

# LONG-TERM CARE IN ONTARIO

## A REPORT ON QUALITY

MAY  
2009

This report looks at long-term care in Ontario as a whole. It is prepared by the Ontario Health Quality Council (OHQC), an independent agency funded by the Government of Ontario. Our job is to monitor the quality of the health system, highlight what's working well and what could be better, and support quality improvement across the system.



### HIGHLIGHTS FROM THIS REPORT

- In Ontario, waits for places in long-term care have doubled in the past two years, from 49 to 106 days.
- There are drugs known to be dangerous for the elderly that are still being given to one out of every 25 seniors (both in long-term care homes and the community).
- There are too many residents needlessly sent to hospital emergency departments.
- Some homes have made great progress in preventing falls and pressure ulcers from happening. But we could do more to make all homes safer for residents.
- Nine out of ten residents of long-term care homes rate the overall quality of care they receive as good to excellent, but only two-thirds feel encouraged to participate in their care decisions.
- About 27 percent of long-term care residents show signs of getting more depressed in the three months since they were last assessed.

# INTRODUCTION

Nearly 76,000 people in Ontario live in publicly funded long-term care homes. These people are mostly elderly, often frail and sometimes very ill. Most have worked hard all their lives, and taken care of their families — even generations of family. When they move into long-term care, they and their families must trust others to look after them.

To ensure this trust, it's important that residents of long-term care homes and their families have good information on the quality of care being provided. It's also important to identify problems with quality of care so that people who work in long-term care homes know where they need to improve. By giving them examples of what is working well elsewhere, they can get good ideas on better ways to look after residents.

In this report, we focus on important aspects of long-term care, such as the safety of residents. Our findings are based on evidence. Together, they provide us with an overview of the quality of long-term care in the province. The report also features the personal experiences of three residents, and offers tips for people who are looking for a home or are currently living in a home.

In November 2009, we will begin to report on the quality of care in individual homes. We will start with a handful of homes, and gradually increase over the next three years to include all publicly funded long-term care homes in Ontario (see back cover).

## WHAT IS LONG-TERM CARE?

There are 620 long-term care homes in Ontario. Long-term care homes are designed for people who need 24-hour nursing care and supervision. They offer a higher level of care than retirement residences or supportive housing. Homes are usually run in one of three ways:

- Nursing homes are run by private corporations.
- Municipal homes for the aged are owned by local councils.
- Charitable homes are usually owned by non-profit corporations, such as faith, community, or cultural groups.



**BERNICE MCDOWELL:  
A VIEW OF THE BIG CITY,  
MEMORIES OF A SMALL TOWN**

There's a big window flooded by sunshine outside Bernice McDowell's room at her long-term care home in Toronto. Two easy chairs are placed to capture the view of downtown Toronto. It's a spot she loves. "I sit out there in the sun. I never did that at home," says Mrs. McDowell, 89, who moved here from Blind River a couple of years ago after a bad fall.

The transition hasn't been easy for her. Blind River is seven hours from Toronto, a long trek for Mrs. McDowell's daughter, who has a young girl of her own, so she urged her mother to move into this home, just across the street from her own house.

Mrs. McDowell had to spend a year in another long-term care home before a spot was available, but she had been warned of the wait, and says it was worth it to be just across the road from her daughter and granddaughter.

Still, she misses Blind River, where she led a busy volunteer life after retiring in 1988 from 20 years of working in the town's Ontario Provincial Police office. "I was in charge of everything up there," she says.

Mrs. McDowell thinks she may be one of the one-in-four long-term care residents who show signs of worsening depression when checked at regular intervals. She hasn't been able to keep in touch with her friends, she says, and it worries her, but writing Christmas cards just seemed too hard.

She also counts herself among the 20 per cent of long-term care residents who say where they're living doesn't feel like home. "There's lots of things I love about it. The staff are kind and the people are friendly, but there's nobody related to me," she says.

Well-run activities that keep residents busy and engaged are important for countering depression, and Mrs. McDowell particularly likes the birthday parties and exercise classes. And of course, visits from her granddaughter, from just across the road.

# WAITING FOR LONG-TERM CARE

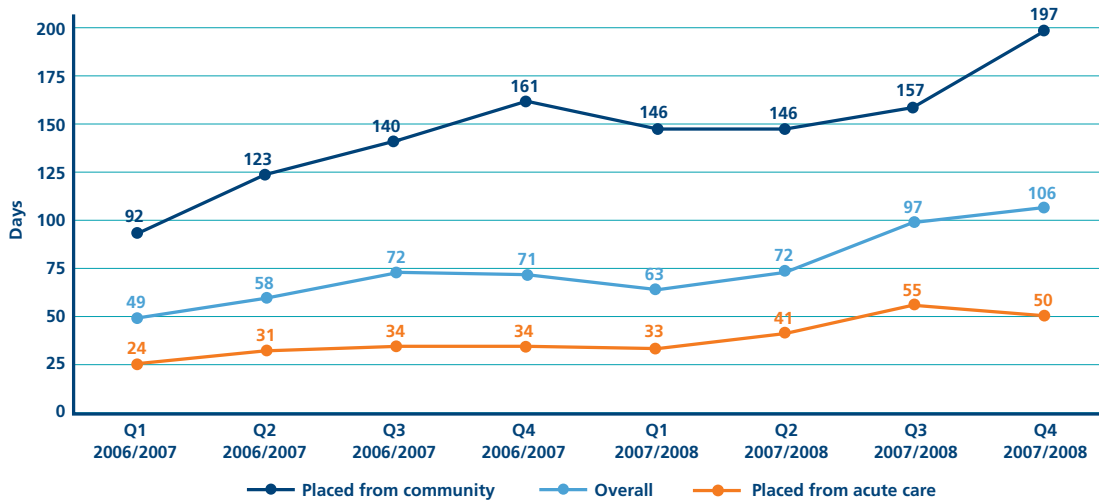
If you're waiting at home for a place in long-term care, you may be worried about being a burden to your family and whether you're getting the right care. A lot of people have to wait in hospital and that's unpleasant too — most people want to get out of hospital as soon as they can, and move on with their lives.

That's why we're concerned that waits for places

in long-term care have doubled in the past two years, from an average of 49 days to 106 days (see graph 1). In some parts of the province, the waits are much worse than others (see graph 2).

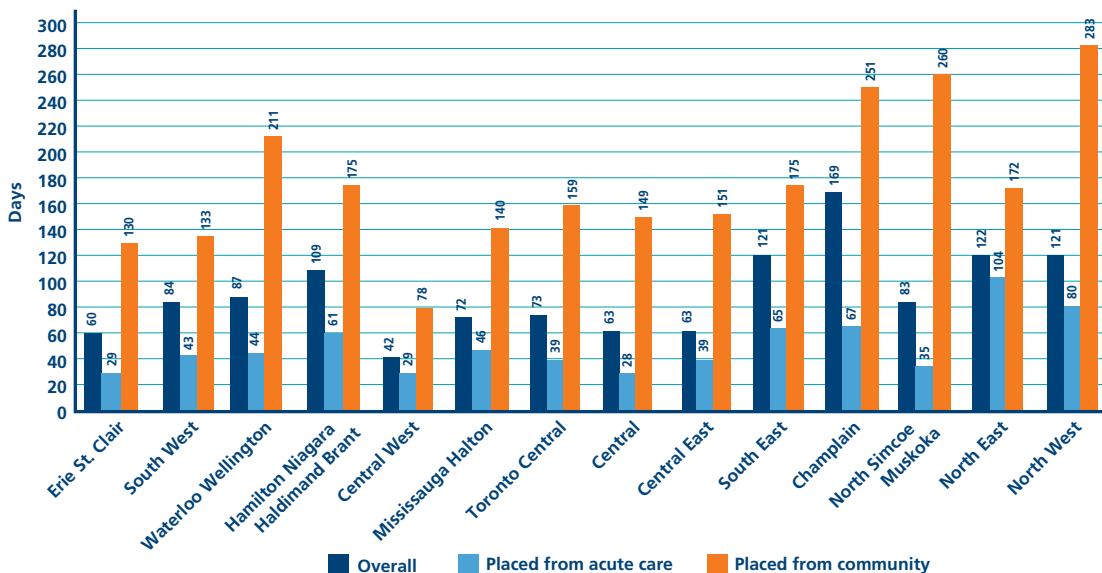
We also found that once people move into long-term care, only 41 percent of them are in their first choice of a home.

**Graph 1: Median waits for long-term care**



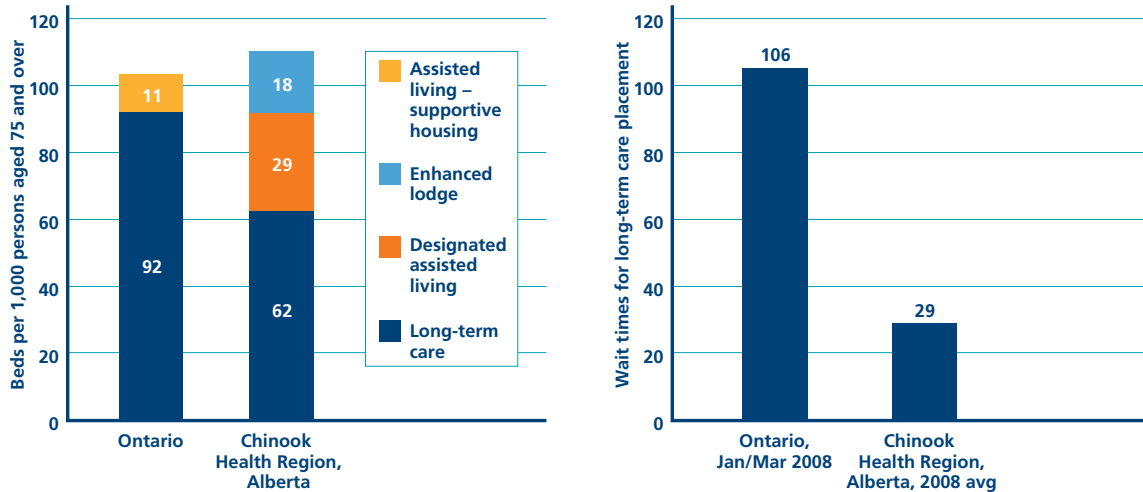
Source: Health Analytics Branch, Ministry of Health and Long-Term Care

**Graph 2: Waits for long-term care by local health integration network**



Source: Health Analytics Branch, Ministry of Health and Long-Term Care

**Graph 3: Number of long-term care beds and waits to get one in Ontario and Chinook Health Region, Alberta, 2008**



*Source: Alberta data supplied from Chinook Health Region; Ontario data from Ontario Ministry of Health and Long-Term Care  
 Note: Data on the number of long-term care beds and population over age 75 supplied by the Health Data Branch in the Ministry of Health and Long-Term Care. Data on assisted living spots funded by the government from: Community Support Services Summary Report 2004/05, Ministry of Health and Long-Term Care, October 2006. Available at: [http://www.mohltcfm.com/cms/client\\_webmaster/pages.jsp?page\\_id=a\\_7665](http://www.mohltcfm.com/cms/client_webmaster/pages.jsp?page_id=a_7665).*

It’s possible we don’t have enough long-term care places in Ontario, but that’s not likely. Researchers at the University of Toronto estimate somewhere between a quarter and a half of people we send to long-term care don’t need to be there and could live more independently if they had more support. In Alberta, the Chinook Health Region uses fewer long-term care beds

and has far shorter wait lists (see graph 3). It runs “enhanced lodges” with personal care workers available 24 hours a day to help with bathing, dressing and other daily activities. It also has “designated assisted living” homes with 24-hour on-site licensed practical nurses so some quite frail people don’t have to move into long-term care.



## DRUG SAFETY IN LONG-TERM CARE

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Seniors have a lot of health problems they take medicine for, but they're also more likely to have problems with side effects from drugs (often dizziness, which causes falls). There's a list of drugs the elderly shouldn't take, called the Beers list.

These days, about one in 25 seniors, whether they live in long-term care or in the community, gets a prescription that might hurt them. This rate is decreasing, but we believe it needs to drop further.



## AVOIDING EMERGENCY DEPARTMENT VISITS

People who live in long-term care often end up in emergency departments for problems like dehydration, stomach flu, diabetes and bladder infections that can be prevented or could be looked after in the home. We found that for every 100 residents, this happens about 11 times per year. Sending residents to emergency needlessly is stressful for the resident, and a long wait on an emergency department stretcher could lead to other problems, like pressure ulcers. We believe more could be done to avoid unnecessary visits. This would also save the health system money.

In some communities, hospitals are working with long-term care homes and others to solve

this problem. The Sault Area Hospital in Sault Ste. Marie, for example, found that 35 percent of long-term care residents who arrived by ambulance in 2006/07 didn't need emergency care. They started a program where a nurse practitioner worked with two long-term care homes to treat people before they were sent to hospital or to handle minor emergencies on their own. Common problems that were dealt with included caring for wounds, bladder infections and minor falls. As a result, the number of long-term care residents who came to hospital by ambulance went down from 23 in January/February of 2007, to nine a year later.



## THE DANGER OF FALLS



Falls put more Ontarians in hospital than any other injury and they are especially dangerous for seniors, who tend to have bones that break easily. We found that for every 100 residents, there are about nine falls each year which are serious enough that the resident needs to be sent by ambulance to an emergency department. We believe more can be done to reduce falls, such as helping residents get more exercise, avoiding the drugs on the Beers list, giving the right drugs for osteoporosis, reducing clutter, improving lighting, using hip protectors for those at high risk, and other ideas. Some homes, like Kensington Gardens in Toronto, have taken steps to address this problem. Too many of its residents were falling, so it started a program to educate staff on the risk of falls and provide them with tools to assess risk and interventions to prevent falls. As a result, Kensington cut the total number of falls by 42 percent from 2005 to 2007.

## PUTTING AN END TO PRESSURE ULCERS

Pressure ulcers are holes in the skin that develop when someone has been sitting or lying on the same spot for too long. People who can't move around, or need to wear diapers, or aren't eating well are more likely to get them. We found that one out of every 13 long-term care residents has pressure ulcers. Every three months, one out of every 30 residents will develop a new pressure ulcer. We believe more could be done to prevent these ulcers, such as using special mattresses or padding for those most likely to get ulcers, making sure that people who can't move are turned to a different position regularly, better diet, and different tips to prevent people from losing their bladder function.

Wellesley Central Place in Toronto had too many pressure ulcers among its residents, so it launched a special program to teach staff to recognize and treat them. They now check all residents to see how likely they are to get a pressure ulcer, and if the first signs of one are spotted, special steps to cure it are started right away. They even alert the local hospital if a resident who is at risk for pressure ulcers is sent to emergency. Thanks to their work, they've completely eliminated new pressure ulcers among residents.

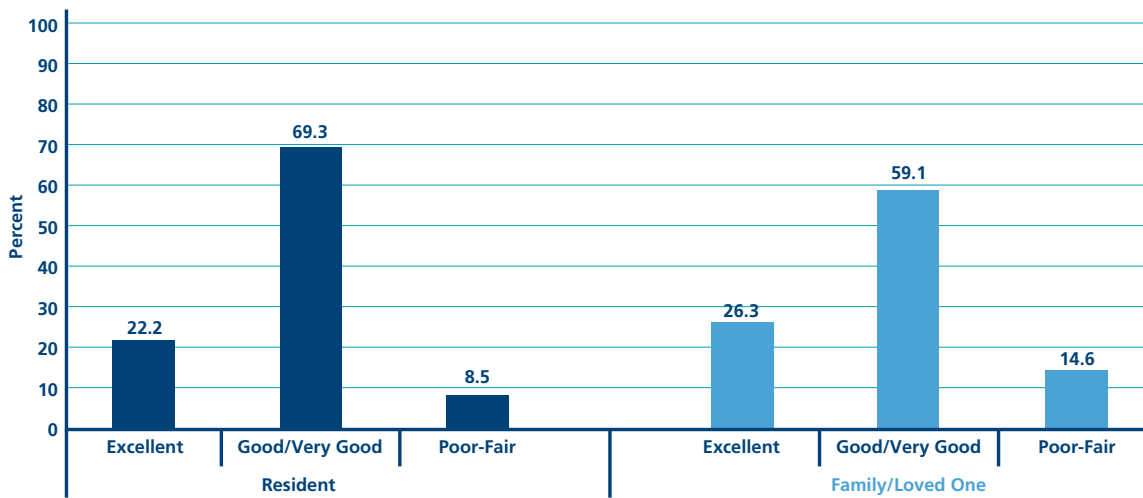


# RESIDENT SATISFACTION

Quality of life and issues, such as maintaining autonomy and having meaningful activities, are important to long-term care residents and their families. In measuring residents' satisfaction with their care, we found that nine out of ten residents of long-term care homes rate the overall quality of care they receive as good to

excellent (see graph 4), but only two-thirds of them feel they're encouraged to participate in decisions about how they're being looked after (see graph 5). One out of nine residents feel they are not free to speak up when they are unhappy with their care.

**Graph 4: Rate quality of care and services in this home**

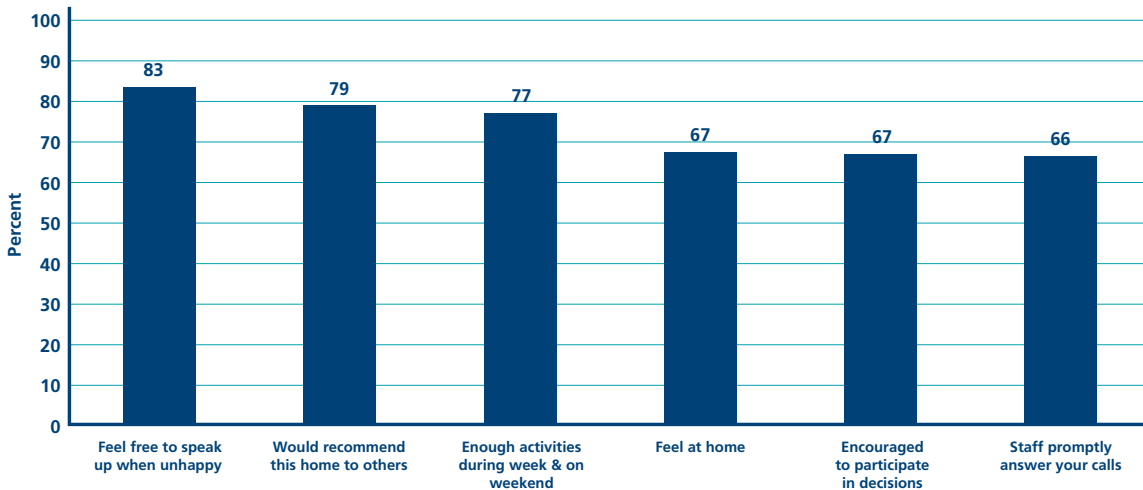


Source: University of Toronto, Pilot long-term care home residents and family satisfaction survey 2008/2009

Note: Questions asked: Resident: Overall, how would you rate the quality of care and services in this home?

Family/loved one: Overall, how would you rate the quality of care and services provided?

**Graph 5: Percent of long-term care residents who agreed with the following points:**



Source: University of Toronto, Pilot long-term care home residents and family satisfaction survey, 2008/2009



**RUTH VELLIS:  
LIVING IN THE HERE AND NOW  
AND ENJOYING EVERY MINUTE**

Leave your past behind, don't expect perfection and you'll find long-term care a fine way to live, according to Ruth Vellis, a 93-year-old resident of a home in downtown Toronto.

"It depends on your mental attitude," Mrs. Vellis explains. "There are people here who are always talking about what they used to have and what life used to be like. I am not one to say it was so wonderful in the old days."

Mrs. Vellis lived nearby and watched her long-term care home being built. A practical person, worried about being a burden to her daughter, she put her name on the waiting list — then broke her hip, and had to leave her apartment. While she was waiting for admission, she broke her hip a second time and eventually arrived at the long-term care home in a wheelchair.

Now mobile again with the aid of a walker, she gets out to ballets and concerts, even walks several blocks for a bagel and cream cheese when the home's food needs a bit of a boost. She went to meetings about the food a couple of times, but "I'm not a committee woman."

She is not afraid to complain, but doesn't need to. "The women who work here are very devoted." The exception is at night, when two staff must get 25 residents ready for bed, which Mrs. Vellis says is too much for them. She blames underfunding.

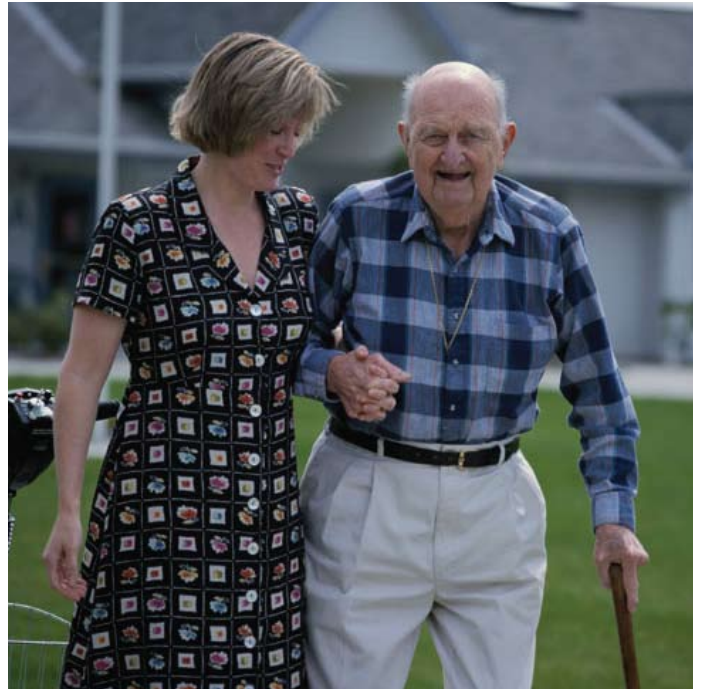
She speaks highly of the activities in the home, but she's happy to sit in her bright room, reading books and the daily paper, listening to classical music, surrounded by pictures and furniture from home.

"I'm very pleased. There's a woman here who's always talking about the business she used to run and the big house she used to have, and I say, forget it. That's gone."

Mrs. Vellis thinks there should be orientation sessions for people before they move in, to help them understand what their new life will be like.

## KEEPING RESIDENTS HEALTHY

Although people's ability to live independently tends to decrease as they get older, there are ways for long-term care homes to slow this process down for some of their residents. Physiotherapists can offer exercises, stretches and other treatments to keep people walking or moving about. Occupational therapists can recommend devices to help people with everyday activities, such as dressing and eating. A choice of recreational and social activities and pleasant surroundings can help prevent depression. We found that about 27 percent of long-term care residents show signs of getting more depressed in the three months since they were last assessed. Close to one in five residents has lost some ability to function independently.



### WORKER SAFETY

Having a safe work environment is important to delivering good quality of care. We found that one injury is reported for every 11 full-time workers in long-term care per year. This injury rate is almost double the rate in hospitals. We can do more to keep staff healthy, for example, by providing better training or the right equipment.



### **FRANK OSTROWSKI: FINDING NEW LIFE HELPING OUT**

Frank Ostrowski's health went downhill rapidly when he moved to his long-term care home in 2002. He was admitted after a four-month hospital stay and fairly quickly became bedridden. Even as his strength slowly returned, he didn't want to come out of his room and he didn't want to meet people. But that's all changed.

**"I am never lonely or sad, especially with Tina," Mr. Ostrowski, 81, says.**

Tina Angelakos is the personal care attendant who gradually won Mr. Ostrowski's trust and looked for ways to involve him in day-to-day activities that helped him feel good about himself. He now volunteers in the dining room on his floor. It's been a change that's meant the world to him. "I like it here. I watch TV and I work. I work in the dining room. I set the tables." Tina adds, "And he doesn't like it if anyone does any part of the job for him."

Mr. Ostrowski emigrated from Poland just after the war, at the age of 21. He worked up north before moving to Toronto in 1956. He never married ("No one ever asked me," he explains) and has no family. But he has found something close to it in this home.

## QUALITY IMPROVEMENT

A number of activities in Ontario are aimed at promoting quality. Most homes are now accredited which means that a national organization does a thorough review of standards and procedures about once every three years and provides a seal of approval. Homes are also inspected regularly by the Ontario Ministry of Health and Long-Term Care to ensure standards are met. Recently, the ministry requested an independent review of care in long-term homes, which identified the need to strengthen staff capacity. The follow-up work from that review will lead to customized staffing plans for each home.

The Ontario Health Quality Council supports quality improvement by identifying who in Ontario or around the world has the best results in quality and encouraging homes to be like the best. We provide tips and tools on how to implement the best ideas and support activities and events where different homes come together to learn from each other. We also provide tools to help homes measure and monitor quality and get instant feedback on whether or not they are improving.





**How can you be sure you are choosing the right long-term care home? Look for these important aspects of high quality care:**

- Does it feel like home?
- Are there social and recreational programs to keep people engaged in their world and fight depression and isolation?
- Are there menu options?
- Are residents who can't get around on their own regularly moved by staff and supported by cushions, mattresses and other equipment in their beds and chairs to prevent pressure ulcers?
- Does the home offer physiotherapy and occupational therapy to keep residents as active as possible?

**If you or a loved one are in a home:**

- Be involved in your care, or the care of your loved ones. Don't be afraid to ask questions.
- Ask to speak to someone from the residents' council or the family council, to suggest improvements.
- Ask your doctor or the pharmacist if you are on medications that increase risk of a fall that could be avoided, or are on the "Beers list" of drugs elderly people should not take.

## FIND OUT MORE

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Beginning in November 2009, the OHQC will report to the public on the quality of care in individual homes through its website at [www.ohqc.ca](http://www.ohqc.ca). Initially, the site will feature information about a handful of homes. And within three years' time, it will include information on all publicly funded homes.

Ontario long-term care homes, residents' and family councils, as well as seniors' organizations will be notified when new information is made available on the site.

If you have questions about this report, future reporting efforts, or would like to be added to our mailing list, call us at 416-323-6868 or toll-free: 1-866-623-6868, or e-mail: [ohqc@ohqc.ca](mailto:ohqc@ohqc.ca).

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