

Public Inquiry into the Safety and Security of Residents in LTCH System the Honourable Eileen E. Gillese

Recommendation	Status
<p>Administrators and directors of nursing should receive training:</p> <ul style="list-style-type: none"> • on best practices in the screening, hiring, and management and discipline of registered staff; • on conducting workplace investigations; • as recommended elsewhere in this Report, such training to be provided by the Ministry of Health and Long-Term Care, the College of Nurses of Ontario, and the Office of the Chief Coroner / Ontario Forensic Pathology Service; and on their reporting obligations to the Ministry and the College. 	Currently providing this training
<p>Registered staff must receive comprehensive ongoing training on:</p> <ul style="list-style-type: none"> • the requirements of the Long-Term Care Homes Act, 2007 (LTCHA), relating to the prevention of resident abuse and neglect, and their reporting obligations under section 24(1) of the LTCHA; • the home's medication administration system, and the identification and reporting of medication incidents; • the redesigned Institutional Patient Death Record, once it is created, such training to be provided by the Office of the Chief Coroner / Ontario Forensic Pathology Service. 	Currently providing this training
<p>Licensees should amend their contracts with medical directors to require them to complete</p> <ul style="list-style-type: none"> • the training required under section 76(7) of the Long-Term Care Homes Act, 2007; and • the Ontario Long Term Care Clinicians' Medical Director course within two years of assuming the role of medical director. 	Home's Medical Director will be signing up for the Course for Medical Directors offered by OLTCA end of January 2020
<p>To ensure management and registered staff can regularly attend training, licensees must pay for the costs of the training, cover staff salaries during the training, and backfill shifts as necessary.</p>	Current practise
<p>Licensees should adopt a hiring / screening process that includes robust reference checking, background checks when there are gaps in a resumé or if the candidate was terminated from previous employment, and close supervision of the candidate during the probationary period</p>	Current practise includes robust reference checking and background checks for all candidates, to look into adding to process a closer supervision of the candidate during the probationary period when there has been a gap in their resume.
<p>Licensees should require directors of nursing to conduct unannounced spot checks on evening and night shifts, including weekends.</p>	<p>Current practise for Manager of Resident Care to conduct unannounced spot checks</p> <p>For increased supervision in the Home there is a Resident Care Coordinator on site seven days a week</p>

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Licensees must maintain a complete discipline history for each employee so management can easily review it when making discipline decisions.	Current practise
Management in homes must ensure staff submit the Institutional Patient Death Record electronically to the Office of the Chief Coroner / Ontario Forensic Pathology Service	Current practise
Licensees should take reasonable steps to limit the supply of insulin in long-term care homes.	Home has initiated a tracking system to monitor the use of glucagon and glucose that are given for emergency use; report will be reviewed by the Pharmacy and Therapeutics Committee on a quarterly basis. The theory being that monitoring of these medications the Home would see if there is an increase usage of glucagon or glucose which are drugs used to address hypoglycemia