SENIORS FOR SOCIAL ACTION ONTARIO

POLICY AND PROGRAMMING RESEARCH REPORT

THE BUTTERFLY MODEL: DOES IT LIVE UP TO THE CLAIMS?

May 18, 2021

Preamble

The Butterfly Model has been widely promoted as a way to improve quality of life for residents in long term care institutions and touted as providing humanizing care in recent press reports. It is understandable that everyone is looking for a "model" that might involve more compassionate care of residents, but do the claims support the reality - especially in the absence of any rigorous, definitive studies? Residents and families have a right to know.

Programs such as Butterfly can give the impression that the institutional model of care can be improved when, in fact, the objective reviews are missing, and the findings in this report raise questions about this. In the absence of studies to support the claims, promoting models like Butterfly may inadvertently justify continuing to institutionalize people with dementia, rather than promoting community living options which have been shown to improve quality of life for other groups of people (McCarron et al, 2019).

Institutionalization – being removed from familiar surroundings and people, may itself trigger the re-emergence of psychological trauma-related symptoms, and is therefore to be avoided for individuals with dementia. In the U.S. concern is so great about residents with dementia suffering from Post-Traumatic Stress Disorder (PTSD) going unrecognized and undiagnosed that the Centers for Medicare and Medicaid Services are requiring facilities there to "ensure that residents who are trauma survivors receive culturally competent, trauma-informed care" in order to eliminate or mitigate triggers that can re-traumatize them (Janssen, n.d.).

The problem is if residents are in institutions that are inherently unsafe, can this even be accomplished, hence SSAO's case for smaller, safer community environments or ideally, dementia support services in people's homes. Dementia symptoms are better addressed using a trauma-informed approach (Cations, n.d.) in safe, small, community living environments that include appropriate professional supervision support for staff and the involvement of trauma therapists to address possible Post Traumatic Stress (PTSD) symptoms in residents.

In the absence of actual studies of the Butterfly Model, SSAO sought to examine how facilities claiming to have instituted this model are faring using indicators that do exist – Inspection Reports and Health Quality Ontario (HQO) data that flags potentially problematic facilities. HQO uses six criteria found to be important in determining how well a facility cares for its residents: Use of anti-psychotic medications; presence of pressure ulcers; percentage of

residents experiencing falls; use of physical restraints; levels of depression in residents; residents in pain.

History of the Butterfly Model

The Butterfly Model of Care was developed Dr. David Sheard through his corporation based in the U.K. – Meaningful Care Matters,[1] which used to be called Dementia Care Matters. Dr. Sheard and his company claim to introduce "transformative support" and "culture change" in facilities using their copyrighted Butterfly Model. It is described this way:

"Engaging in moments, experiences and activities that resonate with who we are and meet our needs for love, attachment, belonging, agency, occupation, comfort and attachment makes life meaningful. Nurturing these person-centred relationships is therefore key to sustaining individual well-being and developing an emotionally resilient culture of care.

Person-centred care is therefore enhanced when carers have the confidence to be themselves, the insight to know what makes each encounter meaningful and the freedom to be guided by their empathy and practiced wisdom. These qualities and values are the heart of what is referred to as "Meaningful Engagement". (Meaningful Care Matters, 2021).

What the Terminology Means

The Butterfly model uses what is called an "emotion-focused" approach to provide "person-centered" care that is said to be more dignified and to promote resident quality of life. It allows staff to "be free to be themselves" and to create more meaningful and empathic encounters with residents, and it requires that a household model be created where residents can take part in daily activities. Those who work in the human services field and have a background in psychology have often heard the terms "person-centered" and "emotion-focused".

"Person-centered" is essentially a meaningless term different from the "person-directed" approach found in an empowerment model, where the individual decides the nature and type of care that is to be provided, and who will provide it. Unlike a person-directed approach, "person-centered" does not give residents control over their lives. Control continues to rest with staff. Person-centered care, unlike person-directed care does not include the concept of resident self-determination and control. In a person-centered approach they are still passive recipients of the care of others rather than having control over that care or how it is delivered.

"Emotion-focused" comes from Emotion-Focused therapy which rests on the assumption that emotions are key to a person's identity and guide individual choice and decision making. It suggests that not being emotionally aware or avoiding negative emotions is harmful. It aims to change maladaptive emotions to more adaptive ones. Therapists are expected to be compassionate, non-judgemental and to listen, question, and use emotional coaching to help

[1] https://find-and-update.company-information.service.gov.uk/company/12024550/filing-history

clients learn ways to use their emotions to work through their feelings and guide their behavior (Greenberg, 2015). The Butterfly Model employs an aspect of this in wanting staff to be more aware of their own feelings and more open in sharing emotion-based encounters with residents. Use of emotion-focused therapy strategies, usually used by professionally trained therapists, may be problematic with only 8 weeks of training, which is what staff would generally receive.

The absence of a clear definition of the "household model of care", except to suggest that care is delivered in smaller "units", is also problematic.

An article published by B.C. Care Providers (n.d.) summarizes the problem: "Just as the true meaning of "person centred" has been in danger of becoming institutionalised to refer to all care, regardless of its grounding in true person-centredness, so too the newest "in" term. This term is "household model of care," which is at risk of referring to any care home where group living is provided even if this involves dividing the home up into "units". No consensus exists about what criteria a real household model of care has to satisfy and a range of debates exist***."***

All of these terms are tenuous, but useful for marketing purposes.

While there is some anecdotal feedback about quality of life being better using this model, there has been no hard evidence to support the claim that residents are actually better off in "Butterfly Homes".

The Butterfly Model Is Not Evidence-Based

Dementia experts have criticized this model as being more of a marketing initiative than a substantive, evidence-based approach to dementia care. Dr. Sheard, its originator, counters that the model helps staff to connect with their own emotions and vulnerability in order to connect with another's vulnerability, and that his goal is to change lives, not make academic careers by taking part in research studies of the model (CBC News, 2018).

Nevertheless it is not unreasonable for decision makers to have some hard evidence that this model does indeed improve quality of life for residents before laying out millions, in some cases, to implement it in their facilities.

Impact on Staff: Possible Compassion Stress, Fatigue, and Burnout

Workers in some of the Butterfly Model facilities are not happy because more is being asked of them. But there may be more to it.

Peel Region was one of the first municipalities to introduce the model into their facilities in 2017. In 2019 Council approved a $1.3 million expansion to two other facilities. But some members of CUPE, while saying they were supportive of the Butterfly model, also said that it was "taking a big toll on their personal health, leaving them physically and mentally exhausted" (Marychuk, 2019).

As previously mentioned professional therapists go through considerable training before using emotion-focused therapeutic strategies because their use requires that therapists themselves develop a high degree of self-awareness and empathy. Developing these skills can raise personal issues that may have remained unresolved previous to their training. Personal triggers experienced by professionals are usually addressed through a relationship with a highly skilled supervisor. It is unclear whether or not staff who are required to use this approach in facilities receive this kind of professional psychological support to address any personal issues that may arise, but comments by CUPE staff that this model takes a big toll on their personal health would appear to suggest that they do not.

Compassion fatigue is a real challenge in any kind of human services work. When staff members are required to repeatedly engage empathically with residents, some of whom may have tragic personal histories, it can become a source of compassion stress, symptoms of which the CUPE staff appear to be describing. This can place staff newly recruited to the field, or who have personal trauma histories themselves, or those with inadequate personal support systems, at risk if inadequate attention is paid to self-care and supportive, professional supervision (Crisis Prevention Institute, n.d.).

It is now well known in professional literature that individuals who suffered Post Traumatic Stress Disorder (PTSD) in mid-life have an increased risk of dementia of all types in later life. "Late onset Alzheimer's disease and vascular dementia were reported to increase the risk for the delayed emergence, the re-emergence, or the worsening of post-traumatic stress disorder….Current evidence suggests that PTSD and dementia have a bidirectional relationship: PTSD increases the risk for late-onset dementia and dementia increases the risk for delayed-onset PTSD in those who experienced a significant trauma earlier in life." (Desmarais et al, 2019). Therefore some symptoms residents experience may actually be related to delayed onset of PTSD. PTSD is a highly complex psychological condition requiring professional trauma interventions.

Unless the facilities using a Butterfly Model have access to trained trauma therapists and supervisors educated in supporting staff working with individuals with severe psychological trauma manifesting in PTSD symptoms, staff and residents may be inadvertently placed at risk.

This may provide some explanation for findings later in this report about facilities with higher than average rates of depression and anti-psychotic drug and restraint use in spite of, or possibly caused by implementation of an emotion-focused program. This may also explain some staff reports of using this model experiencing significant exhaustion. Many staff working in facilities are racialized, and may have been subjected to racism and discrimination. Some are likely also single parents, who may be lacking a strong social support system. Absent adequate support and supervision, use of emotion-focused strategies may place them, as well as recently recruited staff at increased risk of compassion stress and compassion fatigue.

Sherry Dupuis, a professor with the University of Waterloo's department of recreation and leisure studies outlined an additional problem: "many compassionate staff members want to care for residents differently, but are limited by high resident-to-staff ratios. Workers don't always have time to give an upset resident a hug, or be present and hold hands to talk for a bit" (Harris, 2020). She added that in her experience training staff about relational caring, the facilities were often "unwilling to find replacement for the staff who are at the training, meaning some staff don't attend."

All of this is typical of institutional settings, especially if they are operated for profit which the majority of Ontario's facilities are. For-profit corporations concerned about their bottom lines are unlikely to wish to pay highly trained trauma therapists to be available to support staff and residents using this model because it would involve extra cost.

While creating smaller, household living units, eliminating drab institutional walls, and furniture in favor of a more home-like environment, and having caregivers engage more with residents are all positive notions, the real situation may be much more complex.

The reality remains that residents of these institutions continue to be segregated by age and disability and excluded from their homes and communities. Even though the environment may be improved somewhat, they are still institutionalized and not at home.

Much more study is needed to determine if the interplay between staff not receiving adequate psychological support while working with residents with trauma histories using an emotion-focused approach may actually be harmful.

No Widespread Adoption of Butterfly Model

So far it has been primarily municipally-operated non-profit facilities and some non-profits such as The Glebe Centre (Laucius, 2019), that have embraced this model of care and spent the money to introduce it.

In 2018, Primacare became the first and only for-profit company in Ontario to introduce it to its facilities – Henley House in St. Catharines, and Burton Manor in Brampton (Welsh, 2018).

B.C. Care Providers (n.d.) provide this explanation about why this may be so. "Reframing care organisations culturally with congruent strategic and operational goals has proved difficult. Top-down aspirations of culture change, dementia design and person-centred care have turned out to be elusive in a largely private equity driven sector, where it seems shareholder returns have not been in synch with new models of care. In consequence, old architectural models of design have been reinforced because the culture of care has not been the strategic and operational driving force."

Prohibitive Costs

One of the reasons the private sector may not be adopting the proprietary Butterfly Household Model of Care (Dementia Care Matters) is the huge cost involved. In a presentation to the City of Toronto, some of these costs were outlined:

- "The 'Household model' has 3 elements: Leadership Consultancy, House Leader/Nurse Coaching and "Being a Butterfly®" learning program for staff. There is a one-time license fee of $100,000 per home and requires all staff assigned to work on the dementia unit to attend eight days of training."
- "The model promotes increased staff levels. For a 26 bed unit at Malton Village, staffing levels increased by 5 full time equivalents (FTEs)with the introduction of the Butterfly model. A project lead was hired to oversee the model of care and there is an annual accreditation process fee of $8,000 for sustainability and $4,000 for re-accreditation."
- "Associated capital costs to incorporate environmental enhancements will be required. The estimated per unit capital cost to implement the model in a City home is approximately $500,000."(City of Toronto, 2019)

As of October 2020, it appears that only 11 facilities in Ontario have adopted this model[2]. In light of the costs involved it is not surprising that for-profit corporations with the exception of one, Primacare, have not been willing to buy in.

How Are The Butterfly Facilities Doing On Care-Related Indicators?

SSAO examined the inspection reports of 7 known Butterfly Model facilities and also used Health Quality Ontario data that flags 6 indicators that a facility may be problematic:

- Use of Anti-Psychotic Medication – Provincial average 18.3% of residents
- Presence of Pressure Ulcers – Provincial average 2.5% of residents
- Falls – Provincial Average 16.5% of residents
- Restraints – 3.3% of residents
- Depression – 22.4% of residents
- Pain – 5.0% of residents

These indicators provide some information to help determine whether or not the Butterfly Model may be having a positive effect on care and treatment of residents.

[2] Enough is Enough! (January 9, 2021) https://talkingtransformationlongtermcarehomes.wordpress.com/

1. Malton Village (Non-Profit – Region of Peel)

Inspection Reports

Malton Village had 1 Critical Incident and 1 Complaints Inspection conducted in **2021**, but no Resident Quality Inspections.

An Inspection report on January 5, 2021 stated:

"The licensee has failed to ensure that different approaches were considered in the revision of resident #001's care plan to manage their risk of falling. Resident #001 sustained serious injuries after they fell several times during specified times during a shift." (Pg. 4 http://publicreporting.ltchomes.net/en-ca/File.aspx?RecID=26916&FacilityID=20626)

"During identified times, staff reported resident #001 exhibited a number of responsive behaviours. RPN #105, #106 and RN #107 acknowledged the resident's responsive behaviours and said they did not refer the resident to the Behavioural Support Nurse (BSO). The BSO Nurse said they did not receive a referral for resident #001's responsive behaviours" (Pg. 6)

"The Licensee failed to ensure the Director was informed of resident #001's and #006's transfer to the hospital which resulted in a significant change in their health condition. a) Review of the Long Term Care Homes Portal did not show evidence that the Home submitted a Critical Incident (CI) report for resident #001 and #006's falls on identified dates. The Director of Care (DOC) and the Supervisor of Care (SOC) #103 said the CIs were not submitted." (Pg. 10)

4 Written Notices and 3 Voluntary Plans of Correction were issued.

Health Quality Ontario Data

Malton Village is below the provincial average on all indicators:

Use of anti-psychotic medications 12.2% (Average: 18.3%)
Pressure ulcers 0.6% (Average: 2.5%)
Falls 11.6% (Average 16.5%)
Restraints 2.4% (Average 3.3%)
Depression 14.1% (Average 22.4%)
Pain 1.4% (Average 5.0%)

2. Sheridan Villa (Non-Profit – Region of Peel)

Inspection Reports

Sheridan Villa had no complaints or critical incident inspections conducted in **2021** and no Resident Quality Inspections.

Health Quality Ontario Data

Sheridan Villa is below the provincial average on all indicators:

Use of anti-psychotic medications 12.6% (Average 18.3%)
Pressure ulcers 1.6% (Average: 2.5%)
Restraints 13.9% (Average 16.5%)
Depression12.1% (Average 22.4%)
Pain 2.0% (Average 5.0%)

3. Henley House (For-Profit – Primacare)

Inspection Reports

Henley House had 1 Critical Incident and 1 Complaint Investigation conducted in **2021** and no Resident Quality Inspections.

An Inspection report on **April 20, 2021** stated:

"The home was not a safe and secure environment for its residents when staff did not follow the requirements and measures set out in Directive #3 implemented to protect residents in long term care homes from COVID-19." (Pg. 5 http://publicreporting.ltchomes.net/en-ca/File.aspx?RecID=27497&FacilityID=20233)

"The licensee failed to ensure that the care set out in the plan of care for a resident was provided as specified in the plan." Lack of assistance with activities of daily living, responsive behavior not handled appropriately and "care was not provided as specified in the plan" (Pg. 6)

"A resident was found to have sustained an injury as a result of a fall. The resident required further medical intervention. The resident's plan of care identified cognitive impairment. At the time of the incident, the resident required assistance with ADL's. A Registered Practical Nurse (RPN) stated PSW staff were assisting the resident and that they had reported the resident had a fall. The PSW confirmed that they were not supervising the resident." The resident did not receive assistance and supervision but this was not provided and the resident fell, the resident was not assessed afterwards, and had a "change in condition" and was not properly monitored or re-assessed afterwards. (Pg. 7)

Staff were also found to not have complied with a policy to answer call bells promptly. (Pg. 9)

4 Written Notices and 2 Voluntary Plans of Correction were issued.

Health Quality Ontario Data

Henley House is above the provincial average on every indicator marked in red:

Anti-Psychotic Medication Use 20.5% (Average: 18.3%)
Pressure Ulcers 3.6% ((Average: 2.5%)
Falls 20% (Average: 16.5%)
Use of Restraints 8.9% (Average: 3.3%
Depression 36.5% (Average: 22.4%)
Pain 6.1% (Average: 5.0%)

Health Quality Ontario Data is also included for Henley Place, another Primacare facility:

Henley Place (For-Profit – Primacare)

Henley Place is above the provincial average on 5 of 6 indicators marked in red:

Anti-Psychotic Medication Use 27.9% (Average: 18.3%)
Pressures Ulcers 5% (Average: 2.5%)
Falls 22.8% (Average: 16.5%)
Use of Restraints 7.9% (Average: 3.3%)
Depression 24.4% (Average 22.4%)
Pain 1.3 (Average: 5.0%)

4. Burton Manor (For-Profit – Primacare)

Inspection Reports

Burton Manor had 1 Complaint Inspection in **2021** but no Resident Quality Inspections. No orders were issued.

Health Quality Ontario Data

Burton Manor is above the provincial average on 2 indicators marked in red:

Use of Anti-Psychotic Medication 24% (Average: 18.3%)
Use of Restraints 9.2% (Average 3.3%)

It is below the provincial average in the following:

Pressure ulcers 1.8% (Average: 2.5%)
Falls 14.1% (Average 16.5%)
Depression 16.7% (Average 22.4%)
Pain 1.3% (Average 5.0%)

5. Bonnechere Manor (County of Renfrew – Non-Profit)[3]

Inspection Report

Bonnechere Manor had no Complaints or Critical Incident reported in **2021** and no Resident Quality Inspections.

Health Quality Ontario Data

Bonnechere Manor is above the provincial average on 4 indicators marked in red:

Anti-Psychotic Medication Use 17.1% (Average: 18.3%)
Pressure Ulcers 2.8% (Average 2.5%)
Falls 21.9% (Average 16.5%)
Restraints 0.1% (Average 3.3%)
Depression 24.1% (Average 22.4%)
Pain 5.1% (Average 5.0%)

6. Miramichi Lodge

Inspection Reports

Miramichi Lodge has had a Critical Incident Inspection in **2021** and no Resident Quality or Complaints Inspections.

An inspection report on **February 1, 2021** states:

"The licensee has failed to ensure that a PSW used safe techniques while transferring a resident into and out of the tub using a mechanical lift." (Pg. 4 http://publicreporting.ltchomes.net/en-ca/File.aspx?RecID=26986&FacilityID=21255)

1 Written Notice was issued.

Health Quality Ontario Data

Miramichi Lodge is above the provincial average on 3 indicators marked in red:

Use of Anti-Psychotic Medication 14.9% (Average 18.3%)
Pressure Ulcers 5.4% (Average 2.5%)
Falls 15.0% (Average 16.5%)

[3] The Country of Renfrew is using the Butterfly Model in its facilities including Bonnechere Manor and Miramichil Lodge https://www.countyofrenfrew.on.ca/en/community-services/butterfly-model-of-care.aspx and https://www.renfrewtoday.ca/2020/01/10/bonnechere-manor-and-miramichi-lodge-launch-butterfly-approach-to-long-term-care/

Use of Restraints 1.4% (Average 3.3%)
Depression 37.1% (Average 22.4%)
Pain 13.4% (Average 5.0%)

7. The Glebe Centre (Non-Profit)[4]

Inspection Reports

In **2021**, Glebe Centre had two complaints inspections, 1 critical incident inspection and 1 follow-up inspection. Information is limited since no comprehensive Resident Quality Inspection was performed.

An inspection report on **February 18, 2021** stated:

"The Director of Quality Management reported that no evaluation into the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents had been undertaken. The Executive Director could not demonstrate that such an evaluation had been undertaken. As indicated by this report staff did not comply with the policy to promote zero tolerance of abuse and neglect of residents." (Pg. 4 http://publicreporting.ltchomes.net/en-ca/File.aspx?RecID=27136&FacilityID=20048)

"A PSW did not provide a resident with interventions as specified by the plan of care when the resident demonstrated responsive behaviours. The resident continued to demonstrate responsive behaviors through the provision of care." (Pg. 5)

4 Written Notices, 3 Voluntary Plans of Correction, and 1 Compliance Order were issued.

Another Inspection report on **February 18, 2021** stated:

"The licensee has failed to ensure that a PSW used safe transferring techniques when assisting a resident. A PSW was present when a resident fell from the resident's bed to the floor. The PSW then transferred the resident from the floor to the bed, prior to the resident having a clinical assessment. The transfer of the resident did not use safe techniques, in that the resident had sustained a fall and additionally the resident required a two staff for transfers." (Pg. 7 http://publicreporting.ltchomes.net/en-ca/File.aspx?RecID=27134&FacilityID=20048)

"The licensee has failed to ensure that the plan of care for three residents, was based on an interdisciplinary assessment of the physical functioning and the type and level of assistance that was required related to activities of daily living" (Pg. 6)

4 Written Notices, 2 Voluntary Plans of Correction and 2 Compliance Orders were issued.

[4] The Glebe Centre adopted the Butterfly Model in 2019 https://ottawacitizen.com/news/local-news/we-have-to-change-the-culture-first-glebe-centre-adopts-butterfly-care-for-dementia

Health Quality Ontario data

The Glebe Centre

The Glebe Centre is above or at the provincial average on 4 indicators marked in red:

Use of anti-psychotic medications 23.6% (Average: 18.3%)
Pressure ulcers 2.0% (Average: 2.5%)
Falls 17.3% (Average 16.5%)
Restraints 3.3% (Average 3.3%)
Depression 30.8% (Average 22.4%)
Pain 7.0% (Average 5.0%)

A Detailed Examination of Inspection Reports for Peel Region Facilities

The following information is available by way of comparison of Inspection Reports before and after implementation of the Butterfly Model in Peel Region.

These reports appear to indicate that in some cases complaints, critical incidents, and citations by inspectors went up after its implementation.

MALTON VILLAGE

2017 Inspection Reports for Malton Village (Before implementation of the Butterfly Model):

A Resident Quality Inspection report in **February of 2017**
http://publicreporting.ltchomes.net/en-ca/File.aspx?RecID=18102&FacilityID=20626

0 Written Notices, Voluntary Plans of Correction or Compliance Orders.

An "Other" Inspection in **June, 2017**

It indicated that intake of food and fluids were not monitored, "Record review identified resident was transferred to the hospital and returned to the home on an identified date with an identified discharge diagnosis including an identified fluid deficit." An alert system was apparently not properly set up. The scope of this non compliance is widespread. Three out of three residents reviewed were identified in non-compliance" (Pg. 8).
http://publicreporting.ltchomes.net/en-ca/File.aspx?RecID=18133&FacilityID=20626

10 Written Notices, 3 Voluntary Plans of Correction and 2 Compliance Orders.

2018 Inspection Reports for Malton Village (Year of implementation of Butterfly Model)**:**

There were 3 Resident Quality Inspections and 2 Complaint Inspections in 2018 at Malton Village. http://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=M618&tab=1

A Resident Quality Inspection report is dated **February 2018.**

It states "the licensee failed to ensure that residents were not neglected by the licensee or staff". (Pg. 6)

Staff were also found to not be properly trained in falls prevention and management, skin and wound care, minimization of restraints, and responsive behaviors. (Pg. 17)
http://publicreporting.ltchomes.net/en-ca/File.aspx?RecID=19479&FacilityID=20626

11 Written Notices, 4 Voluntary Plans of Correction, and 6 Compliance Orders.

2019 Inspection Reports for Malton Village (After implementation of the Butterfly Model)**:**

By 2019 it appears that Critical Incident and Complaint Inspections went up exponentially – 5 Critical Incident Inspections resulting in 14 Written Notices and 13 Voluntary Plans of Correction, 3 Complaints Inspections with no notices cited, and 1 Follow-up Inspection also with no notices cited.

The Critical Incident Inspections cited failure to protect residents from abuse, including sexual abuse – "Given the evidence of what the staff told the inspector what they saw when they witnessed the incidents, the identified care for resident #005 between incidents, and resident #005's cognitive status, the home had failed to take appropriate actions to ensure the safety and to protect residents #006, #007, #008, and #009 from abuse" (Pg. 6)
http://publicreporting.ltchomes.net/en-ca/File.aspx?RecID=23458&FacilityID=20626

"… on an identified date, resident #002 was found on the floor at a specified home area. As a result, the resident sustained an identified injury." (Pg. 7).

"The licensee has failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents was complied with." (Pg. 9)

No Inspection Reports are listed at all for Malton Village for 2020.

SHERIDAN VILLA

2017 Inspection Reports for Sheridan Villa:

In 2017 1 inspection was conducted of Sheridan Villa – a Resident Quality Inspection. It resulted in 9 Written Notices and 6 Voluntary Plans of Correction. No complaint or critical incident inspections were conducted in 2017.

In 2018 (the year the Butterfly Model was being implemented), 2 Complaints Inspections and 1 Resident Quality Inspection were conducted. That Resident Quality Inspection resulted in 11 Written Notices, 5 Voluntary Plans of Correction, and 1 Compliance Order.

The facility fared worse in the year the Butterfly Model was introduced when comparing Resident Quality Inspections.

In 2019, under the Ford government, Resident Quality Inspections were essentially eliminated. However, there were 3 Complaints and 1 Critical Incident Inspections that year that resulted in a total of 1 Written Notice and 1 Voluntary Plan of Correction.

In 2020, with no Resident Quality Inspection having been done again, there were 2 Critical Incident Inspections and 1 Complaint Investigation resulting in 2 Written Notices and 2 Voluntary plans of correction.

It is clear from this comparison that the Butterfly Model had no effect on Inspection outcomes – written notices, and voluntary plans of correction except for some increases in sanctions in the years following its implementation. There were no complaint or critical inspections in 2017 before it was implemented, and more critical incident and complaints inspections afterwards.

Non-Profit vs For-Profit

The results also appear to replicate what some press reports (Oved et al, 2020; Ritts, 2020) have indicated that non-profit facilities in this comparison generally fared better than the for-profit facility, Henley Place, with respect to care and COVID outbreaks. Primacare's other facility Burton Place fared slightly better, but only surpassed Health Quality Ontario provincial indicators in two cases.

ANALYSIS

The Butterfly Model has been criticized as nothing more than a "feel good" PR gesture that has not been subject to rigorous study. No independent studies of which SSAO is aware have been completed. This means that the only hard data available that is not just qualitative in nature is available in Inspection Reports and Health Quality Ontario care-related indicators.

The Takeaways

- There is nothing in either the comparison of year to year Inspection Reports before and after implementation of a Butterfly Model, or in the latest Health Quality Ontario Indicators of care-related issues that points to problematic care-related practices in a facility being reduced after a Butterfly Model has been implemented.
- Some of the Inspection reports regarding Peel Region facilities seem to indicate an increase in critical incidents and complaints after its implementation, although this may

not be directly related to its implementation. Without more information it is difficult to determine.

- Health Quality Ontario data also indicated that Butterfly Homes did not fare all that well in general with respect to important care-related indicators. One for-profit facility, Henley House, actually had higher than usual problematic ratings across the board.
- The exception to this was the Peel Region facilities – Sheridan Manor and Malton Village - which fared better in the Health Quality Ontario indicators, but did not fare quite as well in the Inspection reports.
- A careful study of the Butterfly Model's impact on residents with dementia who may be experiencing Post Traumatic Stress symptoms needs to be undertaken to determine if this model is appropriate or whether a trauma-informed approach might be more reasonable.
- A careful study also needs to be undertaken regarding the Butterfly Model's impact on staff and whether or not training and supervision built into this model is sufficient to address issues like compassion stress and compassion fatigue in staff.

Conclusion

It is reasonable to conclude based upon the examination of inspection and Health Quality Ontario data that the Butterfly Model has not eliminated care-related issues common to all long term care facilities,

According to CUPE, some staff also found having to implement a Butterfly Model to have taken a toll on their personal health. Some of this may be related to inadequate staff training, support, and supervision.

A key indicator of improvement in residents' quality of life is the rate of depression.

What is compelling in the Health Quality Ontario data is that 4 of the 7 Butterfly facilities examined actually had higher than the provincial average indicators of depression among their residents according to Health Quality Ontario data:

- Henley House – depression was 14.1% above the provincial average
- Bonnechere – depression was 1.7% above the provincial average
- Miramichi – depression was 14.7% above the provincial average
- Glebe Centre – depression was 8.4% above the provincial average.

The non-profit Peel Region facilities both had lower rates of depression than the provincial average:

Malton Village 8.3% lower
Sheridan Villa 10.3% lower

A for-profit, Burton Manor, was also 5.7% below the provincial average for depression.

With these kinds of mixed results, there appears to be no support for the contention that residents are happier in a Butterfly Model facility.

SSAO has long suggested that having to live in institutions causes depression in residents. Simply making cosmetic changes to the environment and requiring that staff be more compassionate towards residents does not ensure that care and other indicators of resident quality of life will be better.

Public relations, marketing initiatives, and some press reports using narrow anecdotal "evidence" suggest that the Butterfly Model turns institutions into "real homes". These claims do not stand up to scrutiny when examined against inspection reports and Health Quality Ontario data. It would appear that the same care-related issues that plague other long term care institutions are also present in Butterfly facilities.

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