

## **Casa Verde Inquest – Office of the Chief Coroner Recommendations (July 2006)**

The following recommendations are not presented in any particular order of priority:

### **Need for MOHL TC to Make Long Term Care A Higher Priority**

#### **Recommendation 1:**

That the Ministry of Health and Long-Term Care (MOHLTC) should give increased priority to the health care needs of the elderly and, in particular, the serious challenges faced in treating elderly cognitively impaired residents, by immediately developing and implementing a plan (or "Framework") to ensure appropriate standards, funding, tracking and accountability in Long Term Care (LTC) and other facilities treating such individuals.

#### **Recommendation 2:**

The Ontario Seniors' Secretariat, in consultation with stakeholders in the long-term care system should initiate a public education campaign to decrease the stigma attached to elderly people with dementia and other cognitive difficulties.

#### **Recommendation 3:**

The MOHLTC, in consultation with the College of Family Physicians, should design and implement an expanded and on-going education and support programme for family physicians to assist them in the early detection, diagnosis and treatment of dementia and related behavioural problems and in accessing available community resources for the client and family caregivers.

#### **Recommendation 4:**

It is recommended that the MOHLTC take immediate steps to implement the "Ten-Point Plan for Improving the Quality of Life and Decreasing the Burden of Illness of Residents in Long-Term Care in Ontario".

Rationale: It is recommended that the MOHLTC recognize that due to health care restructuring LTC facilities have become "new Mental Health institutions" in Ontario, without the funding and resource necessary nor a recognition of the anticipated needs given the demographics in Ontario related to the increased aging population with cognitive impairments. (Ten-Point Plan for Improving Quality of Life and Decreasing the Burden of Illness of Residents in Long-Term Care in Ontario).

### **Office of the Chief Coroner**

#### **Recommendation 5:**

The Office of the Chief Coroner publish these and all other inquest recommendations on its website.

#### **Recommendation 6:**

The Office of the Chief Coroner publish all Annual Reports of the Geriatric and Long-Term Care Review Committee on its website. Notification of publication should be sent annually upon release to all interested parties, including the Ministry of Health and Long-Term Care, long-term care homes, Community Care Access Centres, and resident and family advocacy groups, as well as all police forces in Ontario.

**Recommendation 7:**

The Office of the Chief Coroner thoroughly investigates all suspected homicides in long-term care.

**Recommendation 8:**

The Office of the Chief Coroner review all other potential homicides in long-term care homes which have occurred since 1999 and publish a special report with respect to all of these deaths. This report should be published on the website of the Office of the Chief Coroner, and notification of publication should be sent upon release to all interested parties, including the Ministry of Health and Long-Term Care, long-term care homes, Community Care Access Centres, and resident and family advocacy groups, as well as all police forces in Ontario.

**The College of Physicians and Surgeons of Ontario****Recommendation 9:**

The College of Physicians and Surgeons of Ontario communicate to its members the importance of preparing discharge summaries and providing them to the family physician within 7 days from discharge.

**Recommendation 10:**

The College of Physician and Surgeons of Ontario clarify the issue of confidentiality when issues of abuse arise. Specifically, the specifics of this case should be reviewed, discussed and the content published by the College in its "Members Dialogue" and on its website.

**Recommendation 11:**

The MOHLTC, in consultation with CCAC's should revise the Health Assessment Form to ensure the health professional completing the form has a clear understanding of the purpose of the form and the importance of including a detailed diagnosis, prognosis, specialist reports, psychiatric or psychological assessments, behavioural concerns, and all information that would have an impact on the client's ability to be cared for in a long-term care facility in a manner that ensures the safety of both the client and other residents. The structure of the form itself should also be changed in order to accommodate the above noted recommendation.

**Recommendation 12:**

The Health Assessment Form should be amended to include a "drug profile" which analyzes the side effects of prescribed drugs on LTC applicant.

**Recommendation 13:**

The Health Assessment Form should be amended to include a separate section that seeks information about incidents of aggressive or violent behaviour of the applicant that have occurred in the applicant's past.

Rationale: Report from the Geriatric and Long Term Care Review Committee on the Deaths of Mr. El Roubi and Mr. Lopez.

## **The Ministry of Health and Long-Term Care**

### **Recommendation 14:**

The Ministry of Health and Long-Term Care website be amended to include detailed information for physicians and families about the long-term care application process and the importance of providing detailed and up-to-date information to the Community Care Access Centre and upon admission to the long-term care home.

### **Recommendation 15:**

The Ministry of Health and Long-Term Care produce a monthly bulletin to be sent to all long-term care homes, Community Care Access Centres, associations, resident councils, family councils, and other interested parties, providing information regarding policies, programmes and other information of assistance. This bulletin should also be available to the public on the Ministry of Health and Long-Term Care website.

### **Recommendation 16:**

The Ministry of Health and Long-Term Care produce and distribute information pamphlets in all major language groups. Specifically, the pamphlets should include information about long-term care and in-home care, the application process, and living in a long-term care home.

### **Recommendation 17:**

The MOHLTC in consultation with health care professionals should take immediate steps to issue standardized monitoring forms for all LTC facilities (i.e. wanderers record, daily flow sheet, medication administration record, screening tools for placement of residents, placement criteria score sheet, residential functional profile, behavioural/aggressive behaviour checklist, etc.)

Rationale: Uniformity will ensure a "continuity of care" across all long-term care facilities throughout Ontario (Report - Commitment to Care: A Plan for Long-Term Care in Ontario - Prepared by Monique Smith, Parliamentary Assistant, Ministry of Health and Long-Term Care - Spring 2004).

### **Recommendation 18:**

It is recommended that the MOHLTC, after appropriate consultation, review eligibility and admissions regulations and policies to ensure that individuals exhibiting or prone to aggression be assessed prior to the eligibility decision and only be placed in specialized facilities or LTC facilities with appropriate specialty units.

It is further recommended that if the decision is made to continue to place such individuals in LTC facilities, that the MOHLTC must set standards for these facilities and units to ensure that they are sufficiently staffed with appropriate skilled regulated health care professionals who have expertise in managing these behaviours and at a staffing level that these behaviours can be managed without risk of harm to self and others. If unregulated staff are assisting the regulated health professional on these specialty units/facilities they must be U-FIRST trained.

Rationale: Report from the Geriatric/Long Term Care Review Committee on the deaths of Mr. El Roubi and Mr. Lopez.

### **Recommendation 19:**

It is recommended that the MOHLTC and all CCAC's change their policies to ensure that in cases of potential residents with cognitive impairment, with actual or potential aggressive behaviours, that the Community Care Access Centre health professionals should ensure that a comprehensive medical assessment has been completed by a specialist in geriatric medicine and/or geriatric psychiatry.

### **Recommendation 20:**

Where behaviours have been identified as presenting a risk to self or others, admission to any facility should be delayed until the behaviours have been appropriately assessed and a care plan has been developed. In such cases, the MOHLTC should ensure that there are interim alternatives to placement in the long-term care facility until the individual has been assessed and an appropriate plan of care has been developed such as:

- i) appropriate support in their homes up to 24 hours a day to assist the family;
- ii) beds available at an appropriate alternative facility (hospital, mental health facility or specialized facility).

### **Recommendation 21:**

That the MOHLTC review the delays in obtaining Psychogeriatric assessments to ensure that such assessments are available in a timely way and to take steps to address the delays, such as increasing the numbers of Psychogeriatric assessors and resources available in every region.

### **Specialized Facilities and Units**

#### **Recommendation 22:**

The MOHLTC should fund specialized facilities to care for demented or cognitively impaired residents exhibiting aggressive behaviour as an alternative to LTC facilities. Funding for these facilities should be based on a formula that accounts for the complex high-care needs of these residents in order that the facility be staffed by regulated Health Care Professionals (RN's and RPN's) who are trained in PIECES, and in sufficient numbers to care for these complex and behaviourally difficult residents.

#### **Recommendation 23:**

The facilities, in consultation with experts in the field, should be designed using the model of the Dorothy Macham Home at Sunnybrook and Women's College Health Science Centre to meet the physical and staffing requirements of these high needs residents.

Rationale: Report on Mental Health Issues and Long-Term Care from the Ontario Association of Non-Profit Homes and Services for Seniors (Exhibit 67, p.4) Report on Individuals who Present Challenges to Placement in a Long-Term Care Facility, Interim Report March, 2001 - (Exhibit 40, p.1)

#### **Recommendation 24:**

The MOHLTC should ensure that these facilities are accessible for the individuals who are not appropriate for placement in long term care facilities. This means that there should be sufficient beds for the region's needs, in all regions that there is no barriers to admission for the individuals who require this specialized care (eg. no requirements that the resident be "stable" to be

transferred there from long term care facility, no requirement to be a war veteran or only referred by institutions).

#### **Recommendation 25:**

The MOHLTC should immediately mandate and fund specialized units in sufficient numbers in each region to care for residents with behavioural problems. The MOHLTC should consult with healthcare professionals and experts working in the field in setting standards for these units. These units should be regulated by the MOHLTC rather than based on the LTC facility's definition of a "specialty unit". The units should include:

- i) beds in appropriate physical spaces (ie. Private rooms located close to nursing stations, etc.) in which residents stay for a short period of time while they are assessed and an appropriate care plan is developed.
- ii) If appropriate, the resident, once they are assessed and a care plan developed may be transferred to other units where the care plan will then be implemented. Attention must be paid to ensuring that the care plan is transferred completely, and that follow- up resources are available to the unit caring for the resident.
- iii) Some of these units may also be set up based on a long term residential model where residents would live in these units for the entire duration of their behavioural complications.

Rationale: Report on Mental Health Issues and Long-Term Care from the Ontario Association of Non-Profit Homes and Services for Seniors  
Report on Individuals who Present Challenges to Placement in a Long-Term Care Facility, Interim Report - March, 2001  
Review of Homicides in Long Term Care Facilities by the GLTCRC

#### **Revision to Long Care Funding Model**

#### **Recommendation 26:**

That the MOHLTC, in consultation with stakeholders, should revise the funding system presently in place for LTC facilities within the next fiscal year. Any new system (such as the MDS (Minimum Data Set) model presently being contemplated by the MOHLTC) should be designed to ensure that the funding model is sufficient to take into account the higher skill level of staff required for residents with dementia and other mental health problems and, in particular, give sufficient weight to actual and potential aggressive behaviours to ensure adequate staffing, sufficient time and resources for LTC facilities if they are responsible to manage residents with such behaviours.

Rationale: Commitment to Care - A Plan for Long-Term Care in Ontario Prepared by Monique Smith - Spring, 2004

#### **Recommendation 27:**

That MOHLTC report back to the Coroner's office, prior to the one year review, with a time line to ensure funding model review is given priority in fiscal year and implemented in a timely way.

#### **Recommendation 28:**

That the MOHLTC retain PricewaterhouseCoopers, or a similar consultant, to update the January 2001 *Report of a Study to Review Levels of Service and Responses to Need in a Sample of Ontario Long Term Care Facilities and Selected Comparators*, and to have an evidence based study of the present situation determine the appropriate staffing levels for Ontario Long Term Care facilities given the significant number of Ontario residents with cognitive impairment and

complex care needs in LTC facilities. This would include determining the appropriate amount of direct RN care that is required, the indirect RN care and the total hours per resident per day of overall Nursing and Personal Care (RN, RPN, and HCA) on average.

**Recommendation 29:**

That the MOHLTC in the interim, pending the evidence-based study should fund and set standards requiring LTC facilities to increase staffing levels to, on average, no less than .59 RN hours per resident per day and 3.06 per resident per day overall nursing and personal care for the average Ontario case mix measure. The funding formula for the Nursing and Personal Care envelope must be immediately adjusted to reflect this minimum staffing.

**Recommendation 30:**

That the MOHLTC, once the updated evidence based study is received, should set out standards based on this information, for all Ontario LTC facilities to ensure that Ontario LTC facility residents are given appropriate nursing and other staff hours. At a minimum the staff hours must be comparable to other similar Jurisdictions and are sufficient to meet the needs of present and future Ontario LTC facility residents.

Rationale: Report of a Study to Review Levels of Service and Responses to need in a Sample of Ontario Long-Term Care Facilities and Selected Comparators - January 11, 2001  
PricewaterhouseCoopers Report - Report of a Study to Review Levels of Service and Responses to Need in a Sample of Long-Term Care Facilities and Selected Comparators - January 11, 2001

**Recommendation 31:**

MOHLTC immediately review and revise the present CMI system to ensure cognitive impairment and behavioural problems are sufficiently weighted in the CMI system to ensure sufficient funding for appropriate skilled staff for assessment, monitoring and management of residents prone to these behaviours.

Rationale: "Report on Individuals Who Present Challenges to Placement in a Long-Term Care Facility" - Interim Report - March 2001

**Recommendation 32:**

Pending the remodeling of the funding system, the MOHLTC immediately review the present CMI system to ensure that cognitive impairment and behavioural problems are properly identified and captured under the system. As the present system depends on charting of behaviours, the system should ensure that those RN's who are assessing and charting the behaviours have sufficient time to actually assess and record the behaviours. In addition, all staff that the RN's are supervising must also have the training and time to report the behaviours in order that the behaviours be appropriately picked up by the system.

**Recommendation 33:**

Pending the remodeling of the future system and implementation of training for all staff, additional funding must be provided and tracked to ensure that a PIECES trained Registered Nurse at each facility is designated for those residents on each shift, due to the unpredictability of behaviours and level of risk associated with these residents.

Rationale: Service Provisions Manual - Ministry of Health and Ministry of Community and Social Services - Service Provision - Objectives and Functions (1994-1997)

**Recommendation 34:**

In order to attract and retain sustainable Registered Nurses' to provide the skilled continuity of care required, the MOHLTC should take immediate steps to enhance the working conditions in LTC facilities including:

- i) immediately change the funding system to ensure parity in wages and benefits with Ontario hospital Registered Nurses; and
- ii) increased number of full-time RN positions and increased the total percentage of full-time RN positions significantly;
- iii) Monitor and track LTC facilities use of funds in the Nursing and Personal Care Envelope to ensure that funds are used to meet the agreed upon staffing mix and RN/resident ratios;
- iv) Monitor and decrease significantly the use of agency nurses and other LTC staff by LTC facilities.

**Professional Standards of Regulatory Colleges to Protect the Public**

**Recommendation 35:**

Given the College of Nurses' Ontario mandate is to protect the public and that it has set standards of practice for RN's and RPN's (including different scopes of practice between RN's and RPN's and express responsibilities for RN's in supervision and delegation to unregulated health care workers) the RN staffing levels must be sufficient to allow the RN in the LTC facility to have time to adhere to the standards set out by the Ontario College of Nurses.

Rationale: Chart - "Profile of Practice Expectations for RN's and RPN's - College of Nurses of Ontario Practice Guideline, "Utilization of Unregulated Care Providers (UCP's)

**Recommendation 36:**

The MOHLTC staffing standards and the implementation of the staffing standards by the LTC facilities must ensure that the RN has sufficient time to ensure that she/he has time for collaboration with physicians, RPN's and Psychogeriatric Resource Consultants and sufficient time to adequately supervise, teach and delegate to the unregulated workers.

**Accountability**

**Recommendation 37:**

To ensure that the funding provided to long-term care facilities is sufficient to provide the level of care required by residents and that the assessed needs of the residents are being met, the MOHLTC should, in keeping with the recommendations of the Office of the Provincial Auditor:

- i) Develop standards for staffing in LTC facilities including the number of RN hours of direct and indirect care per resident, the mix of registered and non-registered staff and the staff to resident ratios depending on the complexity of care needs of the residents at the facility; and
- ii) Track staff to resident ratios, the number of RN hours per resident and the mix of registered and non-registered nursing staff and determine whether the level of care provided are in accordance

- with the standard, the specific service agreements of the facility and are meeting the assessed needs of residents; and
- iii) Monitor to ensure compliance and accountability of funds given to LTC facilities.
- iv) Data regarding the facilities staffing levels, including RN to resident ratios and average numbers of RN hours (direct and indirect) per resident, in addition to compliance reports in LTC homes should be public and easily accessible for review by both request and on the public website. This will ensure that all relevant individuals and entities (including the families and CCAC employees) have this information to make decisions regarding appropriate facilities. This information must be kept current.

Rationale: Pricewaterhouse Coopers Report - Report of a Study to Review Levels of Service and Responses to Need in a Sample of Ontario Long-Term Care Facilities and Selected Comparators - January 11, 2001

Report - Commitment to Care: A Plan for Long-Term Care in Ontario - prepared by Monique Smith - Spring 2004

### **Immediate High Needs Funding for Cognitively Impaired/Aggressive Residents**

#### **Recommendation 38:**

That MOHLTC immediately review and revise their "High Intensity Needs Program" to ensure that every LTC facility has access to additional funding for immediate staffing increases to care for *existing* cognitively impaired residents safely. The revised programme should ensure the funding is used by LTC facilities to provide RN care for all such residents who are prone to or assessed with potential aggressive behaviours.

The program should ensure that the funding is available for an appropriate period of time and, at a minimum until the resident has been appropriately assessed, an appropriate nursing care plan is developed, and in the opinion of a psychogeriatric resource person, the resident is stable enough that he/she does not provide a risk to self or others if not closely monitored.

Rationale: OANHSS, "Mental Health

#### **Recommendation 39:**

The MOHLTC should review its High Intensity Needs Program to ensure that transitional beds in long-term care facilities are available for *newly assessed* high risk residents while waiting assessment and/or to ease their transition into a long-term care setting. The Ministry should expand the program to ensure:

- i) It is available on admission where aggressive behaviours have been identified;
- ii) It is available for residents being admitted directly from the community;
- iii) It is available on an on-going basis until a psychogeriatric assessment can be completed and a safe care plan can be implemented;
- iv) Funds are available to provide the resident with a private room at the basic ward rate, if necessary;
- v) There are sufficient funds to provide one on one care by a PIECES trained RN.



## **Specialty Training**

### **Recommendation 40:**

The MOHLTC should set mandatory standards and provide designated funding to ensure that all staff interacting with cognitively impaired residents in LTC are PIECES/U-First trained. This includes those individuals who make decisions regarding admission and placement, as well as those managing the individual's care.

Rationale: PIECES Manual  
Report - Commitment to Care: A Plan for Long-Term Care in Ontario - prepared by Monique Smith - Spring 2004

### **Recommendation 41:**

More specifically, it is recommended, that the MOHLTC create and enforce standards requiring all RN's working in LTC to be PIECES trained as a priority. Such standards should set out timelines such as ensuring that all RN's presently on staff are PIECES trained within one year, and shall include PIECES training as part of the orientation for new staff. The MOHLTC shall ensure that there are adequate classes in each region to address the waiting lists and have all RN's trained within one year.

### **Recommendation 42:**

That the MOHLTC create and enforce standards requiring all administrative and management staff who are involved in admission decisions and staffing decisions to be trained in either the full PIECES course or the ENABLER course.

### **Recommendation 43:**

The Ministry of Health and Long-Term Care, in order to support PIECES trained staff, require that physicians providing services in long-term care homes be knowledgeable about the programme.

### **Recommendation 44:**

Health Care Aids should have a college or governing body which regulates them. As part of their education they should be trained in psycho-geriatric, aggressive behaviours.

### **Recommendation 45:**

That the MOHLTC create and enforce similar standards requiring that all other staff (RPN's and HCA's) be PIECES/U-FIRST trained in a timely way and that there be adequate classes without waiting lists to facilitate this training.

### **Recommendation 46:**

The MOHLTC set standards, monitor and enforce such standards, to ensure that all facilities have at least one Registered Nurses with PIECES training on staff on all shifts and available to do PIECES assessments.

### **Recommendation 47:**

That the MOHLTC reinstate funding for all expenses associated with PIECES/U-FIRST training, including travel expenses and wages to backfill for equivalent staff to ensure that all LTC facilities have their staff appropriately trained and continue to have new staff trained.

**Recommendation 48:**

That the MOHLTC immediately review and address any institutional barriers that may exist that prevent RN's and LTC facilities from accessing PIECES training (ie. Preconditions for administrators, funding issues, waiting lists or being, under-resourced in certain regions).

**Recommendation 49:**

The MOHLTC, in consultation with psychogeriatric health care professionals, should ensure that Psycho-Geriatric Assessment Teams with established referral patterns are available to all Ontario communities. These teams must be accessible on an urgent basis for CCAC case managers, LTC admissions staff, and PIECES-trained Registered Nurses and other health care providers in order to ensure that all applicants with complex and/or aggressive behavioural concerns can be thoroughly assessed prior to admission to a long-term care facility.

Specific funding and legislation should be put into place by the MOHLTC to develop and maintain the Psycho-Geriatric Assessment Teams.

Rationale: Through the inquest testimony, we the jury believe that in order to properly care for the ever increasing complex care elderly patients, all health care professionals must be properly trained in order to care for their needs.

Ten-Point Plan for Improving Quality of Life and Decreasing the Burden of Illness of Residents in Long-Term Care in Ontario

**Psychogeriatric Assessors and Consultants: Links to the Facilities****Recommendation 50:**

That the MOHLTC increase the number of fully funded, full-time Psychogeriatric Resource Consultants and Psychogeriatric Assessors doing assessments through the Geriatric Outreach teams and monitor delays. MOHLTC should ensure that there are sufficient "PRC's" (Psychogeriatric Resource Consultants) and Psychogeriatric Assessors available in a timely way to assist the Psychogeriatric Resource persons and other Registered Nurses in managing cognitively impaired residents in LTC facilities (and other facilities where these residents may be placed).

**Placement and Admissions****Recommendation 51:**

That the regulations and policies regarding long term care should be reviewed by the MOHLTC to ensure that there is an integrated continuum of care. The MOHLTC policies should ensure consistency in managing these cognitively impaired individuals so the risk is managed appropriately both before and after admission to a LTC or other facility.

**Recommendation 52:**

The regulations, policies and structure of all Ontario CCACs should be reviewed to ensure an integrated continuum of care. Each CCAC should be structured for continuity of care by the case managers to ensure completeness and consistency of information.

## **Community Care Access Centres**

### **Recommendation 53:**

The Community Care Access Centre ensure that when completing the long-term care application, case managers make every effort to interview all family members living with the applicant. Where the applicant is mentally competent, consent must be obtained from the applicant first.

### **Recommendation 54:**

The Community Care Access Centre ensure that where the applicant for long-term care is mentally incompetent, the spouse, if mentally competent and available, must be interviewed as part of the application process.

### **Recommendation 55:**

The Community Care Access Centre ensure that where the applicant for long-term care is mentally incompetent, the substitute decision-maker is interviewed as part of the application process. No application may be allowed to go forward without such an interview-taking place.

### **Recommendation 56:**

The Community Care Access Centre's policies be amended to require proper documentation in all client files. Included in this documentation must be: (a) the full names and relationship of all persons that they speak to about an applicant, including during telephone conversations and face-to-face meetings; (b) time, date and length of conversations and meetings; (c) content of discussions and all relevant information.

### **Recommendation 57:**

The Community Care Access Centre require that all documentation must be completed at the time of the conversation or meeting, or as soon as possible thereafter. All documents must be signed and date stamped in order to ensure authenticity.

### **Recommendation 58:**

CCAC's should include with the assessment package sent to long-term care facilities a social assessment that would include the client's interests, wishes, family dynamics, and ethnic, cultural and religious considerations.

### **Recommendation 59:**

The MOHLTC, in consultation with the CCAC sector, should consider including a provision in legislation and Ministry policy that limits the choice of clients who have been assessed as posing a risk to others due to physically aggressive or violent behaviour. Clients who are assessed as posing this risk, should be required to choose a LTC home with a specialized behavioural unit designed to deal with the client's behavioural concerns.

### **Recommendation 60:**

That the Regulations, including the PCS Manual be revised by the MOHLTC to ensure that there is a requirement that an assessment of risk to self and others is done by the CCAC *prior* to placing the individual in any LTC facility. This revised regulation and the accompanying policy, would require the CCAC to consider a full assessment of the applicant's mental health status and behavioral problems prior to the determination of eligibility. It would also require the CCAC to

consider the particular LTC facility and assess its resident population (the frailty of other residents, the competing high needs of other residents, the level of staffing, the numbers of Registered Nurses available, the presence of an appropriate specialty unit etc.) as part of the CCAC process and the determination of whether the resident is eligible for admission to LTC and should be placed in that particular LTC facility.

Rationale: Placement Coordination Service Manual

**Recommendation 61:**

That the MOHLTC review their regulations and policies to clarify the crisis admission process. At a minimum, standards must be set to ensure that complete and accurate information is obtained prior to decision making about an applicant's eligibility and admission, despite the fact that the family is in crisis. The policy should ensure that no decisions regarding eligibility and placement are made without all relevant information. This information must include, but is not necessarily limited to, information from the entire health care team such as, information from all relevant family members, family physicians, and specialists. Information from other community resources such as psychogeriatric assessments and, where appropriate the police, should also be obtained. If the information is inadequate at the time of the application, the family should be notified and the CCAC should not make the placement arrangements until all relevant information is obtained and should ensure alternative resources are made available to the family in the interim.

**Recommendation 62:**

That the legislation, regulations and policies be reviewed to ensure that there is a mechanism for the conditional placement of residents in LTC facilities. If, after admission, a resident is found to have a complexity of care such as aggressive behaviors that cannot be safely managed, or to have requirements beyond the staffing ratios and staff expertise of the LTC facility, the CCAC shall be responsible for overseeing the immediate removal of the resident and their placement in a more appropriate setting. The LTC facility should not be left with the responsibility of finding alternative services, such as an acute care hospital, a specialized Centre or another LTC facility with a more appropriate unit.

**Recommendation 63:**

That the LTC facility, through its Director of Care or delegate, when reviewing the CCAC materials to determine if the facility has the physical and nursing expertise to safely admit the individual, should be given sufficient time, resources and mechanisms to make this determination. This may include the LTC facility meeting with the resident and family prior to the decision to admit being made, and the facility having the means to accept the resident on a conditional basis.

**Recommendation 64:**

The Ministry of Health and Long-Term Care long-term care home policies be amended to include requirements for the review of applications for long-term care. Specifically, all documentation received from the Community Care Access Centre must be reviewed by the long-term care home, and there must be written documentation stating that all care requirements have been considered and are able to be met within that facility.

**Recommendation 65:**

The Ministry of Health and Long-Term Care amend the RAI-HC tool to include elements which have been identified as predictors for violence, such as suspicion and paranoia. It is further suggested that a geriatric psychiatrist or other geriatric mental health specialist review the form

to ensure that all appropriate mental health issues are captured therein. The form should also be changed to accommodate "progress notes".

Rationale: The RAJ-HC was introduced by the Community Care Access Centre to replace the initial client assessment forms. This tool needs to be amended to provide a more "holistic" view on the patient which would include behavioural issues.

**Recommendation 66:**

That the MOHLTC and the CCACs should review the requirements for all employees who are applying the RAI-HC tool or who are making eligibility decisions to ensure that they are the appropriate PIECES-trained health professional such as an RN. They should have the appropriate education and qualifications to holistically make assessments, including the abilities and skills to understand underlying medical causes of cognitive impairment, multiple medical diagnosis and treatments, the impact interaction of multiple medications and all assessment tools.

**Recommendation 67:**

That the CCAC should ensure that there are no inappropriate admissions because LTC facilities are funded based on occupancy levels. At no time should residents be admitted to fill empty beds if that facility is not appropriate for the resident.

**Recommendation 68:**

The Ministry of Health and Long-Term Care take immediate steps to end weekend and evening admissions to long-term care homes. Implicit in this recommendation is that the Ministry's "Sustainability Program" be cancelled.

**Assessment Tools**

**Recommendation 69:**

The Ministry of Health and Long-Term Care, in consultation with health care professionals working in the long-term care industry, should develop an aggression risk assessment tool for cognitively impaired residents with abnormal behaviours to assist in predicting future aggressive behaviours. The risk assessment tool should address an individual's military history, alcohol and drug addiction.

All assessment tools should be kept current and new tools should be incorporated into mandatory training.

**Recommendation 70:**

The MOHLTC, in consultation with health care professions working in the industry, should ensure that regulated staff (all regulated health care professions, social workers or other professionals who may be given responsibilities for assessments and admission decisions) are kept current in their training and that appropriate time is designated for these professionals to be able to implement the tools into the assessments and admission decisions.

**Communication**

**Recommendation 71:**

Given that families, family physicians and others with relevant information necessary for placement and admission may not readily provide all relevant information, either unintentionally

or intentionally, the MOHLTC, CCACs and Long-Term Care facilities should review the applicable legislation, regulations, policies to ensure that:

- i) the appropriate regulated health professionals, who are trained in both a holistic approach and have probing assessment skills and interview techniques, are responsible for obtaining the information from all relevant members of the families, physicians, hospitals, other health and community sources, and criminal information where appropriate;
- ii) the CCACs structure is reviewed to ensure an integrated model to ensure the resident is being followed by a single case manager who has responsibility to ensure the information is consistent, comprehensive thorough; and
- iii) any issues, real or perceived, regarding consent to releasing relevant information is addressed systemically to ensure that all relevant medical, social, cultural, criminal, and environmental information is available to the health care team both making decisions regarding eligibility, placement and providing management of care of cognitively impaired residents with aggressive behaviors.

#### **Recommendation 72:**

Given Ontario's ever increasing multicultural population, it should be recognized that language and cultural values may be a barrier to obtaining all relevant information. In light of this reality, the MOHLTC, CCACs and LTC facilities should:

- i) where the applicant for long-term care is unable to communicate with the case manager due to a language barriers, the Community Care Access Centre utilize a translator independent of the family or substitute decision-maker: (a) to ensure that the person is aware of the process, (b) if they are capable they are, in fact, agreeing to placement and, (c) if incapable, they are able to voice their opinions and concerns with respect to any placement. Funding for interpreters must be made available to the Community Care Access Centres by the Ministry of Health and Long-Term Care. These translation services should also be made available to all LTC facilities.
- ii) ensure that policies and training reflect the heightened need for clear communications in cases of potential aggression, including cultural sensitivity to the issue of domestic assault or placement of elderly in institutions;
- iii) ensure that language issues do not increase alienation or trigger aggressive behaviors when individuals become residents of facilities where staff do not speak their language or that language issues not be a barrier to staff adequately assessing and managing such behaviors; and,
- iv) that if placement must be to a facility that does not provide services in the language and with the cultural sensitivity required, that admission be delayed until there are assurances that there is all relevant information obtained, that the treatment plan is in place to address the short and long term needs of the individual in being moved to an institution that does not speak their language.

## **Long-Term Care Homes**

### **Recommendation 73:**

All LTC facilities must have a set "admissions team" which consist of:

- i) LTC facility's Administrator,
- ii) The LTC facility's Director of Care,
- iii) The LCT facility's Chief Medical Administrator, and
- iv) One PIECES-trained staff RN.

All members of this "admissions team" must be present on the day the patient is admitted into their respective LTC facility.

### **Recommendation 74:**

Long-term care homes ensure that when a resident is admitted to a long-term care home, all staff who may have direct contact with a resident are provided with all necessary information about that resident.

### **Recommendation 75:**

Long-term care homes have a method (taped or written) of ensuring that staff are provided with all updated patient information if they are unable to attend the shift report, whether due to being on a short shift, being late for work, or having to attend other duties during the report. The resident's chart must be read and reviewed at the start of each shift. All reports whether written or on tape, must place particular emphasis on new admissions and on instructions for monitoring residents who require additional observation. The MOHLTC should establish a half-hour paid "hand-over" to accommodate this recommendation.

### **Recommendation 76:**

Long-Term care homes require that their staff document in their progress notes all details of conversations and meetings, include the names of the persons they speak or meet with, the relationship of the person to the resident, and the contents of the conversation. All documents must be signed and date stamped in order to ensure authenticity.

### **Recommendation 77:**

Long-Term care homes be required to train their staff at least semi-annually on the different type of emergency codes and the responses expected from them. Included should be training for staff on how to deal with physically aggressive patients. All LTC homes should also be required to set out a contingency plan to deal with patients who exhibit aggressive behaviours.

### **Recommendation 78:**

The MOHLTC must make mandatory all core in-service training sessions for HCA's and must ensure that their positions are backfilled if they are on duty, or are remunerated if required to attend courses on their time off or scheduled off day.

### **Recommendation 79:**

All LTC facilities must ensure that pictures of all LTC patients be placed on the front of their respective medical records for easy identification. In addition, LTC facilities should implement

identifiers (i.e. colour coded shoe laces) for differing patients who are suffering from cognitive, behavioural or physical issues.

**Recommendation 80:**

The MOHLTC should ensure that doctors who head LTC facilities should either have a degree in geriatrics or should have geriatric training.

**Investigations**

**Recommendation 81:**

Where the police investigate an incident in a long-term care home or an incident involving a Community Care Access Centre, the Ministry of Health and Long-Term Care shall complete their own, thorough investigation as soon thereafter as possible, to determine whether there have been any breaches of the legislation or policies.

**Recommendation 82:**

The Ministry of Health and Long-Term Care track violent incidents in long-term care homes using the FMIS system. A specific report of violent incidents should be produced on a monthly basis.

**Recommendation 83:**

The Ministry of Health and Long-Term Care adapt the FMIS system to include homicides as a specific category of unusual/accidental deaths in its "Accidental Deaths" database or, alternatively, create a specific database to track homicides.

**Publication of Circumstances of the Deaths of P. Lopez and E. El Roubi**

**Recommendation 84:**

It is recommended that the Office of the Chief Coroner for the Province of Ontario should request that the Geriatric and Long-Term Care Review Committee publish a comprehensive account of the circumstances surrounding and leading to the deaths of Pedro Lopez and Ezzeldine El Roubi, including the recommendations arising from this Inquest. This report and the recommendations of this jury should also be distributed to all LTC facilities, all CCACs, all educational institutions for both regulated and unregulated health care professionals and all Colleges regulating health care professions and Social Workers in the Province of Ontario and the professional association and Unions representing staff at long-term care facilities and CCACs.

**Recommendation 85:**

That the office of the Coroner within one year of this inquest follow up on the implementation of the Jury's recommendations and provide a report to be made public and directed to all relevant parties working in the long-term care sector in Ontario.