

LONG TERM CARE HOMES (LTCH) RESIDENTS or we could also consider people who are trying to get into a home/transfer from one LTCH to another, etc.

- Governed by Long Term Care Homes Act, 2007 (might be outdated – to be checked)
- Can have private, semi-private rooms or rooms with many residents
- All LTC homes have common room and dining room
- Falls are a big problem. There was an article where that claims that the major cause of falls is not slipping, but the incorrect shifting of weight, stumbling and stuff like that. Some current proposed/used solutions:
 - Wearing sensors on your body – this one is kind of unclear – what type of sensors? I found the other article where sensors can be used to assess risk of falls for each patient – precaution measure type of thing
 - Soft flooring – not too soft to obstruct walking and balancing.
 - “Comprehensive structured individual assessment with specific safety recommendations that targeted suboptimal practices for environmental and personal safety, wheelchair use, psychotropic drug use, and transferring and ambulation. Facility staff were encouraged to implement the individual recommendations and to improve overall facility safety.”
 - Waiting list regulations:
 - Regulated by The Champlain Community Care Access Centre (CCAC) – application is only through CCAC – you can’t apply directly to a LTCH

To be checked:

- “The CCAC manages waiting lists for all nursing homes in their region. Individuals with the highest health care needs and those in hospital are given first priority to a nursing home bed. If the homes that you choose have a waiting list, you will be asked to order them according to your first and last choice (**you are allowed to choose 5 homes to place on your list**). Should a bed become available, but it is not on your preferred list, you can decline the bed offer and maintain your position on the waiting list of the home of your choice. **However, if you reject a bed offer from a home on your list, you will be removed from all waiting lists and you will be forced to wait 6 months to reapply for nursing home placement.** If your health situation significantly changes within this time period, you are allowed to reapply. Once you are offered a bed, you have 24 hours to accept the offer, and you can usually move in the next day. If you are not ready to move in the next day, you can hold the bed for 5 days, however a bed holding fee will apply. If, once you move into the nursing home, you decide that you want to relocate to another home, you can apply for a transfer.”
- We can try and find out if there is any finding space/ optimizing space problem in LTCHs
- The Toronto’s population is aging (There exist stats), so I guess there might be a demand on more beds in LTCHs etc.
- “Currently, the lowest levels of daily care are provided in the for-profit nursing homes. The

highest levels are provided in the publicly-owned and operated municipal homes. Government figures also show that measured acuity of the residents is significantly higher in nursing homes, where the staffing levels are the lowest.”

- Can it be an issue that accommodating one group of residents’ needs u’ll piss off the rest of residents? Or maybe it will cause the spacing issue or will require the decrease in # of beds? We can go to a specific home and ask them.
- We could try and find out epidemics issues: lice, bed bugs, etc. and whether they can be reduced without increase of cost and obvious measures like hygiene.
- We could try to find out if there are, say, special needs that are accommodated in some homes and not in the others. If so, is it the cost of implementation of the accommodation? If yes – then is there a way to reduce the cost?

Baycrest centre: They said call Volunteer serices: 416-785-2500 ext. 2572 (I don’t know why volunteer seriveces) Monday - Friday 8am to 4 pm

Chicken scratch version of the above - with sources

ELDERLY NURSING HOMES PATIENTS

<http://www.cbc.ca/news/health/story/2012/10/16/falls-elderly-long-term-care.html>

Causes of falls. It is not slipping – mainly stumbling, incorrect shifting of weight, etc.

<http://jama.jamanetwork.com/article.aspx?articleid=417993#qundefined>

Some more stuff on falls – shows that falls are not inevitable

<http://www.agingwellmag.com/archive/091712p26.shtml>

Sensors that assess the risk of falls for every patient – apparently it’s a precaution measure

Home care PDF file – see this folder

HEALTH COUNCIL OF CANADA – very good resource

<http://www.torontonursinghomes.com/nursing-homes/toronto.html> - if you want to contact the nursing homes

<http://www.nursinghomeratings.ca/nursing-homes/altamont-nursing-home-1692> - nursing homes ratings

<http://www.nursinghomeratings.ca/understand-the-nursing-home-system/ontario> - Ontario nursing homes

“Waiting List

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http://www.health.gov.on.ca/en/public/programs/ltc/27_pr_faq.aspx - official resource

<http://www.toronto.ca/seniors/facts.htm>

The City's population continues to age. Seniors are the fastest growing age group. The number of seniors has almost doubled within the last 30 years. The 75+ age group alone, has increased by 138 per cent since 1971.

<http://www.statcan.gc.ca/pub/83-237-x/2012001/t046-eng.htm> - Ontario stats

<http://www.statcan.gc.ca/pub/83-237-x/2012001/t046-eng.htm#T046FN1> – Ontario Homes for the Aged stats

<http://www.thestar.com/news/canada/article/1088858--nursing-home-neglect>

Neglect/ Diaper shortages

<http://www.opseu.org/bps/health/longterm/ohcmay082008.htm>

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show that measured acuity of the residents is significantly higher in nursing homes, where the staffing levels are the lowest.

<http://www.ccac-ont.ca/Content.aspx?EnterpriseID=11&LanguageID=1&MenuID=1493>

The Champlain Community Care Access Centre (CCAC) is your single point of access to information about, and to apply for admission to, Long-Term Care Homes (LTCH). You cannot apply directly to the LTCH.