



June 5, 2009

Ms. Colleen Sonnenberg  
Ministry of Health and Long-Term Care  
LTCHA Regulation Project  
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Toronto, Ontario  
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Dear Ms. Sonnenberg,

The Ontario Society of Occupational Therapists (OSOT) appreciates the opportunity to review and comment upon the proposed initial draft Regulation made under the *Long-Term Care Homes Act, 2007*. The Society represents over 3200 occupational therapists working in the province of Ontario.

Occupational therapists (OTs) are regulated health professionals who work with people who experience barriers to their participation in day to day occupations to assist them to minimize such barriers and to promote function and participation. OTs understand that the capacity to participate in occupations that are important to an individual contribute to health and well-being. Experts in occupation, occupational therapists partner with their clients to enable their performance of day to day occupations such as self care, leisure skills, work, community participation, etc. Although OTs work with people across the lifespan, illness, chronic disease, disability, mental health problems, dementia and the normal aging process are examples of conditions that can impose barriers to the occupational performance of residents of long-term care homes. The occupational therapist's attention to resident's ability to function safely, to engage and participate in the world around them and to be as independent as possible in directing their care is a valuable resource to long term care homes.

Occupational therapists participated with interest in the consultation and review to develop the *Long-Term Care Homes Act, 2007*. With the same commitment to assist government to bring to life legislation built around the fundamental principle *that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met. (LTCHA, 2007)*, the Society offers the following comments on the initial draft Regulation.

## General Comments

### **i) *Bringing to life the commitments of the Long-Term Care Homes Act, 2007***

While the Society understands that a second draft Regulation will be developed, we are uncertain as to its content and focus. We note, however, that **the proposed initial draft Regulation does not address key obligations of the legislation that we feel bring the commitments of the LTCHA, 2007 to life.** The current proposed Regulation lacks a resident-centred focus that helps bring to life the commitment of creating a *home* for residents. Furthermore, the regulation does not speak to many of those programs listed as required in the *Act* that would enable a goal oriented, restorative focus. For example, there is no mention of a restorative care program, recreation and social activities or programs that address religious and spiritual needs and interests of residents. Part II of the regulation reads with an emphasis on safety and avoidance of risk and while this is important there is concern that unless regulatory direction is extended to other program foci, the regulation can have the impact of placing priority on these programs. We believe the intent of the *Act* is to provide for promotion of health, healthy living and well-being. We will note in our comments below that wording of the sections on plans of care and required programs lack emphasis on the fundamental principle of the *Act* and the obligations of the Resident Bill of Rights. For example, number 12 of the Bill of Rights commits;

*12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible*

### **ii) *Commitment to Interdisciplinary Programs***

**The draft Regulation speaks to the need for interdisciplinary programs of care but provides little direction regarding the professional services that might serve those programs.** While we understand the Ministry may wish to avoid the prescription of service providers, it is the Society's position that unless directive leadership is taken to promote the potential breadth of professional services representation that can bring strength to the quality of programs in LTC homes it is unlikely that the Regulation will provide sufficient incentive for homes to secure resources that truly bring the vision of the *Act* to life. OSOT would propose that the regulation provide leadership direction by identifying regulated health professions that *might* be engaged in prescribed programs. We believe that this would best foster innovative, interdisciplinary, collaborative care that is in the best interest of the program and the residents that programs are designed to serve. Furthermore, we believe that unless there are provisions in regulations for engaging a range of named professionals, there will be limited incentive to look for funding strategies to engage more than core professional services such as nursing, dietetics, medicine, etc. At very least, we would position that in the interests of all professions that might be engaged to provide services in LTC Homes, it is important to be consistent in messaging. If profession specific referencing is to be restricted than this should be the case across the board and current references to professional services should be removed.

OSOT is thoughtful that without some labelling of professions that may be engaged in various programs, it is likely that access to services will vary significantly from home to home. It is suggested that a guideline could be developed to inform the staffing of various programs to best promote interdisciplinary, resident-focused care. Such a guideline might be developed in collaboration with professions to highlight roles, scope of practice and potential contributions of the various professions to the required programs of the home.

## **Comments on Components of Proposed Draft Regulation**

### **1. Plans of Care**

i) **We note an absence in the proposed text for the initial and comprehensive plan of care of wording that articulates a commitment to the establishment of goals for the resident and to the explicit engagement of the resident in the development of both a plan of care and goals.** We assert that these are serious oversights that result in a regulation that may promote staff based care planning that is targeted to ‘take care of’ a resident rather than to promote their function and compliment their function with necessary care. Occupational therapists would assert that this would fundamentally change the focus of care and the implicit messaging would be that engaging residents in maximizing and maintaining their functional capacity is not important.

We believe the legislation honours a commitment to plans of care that are goal oriented and that engage the resident and/or their substitute decision-maker in care plan and goal development as identified in the following sections of the *Act*.

#### ***Plan of care***

*6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,*

*(a) the planned care for the resident;*

*(b) **the goals the care is intended to achieve;** and*

*(c) clear directions to staff and others who provide direct care to the resident.*

#### ***Involvement of resident, etc.***

*(5) The licensee shall ensure that **the resident, the resident's substitute decision-maker, if any,** and any other persons designated by the resident or substitute decision-maker **are given an opportunity to participate fully in the development and implementation of the resident's plan of care.***

OSOT recommends that these obligations of the legislation be articulated within the regulation

### **ii) Comprehensive Plan of Care**

OSOT notes the minimum requirements for assessment to enable development of the comprehensive plan of care noted in the draft Regulation. While this is an

extensive listing we believe the following are missing;

- Resident's priorities, goals and interests – this relates to comments made above.
- Resident's current functional status and ability to manage activities of daily living, participate in activities of interest, participate socially.

We note that (3) 7 addresses 'physical functioning, and the type and level of assistance that is required relating to activities of daily living including hygiene and grooming' and suggest that this criterion needs to be separated and re-worded. Currently the criterion implies that one is only interested in the level of care that is required for the resident. While this is important, occupational therapists would position that this component for assessment should be framed in assessment of what the resident is *able* to do so that the care plan is focused on supporting the maintenance of function and not focused to 'care for' a resident who has an interest and ability to participate in their own care. Occupational therapists are experts in the assessment of a client's capacity to function and to determine potential for advancing function through treatment, remediation, training, adaptation, use of assistive devices, etc. We believe OTs would be a valuable asset to the interdisciplinary assessment of a resident's needs and abilities. We might suggest the assessment components be re-written as follows;

- i. Physical function and mobility
- ii. Functional capacity and ability to manage activities of daily living including self care (feeding, grooming, hygiene, dressing, etc) and participation and contribution to personal and community (LTC Home) life.

As the legislation requires that the Plan of Care address all aspects of care including medical, nursing, personal support, nutritional, dietary, recreational, social, restorative, religious and spiritual (Section 6 (3)), OSOT positions that it is critical to assure that assessment of self care and activities of daily living be completed in the context of assessment of physical, cognitive, behavioural and psycho-social factors that affect function and functional potential. This enables realistic goal setting with respect to restorative care. This is a skillset of occupational therapists.

### **iii) Promoting a Focus on Healthy Living and Participation**

We note that the title *Plan of Care* is taken from the legislation but suggest that the Regulation could be used to provide clarity of focus of the care plan. We believe the legislation speaks to a focus of care in long-term care homes that fosters function and healthy living and participation. Section 7 of the Regulation speaks to a plan of care that appears to focus on taking care of a resident – not a care plan that focuses on people as autonomous beings living in a way that supports physical and mental health. A leadership direction could be taken by labelling the care plan differently. OSOT proposes a title such as *Comprehensive Plan for Health Living and Participation*.

## **2. Required Programs**

i) OSOT notes with concern the absence of reference to all programs defined as required by the legislation. In this regard, we are uncertain if those programs missing are to be addressed by a future regulation. For example, Sections 8 – 16 of the Act identify required services such as restorative care, recreation and social activities, volunteer programs, etc. It is unclear whether these programs will be addressed in subsequent regulations, but their absence leaves this draft initial regulation to be very nursing care focused

### **ii) Staff Education**

OSOT suggests the addition of staff education as a provision requirement for the programs listed. For each of the identified programs, successful implementation will require an informed and supportive staff at all levels of the home's organization. Policy development around each of these programs should include organizational commitment to staff training and orientation related to the management of falls prevention and management, continence care and bowel management, pain management and responsive behaviours. Occupational therapists would be valuable consultant educators to staff on issues relating to falls prevention and management, non pharmaceutical pain management, responsive behaviours. A commitment to staff education and support around these required programs enables facilities to promote restorative care principles that ensure staff build on resident capabilities.

### **iii) Maximizing an interdisciplinary, restorative focus in programs**

The Society notes that though the programs identified in Section 9 are to be interdisciplinary, most of the program requirements listed are essentially nursing care items. We believe that the regulations could provide leadership to ensure that more proactive, prevention focused programs are developed. For example the Falls Prevention and Management Program might have a greater focus on interventions to enhance strength, balance, cognition and knowledge for each resident to build capacity against falls. In some homes, for example, an OT performs an assessment on admission to rate the risk of fall and offer appropriate recommendations e.g. proper footwear, hip guards, etc. OTs would position that Pain Management Programs should include a preventative focus including the notion that we can prevent people moving into chronic pain conditions through activities to enhance movement and blood flow, training in positioning, relaxation and other strategies and maintenance of psychological well-being. Within the Responsive Behaviours Program we would urge attention to the need to address psychological needs and to identify environmental factors and routines that will promote proactive behaviours and recognize resident sensory needs.

### **iv) Skin and Wound Care Program**

OSOT notes that in 11. (1) 4. there is reference to a requirement that skin and wound care programs provide for 'wound, pressure ulcer and skin care treatments and intervention, including physiotherapy and nutrition care.' It is unclear why, in this case, a specific profession would be identified. Further, it is unclear why the profession of physiotherapy would be identified. This is noted to underline the need

to address all possible resource professionals if any are to be referenced. Occupational therapists are recognized for their expertise in pressure management, positioning, seating options (cushions, seating) and would be valued team players in skin and wound care programs. Our concern is not to limit physiotherapists but rather to ensure that the regulation does not become prescriptive to any one profession that addresses these needs.

### **3. Minimizing of Restraining**

OSOT recommends the addition of a requirement that a home's written policies relating to use of restraints details their commitment to staff education at all levels of the organization. This important focus protects residents and staff alike.

### **4. Admission to Long-Term Care Homes**

While OSOT is essentially supportive of application processes relayed in the draft Regulation, members who work in Long-Term Care Homes identify that a requirement that applicants be reviewed by an occupational therapist prior to admission could be a valued adding services. The OT has the skills and foci to identify potential problems with respect to equipment needs, restraint use, etc.

Occupational therapists have much to offer both residents of long-term care homes and staff who work to both meet the needs of residents and to promote their function and dignity. The perspectives of our members as reflected in this response lend insight into the profession's keen focus and advocacy to assure that Ontario's long-term care homes are supportive living environments that promote a resident's capacity to function and engage meaningfully in their own self care, activity and social interaction to the best of their ability.

Sincerely,



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Executive Director



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