

REPORT Meeting Date: 2023-03-23 Regional Council

# For Information

REPORT TITLE: Seniors' Services 2022 Annual Report

FROM: Nancy Polsinelli, Commissioner of Health Services

### **OBJECTIVE**

To report the 2022 annual performance of Seniors' Services operated out of Peel Long Term Care centres to Regional Council as the Committee of Management under the *Fixing Long-Term Care Act, 2021* and to provide an overview of ongoing efforts to support seniors along the care continuum through specialized supports and integrated care.

### **REPORT HIGHLIGHTS**

- In 2022, long term care services were provided to 890 people living in Peel Long Term Care centres and 258 people living in the surrounding community were supported by the Adult Day Services program in-person and virtually.
- The Region of Peel performed better than the provincial average on all six quality indicators for long term care centre performance related to prescribing antipsychotic medication without a psychosis diagnosis, worsened skin and wounds, use of physical restraints, falls, worsened pain, and worsened mood from symptoms of depression.
- Advocacy to enhance supports and services for seniors remains a Regional priority.
  Staff continue to seek opportunities to influence provincial efforts and achieve the enhanced funding and support required to ensure the aging population has access to high quality person-centred and emotion-based care along the continuum.

#### DISCUSSION

## 1. Background

Seniors' Services encompasses two divisions, Long Term Care (LTC) and Seniors Services Development (SSD) and its joint mission is to provide compassionate, loving, and respectful care to seniors and their caregivers in their time of need.

The Region of Peel's five Long Term Care (LTC) centres – Sheridan Villa, Peel Manor, Tall Pines, Malton Village, and Vera M. Davis Centre – are home for up to 703 people with complex medical needs who require 24/7 care and services to improve their quality of life. Residents are provided with an emotion-based model of care, access to a specialized behavioural support unit, and a large complement of interdisciplinary care providers. All five LTC centres each have a co-located Adult Day Services (ADS) program that are run through the SSD division that support community dwelling seniors to maintain their wellbeing and independence. Also available to ADS clients are overnight respite care, social work

supports, caregiver support and education, and an interdisciplinary team to address specific needs of its clients.

In accordance with the *Fixing Long-Term Care Act, 2021 (Act)*, Regional Council is the Committee of Management (COM) responsible for the oversight of the Region of Peel (Region) LTC centres. This includes ensuring performance and operations of the centres are in compliance with the *Act* and its regulations. The COM must also be available to receive concerns or recommended changes to policies and services from residents. There is also a duty on COM members to report certain matters to the Ministry of Long-Term Care Director. Additionally, COM members may not discourage or interfere with reporting as required by the *Act*.

Each year staff provide a report to Council on the previous year's annual performance of the Long Term Care centres.

### 2. Adult Day Services and Long Term Care Delivery Update

### a) Service Utilization and Health Status

The Region's ADS program provides therapeutic, recreation programming, and socialization for clients while providing respite, education, and support for informal caregivers who care for their loved ones living in the community. Due to the pandemic, in-person programs were closed January – February 2022 and clients continued to participate in virtual ADS. Expanding the option for virtual care has allowed the Region to continue serving existing clients and extend our reach to new clients. In 2022, 258 ADS clients were served by either virtual, in-person, or a mix of both programs for a total of 24,911 interactions (which also include nursing, caregiver, social worker, and crisis intervention interactions). Waitlists for ADS programs have continued to grow throughout the pandemic, with 599 individuals on the waitlist in December 2022.

As seniors transition from the community to long term care, their medical complexities increase. Of the 890 people Peel Long Term Care centres supported in 2022, 87 per cent had a cognitive impairment, including dementia and the average age of residents was 83.

### b) Lived Experiences in Peel Adult Day Services and Long Term Care Centres

Every year annual satisfaction surveys are conducted with people participating in ADS and those living in LTC. In 2022, 99 per cent of people participating in ADS were satisfied with the overall programs and services received virtually and/or in-person, 99 per cent of those attending the ADS programs agree that the services help to maintain or improve their well-being, and 93 per cent of survey respondents agree that attending ADS contributes to their ability to continue to live at home. 84 per cent of people living in the Region's LTC were satisfied with the quality of care received at the centre and 79 per cent of LTC residents would recommend their centre to others as a place to live.

## c) Quality of Care in Region of Peel Long Term Care Centres

People living in our LTC centres are assessed on a quarterly basis on six quality indicators of resident care. Peel LTC is meeting or performing better than the provincial averages on all six quality indicators, including during the pandemic, on prescribing antipsychotic medication without a psychosis diagnosis, worsened pressure injuries, use

of physical restraints, falls, worsened pain, and worsened mood from symptoms of depression. Appendix I provides an overall scorecard on how Peel LTC measures up on each quality indicator to the provincial average. Peel LTC centres continued to perform better than the provincial averages on all quality indicators. Regional centres have seen a notable decrease in the use of antipsychotic drugs and a decrease in the rates of depression since last year which is likely a result of the phased return to regular social programming within the centres and interactions with other residents and family members as COVID-19 restrictions have been lifted.

## d) Butterfly Implementation

Through the COVID-19 pandemic, the Region has remained dedicated to providing emotion-based care through the Butterfly model where possible. However, implementation plans were impacted due to staffing challenges, infection prevention and control measures, and delayed environmental changes due to restrictions on visitors and support workers in alignment with public health requirements.

As the Region continued to navigate through the COVID-19 response and initial stages of recovery from the pandemic, 2022 brought some significant progress in expanding the Butterfly model. Spruce Lane home area at Sheridan Villa became the first ever transitional behavioural support unit certified as a Butterfly home, and our inaugural home area Redstone at Malton Village, achieved re-certification. Three additional home areas began implementation (at Tall Pines, and the Davis Centre) with one continuing implementation (Sheridan Villa 4<sup>th</sup> floor). Certification of those home areas is planned over the course of two years. In addition, the new Seniors Health and Wellness Village at Peel Manor building is being built with dementia friendly spaces including modifying atriums to bring the outdoors in for people who do not have as much ability to access outdoor spaces and the second floor will incorporate the Butterfly model of care.

# e) Implementation and Compliance with the Fixing Long-Term Care Act, 2021

On April 11, 2022, the *Fixing Long-Term Care Act, 2021* and Ontario Regulation 246/22 replaced the previous *Long-Term Care Homes Act, 2007* and Ontario Regulation 79/10 as the governing legislation for LTC in Ontario. The implementation of the new *Act* is occurring in a phased approach between 2022-2023 and will aim to strengthen LTC service delivery with a focus on protecting residents and improving their quality of life and well-being. As presented to Regional Council on June 29, 2022, the new *Act* has operational impacts for the Region of Peel's LTC service delivery, policies, and procedures. Council endorsed the recommendation to hire temporary staff to support implementation and to provide education and staff training on revised/new programs and policies.

To support implementation, compliance, and ongoing improvements to resident quality of life, staff will continue working with sector partners including AdvantAge Ontario and the Association of Municipalities of Ontario on coordinated advocacy efforts.

The Ministry of Long-Term Care conducts unannounced inspections in every LTC home across the province. The focus of the inspection can range from a complaint, critical incident, or a Resident Quality Inspection. Inspections include confidential interviews with residents, family members and staff, as well as direct observations of how care is being delivered and a review of records. Completed reports are posted publicly.

Based on the eight inspections conducted in 2022, there were 14 non-compliance findings across our five LTC centres, there were no compliance orders. The number of findings is similar to the previous two years. Peel LTC centres take action to address any non-compliance findings to ensure compliance with the *Act* through policy revisions, developing new processes and tools, enhancing training, and reinforcing roles and responsibilities of the interdisciplinary team. There was no further follow-up required by the Ministry of Health.

## f) COVID-19 Response

The Region continues to prioritize safeguarding the wellbeing of people living and working in Regional centres during the pandemic, while maintaining a focus on providing high quality, compassionate and emotion-based care. Staff have also remained committed to strong infection prevention and control (IPAC) measures and innovative solutions to maintain family and social connections for people living in long term care centres. As outbreaks occur, LTC and ADS make the necessary adjustments to ensure containment and safety of residents, program clients, and staff. Program staff will continue to monitor the COVID-related activities and costs during the year. Any significant changes will be brought forward to Council in future reports.

Our ADS programs have not been able to return to pre-COVID-19 attendance due to adherence to IPAC and social distancing recommendations. However, the addition of virtual programming has been very successful and well attended.

## 3. Regional Efforts to Enhance Specialized Services and Integrate Services

In addition to the operation of LTC centres and the ADS program, the Region continues to play an integral role in service delivery across the whole continuum of care. This includes the delivery of housing and community-based supports for seniors that still have most of their independence, creating seniors-friendly built environments through a public health lens, and enhancing community-based care options, leveraging the Seniors Health and Wellness Village at Peel Manor.

### a) Transitional Behavioural Support Unit at Peel Manor

The implementation of the Transitional Behavioural Support Unit at Peel Manor was endorsed by Regional Council at the February 23, 2023 Council meeting and is currently awaiting provincial designation before it can be opened to accept residents. It will provide specialized time-limited resources which aim to stabilize individuals with advanced dementia that cannot be managed in a regular LTC /community setting. Collaboration with system partners will help to ensure integration with other care pathways and system supports in alignment with Ontario Health's objective to achieve coordinated and streamlined care.

# b) Community Paramedicine Program in Peel

Working collaboratively with LTC and Community Support Services, Peel Regional Paramedic Services have been building a robust regionalized Community Paramedicine program. The three operating streams include: the High Intensity Supports at Home to support seniors in staying at home for as long as possible with enhanced programming, Community Paramedicine at Clinic (CP@Clinic) to improve quality of life and reduce social isolation by better connecting seniors with primary care and community resources,

and the Community Paramedicine for Long-Term Care which will support seniors on or eligible for the LTC waitlist. In building on the current programming, recent updates from 2022 include expanding partnerships with Trillium Health Partners and William Osler Health System to enhance referral pathways by hiring physician clinical leads from each hospital organization to provide medical oversight and contributions to improved care services. Peel Regional Paramedic Services have also introduced an internal referral pathway from Paramedics to community paramedicine through the long running Community Referrals by EMS program.

# c) Advocacy Update

As a municipal government, the Region also continues to play a system support role, acting as a backbone for community coordination and integration of services, working closely with local Ontario Health Teams to achieve the shared vision of seamless wraparound care for the Peel community. In collaboration with our system partners at Ontario Health, we continue to look for opportunities for funding and advocacy to transform care with the person at the centre, address the health human resource issues, reduce health inequities, and improve system flow. Recent advocacy efforts related to seniors are listed in Appendix II,

#### CONCLUSION

Staff will continue to work across the seniors' care continuum to improve the quality of life and experience for those with complex medical needs, review best available evidence to enhance services, and ensure compliance in accordance with the changing provincial regulations in order to advance the Region's mandate of creating a healthy, safe and connected community for individuals at every stage of life.

### **APPENDICES**

Appendix I – Quality of Care Scorecard Appendix II – Recent Advocacy Efforts

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