

Region of Waterloo
Community Services
Seniors' Services

To: Community and Health Services Committee
Meeting Date: March 10, 2026
Report Title: Sunnyside Home Medical Director's Report 2025

1. Recommendation

For Information.

2. Purpose / Issue:

This report provides an update on the medical services and resident care at Sunnyside Home over the previous year. The report and presentation are delivered by Dr. Fred Mather, Medical Director for Sunnyside Home.

3. Strategic Plan:

This report related to the Homes for All strategic priority of the 2023-2027 Strategic Plan. Seniors' Services is committed to providing housing that meets people's needs as well as supports for aging-in-place.

4. Report Highlights:

- Dr. Fred Mather has an interest in geriatrics, elderly and memory care, and currently serves as the Medical Director for Sunnyside Home.
- Sunnyside Home has notably reduced restraint use and maintains lower rates of potentially inappropriate antipsychotic use compared to provincial and national averages.
- The Living Classroom initiative, launched in partnership with Saint Louis Adult Learning & Continuing Education Centres and supported by multiple funders, offers on-site training for Personal Support Worker (PSW) students within the long-term care environment. This hands-on approach has received positive feedback from participants and reflects a broader provincial trend to integrate education into care settings, aiming to better prepare healthcare workers for the complexities of long-term care.
- Sunnyside Home is also engaged in research on Trauma Informed Care (TIC), collaborating with other long-term care facilities and academic partners.
- Advance care planning at Sunnyside is guided by the principle of resident participation in decision-making, encapsulated in the program "Consent is a Conversation." This approach ensures that residents' wishes are respected and that

consent is both decision- and time-specific.

- On March 29, 2025, Dr. Mather received the King Charles III Coronation Medal in recognition of his role with Ontario Long Term Care Clinicians which “serves to advocate for evidence-based and quality of care for long-term residents”.

5. Background:

The Medical Director Report for Sunnyside Home provides an annual overview of medical services and resident care, emphasizing data analytics, quality improvement, education, research, and consent practices.

a. Quality Improvement

Ontario long-term care (LTC) homes are heavily regulated. LTC sits at the intersection of health care, housing, and human rights, caring for a population that is both medically complex and structurally vulnerable. Data analytics monitor and measure care. There are recent changes in how data is collected and reported.

The Resident Assessment Instrument (RAI) is a standardized, comprehensive assessment tool used in Canadian long-term care homes to evaluate the health, functional status, and needs of residents. The recent introduction of interRAI Long-Term Care Facilities (LTCF) replaces the previous RAI MDS assessments.

InterRAI LTCF provides data for the public reporting on the Canadian Institute for Health Information (CIHI) website, which also underwent changes in the past year. The CIHI site reports two thirds of Sunnyside’s residents are female; 55.4% are older than 85 years ; 7.1% are younger than 65 years old.

Of nine reported quality indicators two that relate to clinical care are use of physical restraints and potentially inappropriate use of antipsychotics. A three-year quality improvement (QI) project shows a reduction of restraint use at Sunnyside home from 6.8 to 1.7%. This indicator compares with the provincial average of 1.4% and below the national average of 4.7%.

A similar QI project to minimize the use of bed rails is underway. Bed rails are avoided in long term care because they often cause more harm than benefit. They are considered a form of physical restraint in most regulatory and ethical frameworks.

Potentially inappropriate use of anti-psychotics in LTC is a closely monitored indicator. A small, gradual use of anti-psychotic use at Sunnyside was reviewed. However, the “potentially inappropriate” indication for Sunnyside is 12.9%, below the provincial and national averages of 19.7% and 24.5% respectively.

b. The Living Classroom

The Living Classroom, an innovative educational partnership between the Region of Waterloo and Saint Louis Adult Learning & Continuing Education Centres, is a dedicated, on-site space where Personal Support Worker (PSW) students train directly within the long-term care home, fostering real-time, hands-on learning, mentorship, and deeper engagement with residents. This initiative is part of a broader, province-wide trend to integrate education into long-term care homes to better prepare health care workers. After its launch in February 2025, a survey of the 16 initial students provided an over whelming positive review of the program. There are 24 students enrolled in the current cohort.

The Living Classroom program is funded by the Government of Ontario and led by the Research Institute for Aging (RIA) through the Ontario Centres for Learning, Research and Innovation in LTC (CLRI), in partnership with the Ontario Association of Adult and Continuing Education School Board Administrators (CESBA). Additional funders for the Sunnyside Living Classroom include: Waterloo Catholic District School Board, Region of Waterloo, the Sunnyside Foundation and the Fabulous Finds Gift Shop.

c. Research in Trauma Informed Care

Trauma informed care (TIC) in long term care settings is an approach that recognizes the widespread impact of trauma among older adults and seeks to create care environments that promote safety, respect, choice, and empowerment, while actively working to prevent re-traumatization. Many older adults in LTC have experienced traumatic events over their lifetimes, which may affect their responses to care and interactions in these settings. Trauma may manifest in later life, especially as medical illness, and loss. Institutionalization may trigger or exacerbate trauma symptoms. TIC interventions in LTC can improve staff knowledge, attitudes, and organizational practices, and may enhance resident safety, autonomy, and psychological well-being. For example, trauma-informed approaches are linked to reduced depression and anxiety.

Along with Dr. Sophiya Benjamin, geriatric psychiatrist, and other investigators, Sunnyside will participate in Trauma Informed Care in Long Term Care, a research project approved by the Canadian Institute for Health Research (CIHR) and funded by Canadian Consortium on Neurodegeneration in Aging (CCNA). The other LTC homes involved are St. Joseph's (Guelph) and Hillel Lodge (Ottawa).

This is a four year "open design" project. Phase one includes interviews with residents, family/friend care partners, staff care partners, and leadership to explore experiences, attitudes and knowledge about the TIC principles, barriers/facilitators to implementing the TIC framework.

d. Advance Care Planning and Consent

The Residents' Bill of Rights states that every "resident has the right to have their participation in decision making respected". LTC residents own the phrase "nothing about us without us". At Sunnyside, our advance care planning (ACP) and goals of care program is Consent is a Conversation.

In the 1990s, Waterloo region formed a community group including a lawyer, geriatrician and representatives from the hospitals, LTC, family physicians, (then) CCAC and others, to develop uniform "levels of care". The same forms were used in doctors' offices, emergency, inpatients, LTC and elsewhere. There were two forms: one for the competent individual and the other for the substitute decisionmaker. The Region was recognized for developing a single document that could move through different transitions of care.

Change came following the passage of the Health Care Consent Act (HCCA). The regional forms foreshadowed the HCCA by addressing capacity and the role of the substitute decision maker (SDM). However, they functioned as an advanced directive and did not comply with requirement for contemporaneous consent. Sunnyside, through a process that took a few years, developed the advance care document, Consent is a Conversation. The key word for ACP from HCCA is "wishes". Sunnyside's Consent is a Conversation forms clearly uses the term wishes.

Clinical goals for 2026 include reviewing and refining Consent is a Conversation, to assure residents' rights and consent that is decision and time specific.

e. Conclusion

On March 29, 2025, Dr. Mather received the King Charles III Coronation Medal, a recognition of his role with Ontario Long Term Care Clinicians (OLTCC) which "serves to advocate for evidence-based and quality of care for long-term care residents. Dr. Mather gave the opening keynote address at the annual conference of OLTCC in October. Over four decades of changes and challenges for Ontario LTC, the 1990s was recognized at a pivotal time. The complexity of residents became more complex. Patients were repatriated from hospital psychogeriatric units and the closure of institutions for developmentally disabled. Of note, was the closure of chronic care hospitals. Freeport Hospital, now WRHN Chicopee, saw the closure of over 300 chronic care beds—many "patients" became residents in long term care.

For two decades there was increased strain with understaffing and the need for redevelopment. Fortunately, Sunnyside home was redeveloped into a category "A" home at the beginning of the century. The COVID-19 pandemic revealed the strain. New legislation and regulation bring more guaranteed hours of care, education and other favourable changes.

6. Communication and Engagement with Area Municipalities and the Public

Area Municipalities: None.

Public:

An annual satisfaction survey is conducted with Sunnyside Home residents and family members/care partners. Sunnyside Home residents are encouraged to provide feedback through monthly home area meetings, the Resident Leadership Team and through the use of suggestion boxes. Staff produce a monthly newsletter and virtual Family Member Town Hall meetings provide an opportunity for family members/care partners to ask questions and provide feedback.

7. Financial Implications: None.

8. Conclusion / Next Steps:

At Sunnyside Home, four physicians and a nurse practitioner work with the dedicated care team to fulfill the Region of Waterloo vision of a caring community where everyone can live their best life.

9. Attachments:

Appendix A: Medical Director Report Presentation

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