1. Call to Order

2. Declaration of Pecuniary Interest

3. Reports- Long Term Care

   a. LTCR-CM-13-18 Quality Improvement Plans

      That report LTCR-CM-13-18 regarding Quality Improvement Plans for Grey Gables, Lee Manor and Rockwood Terrace be received for information.

   b. LTCR-CM-14-18 Award of RFP-LTC-02-18 Sprinkler at Rockwood Terrace

      That Report LTCR-CM-14-18 regarding RFP-LTC-02-18 – First Floor Sprinklers at Rockwood Terrace be received and that the proposal be awarded to Forest City Fire Protection for $113,045, excluding taxes; and

      That the project deficit of $23,035 will be funded from any surplus realized from within the 2018 capital budget or, if a surplus is not available, from the Rockwood Terrace Operations Reserve.

   c. LTCR-CM-16-18 Public Posting of Home Performance Levels

      That report LTCR-CM-16-18 on the Public Posting of Home Performance Levels be received for information.

   d. LTCR-CM-17-18 2018-19 Funding Increase

      That report LTCR-CM-17-18 regarding the 2018-19 Long Term Care funding increase be received for information.
e. LTCR-CM-18-18 Award of RFT-LTC-06-18 Dish Room at Lee Manor

That Report LTCR-CM-18-18 regarding tender award recommendations for RFT-LTC-06-18 be received and that the tender be awarded to Allen-Hastings Limited for $291,179 excluding taxes; and

That the project deficit of $6,303.75 will be funded from any surplus realized from within the 2018 capital budget or, if a surplus is not available, from the Lee Manor Operations Reserve.

f. LTCR-CM-19-18 Special Project - Staff Secondment

That report LTCR-CM-19-18 regarding special project staff secondment be received for information.

4. Correspondence
   a. Thank you from the Multi-Municipal Long-Term Care Working Group
   b. New information regarding French language services requirements from South West LHIN
   c. Ministry of Health and Long-Term Care Memorandum – Spring 2018 amendments to improve access and enhance transparency in long-term care homes

5. Other Business

6. Next Meeting Dates
   a. Tuesday, June 12, 2018 – Heritage Room

7. Adjournment
Committee Report

To: Chair Burley and Committee of Management Members

Committee Date: May 23, 2018

Subject / Report No: LTCR-CM-13-18

Title: Quality Improvement Plan- Grey Gables, Lee Manor, Rockwood Terrace

Prepared by: Renate Cowan, Administrator Lee Manor

Reviewed by: Lynne Johnson Director of Long Term Care

Lower Tier(s) Affected: All Grey County

Status:

Recommendation

1. That report LTCR-CM-13-18 regarding Quality Improvement Plans for Grey Gables, Lee Manor and Rockwood Terrace be received for information.

Executive Summary

Under the Excellent Care for All Act all health care organizations in the province are required to have a quality improvement plan (QIP) developed, publicly posted and submitted to Health Quality Ontario (HQO) by April 1 every year. HQO, the Local Health Integration Network and the Ministry of Health and Long Term Care set the quality objectives to reflect provincial health care priorities and home specific issues.

Background and Discussion

The QIP is a formal commitment to improve quality through a focused, organized approach. The homes strive to meet or exceed established targets that are set internally based on provincial averages and/or benchmarks.

The priorities for the 2018-2019 Long Term Care sector QIPs include:

- Resident experience
- Potentially avoidable emergency department visits
- Pressure Ulcers
- Falls
- Restraints
- Use of antipsychotic medications
Review of 2017/18

Internal teams and committees are in place that review risks and opportunities, implement change ideas and evaluate progress. The QIPs identify “big dot” items and do not capture many small improvements made on a daily, weekly or monthly basis.

While not all targets were met, improvements were made in a number of areas. Based on the outcome of the past QIP, staff will implement a variety of change ideas as they work towards improvements.

Grey Gables

In 2017 Grey Gables continued the journey of culture change to resident led care and service.

The focus on individuals, relationships and on the vision of "colouring it" during training and conversations around the home have had a very positive impact on how residents, family and staff feel about Grey Gables. 100% of staff participated in focused training regarding the resident experience and improving resident outcomes.

This journey continues to focus on change ideas leading to improved resident engagement and involvement in their own care decisions as well as care and service within the Home.

The outcome of the clinical indicators at Grey Gables are identified in the following table.

<table>
<thead>
<tr>
<th>Grey Gables Measure/ Indicator</th>
<th>17/18 OIP</th>
<th>Target</th>
<th>Actual</th>
<th>Provincial Average</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotic Medications</td>
<td>18.08</td>
<td>17.0</td>
<td>18.65</td>
<td>20.4</td>
<td>To continue to provide alternative interventions to medication, monitor usage quarterly.</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>4.76</td>
<td>3.20</td>
<td>8.33</td>
<td>2.7</td>
<td>100% of Registered Staff participated in education specific to Skin and Wound Assessment and Management of Pressure Ulcers by Dec 31/17. 2018 will focus on continued education for Registered staff and PSWs.</td>
</tr>
</tbody>
</table>
Lee Manor

The Recreation Department’s commitment to “Colour It” and resident led programming was achieved through new program initiatives to better respond to the interests and needs of our residents. The change in approach allowed the development of “Neighbourhood Time” which provided staff the freedom to meet residents where they are in the moment, and provided more opportunities for resident choice. “Colour It” carts, equipped with various recreation resources, were created to support staff to deliver individualized programing and improve resident choice and engagement. The new method has proven to be more natural, less prescriptive and institutional than traditional programming, and promotes more quality visits where residents have control. Other departments have witnessed the benefits and are mirroring these strategies.

The results have been remarkable and lead the way to many more possibilities.

<table>
<thead>
<tr>
<th>Lee Manor Measure/ Indicator</th>
<th>17/18OIP</th>
<th>Target</th>
<th>Actual</th>
<th>Provincial Average</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotic Medications</td>
<td>23.70</td>
<td>23.00</td>
<td>20.53</td>
<td>20.4</td>
<td>Focused on responsive behaviours related to pain. Staff initiated research of best practises and reviewed and revised policy and procedures. RNAO gap analysis related to pain completed.</td>
</tr>
</tbody>
</table>

The Lee Manor clinical indicators and outcomes for 2017/18 are listed below.
Resident survey results were very positive- 98% of residents would recommend Rockwood Terrace to others.

Over the past year, two (2) Therapy Recreation staff members attended a horticulture workshop and returned from their training to create a garden room within Rockwood Terrace. Although the room houses plants year-round, it is particularly exciting in the spring when residents are busy growing seeds for planting outdoors. This Colour It opportunity supports residents to continue life interests and provides physical, mental and social stimulation.

Another area of great success at Rockwood Terrace, during the past year, was the journey to reduce the use of antipsychotics from 11.03 to 4.15%.

The home continues to make progress in reducing worsening pressure ulcers, restraints and falls and the clinical measures are outlined in the table below.
Legal and Legislated Requirements

A QIP is required under the Excellent Care for All Act and the Long Term Care Service Accountability Agreement.

By publicly posing the QIP, the organization is demonstrating transparency and accountability in their commitment to quality improvement priorities.

Relevant Consultation

☑ Internal Administrators- Grey Gables, Lee Manor, Rockwood Terrace.
☐ External (list)

Appendices and Attachments

Access the full version of each home’s Quality Improvement Plan in link below.

Health Quality Ontario - Quality Improvement Plans

Grey Gables QIP Narrative 18/19
Lee Manor QIP Narrative 18/19
Rockwood Terrace QIP Narrative 18/19

<table>
<thead>
<tr>
<th>Medications</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcers</td>
<td>8.76</td>
<td>5.00</td>
<td>7.92</td>
<td>2.7</td>
</tr>
<tr>
<td>Falls</td>
<td>16.62</td>
<td>15.60</td>
<td>17.43</td>
<td>15.8</td>
</tr>
<tr>
<td>Restraints</td>
<td>4.52</td>
<td>4.52</td>
<td>3.19</td>
<td>5.1</td>
</tr>
</tbody>
</table>

100% of Registered Nursing staff educated on early identification and best practices in wound care. Originally experienced an increase in numbers due to improved documentation. Starting to see decrease now with well-established Wound Care Champion and program enhancements in place.

Policy and procedure reviewed. Implementation of post fall huddles to improve analysis and communication.

Policy and procedure review, review quarterly, current restraints are due to family request.
Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare
Overview
The key objective for the Grey Gables 2018/19 Quality Improvement Plan is focused on "Colour It", resident led care. We strive to meet or exceed the established benchmarks and provincial averages as identified by the long term care indicators.

The vision of Grey County is to be the place where people feel "genuinely at home and naturally inspired". The Corporate Strategic Plan outlines three key goals to guide the organization. The Grey Gables Quality Improvement Plan uses these goals as guiding principles for ensuring quality care and service. Specifically, the Quality Improvement Plan aligns with goal number two – “Support Healthy and Connected Communities” and goal number three – “Deliver Excellence in Governance and Service” of the County of Grey Strategic Plan. The 2018/19 Quality Improvement Plan also aligns with the Mission, Vision and Values of the home.

By monitoring indicators, implementing action plans and evaluating outcomes, we ensure that resident quality of life and safety will be supported. Our culture of resident led care using the "Colour It" values and promise, continues to guide the quality improvement journey.

Describe your organization’s greatest QI achievements from the past year
In 2017 Grey Gables continued our journey of culture change to resident led care and service. The Colour It Philosophy is incorporated into all that we do.

The focus on individuals, relationships and on the vision of "colouring it" during training and conversations around the home have had a very positive impact on how residents, family and staff feel about Grey Gables. 100% of staff participated in focused training regarding the resident experience and improving resident outcomes. The topics of education included interventions and strategies for approach to care for residents with responsive behaviours. The half day session ended with a facilitated conversation about what "colours it" at Grey Gables. Every staff member created a personalized tie dye t-shirt that represents what colour it means to them. Similar conversations happened with groups of residents, and each resident created a unique tie dye scarf. A celebration was held the following month to distribute the t-shirts to each staff member. Each team member received their t-shirt, made a commitment to the Colour It philosophy and was celebrated by residents and their co-workers. On any given day at Grey Gables visitors can find staff and residents proudly wearing their Colour It tie dye wear.

This journey continues to focus on change ideas leading to improved resident engagement and involvement in their own care decisions as well as care and service within the Home.

Resident, Patient, Client Engagement
Grey Gables has active Resident and Family Councils. Councils meet regularly where information is provided and received. The Councils are involved in providing feedback and input into the decision making process related to care and services within the Home.

Resident Quality of Life Surveys are conducted annually and provide valuable information that guides the development of quality improvement plans for the Home.

Family and Friend Experience Surveys are available annually for completion by family, friends and visitors of the Home. These results are also considered in the preparation of the Quality Improvement Plan.

A review of survey results from 2017, as well as a review and evaluation of complaints and concerns received in 2017 provide valuable information that guides the development of quality improvement for the Home.
Collaboration and Integration
Grey Gables actively works to build relationships with community partners to ensure residents receive the right care and services at the right place and the right time. Examples of such partnerships include:
* Behaviour Support Ontario- support staff resident care, and reduce emergency department transfers and hospital admissions;
* Physiotherapy and Occupational Therapy- support fall prevention and continence care programs;
* Wound Care Programs- assist in reducing worsening pressure ulcers;
* Pharmacists- assist to reduce emergency department transfers and unnecessary hospital admissions.
* Pharmacy provider is an active member of the multidisciplinary team
* A number of allied health professionals make up the care team to support residents' needs

Senior leaders are also actively involved in external committees and working groups that are both long term care specific and multi-sectorial.

Engagement of Clinicians, Leadership & Staff
The organization meets both formally and informally with front-line staff, leadership and clinicians to establish and review quality improvement goals. The Quality Improvement Plan for 2018/2019 outlines methods for achieving change ideas that include staff engagement, educational opportunities, satisfaction surveys and quality improvement tools. Internal teams and committees are in place that review risks and opportunities, identify and implement change ideas and evaluate the progress of set goals.

Population Health and Equity Considerations
The organization provides care and service primarily for the aging population. However, there has been a noted increase in admissions of younger adults with chronic debilitating conditions.

In our Home there is a higher population of residents exhibiting responsive behaviours. As a result partnerships to coordinate care include Behavioural Supports Ontario, the Home's embedded Behavioural Support Team, Regional Geriatric Behavioural Response Team/Mental Health, Grey Bruce Health Services, Owen Sound, and territory centres.

Grey Gables is committed to educating team members in utilizing the equity lens in the development of quality improvement initiatives.

Through our Colour It Promise we promote and encourage resident led care and service for each person who calls Grey Gables home. This includes working closely with residents to support cultural preferences, meaningful cultural activities, food preferences and spiritual needs.

Access to the Right Level of Care - Addressing ALC
Grey Gables continues to work in partnership with Home and Community Care and the hospitals to ensure transition of residents from acute care sector into long term care beds where appropriate. Grey Gables is diligent in reporting vacancies and maintaining timely communications with Home and Community Care to ensure transition of individuals as quickly as possible. As a system partner we are committed to upgrading and maintaining staffs clinical skills as we believe it is our responsibility to have individuals in the right place at the right time, with the most effective utilization of health care dollars.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder
For treatment of pain, a pain assessment is completed upon admission, then with each change in condition. Non-pharmacological modalities are considered first
including: referrals to Physiotherapy for ice/heat therapy, positioning, IENS, Behavioural Supports Ontario etc.

If pain persists, we proceed with Individualized Resident Care Orders that encompass the first step on the ladder of pain medication use. Use of non-opioid pain medications are maximized prior to considering opioids. Pain scales are used to determine effectiveness of each medication prior to moving conservatively on the ladder of non-opioid pain medications. The pain management program does include the use of opioids in acute pain, chronic non-cancer pain, cancer pain and end of life palliation. In palliative cases, IENS pain management resources are utilized.

If there is suspect opioid abuse, the issue is addressed by the attending physician with referral to specialist as necessary to rule out any acute condition that is contributing to the pain. If the acute condition is ruled out, we access the support of a local physician who has a focused practice in palliative care to consult on pain management with alternative approaches such as Methadone to address the addiction portion of pain management. Cannabis oil is also a consideration upon consultation with the Attending Physician and/or the Behavioural Supports Team. Social work support is available to assist with form completion etc.

Community supports including withdrawal management programs (detox) and addiction services are available within the County.

**Workplace Violence Prevention**

Grey Gables is committed to providing a safe work environment. An environmental risk assessments have been completed both internally and by a third party. The Workplace Violence and Harassment Prevention Program has been reviewed and revised based on information gathered through the assessments. Education is provided annually to all staff with a commitment to the integration of safe behaviour into day to day operations and to ensure prompt response into related complaints in an objective and sensitive manner.

**Sign-off**

It is recommended that the following individuals review and sign-off on your organization’s Quality Improvement Plan (where applicable):

I have reviewed and approved our organization’s Quality Improvement Plan

Board Chair / Licensor or delegate  ________________ (signature)
Administrator / Executive Director  ________________ (signature)
Quality Committee Chair or delegate  ________________ (signature)
Other leadership as appropriate  ________________ (signature)
Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

3/3/2018

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare
Overview
The key objective for the Lee Manor 2018/19 Quality Improvement Plan is focused on “Colour It”, resident led care. We strive to meet or exceed the established benchmarks and provincial averages as identified by the long term care indicators.

The vision of Grey County is to be the place where people feel "genuinely at home and naturally inspired". The Corporate Strategic Plan outlines three key goals to guide the organization. The Lee Manor Quality Improvement Plan uses these goals as guiding principles for ensuring quality care and service. Specifically, the Quality Improvement Plan aligns with goal number two - “Support Healthy and Connected Communities” and goal number three - “Deliver Excellence in Governance and Service” of the County of Grey Strategic Plan. The 2018/19 Quality Improvement Plan also aligns with the Mission, Vision and Values of the home.

By monitoring indicators, implementing action plans and evaluating outcomes, we ensure that resident quality of life and safety will be supported. Our culture of resident led care using the “Colour It” values and promise, continues to guide the quality improvement journey.

Describe your organization’s greatest QI achievements from the past year
Commitment to “Colour It” Your Way
For several months the Recreation Department has been trialing new program initiatives to better respond to the interests and needs of our residents. The trial took place on the 3rd floor and after deeming the initial trial a success, it has expanded home wide. Our new approach encourages more general program titles such as “Neighbourhood Time” which provide staff the freedom to meet residents where they are in the moment, and provide more opportunities for resident choice. We created “Colour It” carts equipped with various recreation resources and are going room to room to engage residents. The new method has proven to be more natural, less prescriptive and institutional than traditional programming, and promotes more quality visits where residents have control. Other departments have witnessed the benefits and are mirroring these strategies on their own with residents. The results have been remarkable and lead the way to many more possibilities.

Resident, Patient, Client Engagement
Lee Manor’s has active Resident and Family Councils. Councils meet regularly where information is provided and received. The Councils are involved in providing feedback and input into the decision making process related to care and services within the home.

Resident Quality of Life Surveys are conducted annually, and provide valuable information that guides the development of quality improvements plans for the home.

Family and Friend Experience Surveys are available annually for completion by family, friends and visitors of the home. These results are also considered in the preparation of the quality improvement plans.

A review of survey results, as well as, a review and evaluation of complaints and concerns received in 2017 provide valuable information that guides the development of quality improvement plans for the home.

Collaboration and Integration
Lee Manor actively works to build relationships with community partners to ensure residents receive the right care and services at the right place and the right time. Examples of such partnerships include: Behaviour Support Ontario—support safe resident care and reduce emergency department transfers and hospital admissions; Physiotherapy and Occupational Therapy—support fall prevention and continence care programs; Wound Care Programs—
assist in reducing worsening pressure ulcers; Physicians and Family Health Teams assist with reducing emergency department transfers and unnecessary hospital admissions; Pharmacy provider is an active member of the multidisciplinary team; A number of Allied Health Professionals make up the care team to support residents' needs.

Senior leaders are actively involved in external committees and working group that are both long term care specific and multi-sectorial.

**Engagement of Clinicians, Leadership & Staff**

The organization meets both formally and informally with frontline staff, leadership and clinicians to establish and review quality improvement goals. The Quality Improvement Plan for 2018/19 outlines methods for achieving change ideas that include staff engagement, educational opportunities, satisfaction surveys, and quality improvement tools. Internal teams/committees are in place to review risks and opportunities, identify and implement change ideas and evaluate the progress of set goals.

**Population Health and Equity Considerations**

The organization provides care and services primarily to the aging population; however there has been a noted increase in admissions of younger adults with chronic debilitating conditions.

In our home there is a higher population of residents exhibiting responsive behaviours. As a result, partnerships to coordinate care through Behavioural Supports Ontario; embedded Behavioural Support Team; Schedule-One Support Team; Regional Geriatric Behaviour Response Team/ Mental Health; Grey Bruce Health Services- Owen Sound and Tertiary centers.

Lee Manor is committed to educating team members in utilizing the equity lens in developing quality improvement initiatives. Through our "Colour It" promise we prompt and encourage resident led care and service for each person who calls Lee Manor home. This includes working closely with residents to support cultural preferences, meaningful cultural activities, food preferences, and spiritual needs.

**Access to the Right Level of Care - Addressing ALC**

Lee Manor continues to work in partnership and collaboration with Home and Community Care and the hospital to ensure the transition of residents from the acute care sector to long term care beds where appropriate. Lee Manor is diligent in reporting vacancies and maintaining timely communication with Home and Community Care to ensure transition of individuals as quickly as possible. As a system partner we are committed to upgrading and maintaining staff clinical skills as we believe it our responsibility to have individuals in the right place at the right time with the most effective utilization of health care dollars.

**Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

For treatment of pain, a pain assessment is completed upon admission, then with each change in condition. Non-pharmacological modalities are considered first including referrals to Physiotherapy for ice/heat therapy, positioning and TENS. Massage therapy and behavioural interventions through Behavioural Supports Ontario (BSO) are other interventions that may be effective in the treatment of pain.

If pain persists, we proceed with Individualized Resident Care Orders that encompass the first step on the ladder of pain medication use. Use of non-opioid pain medications are maximized prior to considering opioids. Pain scales are used to determine effectiveness of each medication prior to moving conservatively on the ladder of non-opioid pain medications. The pain management program does include the use of opioids in acute pain, chronic non-cancer pain, cancer pain and end of life palliation. In palliative cases, LHIN pain management resources are utilized. If there is suspect opioid abuse, the issue is addressed by the attending physician with referral to specialist as necessary to rule out any acute condition that is
contributing to the pain. If the acute condition is ruled out, we access the support of a local physician who has a focused practice in palliative care to consult on pain management with alternative approaches such as Methadone to address the addiction portion of pain management. Cannabis oil is also a consideration upon consultation with the Attending Physician and/or the Behavioural Supports Team. Social Work support to assist with form completion, etc. Community supports including withdrawal management programs (detox) and addiction services are available within the County.

Workplace Violence Prevention
Lee Manor is committed to a safe work environment. Environmental risk assessments have been completed both internally and by a third party. The Workplace Violence and Harassment Prevent Program has been reviewed and revised based on information gathered through the assessments. Education is provided annually to all staff with a commitment to the integration of safe behaviour into day to day operations and to ensure prompt response to related complaints in an objective and sensitive manner.

Sign-off
It is recommended that the following individuals review and sign-off on your organization’s Quality Improvement Plan (where applicable):

I have reviewed and approved our organization’s Quality Improvement Plan
Board Chair / Licensee or delegate ______________ (signature)
Administrator / Executive Director ______________ (signature)
Quality Committee Chair or delegate ______________ (signature)
Other leadership as appropriate ______________ (signature)
Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario
Overview
The Rockwood Terrace Quality Improvement Plan key objectives are focused on Resident Led Care and strive to meet or exceed the established benchmarks and provincial averages as identified by the long term care indicators.

The Vision of Grey County is to be the place where people feel genuinely at home and naturally inspired and the Corporate Strategic Plan outlines three key goals to guide the organization. The Rockwood Terrace Quality Improvement Plan uses these goals as principles for ensuring quality care and service. Specifically, the Quality Improvement Plan aligns with goal two - "Support Healthy Connected Communities" and goal three - "Deliver Excellence in Governance and Service" of the County of Grey Strategic Plan. The 2018/19 Quality Improvement Plan also aligns with the Mission, Vision and Values of the Home.

By monitoring indicators, implementing action plans and evaluating outcomes, resident quality of life and safety will be supported. Our culture of Resident Led Care using the "Colour It" values and promise continue to guide the quality improvement journey.

Describe your organization’s greatest QI achievements from the past year
Over the past year, Rockwood Terrace was successful in meeting our goals in the following areas:

Continuing to reduce the use of antipsychotics without a diagnosis of psychosis from 11.03 to 9.2%.

We continue to make progress in reducing worsening pressure ulcers, restraints and falls.

Resident survey results were very positive-90% of residents would recommend this nursing home to others.

Resident, Patient, Client Engagement
Rockwood Terrace has active Resident and Family Councils. Councils meet regularly where information is provided and received. The Councils are involved in providing feedback and input into the decision making process related to care and services within the Home.

Resident Quality of Life surveys are conducted annually and provide valuable information that guides the development of quality improvement plans for the Home.

Family and Friend Experience Surveys are available annually for completion by family, friends and visitors of the Home. These results are also considered in the preparation of the Quality Improvement Plan.

A review of survey results from 2017 as well as a review and evaluation of complaints and concerns received in 2017 provide valuable information that guides the development of quality improvement plans for the Home.

Collaboration and Integration
Rockwood Terrace actively works to build relationships with community partners to ensure Resident’s receive the right care and service at the right place and time.

Examples of such partnerships include:
Behaviour Supports Ontario support safe resident care and reduce emergency department transfers and hospital admissions.

Physiotherapy and Occupational Therapy support fall prevention and continence care programs.

Wound Care Programs assist in reducing worsening pressure ulcers.

Pharmacy provider is an active member of the multi-disciplinary team.

Physicians and Family Health Teams assist with reducing emergency department transfers and unnecessary hospital admissions.

A number of allied health professionals make up the care team to support residents needs.

Senior Leaders are actively involved in external committees and working groups that are both long term care specific and multi-sectorial.

**Engagement of Clinicians, Leadership & Staff**

The organization meets both formally and informally with frontline staff, leadership and clinicians to establish and review quality improvement goals.

The Quality improvement Plan outlines methods for achieving change ideas that includes staff engagement, educational opportunities, satisfaction surveys and quality improvement tools. Internal teams and committees are in place to review risks and opportunities, identify and implement change ideas and evaluate the progress of set goals.

**Population Health and Equity Considerations**

The organization provides care and service primarily to the aging population, however there has been a noted increase in admissions of younger adults with chronic debilitating conditions.

In our Home there is a high population of individuals exhibiting responsive behaviours. As a result, partnerships to coordinate care include: Behaviour Supports Ontario, the Home’s embedded Behavioural Support Team, the Regional Geriatric Behaviour Response Team/Mental Health, Grey Bruce Health Services Owen Sound and tertiary centres.

Rockwood Terrace is committed to educating team members in utilizing the equity lens in the development of quality improvement initiatives.

Through our “Colour It” promise, we promote and encourage resident led care and service for each person who calls Rockwood Terrace home. This includes working closely with residents to support cultural preferences, meaningful cultural activities, food preferences and spiritual needs.

**Access to the Right Level of Care - Addressing ALC**

Rockwood Terrace continues to work in partnership and collaboration with our local Home and Community Care and hospitals to ensure the transition of residents from the acute care sector to long term care beds where appropriate. We are diligent in reporting vacancies and maintaining timely communications with Home and Community Care to ensure transition of individuals as quickly as possible. As a system partner, we are committed to upgrading and maintaining staff’s clinical skills as
we believe it is our responsibility to have individuals in the right place at the right time with the most effective utilization of healthcare dollars.

**Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

For treatment of pain, a pain assessment is completed upon admission, then with each change in condition. Non-pharmacological modalities are considered first including: referrals to Physiotherapy for ice/heat therapy, TENS, positioning, Behavioural Supports Ontario etc.

If pain persists, we proceed with Individualized Resident Care Orders that encompass the first step on the ladder of pain medication use. Use of non-opioid pain medications are maximized prior to considering opioids. Pain scales are used to determine effectiveness of each medication prior to moving conservatively on the ladder of non-opioid pain medications. The pain management program does include the use of opioids in acute pain, chronic non-cancer pain, cancer pain and end of life palliation. In palliative cases, LHIN pain management resources are utilized. If there is suspect opioid abuse, the issue is addressed by the attending physician with referral to specialist as necessary to rule out any acute condition that is contributing to the pain. If the acute condition is ruled out, we access the support of a local physician who has a focused practise in palliative care to consult on pain management with alternative approaches such as Methadone to address the addiction portion of pain management. Cannabis oil is also a consideration upon consultation with the Attending Physician and/or the Behavioural Supports Team. Social work support is available to assist with form completion etc. Community supports including withdrawal management programs (detox) and addiction services are available within the County.

**Workplace Violence Prevention**

Rockwood Terrace is committed to a safe work environment. Environmental risk assessments have been completed both internally and by a third party. The workplace violence and harassment prevention program has been reviewed and revised based on information gathered through the assessments. Education is provided annually to all staff with a commitment to the integration of safe behaviour into day to day operations and to ensure prompt response to related complaints in an objective and sensitive manner.

**Sign-off**

It is recommended that the following individuals review and sign-off on your organization’s Quality Improvement Plan (where applicable):

I have reviewed and approved our organization’s Quality Improvement Plan

Board Chair / Licensee or delegate _______________ (signature)
Administrator/Executive Director _______________ (signature)
Quality Committee Chair or delegate _______________ (signature)
Other leadership as appropriate _______________ (signature)
Committee Report

To: Chair Burley and Members of Committee of Management

Committee Date: May 23, 2018

Subject / Report No: LTCR-CM-14-18

Title: Award of RFP-LTC-02-18 Sprinkler at Rockwood Terrace

Prepared by: Karen Kraus, Administrator
Mike Alguire, Purchasing Manager

Reviewed by: Lynne Johnson, Director of Long Term Care

Lower Tier(s) Affected: None

Status:

Recommendation

1. That Report LTCR-CM-14-18 regarding RFP-LTC-02-18 – First Floor Sprinklers at Rockwood Terrace be received and that the proposal be awarded to Forest City Fire Protection for $113,045, excluding taxes; and

2. That the project deficit of $23,035 will be funded from any surplus realized from within the 2018 capital budget or, if a surplus is not available, from the Rockwood Terrace Operations Reserve.

Executive Summary

RFP-LTC-02-18 First Floor Sprinklers at Rockwood Terrace was posted on the Grey County website from February 22, 2018 until March 13, 2018.

A bidders meeting was held on March 1, 2018 and four companies attended.

Two submissions were received and were reviewed in accordance with the evaluative criteria listed in the RFP document.

It is recommended to award RFP-LTC-02-18 to Forest City Fire Protection for the proposal amount of $113,045 excluding taxes.

Background and Discussion

The 2nd, 3rd floor and the penthouse of Rockwood Terrace had sprinklers installed in 2014. The 2018 capital budget included $92,000 to complete the first floor at the home. It is a requirement
of Ontario Regulation 213/07 (Fire Code) that all floors of Long Term Care homes are equipped with a sprinkler system by January 1, 2019.

Proposals received:

- Forest City Fire Protection
- Georgian Bay Fire & Safety

The proposals received were evaluated against the following criteria, as listed in the Request for Proposal.

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Weight Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Project Goals</td>
<td>10</td>
</tr>
<tr>
<td>Demonstrated understanding of current situation at the home and a complete description of proposed outcomes if chosen by County to complete project.</td>
<td></td>
</tr>
<tr>
<td>2 Methodology</td>
<td>30</td>
</tr>
<tr>
<td>Proposed execution details including schedule</td>
<td></td>
</tr>
<tr>
<td>3 Expertise</td>
<td>30</td>
</tr>
<tr>
<td>Demonstrated results from similar projects</td>
<td></td>
</tr>
<tr>
<td>4 Clarity</td>
<td>10</td>
</tr>
<tr>
<td>Completeness of submission</td>
<td></td>
</tr>
<tr>
<td>5 Price</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

The highest ranked proponents cost exceeds 20% of the capital budget amount. In accordance with the purchasing policy, any project that is valued between $100,000 and $250,000 that exceeds the budget by more than 20% must be reported to Council.

Legal and Legislated Requirements

Ontario Regulation 213/07 (Fire Code) Reference 9.7.5.1 states that “An automatic sprinkler system shall be installed in each building (Care Occupancy building types) in accordance with NFPA 13, Standards for the Installation of Sprinkler Systems.” The compliance date is January 1, 2019.

Financial and Resource Implications
Staff recommends that the shortfall for this project be funded from any surplus realized from within the 2018 Capital budget, or if a surplus is not available, from the Rockwood Terrace Operations Reserve.

Relevant Consultation

☒ Internal Purchasing and Finance Department
☐ External N/A
Committee Report

To: Chair Burley and Members of Committee of Management

Committee Date: May 23, 2018

Subject / Report No: LTCR-CM-16-18

Title: Public Posting of Home Performance Levels

Prepared by: Lynne Johnson, Director of Long Term Care

Reviewed by: Kim Wingrove, Chief Administrative Officer

Lower Tier(s) Affected: All Grey County

Status:

Recommendation

1. That report LTCR-CM-16-18 on the Public Posting of Home Performance Levels be received for information.

Executive Summary

The Ministry of Health and Long Term Care have made changes to the government public long term care (LTC) home finder site. Now, each home is given a performance level based on ministry assessments of LTC home data from inspections, Resident Assessment Instrument-Minimum Data Set (RAI-MDS) and other criteria.

The full metrics and weighting on which performance is based has not been shared in full with LTC operators which make it difficult to predict outcomes or respond to any specific concerns. This process fosters a culture of “being caught” rather than a culture of improvement.

Background and Discussion

The ministry has indicated they are using data from multiple sources to assess the performance level of a home. The matrix monitors and ranks more than 60 risk factors including:

- Compliance Data (resident quality inspections, complaints and critical incidents with areas of non-compliance)
- Quality Indicator Performance (i.e. pressure ulcers, pain, resident behaviour)
- Long Term Care Service Accountability Agreement Indicators (i.e.: injury resulting in transfer to hospital, medication incidents, infection control, alleged/actual abuse, restraints, falls, weight loss, continence care)
- Qualitative Data (high leadership turnover, reports from governmental bodies/agencies)
Homes are rated in one of four categories: “in good standing”, “improvement required”, “significant improvement required” or “license revoked”. The exact formula for ranking is unclear. We know that it is based on older information and does not capture many positive quality outcomes the homes have experienced in key clinical areas and the positive changes experienced in resident and family satisfaction rates. Homes have quality management programs in place that include audits, team meetings and evaluations. Additionally the homes investigate incidents, follow up on complaints and conduct satisfaction surveys.

The information was made public on April 13, 2018 based on data from December 2017. Lee Manor is “in good standing” while Grey Gables and Rockwood Terrace are listed as “improvement required”. Home specific information, as posted on the MOHLTC website, is provided at the end of this report.

Legal and Legislated Requirements

The Ministry has indicated that the results, which provide a snapshot of the home’s status, will be updated quarterly. In many cases the Ministry is not in the home on a quarterly basis which does not allow for current information to be reflected or an opportunity to gauge improvement. Our experience shows that when ministry inspectors visit, they follow up on items submitted over a number of months. This results in spikes and dips in information and does not reflect any corrective measures that have been implemented.

Within the long term care sector, there has always been a strong compliance focus and there has been a vast improvement in the provision of public information over the years. The changes in the MOHLTC website creates a challenge because posted information will be a “sound bite” that doesn’t tell the whole story, identify barriers, underlying challenges or show actions that have been taken to improve outcomes. The ministry will be holding webinar(s) in the late spring/early summer to assist homes to better understand how performance levels are determined.

The home performance level will be reviewed with staff and at Resident and Family Council meetings.

Financial and Resource Implications

Corporately, there is an increased need for more structured review and management of evaluative outcomes for quality improvement and risk management activities. The financial impact of this requirement is currently unknown. Staff will provide additional information when available.

Relevant Consultation

☒ Internal Administrators of Grey Gables, Lee Manor and Rockwood Terrace
☐ External (list)
Appendices and Attachments
Performance Level April 30, 2018 Grey Gables, Lee Manor, Rockwood Terrace as found on:

Performance Level April 30, 2018 Grey Gables, Lee Manor, Rockwood Terrace

<table>
<thead>
<tr>
<th>Inspection Information</th>
<th>Grey Gables</th>
<th>Lee Manor</th>
<th>Rockwood Terrace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Level</td>
<td>In good standing</td>
<td>In good standing</td>
<td>In good standing</td>
</tr>
<tr>
<td>Improvement required</td>
<td>No, inspection results have recently improved</td>
<td>No, inspection results have recently improved</td>
<td>No, inspection results have recently improved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Inspections</th>
<th>April 30, 2018</th>
<th>May 17, 2018</th>
<th>July 4, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC Home</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provincial Average</td>
<td>0.61</td>
<td>0.02</td>
<td>0.02</td>
</tr>
<tr>
<td>Non-compliance</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orders</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Targeted Inspections</th>
<th>April 30, 2018</th>
<th>May 17, 2018</th>
<th>July 4, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC Home</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provincial Average</td>
<td>0.61</td>
<td>0.02</td>
<td>0.02</td>
</tr>
<tr>
<td>Non-compliance</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orders</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Performance Level is current as of December 31, 2017 and may have changed since then. Annual Inspections data is current as of March 31, 2018.
Committee Report

To: Chair Burley and Committee of Management Members

Committee Date: May 23, 2018

Subject / Report No: LTCR-CM-17-18

Title: 2018-19 Funding Increase

Prepared by: Lynne Johnson Director of Long Term Care

Reviewed by: Kim Wingrove CAO

Lower Tier(s) Affected: All Grey County

Status: Recommendation

1. That report LTCR-CM-17-18 regarding the 2018-19 Long Term Care funding increase be received for information.

Executive Summary
The Ministry of Health and Long Term Care have recently announced a funding increase for the long term care sector.

Background and Discussion
The government has fulfilled the third year of a multi-year funding commitment for a 2% increase for the Nursing and Personal Care (NPC) and Program and Support Services (PSS) envelopes. As part of the funding announcement, the ministry identified that the Registered Practical Nurse supplemental funding per diem will be added to the NPC base funding. This will streamline reporting requirements. Another increase for the NPC envelope is 2% for supplementary funding provided through the High Intensity Needs (HIN) Fund. Increases to the NPC and PSS are retroactive to April 1, 2018.

Effective July 1, 2018, a base funding increase of 6% in the raw food envelope will support nutritious meals, supplements and the procurement of vitamin D and calcium supplementation for residents who are unable to meet the recommended intake through their diets. The criteria for procurement or eligibility for supplementation is unknown at this time.

To match the general inflation rate, homes will receive a 1.6% increase to the Other Accommodation (OA) envelope. Resident co-payments will increase by the same amount and
be applied to basic and preferred accommodation. Residents who are eligible for a rate reduction will have their co-payment amount adjusted.

Impact of 2018 Funding Announcements

The increases and budget impact are outlined in the following table.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NPC</td>
<td>2%</td>
<td>2%</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Supplementary Per diem (HIN)</td>
<td>0%</td>
<td>2%</td>
<td>$422</td>
<td>$960</td>
<td>$640</td>
</tr>
<tr>
<td>PSS</td>
<td>2%</td>
<td>2%</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Raw Food</td>
<td>2%</td>
<td>6%</td>
<td>$4,372</td>
<td>$9,936</td>
<td>$6,624</td>
</tr>
<tr>
<td>OA</td>
<td>1.4%</td>
<td>1.6%</td>
<td>$1,336</td>
<td>$3,036</td>
<td>$2,024</td>
</tr>
<tr>
<td>Total Unbudgeted Increase</td>
<td>$6,130</td>
<td>$13,932</td>
<td>$9,288</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legal and Legislated Requirements

Long term care homes are required to provide a minimum of 30 days written notice of a co-payment rate increase to the resident or their financial power of attorney. Notice has been provided.

Financial and Resource Implications

The amounts included in the 2018 budget are very close to the Ministry funding announcement. A copy of the Co-payment Notice and Appendix A- Level of Care Per Diem increases are included with this report.

Relevant Consultation

☒ Internal Finance Department
☐ External (list)

Appendices and Attachments

Bulletin to Residents of Long-Term care Homes: Important News Regarding Long-Term Care Home Accommodations Charges
Appendix A Level-of-Care Per Diem Increases
Bulletin to Residents of Long-Term Care Homes: Important News Regarding Long-Term Care Home Accommodations Charges

Basic Accommodation Rates

On July 1, 2018, the co-payment that residents pay for basic accommodation in Long-Term Care (LTC) homes will increase by $0.96 per day from $59.82 per day to $60.78 per day, consistent with recent inflationary increases. This will help cover the rising costs of meals and accommodation.

Preferred Accommodation Rates

The maximum charges will also be increasing for residents admitted to newer preferred accommodation beds on or after July 1, 2018. The premium charged for semi-private accommodation will increase by $0.19 from $12.30 to $12.49 per day, and the premium for private accommodation will increase by $0.41 from $25.53 to $26.04 per day.

The table below provides the new rates that will apply as of July 1, 2018 to all types of accommodation based on a residents’ date of admission to the bed.

<table>
<thead>
<tr>
<th>Type of Accommodation</th>
<th>Daily Rate</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Stay Resident:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>$60.78</td>
<td>$1,848.73</td>
</tr>
<tr>
<td>Semi-Private</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents admitted to newer beds on or after July 1, 2015.</td>
<td>$73.27</td>
<td>$2,228.63</td>
</tr>
<tr>
<td>Residents admitted to newer beds on or after September 1, 2014, but prior to July 1, 2015.</td>
<td>$72.23</td>
<td>$2,197.00</td>
</tr>
<tr>
<td>Residents admitted to newer beds on or after July 1, 2013, but prior to September 1, 2014.</td>
<td>$71.19</td>
<td>$2,165.36</td>
</tr>
<tr>
<td>Residents admitted to newer beds on or after July 1, 2012, but prior to July 1, 2013.</td>
<td>$70.14</td>
<td>$2,133.43</td>
</tr>
<tr>
<td>Residents occupying older beds, or residents admitted to newer beds prior to July 1, 2012.</td>
<td>$69.11</td>
<td>$2,102.10</td>
</tr>
</tbody>
</table>

Continued...
<table>
<thead>
<tr>
<th>Private</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents admitted to newer beds on or after July 1, 2015.</td>
<td>$86.82</td>
<td>$2,640.78</td>
</tr>
<tr>
<td>Residents admitted to newer beds on or after September 1, 2014, but prior to July 1, 2015.</td>
<td>$65.00</td>
<td>$2,565.42</td>
</tr>
<tr>
<td>Residents admitted to newer beds on or after July 1, 2013, but prior to September 1, 2014.</td>
<td>$83.17</td>
<td>$2,529.76</td>
</tr>
<tr>
<td>Residents admitted to newer beds on or after July 1, 2012, but prior to July 1, 2013.</td>
<td>$81.35</td>
<td>$2,474.40</td>
</tr>
<tr>
<td>Residents occupying older beds, or residents admitted to newer beds prior to July 1, 2012.</td>
<td>$79.52</td>
<td>$2,418.74</td>
</tr>
</tbody>
</table>

**Short-Stay Resident (Respite Bed)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$39.34</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**NOTE:** “Newer beds” – beds classified as “NEW” or “A” according to ministry design standards. “Older beds” – beds classified as “B”, “C”, “Upgraded D” or “D” according to ministry design standards.

Effective from July 1, 2018, the basic accommodation rate is determined using the following formula:

- 2017 basic accommodation rate x (1 + CPI Rate) = 2018 co-payment rate.  
  [i.e., $59.82 x (1+1.6%) = $60.78 ]

- The monthly rate is determined by multiplying the daily rate by 30.4167.  
  [i.e., $60.78 x 30.4167 = $1,848.73 ]

If you have requested a transfer from your current accommodation into a preferred accommodation bed, please call the LTC home administrator to confirm the rate that you will be required to pay. Preferred rates for semi-private and private accommodation in your current LTC home or in another LTC home may be different if you are offered a bed on or after July 1, 2018.

If you are currently paying less than $59.82 per day because you are receiving a reduction in the basic co-payment, known as a “Rate Reduction”, then you should reapply for a rate reduction as the current rate reduction expires on June 30, 2018. Staff at your LTC home will provide you with the application form and will help you to submit your application to the Ministry of Health and Long-Term Care.

For more information on co-payment rates or the changes to the rate reduction application process, please speak with your home’s Administrator. Should you have any additional questions, please contact: LTC Homes Action Line at 1-866-434-0144.
Appendix A

Level-of-Care (LOC) Per Diem Increases

<table>
<thead>
<tr>
<th></th>
<th>Nursing and Personal Care (NPC)</th>
<th>Program and Support Services (PSS)</th>
<th>Raw Food (RF)</th>
<th>Other Accommodation (OA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Diem Prior to April 1, 2018</td>
<td>96.26</td>
<td>9.60</td>
<td>9.00</td>
<td>55.28</td>
<td>170.14</td>
</tr>
<tr>
<td>Registered Practical Nurse (RPN) Prior to April 1, 2018</td>
<td>2.03</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2.03</td>
</tr>
<tr>
<td>New Per Diem Prior to April 1, 2018</td>
<td>98.29</td>
<td>9.60</td>
<td>9.00</td>
<td>55.28</td>
<td>172.17</td>
</tr>
<tr>
<td>Increases effective April 1, 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident care needs increase (2% on NPC, RPN and PSS)</td>
<td>1.97</td>
<td>0.19</td>
<td>-</td>
<td>-</td>
<td>2.16</td>
</tr>
<tr>
<td>New per diem effective April 1, 2018*</td>
<td>100.26</td>
<td>9.79</td>
<td>9.00</td>
<td>55.28</td>
<td>174.33</td>
</tr>
<tr>
<td>Increases effective July 1, 2018</td>
<td>-</td>
<td>-</td>
<td>0.54</td>
<td>0.85</td>
<td>1.39</td>
</tr>
<tr>
<td>New per diem effective July 1, 2018</td>
<td>100.26</td>
<td>9.79</td>
<td>9.54</td>
<td>55.16</td>
<td>175.75</td>
</tr>
</tbody>
</table>

*Effective April 1, 2018, RPN funding will be included in the NPC envelope and as a result all homes will receive the RPN per diem of $2.03 through NPC.

Supplementary Per Diem Increases

<table>
<thead>
<tr>
<th></th>
<th>Nursing and Personal Care (NPC)</th>
<th>Program and Support Services (PSS)</th>
<th>Raw Food (RF)</th>
<th>Other Accommodation (OA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Diem Prior to April 1, 2018</td>
<td>0.64</td>
<td>-</td>
<td>-</td>
<td>0.00</td>
<td>0.64</td>
</tr>
<tr>
<td>Increases effective April 1, 2018</td>
<td>0.01</td>
<td>-</td>
<td>-</td>
<td>0.00</td>
<td>0.01</td>
</tr>
<tr>
<td>Supplementary per diem effective April 1, 2018</td>
<td>0.65</td>
<td>-</td>
<td>-</td>
<td>0.00</td>
<td>0.65</td>
</tr>
<tr>
<td>Increases effective July 1, 2018**</td>
<td>0.00</td>
<td>-</td>
<td>-</td>
<td>0.35</td>
<td>0.35</td>
</tr>
<tr>
<td>Supplementary per diem effective July 1, 2018</td>
<td>0.65</td>
<td>-</td>
<td>-</td>
<td>0.36</td>
<td>1.01</td>
</tr>
</tbody>
</table>

**Effective July 1, 2018, the accreditation funding / quality attainment premium will be allocated as a supplementary per diem in the Other Accommodation envelope.

Total Per Diem Rates (LOC and Supplementary Funding Per Diems)

<table>
<thead>
<tr>
<th></th>
<th>Nursing and Personal Care (NPC)</th>
<th>Program and Support Services (PSS)</th>
<th>Raw Food (RF)</th>
<th>Other Accommodation (OA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Per Diem Prior to April 1, 2018</td>
<td>96.99</td>
<td>9.60</td>
<td>9.00</td>
<td>55.28</td>
<td>170.78</td>
</tr>
<tr>
<td>Total Per Diem Effective April 1, 2018</td>
<td>100.91</td>
<td>9.79</td>
<td>9.00</td>
<td>55.28</td>
<td>174.98</td>
</tr>
<tr>
<td>Total Per Diem Effective July 1, 2018</td>
<td>100.91</td>
<td>9.79</td>
<td>9.54</td>
<td>56.52</td>
<td>176.76</td>
</tr>
</tbody>
</table>
Committee Report

To: Chair Burley and Members of the Committee of Management

Committee Date: May 23, 2018

Subject / Report No: LTCR-CM-18-18

Title: Award of RFT-LTC-06-18 Dish Room at Lee Manor

Prepared by: Renate Cowan, Administrator  
Mike Alguire, Purchasing Manager

Reviewed by: Lynne Johnson, Director of Long Term Care

Lower Tier(s) Affected:

Status:

Recommendation

1. That Report LTCR-CM-18-18 regarding tender award recommendations for RFT-LTC-06-18 be received and that the tender be awarded to Allen-Hastings Limited for $291,179 excluding taxes; and

2. That the project deficit of $6,303.75 will be funded from any surplus realized from within the 2018 capital budget or, if a surplus is not available, from the Lee Manor Operations Reserve.

Executive Summary

The tender for dish room renovations at Lee Manor was issued on April 20, 2018. A mandatory bidders meeting was held on April 25, 2018 which was attended by three (3) companies. The tender closed on May 8, 2018.

It is recommended to award RFT-LTC-06-18 to Allen-Hastings Limited for the bid amount of $291,179, excluding taxes.
Background and Discussion

The highlights of items to be addressed with this tender are as follows:

- Replacement of dish machine and dish wash sink.
- Replacement of flooring in dish room and surrounding area.
- New racking around the dish machine.
- Improvement to supporting infrastructure (e.g. mechanical, ventilation and plumbing).

The following is a list of the bids received.

<table>
<thead>
<tr>
<th>#</th>
<th>Name of Bidder</th>
<th>Bid Amount (Excluding Taxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Allen-Hastings Limited</td>
<td>$291,179.00</td>
</tr>
</tbody>
</table>

Legal and Legislated Requirements

An operational review needs to be approved by the Ministry of Health and Long Term Care (MOHLTC) before the project can proceed. The operational plan has been submitted to the MOHLTC however with the upcoming provincial election, ministry staff are unable to comment or approve the project until the next government is sworn in. This will delay the project start date until early summer.

Financial and Resource Implications

The funding chart below identifies the capital project funds to be used.

**Project Funding**

<table>
<thead>
<tr>
<th>Item</th>
<th>Excluding HST</th>
<th>Net HST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved capital budget - Dish Room Renovation</td>
<td></td>
<td>$200,000.00</td>
</tr>
<tr>
<td>Approved capital budget - Dish Room Flooring</td>
<td></td>
<td>$15,000.00</td>
</tr>
<tr>
<td>Approved capital budget - Dietary Equipment</td>
<td></td>
<td>$50,000.00</td>
</tr>
<tr>
<td>Approved capital budget - Flooring in Home</td>
<td></td>
<td>$25,000.00</td>
</tr>
<tr>
<td><strong>Total Approved Budget</strong></td>
<td></td>
<td><strong>$290,000.00</strong></td>
</tr>
<tr>
<td>Amount of Winning Tender Projected Costs</td>
<td>$291,179.00</td>
<td>$296,303.75</td>
</tr>
<tr>
<td>Project Deficit</td>
<td></td>
<td>$6,303.75</td>
</tr>
</tbody>
</table>

A $12,000 cash allowance was included as part of the bid submission. This may not be required.
Staff recommends that the shortfall for this project be funded from any surplus realized from within the 2018 Capital budget projects, or if a surplus is not available, from the Lee Manor Operations Reserve.

Relevant Consultation

☒ Internal- Finance and Purchasing Staff

☐ External
Recommendation

1. That report LTCR-CM-19-18 regarding special project staff secondment be received for information.

Executive Summary

A dedicated skilled workforce is required to operate a long term care home. Recruitment and retention is an increasing challenge with the retirement of the baby boomers, increased complexity of residents, increased public scrutiny across the sector and decrease in the number of people entering the sector.

In a 24 x 7 operation, part-time employees are essential. To improve our ability to recruit and retain a dedicated workforce a purposeful, focused approach is necessary.

Background and Discussion

Work is underway provincially to address systemic human resource challenges however there is an immediate need to address the issue locally. With the smallest pool of staff, the challenges at Grey Gables are at a more critical level.

A meeting was held at Grey Gables that included union representation, staff from the home, corporate staff and the Warden. The meeting provided an opportunity to discuss concerns and look for solutions. All parties agreed there was a need to address the recruitment and retention of new employees, look at the call in procedure and support staff wellness.

With summer fast approaching, a four (4) month secondment was authorized by the Director to provide sufficient resources to review our hiring practices and:
- Develop an orientation “colour it team”
- Develop, implement, analyze a staff engagement survey
- Over-see ongoing engagement with staff, fostering involvement, resident choice and autonomy
- Evaluate the outcome of the various initiatives

Implicit in this project is the responsibility for managing and participating in the recruitment and onboarding of all new staff to the Nursing Team, with a focus on retention, and on the provision of quality, Colour It care for our residents.

Legal and Legislated Requirements

The Long Term Care Homes Act, 2007, S.O. 2007, c. 8 O. Reg. 79/10, section 31. (1) to (4): requires the following for Nursing and Personal Support Services; Every licensee of a long term care home shall ensure that there is a written staffing plan for the nursing services program and the personal support services program. The Staffing Plan must provide for a staffing mix that is consistent with the residents’ assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; set out the organization and scheduling of staff shifts; promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide nursing coverage required under subsection 8(3) of the Act, cannot come to work; and be evaluated and updated at least annually in accordance with evidence based practices and, if there are none, in accordance with prevailing practices. The Licensee shall keep a written record relating to each evaluation.

Financial and Resource Implications

This special project will work within a budget of $35,000 to cover wages, benefits and program expenses. It will be funded through any surplus realized within the 2018 Grey Gables operating budget, and if insufficient, the shortfall in funding will be funded from the Grey Gables Operations Reserve.

An overview of the outcome and any recommendations will be provided at a future meeting.

Relevant Consultation

☒ Internal Director of Long Term Care
☐ External (list)

Appendices and Attachments
March 13, 2018

Dwight Burley, Chair, Long-Term Care Committee of Management
Kim Wingrove, Chief Administrative Officer
Lynne Johnson, Director of Long-Term Care
County of Grey
595 Ninth Ave East
Owen Sound, ON N4K 3E3

Greetings,
Please accept the gratitude and thanks of the Multi-Municipal Long-Term Care Working Group for meeting with us at the County Building in Owen Sound on March 8, 2018. Your openness and interest was appreciated.

We now look forward to receiving an update as to your deliberations, direction or decisions made to date. If you require further information or further interaction, we are most willing and able to do so.

We anticipate your earliest response.

Sincerely,

Paul McQueen, Chair
Multi-Municipal Long-Term Care Working Group

cc: Heather Morrison, Clerk
To: South West LHIN Health Service Providers

From: Donna Ladouceur, Interim Co-CEO, and VP of Home and Community Care
Kelly Gillis, Interim Co-CEO, and VP of Strategy, System Design and Integration

Re: New information regarding French language services requirements

Date: February 16, 2018

We are writing to you today to share new information regarding the delivery of French language services (FLS) to our Francophone population. This information concerns all of our LHIN-funded health service providers (HSPs), irrespective of their designation status under the French language services Act (FLSA) (i.e. designated, identified or non-identified).

As you know, the South West LHIN is committed to building a healthcare system that is more responsive to the needs of our diverse population, including the Francophone population. The following updates are for your information, and we ask that you begin surveying your organization for French language services in preparation.


   This guide is intended to help strengthen health system accountability and performance, and support access to linguistically and culturally appropriate services for Ontario’s Francophone communities. It clarifies the respective roles, responsibilities, and accountability of the Ministry, LHINs, French Language Health Planning Entities (Entities) and HSPs, as per the FLSA, the Local Health System Integration Act (LHSIA), and other legislative and accountability mechanisms.

2) The Ministry is committed to establishing baseline French Language Health Services (FLHS) data to support LHINs and their Entities in better understanding the needs of their local Francophone communities and planning for the delivery of FLS. To support this commitment, the Ministry contracted the Réseau des services de santé en français de l’Est de l’Ontario (RSSFE) to conduct a FLS data collection project through a web-based portal called OZi. The OZi portal will be deployed to all LHIN-funded HSPs across the province in the coming weeks. The OZi portal will enable FLS reporting for the 2017-2018 period. It will include questions on the identification and tracking of francophone patients/clients and on your internal capacity to provide services in French.

   The information collected will allow for the establishment of a current state of the FLS capacity across the province, by LHINs, by sub-regions and by sectors, identifying gaps and opportunities for improvements. It will also provide valuable data to help define performance indicators specific to FLS.
For support related to the content of the report and answers to questions, please contact the LHIN French Language Services Planner and the French Language Health Planning Entity Planning Officer.

The OZi team will be in contact with you shortly to provide you with information regarding your account and how it can be accessed. A one hour webinar training session will be provided in early March to provide you with an overview of the portal and provide a walkthrough of the report.

More details will follow and in the meantime it would be helpful that you use these survey tools to begin analyzing FLS in your organization. For more information, tools and resources to support you, please see the links below:

- **Staff Survey – French Language Skills**
  - A self-assessment template that you can use to survey your staff and start to develop a list of your proficient French-speaking staff. It is recommended that you begin this exercise early, especially if you have a large number of staff.
- Developing and implementing an active offer of French language services:
  - [Employer Fact Sheet (pdf)](#) | [Employee Fact Sheet (pdf)](#)
- More information on the new [French Language Requirements](#)

We would like to thank you for your continued support in delivering quality healthcare and services to the South West LHIN population.

If you have any questions, please contact our FLS Planner Suzy Doucet-Simard, at suzy.doucet-simard@lhins.on.ca or 1-519-640-2612.
MEMORANDUM TO: Long-Term Care Home Stakeholders

FROM: Brian Pollard
Assistant Deputy Minister
Ministry of Health and Long-Term Care

RE: Spring 2018 amendments to improve access and enhance transparency in long-term care (LTC) homes

I am pleased to provide you with a summary of recent changes to improve access and enhance transparency in LTC homes.

The Ministry of Health and Long-Term Care (Ministry) made a number of regulatory changes to Ontario Regulation 79/10 (Regulation) under the Long-Term Care Homes Act, 2007 (LTCHA), which are in force as of January 1, 2018. These include provisions that

- Enable the designation of Reunification Priority Access Beds (RPABs) for spouses/partners in crisis;
- Enable the Ministry to designate new specialized units to address the needs of complex residents; and
- Provide the Ministry with the ability to disclose personal information of an individual to a health regulatory college and the Ontario College of Social Workers and Social Service.

In Spring 2018, the Ministry made additional changes to the Regulation, including:

- **Amendments to clarify RPAB provisions of the Regulation (effective April 3, 2018)**
  - The Ministry made two minor amendments to support system flow of RPABs on an ongoing basis, and ensure a maximum of two reunifications at one time within each home via RPABs.

- **Disclosure of Cannabis-related Federal Offences (effective July 1, 2018)**
  - Consequential technical amendments to ensure that cannabis-related federal offences must still be declared by staff and volunteers, to align with the federal government’s proposed legislative changes regarding cannabis legalization.

- **Administrative Monetary Penalty (AMP) and Re-Inspection Fees (effective January 1, 2019)**
  - Introduction of administrative monetary penalties and re-inspection fees for licensees who continue to be in non-compliance.
- **Board of Management (effective April 1, 2018)**
  - Expansion of a Board of Management’s capacity to borrow funds for operating and capital purposes, and an increase in the amount a Board of Management is able to include in its annual budget as a reserve for working funds.

- **Automated Income Verification (AIV) (effective May 1, 2018)**
  - Launch of the new AIV system to improve and modernize the LTC Rate Reduction Program and to reduce the administrative burden on licensees.

In addition, legislative changes were made to the LTCHA:

- **Minister’s Directives (effective February 1, 2018)**
  - The Minister was given the authority to issue operational or policy directives to LTC homes to address systemic or other concerns within the LTC sector.

- **New Provincial Offences (effective July 1, 2018)**
  - Introduction of two new provincial offences: Failure to comply with an order and Failure to protect residents from abuse and neglect.

Should you have any questions, please contact the Licensing and Policy Branch at LTC.Info@ontario.ca.

I want to thank you for your continued support as we work to improve quality of life for residents in LTC homes.

Brian Pollard
Assistant Deputy Ministry
Ministry of Health and Long-Term Care

c: Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation
Nancy Naylcr, Associate Deputy Minister, Delivery and Implementation
Michelle-Ann Hylton, Director (A) Licensing and Policy Branch
Stacey Colameco, Director (A), Long-Term Care Inspections Branch
Amy Olmstead, Director, Home and Community Care Branch