NURSING AT STRATHMERE LODGE

COUNTY COUNCIL MEETING

JULY 8, 2025

AGENDA

- I. Lodge Nursing Overview
- 2. Regulatory Requirements
 - a) "Required Programs"
 - b) Other Important Regulatory Requirements
- 3. Nursing Successes
- 4. Nursing Challenges

I. LODGE NURSING OVERVIEW – ORG CHART



I. LODGE NURSING OVERVIEW

- The Nursing Department is the largest department at Strathmere Lodge
 - 65% of Lodge budget
 - 72% of all Lodge staff
 - 25 Registered Nurse (RNs) Ontario Nurses Association (ONA) union
 - 21 Registered Practical Nurses (RPNs) Unifor union
 - 122 Personal Support Workers (PSWs) Unifor union
 - 2 Managers (Director of Resident Care (DRC) and Assistant Director of Resident Care (ADRC))
 - The Lodge exceeds 4 hours of Nursing care per resident per day (4-year provincial funding initiative)
 - The only Lodge department that operates 24/7
 - Nursing includes "Personal Support Services" to assist residents with their Activities of Daily Living (ADLs)

- a) Fixing Long-Term Care Act (FLTCA), 2021, and Ontario Regulation 246/22 (under FLTCA)
- b) Health Care Consent Act, 1996, and Substitute Decisions Act, 1992
- c) Personal Health Information Protection Act (PHIPA), 2024
- d) Regulated Health Professionals Act, 1991, and Nursing Act, 1991
- e) Occupation Health and Safety Act, 1990
- f) Controlled Drugs and Substances Act, 1996

Fixing Long-Term Care Act (FLTCA), 2021, and Ontario Regulation 246/22 (under FLTCA)

- "Required Programs":
 - i. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
 - ii. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
 - iii. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
 - iv. A pain management program to identify pain in residents and manage pain.

Falls prevention and management program to reduce the incidence of falls and the risk of injury.

- Includes strategies to reduce or mitigate falls, including the monitoring of residents, the review of
 residents' drug regimes, the implementation of restorative care approaches and the use of
 equipment, supplies, devices and assistive aids.
- Falls that lead to injury and hospital transfer require a "Critical Incident (CI)" report submission to The Ministry, for review by a Ministry Compliance Inspector.

Skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

- Includes strategies to:
 - promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents; and
 - transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.

Continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

 Includes strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.

Pain management program to identify pain in residents and manage pain.

- Includes:
 - Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired; and
 - Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

Other important regulatory requirements under The Act/Regulation 246/22:

- Palliative Care
 - A plan for to support residents who are dying or living with serious, long-term illness
- Infection Prevention and Control (IPAC)
- Minimizing Restraint Use
- Dementia Care
 - Mandates that LTC homes provide individualized, safe, and compassionate care for residents with dementia, supported by trained staff and inclusive programs

3. NURSING SUCCESSES

- Excellent Compliance Record re: Ministry Inspections (no findings during last Comprehensive Inspection)
- Successful transition from Med-ecare, Electronic Health Record to Point Click Care which is used by a vast majority of LTC Homes.
- We have an embedded BSO "Behaviour Support Ontario" team that includes a PSW and RPN who have established a well respected program in the LTC community.
- Implementation of additional electronic technology to improve communication and utilization of health care related apps for documentation of health care related information.
- Purchased additional falls related equipment that includes wireless sensors and alarms to improve resident safety by alerting staff to reduce falls.
 We have noted reduced falls.
- We have been a successful partner with the Community Paramedicine for Long-Term Care Plus (CPLTC+) program, which is a pilot initiative launched by the Ministry of Long-Term Care to reduce ER transfers and provide care on site
- Enhanced staffing over the last 2 years with the addition of 2 more PSWs on nights, an 5th PSW on day shift for each home area, and preparing to add a 3rd Nurse on nights
- Stable staffing no use of "Agency staffing"
- Supporting clinical placements for PSWs, RPNs and RNs. They are our future!

4. NURSING CHALLENGES

- Onerous legislation / Ministry compliance inspections focus on Nursing
- Staff safety "Responsive Behaviours" of residents with dementia
- Recruitment
- Staff attendance

THANK YOU

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