Toronto Central **LHIN**

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May 8, 2012

Dr. William Reichman
President and Chief Executive Officer
Baycrest Centre for Geriatric Care
3560 Bathurst Street
Toronto, ON M6A 2E1

Dear Dr. Reichman:

The Toronto Central Local Health Integration Network (the "LHIN") has approved Baycrest Centre for Geriatric Care(the "HSP") has to receive new base funding to support the Behavioural Supports Ontario Project (the "Funding"). This approval was initially communicated in February, 2012 by means of a project charter.

Details of the Funding and the terms and conditions on which it will be provided (the "Terms and Conditions") are set out in Schedule A. In addition, the Funding is provided subject to the "Behavioural Supports Ontario Staffing Resources" policy, a copy of which is attached hereto as Schedule B and which is hereby incorporated into Schedule F of the Long-Term Care Home Service Accountability Agreement between the HSP and the LHIN (the "L-SAA").

Subject to the HSP's agreement, the L-SAA will be amended with effect as of November 1, 2011.

Please indicate the HSP's acceptance of the Funding on the Terms and Conditions as well as the HSP's agreement to the amendment of the L-SAA by signing below and returning one copy of this letter to Ryan Joyce (the "LHIN Contact") at Ryan.Joyce@lhins.on.ca within 2 weeks of receipt of this letter.

If you have any questions or concerns please contact Nello Del Rizzo at (416) 969-3318.

Sincerely,

Camille Orridge
Chief Executive Officer

c: Nello Del Rizzo, Senior Consultant, Performance Management, TC LHIN

Ontario
Local Health Integration Network

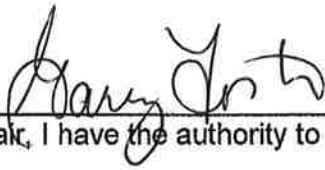
AGREED TO AND ACCEPTED BY:

Baycrest Centre for Geriatric Care

By:

CEO, I have the authority to bind Baycrest Centre for Geriatric Care

And By:



Chair, I have the authority to bind Baycrest Centre for Geriatric Care

Schedule A

1. **Name of Health Service Provider (Licensee):** Baycrest Centre for Geriatric Care

2. **Home / Facility:** The Jewish Home for the Aged (the "Home")

3. **Additional Funding Allocation:**

		Funding in Fiscal Year	
Position	**Number of Full Time Equivalents (FTEs)**	**Prorated Allocation for 2011-12 for 2 months**	**April 1, 2012 to March 31, 2013**
RN*	~~11.74~~ 11.50	$188,790	$1,131,678
RPN*	1.40	$10,850	$90,122
PSW*	18.72	$158,340	$960,000
AHP*	5	$150,570	$480,960

*RN means Registered Nurse;
RPN means Registered Practical Nurse;
PSW means Personal Support Worker; and
AHP means Additional Healthcare Personnel.

Note to LHINs: The following terms should be included for those all HSP/Licensees that receive Funding.

4. **Terms and Conditions of Funding** (the "Terms and Conditions").

The HSP acknowledges and agrees as follows.

(i) The Funding is provided pursuant to the terms and conditions of the Long-Term Care Home Service Accountability Agreement (the "L-SAA"), including the "Behavioural Supports Ontario Staffing Resources" policy. To the extent that there are any conflicts between what is in the L-SAA and what is added to the L-SAA by this letter in respect of the Funding, these Terms and Conditions and the "Behavioural Supports Ontario Staffing Resources" will govern. All other terms and conditions in the L-SAA will remain the same.

(ii) The Funding will be used to increase the number of RN, RPN, PSW and AHP FTEs as indicated in Part 3 above. It will not be reallocated to other initiatives and will not be diverted to fund increases in employee compensation.

(iii) All Funding provided in respect of RNs, RPNs and PSWs will be defined as non-Levels of Care funding in the Nursing and Personal Care envelope and all Funding provided in respect of AHPs will be defined as non-Levels of Care funding in the Program and Support Services envelope. All Funding will be subject to the conditions and definitions

of the applicable funding envelope (in accordance with the *Guideline for Eligible Expenditures for LTC Homes* referred to in the Eligible Expenditures for Long-Term Care Homes Funding Policy listed in Schedule F of the L-SAA).

(iv) Use of the funding must be reported in the Long-Term Care Home Annual Report. Unused funding must be declared surplus and returned to the LHIN, in accordance with the *LTCH Reconciliation and Recovery Policy* listed in Schedule F of the L-SAA.

(v) In the event that Funding is not used as required by these Terms and Conditions, the LHIN may:
a. Require the HSP to return to the LHIN any amounts not applied as required; or
b. Set off such amounts against any amounts payable by the LHIN to the HSP.

(vi) Financial and statistical data must be reported to the Ministry of Health and Long-Term Care on various indicators (e.g., earned personal care hours) as identified by the Ministry.

(vii) The LHIN recommends that each RN and RPN FTE position be filled by an individual nurse, such that the nurse, on his or her own, would provide 37.5 hours per week of services, as opposed to the position being filled by multiple nurses whose hours are combined to provide at least 37.5 hours per week of services.

(viii) Preference in hiring shall be given to behavioural staff who have the recommended core competencies set out in the attached Appendix A to this Schedule A; and new staffing resources will receive formalized training to facilitate uptake of those competencies.

(ix) It hereby commits to, and will report quarterly on:
a. Improved stability of the nursing workforce, if it has received Funding for RNs or RPNs;
b. Improved stability of the personal support workforce, if it has received Funding for PSWs;
c. Increased access to care and hours of nursing service at the bedside, if it has received Funding for RNs or RPNs;
d. Increased access to care and hours of personal support service at the bedside, if it has received Funding for PSWs;
e. Improved resident outcomes by increasing quality and safety of care delivery; and
f. Enhanced services for people with challenging behaviours using evidence-based care and practice, resulting in:
    - Reduced resident transfers from LTC homes to ERs/hospitals or behavioural units in situations where the resident can be treated in their LTC home setting;
    - Delayed need for more intensive services, thereby reducing admissions to hospital and risk of becoming ALC;
    - Reduced length of stay for persons in hospital who can be discharged to a LTC home with appropriate supports (i.e., enhanced behavioural resources).

(x) Every RN, RPN, PSW and AHP acquired with the Funding will use care protocols and tools that are established through the BSO Project and articulated in the approved local Action Plan.

(xi) Every RN and RPN acquired with the Funding will, as required, link to system-wide resources for managing complex residents by collaborating with service providers outside the HSPs long-term care ("LTC") home (e.g., Nurse-led Outreach teams, Geriatric Outreach teams) to develop and implement a plan of care that addresses residents' responsive behaviours and stabilizes residents in the current care setting.

(xii) Every PSW acquired with the Funding will, as required, link to system-wide resources for managing complex residents by assisting RNs and RPNs in developing and implementing a plan of care that addresses residents' responsive behaviours safely and stabilizes residents in the current care setting.

(xiii) Every AHP acquired with the Funding will, as required, link to system-wide resources for managing complex behaviours by assisting in the development and implementation of a plan of care that addresses the person's responsive behaviours safely and stabilizes the person in the current care setting.

(xiv) Every RN, RPN and PSW acquired with the Funding will, as required, train fellow LTC home staff in behavioural service delivery and act as mentors/coaches to caregivers within residents' circles of care.

(xv) Every RN and RPN FTEs acquired with the Funding will, as required, facilitate partnerships among LTC homes to share resources, facilitate knowledge transfer and the spread of best practices, and otherwise enhance the behavioural support services available in LTC homes throughout the LHIN.

(xvi) Every PSW acquired with the Funding will, as required, maintain communication and collaboration among LTC homes to share resources, facilitate knowledge transfer and the spread of best practices, and otherwise enhance the behavioural support services available in LTC homes throughout the LHIN.

(xvii) Every AHP will, as appropriate, maintain communication and collaboration among LTC homes, as well as local acute and community resources, to facilitate knowledge transfer and the spread of best practices, and otherwise enhance the behavioural support services available throughout the LHIN.

APPENDIX A

RECOMMENDED CORE COMPETENCIES FOR WORKING WITH BEHAVIOURALLY COMPLEX POPULATION

1. **Knowledge**
   Demonstrates knowledge of dementia, delirium, mental health issues in the delivery of care and its effect on the person and family members or partner in care, to include knowledge of:
   a) most prevalent types and related causes
   b) disease processes, stages and progression
   c) diagnostic and assessment process
   d) cognitive or neurological symptoms
   e) current treatment interventions
   f) communication skills appropriate to needs of the person
   g) strategies to promote optimal quality of life
   h) experience of disease from the perspective of the person, family members or other partners in care

2. **Person-centred care**
   Delivers person-centred care which recognizes both the uniqueness of each person and an awareness of one's own contribution to that relationship, including personal attitudes, values and actions, to include:
   a) contributing to the development of the person-centred philosophy of care
   b) promoting and preserving the abilities and self-esteem of the person
   c) promoting the persons' integration to their environment
   d) using effective communication and interpersonal skills when interacting with the person, family members or partners in care, and other care providers

3. **Assessment and intervention**
   Conducts an assessment and describes interventions with respect to the behaviours of persons, including:
   a) recognizes that most observable behaviours have meaning; therefore, the etiology of the behaviours must be assessed and accounted for in the caregiving process
   b) assesses the meaning, etiology and inherent risk of behaviours using an objective, systematic and holistic process that takes into account the physical, intellectual, emotional and functional capabilities of the person, as well as the environmental and social aspects of their surroundings
   c) identifies caregiver strategies that are abilities focused, person-centred and age appropriate for responding to behaviour and managing associated tasks
   d) focuses on prevention of responsive behaviors by relating well, manipulating the social and physical environment, focuses on persons' abilities and knowing the individual and their life story and aspirations.

Adapted from Health Human Resources Strategy Task Force Working Group: Framework for Dementia Care Education, 2006 and from the RNAO best practice guidelines for dementia, delirium and depression.