promising programs, practices and policies being used in long-term care homes across the country. "Nursing home care is under-researched and undervalued," says lead researcher Janice Keefe, director of the Nova Scotia Centre on Aging. Ontario researchers from York University are also taking part.

The researchers say the work is critically important to

support change in how decision-makers and practitioners provide care and support in long-term care homes.

The \$2-million project is funded by the Canadian Institutes for Health Research, the Nova Scotia Health Research Foundation, the Michael Smith Foundation for Health Research, Alberta Health Solutions, and the Alzheimer Society of Canada.

When all else fails, try the patient ombudsman

Complainants must try to resolve problems with the homes and/or the health ministry before turning to the patient ombudsman.

Ontario's new office of the patient ombudsman opened its doors on July 4. It is the place of last resort, when attempts to resolve complaints within the long-term care home have failed.

The office can help if someone has made a complaint to a public hospital, CCAC or long-term care home and has been unhappy with the result. The patient ombudsman has no jurisdiction over retirement homes. There is no fee and the service is confidential.

Caregivers making a complaint on someone's behalf will require consent of the patient or their substitute decision-maker to provide personal health information in the complaint form.

Christine Elliot, the patient ombudsman, reports to Health Quality Ontario.

In Toronto: 416.597.5271

Toll free: 1.888.321.0339

Website: patientombudsman.ca

In the news

The London Free Press

June 2016 — The administrator at London's Mount Hope Centre for Long Term Care did not call the police when it was alleged that a registered practical nurse was sexually abusing residents because she said, "It didn't meet the threshold of criminal intent." Lawyer Jane Meadus at the Advocacy Centre for the Elderly said the police should have been called because it is up to the police, not the long-term care home staff, to decide on matters of criminal intent.

The health ministry inspector who was called to investigate the allegation reported no findings of non-compliance. The nurse later admitted to sexually abusing 19 residents.

Postmedia Network

June 2016 — The former manager of government relations for the Ontario Medical Association says Ontarians should not allow the health ministry to get away with the Patients First Act. Introduced on June 2, the Act will allow bureaucrats to develop standards of care and give ministry investigators the right to enter a doctor's office and examine health records, doctors' private correspondences, payroll records, even the doctors' bank accounts, says Stephen Skyvington. Doctors would be required to report on how they spend their time and when they plan on taking holidays.

"Heavy handed? You bet," he says. The Act is expected to receive second reading in September.

The Gravenhurst Banner

July 2016— Staffing shortages at Sienna Living's Muskoka Shores in Gravenhurst have reached crisis levels, according to the president of CUPE local 2481. The vice-president of the company told the newspaper that the company staffs the home to the full level of provincial funding. A union rally was held there in July as one of a series being hosted throughout the province.

The Brantford Expositor

February 2016— The John Noble home, Brantford's publicly owned long-term care home, is seeking \$100,000 in start-up costs for a new, resident-centred model of care. Staff want to dedicate one area of the home to the 'Butterfly Concept' created by David Sheard of London, England. It would be the trial of this concept in Ontario.

Brantford City Council has approved the transfer of \$25,000 from its donation reserve account to fund the initial assessment. The home will seek the rest of the funds from the health ministry.

Ajax News

June 2016 — Chartwell has announced plans to displace 145 residents at its long-term care complex in Ajax in order to tear everything down and rebuild, doubling its capacity. An application has been filed with the health ministry.

One woman's struggle: An update

In our last newsletter we introduced you to "Jane" who, for the past year, has been fighting hard to resolve complex problems in her long-term care home. We continue to monitor her situation.

It's 9 am and Jane needs help. Her whole body is shaking. She is dizzy and nauseous. She needs food, a shot of insulin, and she needs it now. She has not eaten in 14 hours.

In other long-term care homes, breakfast comes between 8 and 8:30 am, in keeping with the Ontario Long-Term Care Homes Act.

But in Jane's home, residents must wait an extra hour.

Why is that?

The morning staff, who used to start work at 6 am, have been told to come in at 7 am. They cannot get everyone into the dining room by 8 am. It's a physical impossibility.

Heaven help them if someone calls in sick, because then they will have to leave half the residents in their beds.

Out of the goodness of her heart, one personal support worker has decided to come in regularly at 6:30 am, even though she will not be paid for her extra time.

Management of the home has told Jane that staffing changes (fewer full time staff, fewer hours) which it claims are necessary due to cuts from the health ministry, will not affect resident safety.

Management is wrong.

Jane has been branded by management as a whiner and complainer, and in need of anti-anxiety medication.

It is time to find another home. She has sent an application for transfer to the CCAC.

It's scary to move, but even scarier to stay.

Where to find meaningful information

Concerned Friends receives many calls from families asking us to recommend a good long-term care home.

One place to check might be Health Quality Ontario, which measures quality by tracking quality indicators such as how many falls people are taking and how many beds sores they have. However, these data are reported by the long-term care industry.

Instead, I tell families that their best source of information comes from the Community Care Access Centres (CCACs).

For example, the Sudbury CCAC provided the following information online in June. Here were the numbers of people waiting for basic accommodation:

St. Joseph's Villa (128 beds): 435
Pioneer Manor (406 beds): 424
Finlandia (108 beds): 292
Extendicare Falconbridge (232 beds): 42
Extendicare York (272 beds): 42

It appears that the people of Sudbury are clear on where they want their loved ones to live. That's great! But many will be disappointed. Fifty-eight per cent will be forced to accept a home that is not of their choosing, the CCAC reported. That's not so great!

There were 2,141 people awaiting first-time placement in June, but only 1,639 beds, the CCAC reported. One might draw from this that the Sudbury area is severely under-served.

Despite having the fewest number of beds, the Sudbury area saw the most compliance orders issued in the province last year. These are Concerned Friends data. You won't find them anywhere else.

The CCACs have done a very good job of collecting and publicly reporting meaningful information. It behoves a publicly funded organisation like Health Quality Ontario to do the same.

The Rant



By Kathy Pearsall
Concerned Friends

Ministry per diem funding, effective July 1, 2016

Nursing and Personal Care	\$94.37	Copayment rate increases	
Program Support and Services	\$9.41	Basic accommodation:	\$58.99/resident/day (up 64 cents)
Raw Food	\$8.33	Semi-private:	\$71.12 (up 77 cents)*
Other Accommodation	\$54.52	Private:	\$84.27 (up 92 cents)*
Total	\$166.63/resident/day	* Applies to those admitted after July 1, 2015	to new homes

Help to spread the work of Concerned Friends . . . pass this newsletter along.

WANTED: PEOPLE WHO CARE ABOUT LONG-TERM CARE

We have a lot to do. Please join us.
Call or email if you would like to become a board member or a volunteer.

Did you know that donations to Concerned Friends can be made online?

www.concernedfriends.ca/add-your-voice-ours/how-donate

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