Court File No. CV-23-00698007-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

ONTARIO HEALTH COALITION AND ADVOCACY CENTRE FOR THE ELDERLY

Applicants

-and-

HIS MAJESTY THE KING IN RIGHT OF ONTARIO AS REPRESENTED BY THE ATTORNEY GENERAL OF ONTARIO, THE MINISTER OF HEALTH, and THE MINISTER OF LONG-TERM CARE

Respondents

AFFIDAVIT OF DR. ABHISHEK NARAYAN

I, DR. ABHISHEK NARAYAN, of the City of Toronto, in the Province of Ontario, MAKE OATH AND SAY:

1. I am a physician and a Canadian College of Family Physicians certified specialist in Family Medicine, with additional fellowship training in Care of Elderly. I am also a Clinical Lecturer at the Department of Community and Family Medicine at the University of Toronto, and a Clinical Assistant Professor (Adjunct) and the Department of Family Medicine at McMaster University. I currently serve as the Interim Program Chief and Medical Director for the Primary Care, Rehabilitation, Complex Continuing Care, Palliative Care and Seniors' Services programs at Trillium Health Partners (THP). I have been in this position since June 2023. Prior to that, I served as the Division Head of Rehab Services for three years. Prior to my role at THP, I was the Program Chief for Rehabilitation and Complex Continuing Care,

and Medical Director of Complex Continuing Care at Grand River Hospital for three years. I also work as a Most Responsible Physician (MRP) at a Long-Term Care (LTC) home in the Peel Region. A copy of my curriculum vitae is attached hereto as Exhibit "A".

2. As part of my current role, I have accountability for our Post Acute Care platform which includes our Rehab and Transitional Care Services and Discharge Planning (DCP) team which provides oversight and care for patients who have alternate level of care (ALC) status in the hospital. My administrative and clinical roles have given me insight into the needs of ALC patients in both the acute hospital system and post acute setting such as transitional care spaces and LTC.

3. I have been retained by the Government of Ontario to address the following questions:

    a) What is your role at the hospital with respect to ALC patients?
    b) Please describe the process for designating a patient as ALC, for reviewing this designation and for un-designating an ALC patient. Please comment on what your role is and what role is played by others.
    c) Has the process for designating a patient as ALC changed as a result of Bill 7?
    d) At any given time, approximately how many patients designated ALC are there in your hospital?
    e) What effect does the presence of ALC patients in your hospital have on the availability of beds for patients in need of acute care?
    f) Do you agree with Dr. Sinha's description of ALC patients and the process for designating patients as ALC?

4. My expertise is in acute and post-acute inpatient care (including assessment and treatment) and hospital administration from a medical perspective. I understand that my role is to provide opinion evidence that is fair, objective and non-partisan, related only to matters that are within my area of expertise and to provide additional assistance as the court may require. My signed Acknowledgement of Expert's Duty is attached as Exhibit "B".

A) My role and the process for designating patients as ALC and for removing that designation

5. As part of my role in the hospital, I am responsible for the flow from the acute care programs to our post-acute care platforms. This involves overseeing four sites and over 220 beds within various post-acute streams of care. These streams include high and low intensity rehab, complex care, transitional care and longer-term palliative care. By matching patients' care needs with the appropriate post-acute stream, we can achieve optimal outcomes and enhance patient flow. In my role as MRP, I am responsible for the designation and de-designation of ALC status and administratively oversee ALC lists and flow within the organization.

6. The process of designating a patient ALC is both a medical and social determination. The decision is made by the MRP in consultation with the care team. A patient must be deemed medically stable in order to be designated ALC. Although there is no formal definition of medical stability, it is generally considered to be when a patient no longer requires the supports and clinical expertise of an inpatient acute care program.

7. We will always look to discharge patients to our post acute platform (e.g. rehabilitation or complex continuing care) or home/community with supports where possible. For some patients, this is not an option due to advanced care needs and, as such, they remain in hospital as ALC while waiting for discharge. Patients who are ALC are still seen and assessed by the medical and allied team. If at any point the patient becomes medically active, their ALC status is removed by the MRP and the discharge care planning team. The patient is then treated as needed and re-designated as ALC once medically stable.

8. I have reviewed Dr. Sinha's concerns about the ALC designation process. While I would agree that the process for designating patients ALC is not standardized across the sector, general principles of medical stability and consideration of whether one requires specialized hospital care or supports apply broadly. In my experience at THP, our clinical team and DCPs are closely monitoring the ALC patient list and ensuring that the designation remains appropriate. The process of designation, de-designation, and re-designation is a team decision and based on the medical needs of the patient.

9. When a patient applies to LTC facilities, their LTC application will be sent to the homes to which they are applying along with clinical notes and updated medical status, potential specialized care needs, and behaviours to allow the LTC home to determine their suitability for placement.

B) <u>ALC patient numbers and their impact on the availability of acute care beds</u>

10. On average, ALC patients occupy 15% of THP's 1457 beds across hospital sites. While the numbers vary from day to day, they remain consistently high.

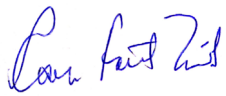
11. The presence of ALC patients in acute care spaces impacts all areas of the hospital. Since ALC patients occupy up to 15% of our beds, THP sees a high number of no-bed admissions (that is, patients who are admitted to hospital but who do not have a bed available for them) in the emergency department (ED). This creates risk to the patients as they are being cared for in non-traditional spaces, such as hallways and auditoriums. We are also unable to provide the supports the patients require, which can lead to further physical and cognitive decline.

12. Older people in hospital who are unable to mobilize are at risk of deteriorating physical condition and a loss of function and independence. It is estimated that for every 10 days

spent in hospital, people aged over 80 years can expect to lose 10% of their muscle mass, and recovering this muscle mass takes twice as long as it takes to lose it.[1] Older adults already have less lean muscle mass and strength than younger people. A prolonged hospital stay may represent a "tipping point" from which the person never fully recovers.[2] This decline causes longer hospitalization and increases the risk that a patient will require institutionalization that might otherwise have been avoided.

13. A high number of ALC patients also reduces our ability to offer surgical services, as there is a risk that elective and non-urgent procedures will be cancelled due to a lack of acute care beds.

SWORN BEFORE ME in the City of Mississauga by Dr. Abhishek Narayan at the City of Toronto, before me on February 23, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.



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Commissioner for the Taking of Affidavits

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DR. ABHISHEK NARAYAN

[1] Sharon Rindsland, "Early mobilisation 1: risk factors, complications and costs," (2021) 117:4 Nursing Times 22, online: <https://www.nursingtimes.net/clinical-archive/patient-safety/early-mobilisation-1-risk-factors-complications-and-costs-of-immobility-15-03-2021/>.

[2] *Ibid.*

This is **Exhibit "A"** referred to in the Affidavit

of **Dr. Abhishek Narayan,** sworn this 23rd day of

February, 2024, in accordance with O. Reg 431/20,

Administering Oath or Declaration Remotely

A Commissioner for taking Affidavits etc. (or as may be)

(pursuant to O. Reg. 431/20)

ABHISHEK NARAYAN, MD CCFP (COE)

abhishek@narayanmd.com | 226-339-2814

WORK EXPERIENCE

Long Term Care Clinician, Camila Care Community / Partners Community Health 2021 – Present
Rehab Hospitalist – Division of Rehab Services, Trillium Health Partners 2020 - Present
Retirement Home Attending, Various Homes 2016 - 2021
Hospitalist – Restorative and Complex Care, Grand River Hospital 2014 - 2021
Physician, MINT Memory Clinic 2017 - 2019

ADMINISTRATIVE EXPERIENCE

Interim Program Chief and Medical Director, Trillium Health Partners 2023 – Present
Primary Care, Rehabilitation, CCC, Palliative Care and Seniors' Services

- Acting as the most senior Professional Staff leader, to monitor and ensure the medical quality of care, and oversee Professional Staff performance, credentialing, compliance with Hospital and departmental rules and regulations
- Responsible for the overall clinical operations of the program to further the strategic vision of the organization
- Develop and implement key operational changes and develop strategic plan for program
- Participate in the annual capital and operational planning activities, including capital requests for equipment, re-development and information technology
- Identifying areas of risk, resolving and managing issues that impact quality of care and clinical operations
- Responsible for Quality of Care, Medical Education, Research, and Innovation within the program.

Division Head, Trillium Health Partners 2020 – 2023
Rehabilitation Services

- Participating and leading quality of care reviews, patient safety incident analyses, and critical incident disclosures
- Working in conjunction with program leadership on budget management, departmental planning, education, innovation, and research initiatives
- Providing support to strategic planning, setting the program goals and objectives, resource planning
- Supporting the implementation of operational changes and strategic initiatives relevant to the program

Medical Director, Grand River Hospital 2017 – 2020
Complex Continuing Care

- Accountable for strategic planning, budget management, prioritization of capital equipment requests, departmental space planning, education, and research initiatives
- Participated in quality measurement and improvement initiatives through monitoring and evaluating KPIs
- Involved in human resource planning, quality improvement projects, and QCIPA Reviews

Program Chief, Grand River Hospital 2017 – 2020
Complex Continuing Care and Rehabilitation

- Oversaw department staff engaged in inpatient services across the program
- Responsible for physician credentialing and privileges, individual physician performance evaluations, discipline, and scheduling

EDUCATION / TRAINING

San'yas Indigenous Cultural Safety Training Program, Health Authority BC 2023
Anti-Black Racism Program, Trillium Health Partners 2023
Advanced Health Leadership Program, Rotman School of Management 2023
Long Term Care Medical Director Program, Ontario Long Term Care Clinicians 2022
Leadership Development Program, Grand River Hospital 2017 - 2018
Masters Certificate in Healthcare Management, Schulich School of Business 2018
Summit Program Leadership Program, Professional Association of Residents of Ontario (PARO) 2013 - 2014

Care of Elderly Fellowship, Department of Geriatrics/Family Medicine, Queen's University 2013 - 2014
Family Medicine, Department of Family Medicine, McMaster University – Waterloo Campus 2011 - 2013
Doctor of Medicine, MHSC, University of Debrecen, Hungary 2003 - 2009

TEACHING

Clinical Lecturer, DCFM, University of Toronto 2021 – Present
Clinical Assistant Professor (Adjunct), DFM, McMaster University 2015 – Present

RESEARCH

Department of Optometry & Vision Science, University of Waterloo 2017 – 2019
Assessing Vision Needs of Inpatient Rehab Patients at Grand River Hospital – Freeport Campus

- Clinical lead and co-investigator for multidisciplinary study to evaluate visual concerns and prevalence of vision loss in an elderly rehab population.

Department of System Design Engineering, University of Waterloo 2015 - 2018
Novel Closed-Loop Non-Invasive Brain Computer Interface for Rehabilitation of Freezing of Gait (FOG) in Parkinson's Disease

- Awarded the Propel Center for Population Health Impact Seed Grant: Chronic Disease Prevention Initiative in the amount of $10,000

Department of Geriatric Medicine, Queen's University 2013 - 2014
Fellowship Research Project: Prognostication in Dementia Care

Department of Family Medicine, McMaster University 2011 - 2013
Quality Assurance Project: Measuring Quality Indicators in Caring for Patients with Dementia Enrolled in Various Family Medicine Compensation Models

ADVOCACY ACTIVITIES

Ontario Long Term Care Clinicians

- Board Member 2021 – Present
- Medical Director Course Committee 2022 – Present
- Moderator, Facilitator and Presenter, Medical Direct Course 2023 – Present

Ontario Medical Association

- Vice Chair, Care of Elderly/Long-Term Care 2023 - Present
- Section Secretary, Care of Elderly/Long-Term Care 2021 – 2023
- Priority & Leadership Group 2021 – Present
- SGFP Alternate for District 3 2015 - 2018
- District Alternate for District 3 2015 - 2017

Professional Association of Residents of Ontario

- Queen's University Site Chair 2013 – 2014
- McMaster University Site Representative 2011 - 2013

Co-Chief Resident, **Family Medicine**, Waterloo Regional Campus 2012 - 2013

- Awarded Kitchener-Waterloo Site Leadership Award

COMMITTEES

Trillium Health Partners

- Medical Advisory Committee 2023 – Present
- Patient Services Committee 2023 – Present
- Quality, Experience & Practice Committee, 2023 – Present
- Scientific Member, THP Research Ethics Board, 2023 – Present
- Clinical Program Committees 2020 – Present

Certificates of Added Competence (Care of Elderly), College of Family Physicians of Canada 2022 - 2023

Grand River Hospital

- **Care of Elderly PGY3 Proposal Group,** 2018 – 2020
- **Physician Advisor, Tri-Hospital Research Ethics Board** 2018 – 2020
- **Medical Advisory Committee,** 2017 – 2020

Freeport Education Committee, Grand River Hospital

- PBSG Learning Program Facilitator 2017 - 2020
- Conference Planning Committee 2015 - 2020

DementiaHack, HackerNest 2015, 2017

PRESENTATIONS

OLTCC Community of Practice Moderator	2023
Mississauga Estate Planners Educational Meeting	June 2022
OMA LTC/COE General Meeting	Sept 2021
COVID-19 Sub-Acute Hospitalist Upskilling Lecture Series	June 2020
Geriatrics for Optometry Students	Nov 2019
2019 Day in Psychiatry	Nov 2019
Freeport Nursing Rounds	2017, 2018
Freeport Education Day – Pearls, Perils and Pitfalls in Geriatrics	May 2017
Canadian Geriatric Society - 37th Annual Scientific Meeting	April 2017
University of Debrecen, School of Medicine	May 2016

This is **Exhibit "B"** referred to in the Affidavit

of **Dr. Abhishek Narayan,** sworn this 23rd day of

February, 2024, in accordance with O. Reg 431/20,

Administering Oath or Declaration Remotely

A Commissioner for taking Affidavits etc. (or as may be)

(pursuant to O. Reg. 431/20)

Court File No. CV-23-00698007-0000

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B E T W E E N:

ONTARIO HEALTH COALITION AND ADVOCACY CENTRE FOR THE ELDERLY

Applicant

-and-

HIS MAJESTY THE KING IN RIGHT OF ONTARIO AS REPRESENTED BY THE ATTORNEY GENERAL OF ONTARIO, THE MINISTER OF HEALTH, and THE MINISTER OF LONG-TERM CARE

Respondent

ACKNOWLEDGMENT OF EXPERT'S DUTY

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1. My name is Dr. Abhishek Narayan. I live at Mississauga, in the Province of Ontario.
2. I have been engaged by or on behalf of the lawyers for the Respondent to provide evidence in relation to the above-noted court proceeding.
3. 3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
    a. to provide opinion evidence that is fair, objective and non-partisan;
    b. to provide opinion evidence that is related only to matters that are within my area of expertise; and
    c. to provide such additional assistance as the court may reasonably require, to determine a matter in issue.

4. 4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

February 23, 2024

DR. ABHISHEK NARAYAN

ONTARIO HEALTH COALITION AND ADVOCACY CENTRE FOR THE ELDERLY (Applicants)	HIS MAJESTY THE KING IN RIGHT OF ONTARIO AS REPRESENTED BY THE ATTORNEY GENERAL OF ONTARIO, THE MINISTER OF HEALTH, and THE MINISTER OF LONG-TERM CARE (Respondents)	Court File No.: CV-23-00698007-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

AFFIDAVIT OF DR. ABHISHEK NARAYAN

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