



February 27, 2014

Nancy Lytle
Director X-Ray Safety and Long-Term Care Homes Branch
Ministry of Health & Long-Term Care

Karen Simpson
Senior Manager, Compliance & Enforcement
Ministry of Health & Long-Term Care

By Email

Dear Nancy and Karen,

I'm writing to keep you apprised of transition issues relating to the implementation of the PT Funding Reform that affect access of residents in Ontario Long-term Care Homes to necessary occupational therapy services.

I was recently forwarded the following message circulated by the Region of Peel on behalf of 4 LTC Homes in the region requesting input from providers to identify professionals that are ADP authorizers and that could provide seating and mobility assessments for residents of LTC Homes. As you will see, the memo explicitly identifies an interest in physiotherapists NOT occupational therapists.

Our member received this communique as she previously provided services in Peel. She found the memo both inflammatory and discriminating. She attempted to secure the rationale for the memo and understands that homes in Peel Region believe this is a Ministry directive.

OSOT believes that this memo gives tangible evidence to practice that we have heard and reported to you further to the September 6, 2013 circulation of a memo by Rachel Kampus (attached) relating to seating and mobility assessment. Rachel's memo was taken by the sector to suggest that homes should be able to use their PTs (accessed under contract through the new PT contracts) for seating and mobility assessments resulting in ADP prescriptions/applications. While we identified both our perception of how this memo would impact access to OT services and the quality of complex seating and mobility assessments at the time, we were assured that the memo was not intended to give this message and that attention to the potential for homes to access OTs for this service was mentioned at the bottom of the memo. We forwarded, for example the attached communique sent by OANHSS

to its members regarding the issue and communicating their understanding that “ADP” assessments should be covered by the \$750/bed PT allocation. We have observed and communicated over the course of the past several months that most homes have lost access to OT and are not securing OT assessments, reporting that they have inadequate funding in their Program and Support Services budget to allow for this.

The following memo from the Region of Peel identifies explicit exclusion of OT.

From: Baylon, Glenda [Glenda.Baylon@peelregion.ca]
Sent: Tuesday, February 18, 2014 11:02 AM
Subject: Assistive Device Program Authorizer

Good Morning!

*I am contacting you on behalf of the Region of Peel’s Five long term care centres. We are gathering information to determine which companies or individuals are registered to provide Assistive Device Program (ADP) authorizer services for mobility: Ambulation Aides, Wheelchairs and Seating. We are looking for ADP authorizers who are **Physiotherapists** and not Occupational Therapists.*

Please confirm if you are able to provide this service. Thank you.

Regards,

Glenda Baylon, CPPB
*Purchasing Analyst, Purchasing & Project Management
Employee and Business Services
Tel: 905-791-7800 ext. 4868 / Fax: 905-791-3697
glenda.baylon@peelregion.ca
www.peelpurchasing.ca
REGION OF PEEL ■■■ working for you*

Why is this an issue?

OSOT has never taken the position that only occupational therapists can provide seating and mobility assessments resulting in ADP applications/prescriptions. Indeed other professions secure ADP Authorizer status. However, OTs have been the predominant provider of assessment of complex seating and mobility needs of LTCH residents and in all other parts of the health care system (hospital, community, etc). OTs bring unique skills and competence to this assessment/prescription process that add value, contribute to quality of care and deliver outcomes that effectively address needs of both the resident and the home and its staff. We have been supported in our positions that PTs are more predominantly involved in the authorization of ambulatory devices or simple manual wheelchairs by the Ontario Physiotherapy Association. While some PTs may have advanced seating/mobility assessment skills, it is more typical that homes have accessed these assessments from OTs who were

provided “free of charge’ from their Designated Physiotherapy Clinic. Occupational therapists bring more comprehensive assessment skills that allow for consideration beyond the physical mobility needs of the resident to include;

- the functional skills that a seating/mobility system can impact (performance of ADLs, transfers, participation in daily home activities, etc.)
- the impacts of cognitive dysfunction on the use of the device,
- the potential impacts on resident care, the potential for appropriate seating/mobility to address behavioural issues that may be exacerbated by discomfort, lack of independent mobility, pain, etc. ,
- pressure relief options to prevent skin breakdown
- the impacts of the environment in which the resident needs to function or be cared for

We position that practice evidenced by the Peel memo flies in the face of attention to quality of care and provider competence and is based solely on funding and perceived MOH policy direction. These practices, we believe, put Ontario residents of LTCHs at increased risk.

We believe that data from ADP would substantiate that most ADP authorizations for seating/mobility solutions in LTC Homes have come from occupational therapists. Indeed, this was the one service that DPCs typically protected for OT.....limiting the full scope of OT services that could impact resident care in a home. This was the case because OTs were/are best suited to this role.

The practice of Peel is not new to OTs, They have been excluded from access to LTC Homes virtually since the August 21st implementation date. This is, however, very explicit evidence that homes are not interested in paying for OT.

That this continues to occur 6 months after we identified concerns to Rachel and yourself Karen is frustrating to OTs and riskful to residents. After identifying our concerns in the fall, a teleconference with yourself Karen and the ADP was hosted. You articulated that it was not the MOH’s intent to restrict access to OT providers to provide seating and mobility assessments. We were surprised and somewhat frustrated that ADP took the position that they were not in a position to comment on the skills, competence or outcome of ADP authorizers as they were only the funder. Their position was that a regulated PT would decline from assuming an assessment for a client whose needs were more complex than they had the skills to address. In the ideal world this is of course true. In the real world....you can appreciate that memos like Peel’s underline the inherent pressures that PTs and PT providers have to assure they can provide the work. Their jobs and contracts are on the line. It is unlikely that any PT provider would respond that their PTs could do some of the assessments but that they would recommend referral to an OT for more complex seating/mobility assessments – the request virtually prohibits this! We believe this needs immediate attention.

Appropriate seating and mobility is a critical need for the vast majority of LTC Home residents. It is foundational to the achievement of many of the goals of homes focused on restorative care and the principles of the *Long-term Care Homes Act, 2007*, including:

- enabling maximal independence in mobility and transfers
- effective, support positioning to enable maximal function including – ADL skills such as feeding, grooming, participation in day to day activities of the home
- positioning for support, comfort, pain reduction
- falls prevention
- prevention of skin breakdown due to pressure
- prevention of contracture or deformity
- restraint reduction
- reduction of responsive/aggressive behaviours that may result from discomfort, lack of independent mobility, control, etc.
- support to resident care by staff

Seating and mobility solutions for clients with complex needs are not inexpensive....but are an investment in the factors above that prevent even more costly outcomes – hospital admissions, fractures, wound care, nursing care when independence is restricted, etc. Further, good seating/mobility systems contribute to both safety, minimization of risks and improved quality of life for residents.

We raise this issue to ensure that while PT Reform has created many unintended consequences such as a loss of access to OT services, that the risks of inappropriate attention to assuring quality assessment of seating and mobility needs not become another.

We urge your immediate communication to the LTC Homes sector regarding explicit restriction of access to OT services to support effective assessment/recommendations for seating and mobility solutions for complex residents. We believe that surveys/audits that we recommended some months ago would support investigation and solutions for these kinds of issues:

- We recommended a survey of Ontario LTCHs to determine their *current* access to OT services for their residents – how are they accessing OT, how are they paying for it, what is the scope and volume of OT that is available in a home. Has this been undertaken?
- We recommended an audit of homes use of their Program and Support Services budget to advance determination of whether or not the MOH's position that there was sufficient funding to access OT services within this budget was accurate. Effectively all homes are saying they have inadequate funding to support access to OTs. You can appreciate that OTs feel like they are being used as a bargaining piece in both parties positions. Has such an audit been undertaken?

- In the absence of MOH action to restore access to OT services we have proposed the establishment of a dedicated budget for OT services in LTCHs. Our proposal was forwarded to you and the pre-budget consultations. We position that a budget of \$750/bed/year would align access to OT services appropriately, giving more equivalent access to OT and PT services as is evidenced in other Canadian jurisdictions. OT assessments of seating and mobility needs and resulting applications to ADP would be included in this allocation. We would be interested in your response to this proposal

OSOT is finalizing a document promoting options for service delivery models for access to OT services in LTC Homes and hopes to circulate this to you in the next week or so. This notwithstanding, we urge your attention to this specific issue promptly. Even in the short term, a contractual model to access OT services to provide seating and mobility services could be employed. We hope to see the Ministry support its assurances with action to allow OTs to continue to provide these specific and necessary services (and to assure that the services taxpayers are supporting and residents of LTCHs are receiving can truly meet their needs) while we await more long-term solutions for more fulsome access to necessary OT services in LTC Homes.

I'd be pleased to discuss this further and look forward to your reply.

Best regards,

A handwritten signature in black ink that reads "Christie Brenchley". The signature is written in a cursive, flowing style.

Christie Brenchley
Executive Director