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CORONER'S INQUEST RECOMMENDATIONS CASA VERDE NURSING HOME

The Health and Emergency Medical Services Committee recommends that the recommendations contained in the following report, May 18, 2005, from the Commissioner of Health Services be adopted subject to:

- a) **inserting a comma and the phrase "subject to the comments contained in this report" after "recommendations" in Recommendation No. 2.**

1. RECOMMENDATIONS

It is recommended that:

1. Committee and Council receive for information, the following report regarding the Coroner's Inquest regarding the Casa Verde Nursing Home and the resulting Jury recommendations.
2. Committee and Council endorse the recommendations of the Coroner's Jury and that the Regional Chair send a letter to the Minister of Health and Long-Term Care and the Chief Coroner supporting and advocating for the timely adoption of the recommendations contained therein conditional on 100% Provincial funding.
3. Staff report back to Committee and Council once further information is available from the Ministry of Health and Long-Term Care (MOHLTC) related to funding.

2. PURPOSE

The purpose of this report is to make the Committee and Council aware of the Coroner's Inquest on the Casa Verde Nursing Home and authorize the Regional Chair to communicate Regional Council's endorsement and support for implementing the recommendations.

3. BACKGROUND

A Coroner's Inquest was held from January 31, 2005 – April 18, 2005 to review the circumstances surrounding the deaths of two residents that had been killed by another resident at Casa Verde Nursing Home in Toronto in 2001.

The Verdict of the Coroner's Jury determined that the cause of death was craniocerebral blunt force injuries and the means of death was homicide.

3.1 Summary of Incident

On June 9, 2001, a 74 year old male suffering from dementia was admitted to the Casa Verde nursing home in Toronto. Approximately 2 hours after admission, the resident suddenly became violent, grabbing a piece of metal from a wheelchair footrest and bludgeoned to death two other male residents at the facility before staff could intervene and stop him.

This case was portrayed as an example of how older adults suffering from dementia can turn suddenly and unexpectedly violent. The Coroner's office reported that there have been 14 homicides committed at nursing homes/long term care (LTC) facilities since 1998 and indicated that reports of aggression are increasingly common.

4. ANALYSIS AND OPTIONS

The Coroner's Jury uncovered and identified the systemic and underlying regulatory issues that contributed to the deaths of the two nursing home residents. Their insight and recommendations is fully supported by staff and broadly supported by the provincial LTC association Ontario Association of Non-Profit Homes and Services for Seniors (OAHNSS) and the LTC sector in general.

In total, the Coroner's Jury made 85 recommendations that are intended to help prevent a similar incident from occurring at LTC facilities. Recommendations were directed to the MOHLTC, the Office of the Chief Coroner, the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario, Community Care Access Centres (CCAC) and LTC facilities in Ontario.

It is encouraging to note that, as part of its analysis, the Coroner's Jury used papers previously prepared by the provincial LTC association (OANHSS) as the basis and rationale for a significant number of the recommendations they have made.

4.1 MOHLTC and System Based Recommendations

The bulk of the recommendations (62 of the 85) are directed specifically to the MOHLTC and most of the other recommendations are indirectly tied to MOHLTC directed policy and/or regulatory changes. The recommendations fall in 3 broad categories: Specialized Units and Services; Staffing, Resources and Education; and Process, Structure and Regulations.

4.1.1 Specialized Facilities/Units and Services

The Coroner's Jury recommends that the MOHLTC immediately create and fund specialized facilities or specialized units in LTC facilities to care for demented or cognitively impaired residents exhibiting aggressive behaviours.

In making this recommendation, the Jury recognizes that as a consequence of health care restructuring, LTC facilities have become the "new Mental Health institutions" in

Ontario. The Jury also notes that these changes have occurred with neither the funding and resources necessary nor recognition of the anticipated needs given demographic changes and the projected increases in numbers of older adults with cognitive impairments.

These recommendations are of significance for York Region given our focus on meeting the needs of difficult to serve or hard to place clients with heavy, complex care and/or cognitive and behavioural care requirements. Adoption of these recommendations may lead to additional funding and resources for our specialized units and funding for the enhancement of psychogeriatric assessment services that we have previously proposed to the MOHLTC and included in our Business Plans.

4.1.2 Staffing, Resources and Education

The Coroner's Jury makes a number of short-term and mid-term recommendations related to the need for increased staffing, funding and training. These include both LTC facilities in general and specialized facilities and units caring for demented and cognitively impaired individuals exhibiting aggressive behaviours.

4.1.2.1 Funding and Staffing for Specialized Units and Services

The Coroner's Jury recommends that the MOHLTC implement funding for specialized units based on a formula that accounts for the complex needs of demented or cognitively-impaired residents exhibiting aggressive behaviours and that is adequate to ensure a higher ratio of regulated health care professionals [Registered Nurses (RNs) and Registered Practical Nurses (RPNs)] with specialized training to safely care for these residents.

The Jury further recommends that the MOHLTC increase the number of Psychogeriatric Resource Consultants available to assist with managing cognitively impaired clients in LTC facilities or other facilities where they may be placed.

York Region's Long Term Care and Seniors Branch (LTCSB) provides specialized services in York Region and would be directly and positively impacted by the proposed increase in resources for those programs.

4.1.2.2 Revision to Long Term Care Funding Model

The Jury recommends that the MOHLTC, in consultation with stakeholders, revise the funding system presently in place for all LTC facilities within the next fiscal year and report back to the Coroner's Office on the planned revisions. The recommendation also stipulates that the new system be designed to ensure that funding is sufficient for the skill level of staff required for residents with dementia and other mental health problems and that sufficient weight is given to actual and potential aggressive behaviours to enable adequate staffing, time and resources for LTC facilities.

4.1.2.3 Establishment of Staffing Standards

The Jury recommends that the MOHLTC retain a consultant to update the January 2001 *Levels of Care Study*, that compared staffing levels in Ontario LTC facilities with that of other Canadian, American and international facilities. The results of this evidence-based study would be used by the MOHLTC to determine the appropriate levels of mix and staffing.

4.1.2.4 Establishment of Interim Staffing Standards

On an interim basis, the Coroner's Jury recommends that the MOHLTC immediately implement the following measures:

- Fund and set standards requiring all LTC facilities to increase staffing levels to, on average, no less than 0.59 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 (a measure of the level of care and acuity of residents at a given facility).
- Adjust the existing Case Mix Index (CMI) funding model to ensure that residents with cognitive disorders and behaviours are adequately weighted to ensure sufficient funding and appropriate skilled staff for assessment, monitoring and management of residents prone to behaviours.

Implementation of these interim staffing recommendations in York Region's LTC facilities and adjusting for our CMI, it would result in a 100% increase in our RN staffing levels (from 0.30 to 0.61 hours/resident/day) and a 20% increase in our overall nursing staffing levels (from 2.7 to 3.24 hours/resident/day). A projected increase of approximately \$1.5 million in Provincial subsidy would be required to fund this enhanced level of care in our LTC facilities.

4.1.2.5 Training and Staff Education

The Coroner's Jury recommends that the MOHLTC fund and require, as an immediate priority, that all RNs, Administrators, Medical Directors, Social Workers and Nursing Managers working in LTC facilities receive LTCF training within one year. Physical, Intellectual, Emotional, Capabilities, Environmental and Social Education Program (PIECES) is 40 hours in length.

It is also recommended that the MOHLTC ensures that all physicians providing services in long term care facilities are knowledgeable of the PIECES program and that the physicians develop a plan to fund and provide PIECES/U-FIRST training for all RPNs and Health Care Aides (HCAs) in a timely manner.

The Jury further recommends that a college or governing body be created to regulate HCAs and ensure that they receive training in psycho-geriatrics and aggressive behaviours as part of their mandated training and certification.

4.1.3 Process, Structure and Regulations

The Coroner's Jury makes a number of recommendations related to process, structure and regulations. The most significant of the changes proposed are summarized as follows:

- Amending the admission process and criteria used by CCACs to ensure that mental health, social and behavioural issues are better assessed, documented and reported.
- Limiting the choice of applicants who pose a risk to others due to physical aggressiveness or violent behaviours to facilities with specialized units.
- Requiring that an assessment of risk to self and others be completed by CCAC prior to placing the individual in a LTC facility.
- Providing for the provisional or conditional placement of residents in a LTC facility and establishing the responsibility for the CCAC to oversee the immediate removal of a resident who poses a risk to self or others and for securing their placement in a more appropriate setting.
- Requiring that the RAI-HC classification and care assessment tool be amended to include elements which have been identified as predictors for violence.
- Immediately ending the requirement that LTC facilities admit residents in the evening or on weekends.
- Developing an aggression risk assessment tool for cognitively impaired residents with abnormal behaviours.
- Providing translators where language and/or cultural barriers exist.

4.2 LTC Facility Recommendations

Recommendations 71 and 72 are collectively directed to the MOHLTC, CCACs and LTC facilities. The remaining recommendations, 63, 73–77, are directed specifically at LTC facilities. These recommendations were circulated to the LTCSB's Quality Assurance Committee and Medical Advisory and Therapeutics Committee. The following summarizes each of these recommendations and LTCSB's plans, where applicable, to respond.

4.2.1 Recommendation 63

This recommendation relates to the LTC facility and the Director of Care being given adequate time to determine if the facility has the physical capacity and nursing expertise to safely admit an individual. It also includes provision for the facility to meet with the applicant and/or his/her family before making that determination and to accept the resident on a conditional basis.

Facilities currently have only seven days from receipt of application to make a decision regarding placement. Inherent in this recommendation is that facilities need more time to adequately assess applications and meet with applicants and their families if warranted prior to making a decision. There is currently no provision in the legislation for a provisional or conditional admission. Recommendations 61 and 62 are directed at the MOHLTC and recommend that legislation, regulations and policies be reviewed to ensure that there is a clearly defined and approved mechanism for conditional placements

and that CCACs be responsible for the immediate removal and placement of the individual in a more appropriate setting if a resident poses a risk to self or others.

Current practice for the LTCSB is to approve admissions on a conditional basis, but that necessitates that side contracts are negotiated with the referring hospital to re-admit the client if the LTCSB is unable to manage his/her care.

4.2.2 Recommendation 71 and 72

These two recommendations relate to systems and processes and are directed at the MOHLTC, CCACs and LTC facilities. The first relates to information collection and consents; it is intended to facilitate the full disclosure and collection of all relevant medical, social, cultural and criminal information. The second relates to the need to ensure that the system recognizes and is sensitive to the cultural and language diversity of the population and recommends that measures should be taken to ensure that these are not barriers to obtaining all relevant information.

The LTCSB previously implemented a number of mechanisms in our LTC facilities to address these barriers, including but not limited to; the translation of our admission agreements, facility handbooks and other significant materials into languages, other than English, the identification and maintenance of staff interpreter lists and the establishment of a contract for a confidential, professional language interpreter services in over 140 different languages that staff can access on a 24/7 basis.

4.2.3 Recommendation 73

This recommendation relates to the establishment of admission teams/committees and membership on those committees for all LTC facilities. At minimum, the following positions would be set as members of the admission team and all members would be required to be present on the day the patient is admitted into his/her respective LTC facility:

- The LTC facility Administrator
- The LTC facility Director of Care
- The LTC facility Chief Medical Administrator/Medical Director, and
- One staff RN (with PIECES training)

The composition of our current admissions committee includes all of the above noted positions. The Directors of Nursing at each facility are Registered Nurses and at least one at each site is also PIECES trained. All of the members of the admissions team are not necessarily present in the facility on the day of admission; however, all are available by pager or cell-phone if needed. This recommendation has been forwarded to our Quality Assurance and Medical Advisory and Therapeutics Committees for further review and consideration.

It should be noted, however, that to fully implement this policy would have cost implications as it relates to the on-site attendance of the Medical Director on all days that

patients are admitted and would therefore require additional funding from the MOHLTC to implement.

4.2.4 Recommendation 74

Recommendation 74 relates to provisions for ensuring that all staff having direct contact with a new admission are provided with all necessary information about the resident.

Our current practices in this regard ensure that all staff are apprised of the care and service needs of new clients on/before the date of admission.

4.2.5 Recommendation 75

This recommendation concerns the need for facilities to establish a method (taped or written) for ensuring that staff who are not able to attend report at shift change, for whatever reason, are provided with all updated patient information. A further recommendation is made that the MOHLTC establish a half-hour paid 'hand-over' to accommodate this recommendation.

LTCSB does not fully comply with this recommendation at present; however, we have taken steps to amend our policies and practices regarding report at shift change to bring them into compliance.

4.2.6 Recommendation 76

This recommendation mandates that facilities require that staff document in their progress notes the details of all conversations and meetings with any individual they speak with concerning the resident and require that all documents be signed and date stamped.

This recommendation is consistent with our current documentation policies and practices.

4.2.7 Recommendations 77

This recommendation relates to LTC staff training requirements on the different type of emergency codes and responses and stipulates that the training be provided semi-annually. It is also recommended that LTC facilities develop contingency plans for dealing with patients who exhibit aggressive behaviours.

LTCSB provides training on emergency codes and responses once per year. A second in-service will be incorporated into a staff meeting each year to bring us into compliance with this recommendation. Contingency plans/policies and protocols are also in place for dealing with patients who exhibit aggressive behaviours.

4.2.8 Recommendation 78

Recommendation 78 deals with the provision of core in-service training for HCAs and recommends that they be backfilled or paid to attend training.

This recommendation is consistent with current practices at the LTCSB. Core in-service training is currently provided to all staff and all staff are back-filled or paid to attend except clerical staff core in-service training.

4.2.9 Recommendation 79

This recommendation requires that LTC facilities ensure that a picture of all patients is placed on the front of their respective medical records and recommends the use of other identifiers (i.e. colour coded shoe laces) for patients who suffer from cognitive, behavioural or physical issues.

The LTCSB currently complies with this recommendation. Pictures of all patients are placed on the front of their respective medical records. Other identifiers are used when feasible/practicable for patients who suffer from cognitive, behavioural or physical issues.

4.2.10 Recommendation 80

Recommendation 80 states that the MOHLTC should ensure that physicians who head LTC facilities either have a degree in geriatrics or have completed geriatric training.

This is an excellent recommendation; however, there are insufficient numbers of doctors with a degree in geriatrics to head all LTC facilities in the Province. Most LTC facilities, including the LTCSB, attempt to recruit physicians with additional geriatric training and experience.

4.3 Relationship to Vision 2026

The adoption and implementation of the Coroner's Jury recommendations by the MOHLTC contributes to the attainment of the Vision 2026 goals of developing Quality Communities for a Diverse Population and Responding to the Needs of Our Residents. These recommendations would provide enhanced resources and service levels for residents in all LTC facilities and provide additional system capacity to care for clients with very difficult, aggressive and violent behaviours.

5. FINANCIAL IMPLICATIONS

The implementation of the recommended interim staffing levels would require approximately \$1.5 million of 100% Provincial subsidy. It is too early at this point to estimate the funding amounts required to implement the other recommendations from the Coroner's Inquest. If the recommendations from the Casa Verde Inquest are adopted by the MOHLTC, this would result in substantial increases in 100% MOHLTC funding and corresponding increases in staffing levels for both our regular LTC beds and beds designated for specialized mental health care.

6. LOCAL MUNICIPAL IMPACT

Adoption of the Coroner's Jury recommendations would provide enhanced resources and service levels for residents in York Region LTC facilities and provide additional system capacity to care for clients with difficult, aggressive and violent behaviours.

7. CONCLUSION

The Coroner's Jury is to be commended for the insight and understanding they have shown into the systemic and underlying regulatory issues that contributed to the deaths at Casa Verde. The Jury should also be commended for its ability to translate these incidents into sector wide recommendations that if implemented will have a profound impact on the quality of long term care services in the Province of Ontario. These recommendations are fully supported by LTCSB staff and broadly supported by the provincial LTC associations and the LTC sector in general.

Many of the recommendations are of particular significance to the LTCSB given the focus on meeting the needs of the difficult to serve/hard to place clients with heavy, complex physical, cognitive and behavioural care requirements. Adoption of the recommendations by the MOHLTC would lead to additional funding and resources for our specialized units, increased funding for the psychogeriatric and mental health consulting services and other psychogeriatric assessment services and supports.

The Senior Management Group has reviewed this report.