



# Committee Agenda

## Long-Term Care Committee of Management May 9, 2023 – 9:00 AM

Zoom – Electronic Meeting

1. **Call to Order**
2. **Declaration of Interest**
3. **Delegations (None)**
4. **Reports – Long-Term Care**
  - a. LTCR-CM-10-23 - LTC Director's Update  
  
**That report LTCR-CM-10-23 regarding a Long-Term Care Director Update be received for information.**
  - b. LTCR-CM-11-23 - LTC Operational Report - February 15-April 14, 2023  
  
**That report LTCR-CM-11-23 regarding the LTC Operational Report from February 15 to April 14, 2023, be received for information.**
5. **Closed Meeting Matters (None)**
6. **Correspondence (None)**
7. **Other Business**
8. **Next Meeting Dates**
  - a. July 11, 2023, at 9:00 AM
9. **Adjournment**

|                                |   |
|--------------------------------|---|
| <b>To:</b>                     | Chair and Members of the Long-Term Care Committee of Management |
| <b>Committee Date:</b>         | May 9, 2023   |
| <b>Subject / Report No:</b>    | LTCR-CM-10-23   |
| <b>Title:</b>                  | LTC Director Update   |
| <b>Prepared by:</b>            | Jennifer Cornell, Director of Long-Term Care                    |
| <b>Reviewed by:</b>            | Kim Wingrove, Chief Administrative Officer                      |
| <b>Lower Tier(s) Affected:</b> |   |

## Recommendation

1. That report LTCR-CM-10-23 regarding a Long-Term Care Director Update be received for information.

## Executive Summary

Our homes continue to stay strong and maintain vigilance to ensure the safety and wellbeing of our residents as we transition to the updated pandemic response guidelines. This report also provides an overview of Fixing Long-Term Care Act Phase II and recent funding announcements.

### Pandemic Response Updates

On March 22, 2023, the Chief Medical Officer of Health announced that Ontario is taking a phased approach to updating COVID-19 measures for people living in, working in, or visiting long-term care homes.

The high vaccine uptake among residents and the availability of safe and effective antivirals are reducing the risk of severe outcomes to residents, which in turn allows for certain guidance to be phased out in Ontario. The MLTC released a [memo](#) that outlines these changes which align with other provinces across the country that have already made similar adjustments.

The following changes came into effect on March 31, 2023:

**Asymptomatic Screen Testing (RAT):** the ministry no longer requires asymptomatic screen testing for staff, students, volunteers, support workers, caregivers, and visitors. *As part of our de-escalation measures, one testing station will remain in place for individuals who would like to continue to self-test.*

**Outdoor Masking:** The ministry removed the recommendation for residents, caregivers, and visitors to mask outdoors. Masking will remain in place for staff outdoors when in close proximity to a resident.

**Indoor masking:** Indoor masking requirements remains in place for all staff, students, support workers and volunteers. All caregivers and general visitors are required to wear a mask when in common or shared spaces of the home and are recommended to wear a mask in a resident's room. *We asked that unvaccinated visitors always wear their mask and only visit with their loved one.*

**Resident Screening and Daily Temperature Checks:** LTC homes will continue to be required to monitor residents daily to detect the presence of infection, including COVID-19, per section 3 of the IPAC Standard. However, daily temperature checks for COVID-19, will no longer be required.

**Resident Absence:** Homes are no longer required to actively screen, test or isolate residents returning from an absence unless they have symptoms or have tested positive for COVID-19.

**Screening:** Active screening recommendation for visitors and caregivers has been removed, but is replaced with passive screening requirements for staff, visitors, and caregivers. *A screener was schedule to support this transition until April 12<sup>th</sup>.*

**Visitors During Outbreaks:** The limit of one caregiver at a time during a COVID19 outbreak, or when a resident is symptomatic, or isolating has been removed. During an outbreak, LTC homes continue to be subject to public health unit (PHU) direction per the Ministry of Health's COVID-19 Guidance

**Activities / Physical Distancing:** LTC homes are now able to hold activities without adjusting to optimize for physical distancing.

**COVID-19 Outbreak Data:** homes are no longer required to submit daily COVID-19 outbreak data to the ministry. Homes continue to be required to report confirmed outbreaks using the Critical Incident System, and to report suspected and confirmed cases to public health units.

On March 24<sup>th</sup>, Ontario Health released a memo to inform health system partners that the Ontario Assessment Centres will be winding down as of June 30<sup>th</sup>, with a small number remaining operational for areas that have limited access of testing.

#### Family Updates

A virtual family meeting was held on April 5<sup>th</sup>, providing updates related to COVID-19, accreditation, communications, and next steps for our designated care partner program.

#### Infection Prevention & Control (IPAC) Strategies

The IPAC & Wellness Leads at each home are collaboratively working on standardizing IPAC posters, communications and exploring the option for electronic auditing through the SOAR application. In addition to daily surveillance and outbreak preparedness and management activities, the IPAC and Wellness Leads are assessing current program practices to identify areas for enhancement to ensure compliance with the new IPAC standards.

Finance

As part of the government’s plan to fix long-term care, the Ministry of Long-Term Care released a [memo](#) on March 9<sup>th</sup>, confirming their continued commitment of \$4.9 billion over 4 years to increase the average daily direct care to four hours per resident by March 31, 2025.

The breakdown for the \$4.9 billion commitment was as follows:

- \$270 million in 2021-22
- \$673 million in 2022-23
- \$1.25 billion in 2023-24
- \$1.82 billion in 2024-25

As per the government’s [media release](#), Ontario has achieved its implementation target for 2021-22 of three hours of care provided by registered nurses, registered practical nurses and personal support workers and 33 minutes of care from allied health professionals.

Our three homes have budgeted and are recruiting for 3 hours and 42 minutes of direct care.

The memo also confirmed that LTC homes will continue to receive the \$10 million annual Supporting Professional Growth Fund (SPGF) in 2023-24. The purpose of this funding, which was first launched in October 2021, is to supplement the ongoing education and training costs of staff working in LTC homes with direct contact with residents.

On March 21<sup>st</sup>, the Ministry of Long-Term Care released a [memo](#) outlining the government’s funding for the permanent Personal Support Worker (PSW) wage enhancement for 2023-24 and 2024-25. This initiative helps to support LTC homes with the recruitment and retention process of PSWs.

On March 31<sup>st</sup>, LTC homes received the [Case Mix Index Funding Methodology](#) for 2023-2024. The ministry also provided the [master report](#) which provides an overview for all LTC home in Ontario, and a Case Mix Index [FAQ](#).

The Provincial average is 1.0214, our homes Case Mix Index for 2023-2024 is:

- Grey Gables - 1.0243
- Lee Manor - 0.9731
- Rockwood Terrace – 1.0016

The Funding impact between the CMI and Level of Care Increase are as follows

| <b>CMI Funding</b> | <b>Lee Manor</b> | <b>Rockwood Terrace</b> | <b>Grey Gables</b> | <b>Total</b> |
|--------------------|------------------|-------------------------|--------------------|--------------|
| CMI 2021           | 0.9885           | 1.0046                  | 0.9914             |              |
| CMI 2023           | 0.9731           | 1.0016                  | 1.0243             |              |

|                           |                   |                   |                 |                   |
|---------------------------|-------------------|-------------------|-----------------|-------------------|
| Net Change                | -0.0154           | -0.003            | 0.0329          |                   |
| <b>Funding Adjustment</b> | <b>(\$87,361)</b> | <b>(\$11,541)</b> | <b>\$81,609</b> | <b>(\$17,293)</b> |

On April 3<sup>rd</sup>, the ministry released funding announcements related to:

- Clinical Decision Support Tools and Infection Prevention and Control (IPAC) Personnel, Training & Education and Leads
  - The [letter](#) from the Minister of Long-Term Care outlined that the ministry will be providing up to \$72,560,000 in new funding in 2023-24 and up to \$76,120,000 in new funding in 2024-25 directly to eligible long-term care homes to support IPAC personnel, IPAC training and education, one time funding to support the salary and benefits of IPAC Leads, and the continued use of clinical decision support tools to improve the quality of care for residents.
  -
- Level of Care Increases for 2023-24
  - The [funding policy](#) outlines a 2.4% increase in level-of-care base funding in the 2023-24 funding year of up to \$138,452,800.
  - As of April 1<sup>st</sup>, the funding amounts for Nursing and Personal Care, Program and Support Services, Nutritional Support, Other Accommodations and Global Per Diem are the following:

| Envelope                           | LOC Per Diem    | Supplementary Per diem | Total           |
|------------------------------------|-----------------|------------------------|-----------------|
| Nursing and Personal Care (NPC)    | \$103.80        | \$2.16                 | \$105.96        |
| Program and Support Services (PSS) | \$12.48         | -                      | \$12.48         |
| Nutritional Support (NS)           | \$12.07         | -                      | \$12.07         |
| Other Accommodations (OA)          | \$57.28         | \$0.37                 | \$57.65         |
| Global Per Diem                    | \$7.53          | -                      | \$7.53          |
| <b>Total LOC Per Diem</b>          | <b>\$193.16</b> | <b>\$2.53</b>          | <b>\$195.69</b> |

This funding adjustment has resulted in the following

| LoC Funding   | Lee Manor   | Rockwood Terrace | Grey Gables | Total        |
|---------------|-------------|------------------|-------------|--------------|
| Budgeted 1.5% | \$7,876,596 | \$5,269,597      | \$4,881,315 | \$18,027,508 |
| 2.4% Increase | \$7,926,204 | \$5,303,072      | \$4,903,180 | \$18,132,456 |

|                     |                  |                  |                  |                   |
|---------------------|------------------|------------------|------------------|-------------------|
| <b>Net Increase</b> | <b>\$ 49,608</b> | <b>\$ 33,475</b> | <b>\$ 21,865</b> | <b>\$ 104,948</b> |
|---------------------|------------------|------------------|------------------|-------------------|

- Top Up Funding for annual staff supplement, and behavioural specialized unit beds, are also included in the LTC homes Level of Care Per Diem [Funding Summary](#).
- 2023-24 New Comprehensive Long-Term Care Minor Capital Program
  - The [memo](#) noted that the IPAC Minor Capital, LTC Minor Capital, and Falls Prevention Equipment Fund programs have been consolidated under the new Comprehensive Minor Capital Fund.
- Local Priorities Fund
  - The memo outlined that [Local Priorities Fund policy](#) will support Ontario Health working in conjunction with the Home and Community Care Support Services (HCCSS) and long-term care (LTC) homes, to make tailored and targeted investments in specialized staffing, equipment and services:
    - to support placement of eligible high needs designated alternate level of care (ALC) patients from hospitals into LTC
    - to avoid hospital admissions for current LTC residents who have new, or increasingly complex medical or specialized equipment needs which cannot currently be accommodated in their LTC home
    - to enable the admission of community members with specialized needs to LTC

Staffing & Training

Our homes continue to recruit for RNs, RPNs, PSWs, and FSWs. As summer approaches, we welcome back our team members that are returning from their education leaves. We continue to work with new student placement opportunities with colleges that are in our local and surrounding areas.

On April 28<sup>th</sup>, our three homes attended a leadership session focused on Equity, Diversity, Inclusion and Belonging. Facilitators, Tee Garnett, SickKids Executive Lead and Strategic Advisor, Equity, Diversity, and Inclusion (EDI) along Joan Beecroft, and Charmaine Peever from Grey Bruce Seniors Pride Group, and Deepikka Gupta from Grey Bruce Local Immigration Partnership provided our team with the fundamental values, resources, and tools. This training is imperative for our team members who are serving an increasingly diverse resident population and working to recruit and retain an equally diverse workforce. We look forward to implementing positive change that aligns with our Colour It culture to ensure that everyone feels welcomed, valued, safe, and respected.

Recovery and Wellness

The 4<sup>th</sup> quarter Wellness Newsletter was released at the end of March. The wellness newsletter promotes our EAP Program, wellness tips and resources, Colour It Spirit photos, and each home’s Colour It stories.

Accreditation

Our three homes completed the Accreditation Canada self-assessments in April. This process assists the homes to prioritize areas requiring further work so they can be addressed prior to the on-site survey. The benefit of this process is that it enables the homes to focus on their own priorities and initiatives. A Work Life Survey and Resident Safety Culture survey was released on May 1<sup>st</sup> for all staff, this data focuses on well-being, quality and safety which allows LTC homes to obtain our team members' input on resident safety, care quality, their work environment, and their well-being.

## FLTCA Phase II Update

On April 6<sup>th</sup>, the Ontario government released the finalized phase II regulations of the Fixing Long-Term Care Act, 2021, which came into effect on April 11, 2023.

[Staffing qualifications](#) were amended for the below roles to match qualification requirements with the responsibilities and accountabilities of the role:

- Personal Support Workers (PSW)
  - Personal support workers must complete a personal support worker program that meets the program requirements set by the Ministry of Colleges and Universities for an Ontario postsecondary institution or district school board to issue a personal support worker certificate.
- Designated Lead for Restorative Care
  - The educational requirements are being updated to reflect new terminology included in the Regulation defining Ontario postsecondary institution for the purposes of the Regulation to mean:
    - 1) an Indigenous Institute,
    - 2) a private career college,
    - 3) a college of applied arts and technology,
    - 4) a publicly assisted university, or
    - 5) another degree granting institution.
- Designated Lead for Recreational and Social Activities
  - Postsecondary educational requirement can also include gerontology as a field of study from an Ontario postsecondary institution, or a postsecondary diploma, degree or certificate granted in another jurisdiction that in the reasonable opinion of the licensee is equivalent.
  - Removal of the minimum years of experience and added that experience can come from a health care setting or other relevant setting.
  - Removed the grandfathering provisions pertaining to the July 1, 2010, dates and replaced them with a new streamlined grandfathering provision, permitting persons employed in the role to continue if the person has the appropriate skills, knowledge and experience.
- Staff Members providing Recreational and Social Activities
  - Postsecondary educational requirement can also include gerontology as a field of study from an Ontario postsecondary institution or a postsecondary diploma, degree or certificate granted from another jurisdiction that the licensee reasonably believes is equivalent. Recreational /social programming staff could be hired where the licensee reasonably determines the person has the

appropriate skills, knowledge, and experience (in place of the identified educational/training requirements) to fulfill the role.

- Cooks, Food Service Workers, and Nutrition Managers- Food Handler Training
  - The licensee shall ensure that during every hour in which a food service area is operating, there is at least one cook, food service work or nutrition manager in the area who has completed the food handler training.
  - Updated the minimum staffing hours formula for Nutrition Managers and Food Service Workers based on bed capacity for the week or the number of residents residing in the home for the week.
- Nutrition Manager
  - Added two new grandfathering provisions as follows:
    - Nutrition managers who started in their role before April 11, 2023, may continue as long as they are actively pursuing their Canadian Society of Nutrition Management membership or registration with the College.
    - Nutrition managers who have been employed in the home since July 1, 2010, may continue in the role without Canadian Society of Nutrition Management membership/registration with the College.
- Cook
  - LTC homes may hire cooks with institutional, health care, restaurant, or hospitality cooking experience (in place of the identified educational/training requirements).
- Food Service Workers
  - LTC homes may hire a food service worker with institutional, health care, restaurant, or hospitality food service experience (in place of the identified educational/training requirements).
- Designated Leads for Housekeeping, Laundry, and Maintenance
  - Removed the minimum years of experience and add that to have the required experience a person must have either experience in a managerial or supervisory capacity.
  - Removed the postsecondary educational requirement.

The Ministry stated that the transitional staffing qualification provision is extended to October 11<sup>th</sup>. However, the person in the position must have the adequate skills, training, and knowledge to perform the duties required of the position. The home must terminate the staff member on or before November 11, 2023, if they do not meet qualifications.

### [Air Conditioning](#)

- Revised definition: “air conditioning” means a mechanical cooling system that can maintain cool temperatures, including in peak summer conditions, and includes central air room supply air ducts, portable air conditioning units, window air conditioning units, split air conditioning, package type air conditioning and variable refrigerant flow units, or a combination of any of these systems.
- Addition of a new Administrative Monetary Penalty (AMP). Failure to comply with these requirements could result in a \$25,000 AMP.
- Updated exemption criteria for air conditioning in resident rooms
- Clarification on circumstances for licensee to remove portable air conditioning/window air conditioning units.



## Medication Management and Drug Administration

- Changes related to medication management clarify medication safety processes and embed practices in medication administration in Regulation to better respond to current needs, trends, and emergency situations, enhance medication safety for residents, and include updates for the following:
  - Use of Glucagon and Incidents of Severe Hypoglycemia and Unresponsive Hypoglycemia
    - licensees are required to submit reports regarding glucagon, severe hypoglycemia, and unresponsive hypoglycemia directly through the Critical Incident Reporting System under two new categories that resulted in resident going to hospital.
  - 24-Hour Admission Care Plan – Resident Medication Information
    - Licensee are required to include two additional pieces of information related to drugs and treatments including respect to drugs and the clinical reason for the use of drug and known health conditions, including allergies and adverse drug reactions.
  - Plan of Care – Medication Reconciliation
    - The plan of care must include interdisciplinary assessment for drugs and treatments and medication reconciliation.

## Resident Experience

Changes have been made to the Regulation to update requirements to better respond to current needs, trends, and emergency situations. These regulation changes include:

- Clarifying when an alternate level of care (ALC) patient is eligible for admission to preferred accommodation (paying the basic accommodation rate), and when a licensee may request a resident (formerly ALC patient) to sign a preferred accommodation agreement.
- Expanding eligibility for the temporary admission into preferred accommodation (where the resident pays the basic rate) to include residents in a long-term care home designated as an ‘imminent home closure’.
- Update to falls prevention and management program to strengthen post-fall assessment requirements.
  - Amended to include always conduct a post-fall assessment when a resident falls, using a clinically appropriate assessment instrument that is specifically designed for falls.
- Clarification on when registered dietitians (RD) must conduct skin and wound care assessments.
  - Updated the term “pressure ulcers” to “pressure injuries” and requires assessment to be completed by RD when resident exhibits a skin condition that is likely to respond to nutritional intervention.
- Revising wording to clarify the role and accountability of medical directors.
  - The Regulation has been amended to substitute resident “clinical care” with “medical care” to clarify the roles and accountabilities consistent with the scope of practice of medical directors, as defined in the Act.

- The Medical Director has the following responsibilities and duties:  
providing oversight of resident medical care in the home.
- Ensuring nursing students from all approved Ontario post-secondary nursing programs can administer medication under defined conditions by capturing Indigenous Institutes in the definition.

## Partnerships

Work continues with partnerships at both regional and local levels. The Grey Bruce Long-Term Care Committee and our healthcare partners continue to meet regularly.

In April, the YMCA Employment Services announced that the funding for the Personal Support Worker training was approved through the Ministry of Labour, Immigration, Training and Skills Development program. This training was introduced to our current staff in our 19 long-term care homes who were interested in transitioning to the Personal Support Worker role, then expanded to the public. There are 38 students that will be participating in this fully funded program.

This month, all three homes will be participating in the York University research study – Counting What Counts: Assessing Quality of Life and its Social Determinants Among Long-Term Care Residents with Dementia. The research study assesses the quality of life of long-term care residents with dementia as well as the important resident and facility characteristics that may influence a resident's quality of life, such as a resident's health, social support, or financial situation; and a facility's size, ownership, or quality of care provided. The main benefit of the study will be determining strategies to improve quality of life and disparities in quality of life for long-term care residents with dementia. This study will be an important first step to prepare for intervention studies aiming to improve quality of life and disparities for LTC residents with dementia.

On April 5<sup>th</sup>, Ontario Health along with the Ontario Caregivers Organization held an information session for health system partners that focused on the Essential Care Partners program. The Director of Long-Term Care was a guest speaker and presented an overview of our Designated Care Partner program and described the valued partnership that plays a crucial role in person-centered care.

We continue to be thankful for the support from Council, the CAO, the Senior Management Team, and the staff in all departments. We recognize that we are in this together as we Colour It for our residents, families, staff, and communities.

## Appendices and Attachments

[Staffing Increase Funding Policy \(2023-2024\)](#)

[Supporting Professional Growth Fund Funding Policy \(2023-2024\)](#)

[Frequently Asked Questions: Fiscal Year Three \(2023-2024\) Funding](#)

[MLTC COVID-19 Guidance Document for Long-Term Care Homes in Ontario](#)

[Pandemic Response Frequently Asked Questions March 22, 2023](#)

[What Residents Can Expect March 31, 2023](#)

# Grey Gables, Lee Manor, and Rockwood Terrace



## Grey County Operations Report to Committee of Management Open Session

Submission Date: May 9, 2023

Information for the Months: February 15 – April 14, 2023

Endorsed by Council:

# Quality

## *Colour It Your Way -is it “Leading Based Practice”, is it “Equitable & Reliable”, does it “Colour It”?*

Publicly reported indicators

Q3 2022 (October - December 2022)

|  |                                       |
|--|---------------------------------------|
|  | Indicates Better than Ontario Average |
|  | Indicates Worse than Ontario Average  |

| Indicator   | Ontario Average | Grey Gables Q3 Oct-Dec/22 | Lee Manor Q3 Oct-Dec/22 | Rockwood Terrace Q3 Oct-Dec/22 |
|---|-----------------|---------------------------|-------------------------|--------------------------------|
| Improved or remained independent in mid-loss ADL      | 28.5%           | 31.5%                     | 41.2%                   | 36.8%                          |
| Worsened ADL  | 32.3%           | 34.9%                     | 29.4%                   | 18.4%                          |
| Worsened mood from symptoms of depression             | 20.9%           | 35.4%                     | 27.4%                   | 15.2%                          |
| Taken antipsychotics without a diagnosis of psychosis | 21.4%           | 24%                       | 22.3%                   | 2.7%                           |
| Has fallen  | 16.4%           | 18%                       | 15.9%                   | 19.7%                          |
| Worsened stage 2 to 4 pressure ulcer                  | 2.4%            | 2.1%                      | 2.7%                    | 0.7%                           |
| Daily physical restraints                             | 2.3%            | 0%                        | 1.3%                    | 1.8%                           |
| Has pain  | 5.0%            | 1.7%                      | 4.5%                    | 0%                             |
| Worsened pain   | 8.6%            | 7.2%                      | 7.9%                    | 5.0%                           |

The Canadian Institute for Health Information (CIHI) data for Q3 October - December 2022 was released in mid March. The homes continue to sustain and make improvements in several areas. The third quarter data shows an increase in residents receiving antipsychotics without a diagnosis of psychosis. The increase reflects the care needs for residents recently admitted to the homes including residents admitted to the Grey Gables Behavioural Support and Transition Unit. The interdisciplinary team is focusing on interventions to assist residents with managing behaviours that do not involve antipsychotics, where able. The Clinical and Accreditation and Quality Specialists continue to support the teams in their quality improvement projects.

## Quality Improvement Plan

The Excellent Care for All Act, 2010 and the Fixing Long Term Care Act, 2021, require that homes to have a quality improvement plan (QIP) developed and publicly posted by March 31, 2023. This includes a narrative that describes the home, a progress report outlining the achievements from the previous year and the current quality improvement work plan. The plans are also submitted to Health Quality Ontario (HQO) for their review and posting on the HQO website.

Health Quality Ontario sets the quality objectives to reflect provincial health care priorities. The Long-Term Care sector objectives for the 2023/24 quality improvement plans are:

- Number of ED visits for modified list of ambulatory care-sensitive condition per 100 long term care residents
- Percentage of residents responding positively to: “What number would you use to rate how well the staff listen to you”
- Percentage of residents who responded positively to the statement: “I can express my opinion without fear of consequences”
- Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment

The homes have included additional objectives related to skin and wound, falls and palliative care in their quality improvement plans. The teams and committees have developed internal targets and planned improvement initiatives to meet or exceed the established targets based on provincial averages and benchmarks.

[Grey Gables Quality Improvement Plan 2023-24](#)

[Lee Manor Quality Improvement Plan 2023-24](#)

[Rockwood Terrace Quality Improvement Plan 2023-24](#)

## Accreditation Canada Survey

The Grey County Long Term Care Homes have partnered with Accreditation Canada, with the goal to achieve accreditation status by May 2024.

Accreditation Canada and its affiliate Health Standards Organization are independent, not-for-profit, Canadian organizations. They work side-by-side to change the way health care standards are created, and the way accreditation services are provided. Through the Long-Term Care Qmentum program, the care and services provided are assessed against standards of excellence, identifying strengths and what needs to be improved. The person-centered approach to the standards and assessments makes a difference in improving quality and health outcomes and aligns with our “Colour It Your Way” philosophy.

The Accreditation Canada program raises the bar for managing quality, risk, and resident safety initiatives. It strengthens our quality improvement and supports the implementation of new projects and leading practises. Over the next 13 months, the homes will be preparing and completing each phase including assessments, surveys, and quality improvement plans.

### [The Road to Accreditation](#)

## 2022 Medical Director Annual Report

In 2022, the Fixing Long Term Care Home Act (FLTCA) outlined changes between the LTC Licensee and Medical Directors. Medical Directors are now required to complete the Ontario Long-Term Care Clinicians' Medical Director's course and to fulfil a minimum number of hours on-site each month. Their responsibilities and duties have also been updated to include advising on and approving clinical policies and procedures, communication of relevant medical policies and procedures to attending physicians, attendance and participation in interdisciplinary committees and quality improvement activities, as well as providing oversight on resident clinical care in the home.

In Grey County, we continue to have long standing support and medical leadership from Dr. Brian Power (Grey Gables), Dr. Cornelius VanZyl (Lee Manor) and Dr. Mary Pillisch who signed on as Rockwood's Medical Director in May 2021. Our Medical Directors are key partners, and even prior to the amendments of the new FLTCA, they were fulfilling these crucial functions in our homes while providing unwavering support during the pandemic.

Enclosed in this report, you will find each of the respective medical director's report for 2022. The reports summarize the highlights and challenges of 2022 and demonstrate evidence of the directors' commitment to supporting residents, families, and staff by providing the highest level of care on-site, and their dedication to ensuring the best quality of life through the delivery of resident centered care.

Some key highlights from the reports include the loosening of government mandated restrictions for residents supporting the reduced social isolation for residents with more family members visiting and more social activities. High levels of vaccination and the introduction of antivirals supported this direction. Specific to Grey Gables, the Behaviour Support Transition Unit has had great success in 2022, with continued experience, the BSTU is proving to be a valuable resource for our community. In addition, our homes were able to re-establish mobile Xray in 2022, providing the opportunity to bring Xray service to the residents at their home.

Challenges outlined in the reports include health human resources, not only with direct front line staff, but also with covering physicians that are able to support LTC residents.

In addition, with the progressing acuity of health care needs for residents moving into long term care, specialized service needs such as physiotherapy are in greater demand, but with fewer resources available.

Outbreaks were noted as both a challenge and a strength. Challenges included the introduction of new respiratory agents, beyond COVID-19, as pandemic measures loosened in the broader community. However, the strength was the ability to take a measured approach to outbreak management based on the strength of high vaccination rates, sound infection control practices and the completion of risk assessments to reduce any unnecessary social isolation for our residents.

As we move into 2023, Medical Directors will be focusing on two primary areas; the new Palliative Care Approach to align with the new Ontario Provincial Framework for Palliative Care, as well as enhancing the use of technology with the new physician engagement and secure conversations modules with Point Click Care (electronic medical record).

[Grey Gables Annual Report - Dr. Power](#)

[Lee Manor Annual Report - Dr. Van Zyl](#)

[Rockwood Terrace Annual Report - Dr. Pillisch](#)

## Ministry of Long-Term Care (MOLTC) Compliance Orders /Inspection Findings Summary

### Grey Gables

Ministry of Long-Term Care inspectors have not visited the home during this reporting period.

### Lee Manor

Ministry of Long-Term Care inspectors have not visited the home during this reporting period.

### Rockwood Terrace

Ministry of Long-Term Care inspectors have not visited the home during this reporting period.



# Outbreaks

## Grey Gables

A respiratory outbreak was declared at Grey Gables on the Valley View home area on February 16<sup>th</sup>, 2023, and declared over on March 8<sup>th</sup>, affecting eight residents.

A respiratory outbreak was declared at Grey Gables on the Pine Ridge home area on March 14<sup>th</sup>, and declared over on March 22<sup>nd</sup>, and affecting four residents.

The team worked quickly to reduce the spread and contained the outbreak to the home area for both outbreaks.

## Lee Manor

A respiratory outbreak was declared by Public Health on the 1 South and 2 North home areas on March 6<sup>th</sup>. The outbreak expanded to the 2 South home area on March 8<sup>th</sup> and the 3 South home area on March 9<sup>th</sup>. The outbreak on 1 South was declared over on March 12<sup>th</sup>, March 26<sup>th</sup> on 3 South and remaining wings on March 28<sup>th</sup>. A total of thirty residents were affected.

## Rockwood Terrace

Rockwood Terrace experienced a respiratory outbreak on the 3<sup>rd</sup> floor on February 18<sup>th</sup>, which was declared over on March 9<sup>th</sup>, affecting twenty residents. The team worked quickly to reduce the spread and contained the outbreak to the home area.

## People

| <b>February 15-April 14, 2023</b>      | <b>Grey Gables</b> | <b>Lee Manor</b> | <b>Rockwood Terrace</b> |
|--|--------------------|------------------|-------------------------|
| Number of Interviews                   | 11                 | 18               | 16                      |
| Number of Staff Onboarded              | 8                  | 9                | 6                       |
| Number of Retirements/<br>Resignations | 2                  | 2                | 3                       |
| Number of Student<br>Placements        | 0                  | 3                | 13                      |



## Projects, Location Events and Other

### Grey Gables

From February 12<sup>th</sup> - 19<sup>th</sup> the residents, staff and family members set sail on the S.S. Grey Gables. Our Love Boat themed adventure was packed full of many cruise-ship inspired activities. Our zip-line program was a huge hit with many brave residents were eager to participate. An Elvis tribute topped off our exciting adventure on the Love Boat Cruise 2023.

Serving up pancakes always garners lots of excitement. Fresh maple syrup topped our made to order pancakes on Pancake Tuesday. The afternoon was filled with lots of Mardi Gras music, beads, masks, and laughter.

Four legged friends were certainly in abundance in March. We welcomed not only baby lambs but Pat the pony and our special therapy dog Wilson who brings so many smiles each month.

There were shamrocks, leprechauns, and lots of green-coloured drinks and homemade snacks that made a fun filled St. Patrick's Day.

March 29<sup>th</sup> was a day of celebration as we hosted a BSTU Bash with special guest, Jason Redman providing the entertainment. Our first resident was admitted in December 2021. Sixteen admissions to-date with many success stories along the way.

We started out the Easter weekend with a beautiful Good Friday service lead by our Chaplain Rosanne Judge. Many family members visiting during the Easter weekend and lots of Easter Bunny shenanigans & fantastic entertainment.

### Lee Manor

February was Therapeutic Recreation Awareness Month, Lee Manor celebrated with its own Recreation Awareness Week, February 20<sup>th</sup> – 24<sup>th</sup>. The department was featured with a display in the Ice Cream Parlour, highlighting their role in long-term care. Staff and residents were invited to participate in daily trivia, with the hopes of spreading awareness and knowledge of the department's goals and objectives. Similarly, the home recognized its Dietary Department during the month of March, in celebration of National Nutrition Month. Various initiatives were planned to honour this department. The home also hosted an All-Staff Appreciation Event on April 6<sup>th</sup>, in coordination with Easter weekend.

The spirit of Spring Break was celebrated at Lee Manor this March. The home hosted a series of theme days March 13<sup>th</sup> – 17<sup>th</sup>, including a Silly Sock Day, a Hat Day, a Pajama Day, a Wacky Hair Day, and a Green Day in coordination with St. Patrick's Day. The home celebrated St. Paddy's with a variety of programs, including arts and crafts, travelogues, live entertainment, clog dancing, green beverages, and more. Residents

enjoyed festive meals. The home's Brag Board was also transformed for the holiday, asking people to share who or what is their "lucky charm." Many wrote about their friends, family, pets, and co-workers.

The home had several furry friends visit during the reporting period. Pat the Pony came to the home on March 2<sup>nd</sup> and April 3<sup>rd</sup> to meet and greet with residents in the Ice Cream Parlour. Many residents were heard sharing stories of their time on the farm, working with and caring for horses. For others, this was their first time interacting so closely with a pony. In anticipation of Easter weekend, the home was visited by a Holland Lop rabbit on April 6<sup>th</sup>. Residents participated in a "Naming Contest," and the winner was drawn at random – "Cutie" the honorary Lee Manor Easter Bunny. The home continues to have two St. John's Ambulance Pet Therapy Dogs visit monthly. We look forward to future animal visits, including two ponies and a miniature donkey in May.

Easter was celebrated and recognized in many ways in April. The recreation department facilitated several programs, including thematic arts and crafts, word games, socials, reminiscence groups, and an Easter Egg Hunt in the Ice Cream Parlour. The home also had a special visit from a costume Easter Bunny, who hippity-hopped around the home, greeting staff, visitors, and residents, taking pictures along the way.

## Rockwood Terrace

Musical guests Stubby Deeves, Born Country, Cowboy Up and Ron McManus entertained our second floor residents during the outbreak in February as well as our regular game programs, a pub and a special Wine and Cheese Event.

March was a busy month filled with lots of great activities for our residents. A travelling spa retreat was a highlight as Rockwood residents were pampered by our recreation team.

On March 1<sup>st</sup> and April 5<sup>th</sup>, Pat the pony returned for a visit, Pat is very popular with the residents and is getting very familiar with the home.

On March 13<sup>th</sup> the residents, staff, and visitors boarded the S.S Rockwood for a fun filled week out at sea. Each day was filled with many activities, passengers enjoyed bingo on board and obtained their passports for the week. The S.S Rockwood stopped in Las Vegas where the passengers enjoyed winning prizes and playing different casino themed games. Karaoke was also a big hit in the evening with residents singing along to their favourite tunes! The ship pulled up to the beaches of Hawaii where the passengers enjoyed wearing their beach wear and listening to some live music with Stubby Deeves. Residents also learned how to make their own tropical mocktails, enjoyed playing shuffleboard on the decks, and a formal dinner including pre-dinner music with Larry was enjoyed by all. The last stop was Ireland where the passengers

enjoyed drinking green beer and listening to some more live music with Ron! Overall, the week was a huge success!

The recreation team dusted off our ice cream cart which was a big hit with residents on March 21st. Very few turned down the chance to enjoy some tasty ice cream delivered room to room with our home-made cart.

We have scheduled regular game nights with some of our residents with the assistance of our hairstylist Ruby who started volunteering late in March to support the game night.

Our grandpal program continues with both our residents and students looking forward to letters and gifts that go back and forth from the school to Rockwood. The penpals look forward to meeting one another in June at a Dog Show that we are hosting.

Egg Dying, an Easter Egg Hunt, a spring door décor art program, Easter bunny races and a special baking program were some of the highlights as we celebrated the Easter holiday and the arrival of spring.

Our Chaplain Pastor Dianne conducted a special Good Friday Service on April 7<sup>th</sup> in our Auditorium which was very well attended.

The warm weather during the second week of April allowed many residents to get some fresh air and enjoy the warm sunshine. Our maintenance team quickly helped to get some patio furniture set up outside and many residents and families enjoyed the unseasonably warm weather that arrived!

## Occupancy

| 2023<br>Occupancy<br>Data | Grey Gables         |                 | Lee Manor       |                 | Rockwood Terrace |                 |
|---------------------------|---------------------|-----------------|-----------------|-----------------|------------------|-----------------|
|                           | Mar-<br>Apr<br>2023 | Year to<br>Date | Mar-Apr<br>2023 | Year to<br>Date | Mar-Apr<br>2023  | Year to<br>Date |
| <b>Occupancy</b>          | 92.62               | 92.15           | 98.61           | 98.25           | 93.59            | 94.44           |
| <b>Move-Ins</b>           | 6                   | 11              | 8               | 20              | 10               | 20              |
| <b>Discharges</b>         | 3                   | 9               | 8               | 23              | 15               | 24              |

## Health System Partners (i.e., Ministry of Labour, Public Health, Fire)

### Grey Gables

March 9<sup>th</sup> Public Health visited the home to conduct an inspection of the main kitchen and serveries. No finding reported, all recommendations have been completed.

## Lee Manor

TROY fire and safety completed their annual inspection in February and provided a final report in April. The report outlined one item of deficiency which has been corrected.

Public health conducted an inspection of the kitchen and serveries on March 6<sup>th</sup>, there were no issues of non-compliance.

## Rockwood Terrace

An inspector from Grey Bruce Public Health Unit attended the home on March 7<sup>th</sup> to inspect the main kitchen. There were three areas of non-compliance all of which have been corrected.

## Environmental (i.e., Emergency Preparedness, Occupational Health and Safety)

### Grey Gables

Monthly fire drills are held each month on all shifts. Code white was practiced on March 28<sup>th</sup> and code green on April 8<sup>th</sup>.

### Lee Manor

Monthly fire drills were held on each shift. In March, the emergency fan out list was updated and reviewed to assist with emergency preparedness. Abell pest control completed a routine inspection and offered support to address a resident room concern.

### Rockwood Terrace

Fire Drills were held on each shift during the months of February and March. Code white was practiced during the month of March.

## Risks

| Type of Risk                                   | Grey Gables | Lee Manor | Rockwood Terrace |
|--|-------------|-----------|------------------|
| Includes complaints, Health and Safety & Legal | 0           | 1         | 0                |

## Written Complaints Summary

### Grey Gables

No written complaints were received during the reporting period.

## Lee Manor

One written complaint was received during the reporting period which was addressed by the leadership team.

## Rockwood Terrace

No written complaints were received during the reporting period.

## Compliments/ Colour It Story

### Grey Gables

Our home participated in the filming of the "Patient Centered Care" video with our PSW Bri Vance and 2 residents. While the film crew were onsite, one of our residents mentioned that she did not like her picture that was outside of her room. The camera man generously offered to take her photo so she could replace the current photo. The resident was very excited, and the activation department arranged for the resident to have her hair done for the big day. The pictures turned out amazing. The pictures were sent to our Resident Family Services Manager, and she was able to print and frame the pictures as well provide prints to the family. The resident and the family were very thankful to have received such a kind gesture.

## Lee Manor

Lee Manor has partnered with the University of Toronto to participate in the Companion Calls program for the 2<sup>nd</sup> year in a row. This program connects students with select residents, to participate in weekly video calls. During these calls, the students learn about the resident, their personhood, and their experiences living in long-term care. In 2022, six students and six residents participated in the program. This year, four students and four residents were connected. From approximately January through April, residents met with students weekly by Zoom to share their life story, interests, and passions. The students then completed a final project, meant to reflect the resident and their personhood. This year, two students took the opportunity to travel to Owen Sound to meet their Companions face-to-face and deliver their final project. Under the guidance of our Volunteer Lead, the home welcomed the students and facilitated a meet and greet with the residents. One student baked a delicious batch of homemade cookies, using baking tips from her resident Companion. The other created an artful needlepoint, as an homage to her Companion's favourite pastime. Together, they all enjoyed an afternoon of fun and friendship. This was a great intergenerational experience for the residents and the students and evidences the importance of Colouring It with community partnerships! We look forward to continuing in this program next year.

## Rockwood Terrace

On April 6<sup>th</sup> our dietary team member Ev once again donned the bunny suit to spread lots of Easter cheer. She handed out hugs and chocolates to all the residents as well as team members she saw along the way. For the past several years Ev has volunteered her time to do this and we thank her for her kindness and enthusiasm.

## Resident/Family Council Updates

### Grey Gables

Resident Council continues to meet monthly. We welcomed our Director of Care, to our March meeting to provide updates on our Quality Improvement Plan and Annual Program Reviews. The April Residents' Council meeting was full of great discussions, with the residents providing great ideas for summertime bus trips and menu suggestions.

Family Council met in early March and early April to work on their Rock Painting Project, to create a '*Garden of Hope*' for our staff entrance at Grey Gables. The Family Council also met in April and welcomed our Director of Care to provide an overview of our Quality Improvement Plan.

### Lee Manor

Family Council continues to meet monthly, whereby members join in-person and online via Zoom. We are happy to share that recruitment efforts have been successful, and Family Council has welcomed several new members over the past few months. The Council looks forward to hosting outdoor meetings, as the weather warms.

Resident Council also continues to meet monthly, in-person. Residents continue to actively engage in meetings and share their feedback and requests to enhance their lived experience at Lee Manor.

In March, both Councils welcomed our Executive Director, who shared several updates including the 2022 Annual Program Reviews, 2023 budget updates, accreditation information, and a review of the 2023 Quality Improvement Plan.

## Rockwood Terrace

Resident Council met on March 8<sup>th</sup> and April 12<sup>th</sup>. In March, our IPAC & Wellness Lead was introduced to residents and provided an overview of the role. Program reviews related to the nursing and dietary departments were completed by our Director of Care and our Nutrition Manager and council held their annual elections. In April, our Executive Director attended to review the 2022/23 and 2023/24 Quality Improvement Plans and provide an update on the redevelopment project.

Family Council did not meet during the reporting period but do have a meeting scheduled April 27<sup>th</sup>.