

Lee Manor



Grey County Operations Report to Committee of Management Open Session

Submission Date: August 13, 2019

Information for the months of: June and July 2019

Scorecard: Quality

Publicly reported indicators – Q4 2018 (January – March 2019)

Indicates Better than Ontario Average
Indicates Worse than Ontario Average

Indicator	HQO Best Practice	Ontario Average	Lee Manor			Change
			Q2 Jul-Sept/18	Q3 Oct-Dec/18	Q4 Jan-Mar/19	
Improved or remained independent in mid-loss ADL	30.4%	29.1%	35.3%	36.40%	36.90%	
Worsened ADL	25%	32.80%	39.4%	36.8%	41.1%	↑
Worsened behavioural symptoms	8%	12.7%	15.7%	13.9%	12.4%	↓
Worsened mood from symptoms of depression	13%	22.80%	38.5%	30.9%	27.9%	↓
Taken antipsychotics without a diagnosis of psychosis	25.3%	19%	20.5%	20.5%	19.8%	↓
Has fallen	9%	16.6%	16%	12.3%	12%	
Worsened stage 2 to 4 pressure ulcer	1%	2.6%	0.8%	1%	1.3%	
New stage 2 to 4 pressure ulcer	1%	2.1%	0.7%	0.8%	0.9%	
Daily physical restraints	3%	3.9%	3.8%	3.4%	2.4%	
Worsened bladder continence	12%	17.9%	20.3%	19.6%	18.3%	↓
Has pain	7%	5.2%	1.6%	1.9%	2.5%	
Worsened pain	6%	9.7%	10.8%	10.1%	9%	↓

The 4th quarter data was recently released by the Canadian Institute for Health Information (CIHI). Lee Manor continues to make improvements in several areas and remains above the provincial average in four areas. Improvements are reflective of ongoing focused initiatives and data accuracy.

Two areas that have been focused on over the reporting period and actions include:

- 1) Worsened mood from symptoms of depression
 - Improvements have been made through continued auditing of assessments and additional staff education to improve data accuracy

- Continued involvement of the interdisciplinary team including the physician, pharmacy and BSO team to support the identification and effective management of symptoms
- 2) New stage 2 to 4 pressure ulcer
- Education provided related to early identification skin and wound concerns to Registered Staff and PSWs
 - RPN with enhanced knowledge of skin and wound oversees the program and ensures appropriate measures are being utilized

Ministry of Health and Long-Term Care (MOHLTC) Compliance Orders /Inspection Findings Summary

A Ministry of Health and Long Term Care Inspector was on site at Lee Manor for nine days starting May 15th. The purpose of the visit was to conduct a Complaint and Critical Incident Systems inspection. The MOHLTC report was received on June 5th, 2019. There is one area of non-compliance from this inspection.

- Written Notification and Voluntary Plan of Correction– Review and revision of the plan of care at least every six months and at any time when necessary
 - Corrective Actions:
 - Review and update process to ensure review and revision of care plan, as per regulations
 - Audit implemented to ensure plan of care is reflective of the resident’s needs

[MOHLTC Inspection Report June 5 2019 -1](#)

[MOHLTC Inspection Report June 5 2019](#)

Scorecard: People

There are currently 20 students from Georgian College completing their placements from the Personal Support Worker and Practical Nurse programs.

Lee Manor has started recruitment efforts for the Office Clerk position.

Projects, Location Events and Other

June was Seniors month throughout the province of Ontario. To celebrate seniors at Lee manor, residents shared some of their life experiences, proud moments and wisdom which were featured on a display board in our main lobby. The display attracted lots of attention and prompted conversations amongst our residents, families, visitors and staff! Residents were very proud of their “personal star” that was showcased for the

occasion. Our Recreation Intern from Brock University did a great job coordinating the project and showcased the occasion so tastefully.

Our Father's Day Fish Fry was another big success this year. The Outdoor Adventure Club made our fellas feel extra special by honouring them for Father's Day with a delicious fish fry. The guys raved about the amazing taste of the deep-fried fish.

June also marked the first day of summer and what better way to kick off the day with a Caribbean theme. Staff and residents dressed in bright colours, sun hats and shades to bring in the festivities on June 21st. Live Caribbean music was arranged for the event which had staff and several residents out of their seats to enjoy a conga line!

With a deadline of July 31st, residents have been very focused on finishing their unique paddle designs as part of their participation in the Paddle Art Contest hosted by Algonquin Outfitters, in partnership with our local Tom Thompson Art Gallery. The contest was featured in the Sun Times Newspaper and our recreation staff thought it would be a great opportunity for residents to get involved in their community. The contest invites local artisans to transform canoe paddles into works of art, in any modality they choose. The paddles are then submitted and auctioned to raise money for art-based organizations, this year the Tom Thomson Art Gallery was selected as one of three organizations as a recipient of the raised funds.

Lee Manor purchased six paddles, one for each home area and one for staff. The recreation staff facilitated several planning meetings with the residents to brainstorm design ideas for the paddles. These gatherings sparked endless conversations about our local heritage, travel memories, and Tom Thomson. Residents and families alike shared stories of their history in Grey and Bruce, and their past hobbies and interests in art. The residents then brought their visions to life, incorporating the unique skills of some of our residents, the end results were amazing! The event will close with a "paddle party" in our Ice Cream Parlour On July 30th where a Tom Thomson gallery representative will be presented with the unique paddles.

Long Term Care

Occupancy

2019 Occupancy Data	Reporting Period	Year to Date
Occupancy	99.65%	98.69%
Move-Ins	5	36

2019 Occupancy Data	Reporting Period	Year to Date
Discharges	4	36

Regulatory visits i.e. Ministry of Labour, Public Health

No regulatory visits during this reporting period.

Occupational Health and Safety Issues

No concerns during this reporting period.

Emergency Preparedness and Environmental concerns (including emergency codes practiced)

Three fire drills were held during the month. Staff responded as required and education was provided to clarify the procedures.

Written and Verbal Complaints Summary

Type of Compliant	Summary	Outcome (s)
Verbal	Resident complaint related to care	Investigation completed, resolved
Verbal	Resident complaint related to care	Investigation completed, resolved
Verbal	Family complaint related to care	Investigation completed, resolved
Verbal	Family complaint related to care	Investigation completed, resolved

Compliments Summary

8 Verbal- Compliments were provided to the team in appreciation of the excellent care and service provided.

Resident and Family Satisfaction Survey

The care community continues to work on a plan to deliver the annual resident and family satisfaction surveys. The draft surveys were presented to both the Resident Council and Family Council for their review and feedback in June.

Resident/Family Council Updates

Resident Council meetings were held on June 6th and July 4th.

Residents reviewed the Resident Satisfaction Survey and provided their approval of the draft document; no recommendations or revisions were noted.

The Family Council meets bi-monthly and met on Tuesday, June 11th, 10 members were in attendance. Family Council members were presented with both the Family Satisfaction Survey and the Resident Satisfaction Survey. The draft documents were approved with no noted recommendations or changes.