COMMUNITY SERVICES COMMITTEE AGENDA

Community Services Committee Meeting
Monday, August 12, 2019
Tom Davies Square - Council Chamber

COUNCILLOR RENE LAPIERRE, CHAIR

Geoff McCausland, Vice-Chair

11:15 a.m. COMMUNITY SERVICES COMMITTEE MEETING
COUNCIL CHAMBER

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DECLARATIONS OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

REGULAR AGENDA

MANAGERS' REPORTS

R-1. Report dated July 26, 2019 from the Interim General Manager of Community Development regarding Tenant Engagement Update. **4 - 27**
(RESOLUTION PREPARED)

(This report provides feedback provided during consultation with Greater Sudbury Housing Corporation Tenants. This report also seeks approval of a tenant complaint process.)

MEMBERS' MOTIONS

CORRESPONDENCE FOR INFORMATION ONLY

I-1. Report dated July 26, 2019 from the Interim General Manager of Community Development regarding Pioneer Manor - 2nd Quarter Report. **28 - 48**
(FOR INFORMATION ONLY)

(This report provides an update regarding operational issues and good news stories for Pioneer Manor.)

I-2. Report dated July 24, 2019 from the Interim General Manager of Community Development regarding Changes to Social Assistance Employment Programs Update. **49 - 50**
(FOR INFORMATION ONLY)

(This report provides an update on the transition of Employment Programs from Ontario Works to Employment Ontario. The report will also identify which communities were selected for pilot sites to test the new employment service delivery model.)

I-3. Report dated July 23, 2019 from the Interim General Manager of Community Development regarding Flour Mill Museum Relocation Update. **51 - 60**
(FOR INFORMATION ONLY)

(This report will provide an update to the Flour Mill Museum relocation to O'Connor Park.)

ADDENDUM

CIVIC PETITIONS

QUESTION PERIOD

ADJOURNMENT

Request for Decision

Tenant Engagement Update

Presented To:	Community Services Committee
Presented:	Monday, Aug 12, 2019
Report Date	Friday, Jul 26, 2019
Type:	Managers' Reports

Resolution

THAT the City of Greater Sudbury approves the Tenant Complaint Process as outlined in the report entitled "Tenant Engagement Update", from the Interim General Manager of Community Development, presented at the Community Services meeting on August 12, 2019.

Relationship to the Strategic Plan / Health Impact Assessment

This report supports Council's Strategic Plan in the area of Housing by supporting tenant polices and programs that encourage self direction and integration into the wider community. The report also aligns with Population Health Priorities of Families, Resiliency and Housing.

Report Summary

This report provides an update on the ongoing transition of Greater Sudbury Housing into CGS operations. It includes a summary of the results of tenant engagement meetings, information on ongoing community partnership projects, a draft tenant complaint process and a process to develop a clear and consistent policy on tenants rights and obligations..

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By
Barbara Dubois
Director, Housing Operations
Digitally Signed Jul 26, 19

Health Impact Review
Barbara Dubois
Director, Housing Operations
Digitally Signed Jul 26, 19

Division Review
Barbara Dubois
Director, Housing Operations
Digitally Signed Jul 26, 19

Financial Implications
Liisa Lenz
Coordinator of Budgets
Digitally Signed Jul 26, 19

Recommended by the Department
Ian Wood
Interim General Manager of Community Development
Digitally Signed Jul 26, 19

Recommended by the C.A.O.
Ed Archer
Chief Administrative Officer
Digitally Signed Jul 31, 19

EXECUTIVE SUMMARY

Over the past year, the City of Greater Sudbury has taken over direct responsibility for the administration of Greater Sudbury Housing (GSH). The intent of this change is to bring increased accountability, consistency and transparency to housing operations and, at the same time, achieving underlying goals of supporting the development of neighbourhoods in GSH communities, ensuring that tenants have clear avenues to be heard and ensuring that there are clear and consistent policies on tenants' rights and obligations.

This report provides a number of updates on this ongoing transition including the findings from the Greater Sudbury Housing Survey and Town Hall Meetings ('Coffee Chats') held this past February by the Northern Leadership Program Peer Group.

The report also provides an update on the community partnerships that staff have been working on as part of a population health strategy to bring additional programming to tenants within our housing facilities.

This report also seeks Council approval of the Tenant Complaint Process which was developed following recommendations from the Town Hall meetings and surveys. The Tenant Complaint Process outlines a safe and respectful course of action to deal with complaints in a timely manner.

BACKGROUND

In September 2018, the transition of the Greater Sudbury Housing Corporation (GSHC) to a quasi-independent operating model was approved. This model transferred the administrative component of the corporation to the municipality while leaving the assets within the GSHC. Greater Sudbury Housing Operations (GSHO) is the newest division in the Community Development Department.

DETAILS

1. Tenant Engagement

Tenant engagement is a key process in providing opportunities to create trust between landlord and tenants. The City recognized the importance of this and initiated a project through the Northern Leadership Program, to have a peer leadership group assist in establishing new relationships with Sudbury Housing properties.

During the month of February, a Peer Leadership Group from the Northern Leadership Program, staff from Greater Sudbury Development Corporation (GSDC) and Greater Sudbury Police Services (GSPS) conducted town hall style meetings (Coffee Chats) with tenants and tenant lead groups in order to engage residents concerning matters that were important to them and to improve the quality of life and place and move markers on the City's Housing Population Health Priority. As part of the strategy for this tenant engagement, a survey was developed and distributed during the Coffee Chats, with additional hard copies made available at properties. A link to an online version of the survey was also available on the Housing and City's websites for approximately six (6) weeks.

The objectives of this tenant engagement were:

- To improve services, programs and other initiatives that will enhance the quality of life and place for tenants;
- To determine the needs of tenants in order for them to maintain a successful landlord and tenant relationship;
- To listen to feedback provided by tenants to improve communication between tenants and landlord; and
- Develop an open and transparent Tenant Complaint Process for tenants living within Greater Sudbury Housing Corporation properties.

The key areas of concern identified by Tenants were:

- safety and security
- health and well being
- property maintenance and beautification
- communication and tenant engagement

Appendix A is a summary report prepared by the Northern Leadership Program outlining the survey results, resident concerns and requests for possible changes to service levels and programs.

2. Community Partnership Opportunities

In the context of the City's commitment to population health priorities and interest in building and strengthening neighbourhoods in GSH complexes, a number of community partnership opportunities have been explored. Highlights of the new partnerships which will be piloted or implemented in the summer and fall of 2019 include:

- The Community Garden at 1920 Paris Street received a donation from Coopers Equipment Rental in the form of volunteer labour and equipment to till the existing garden area and spread new topsoil in preparation for the planting season. Housing operations staff assisted with the tilling of the garden area at 720 Bruce Street and installation of a new garden shed.

- Our Children Our Future (OCOF) will be partnering with Housing Operations to offer a free after-school program in the Multi-use Centre at 1960 Paris beginning this Fall.

- Laurentian University Cool Kids Program which is an anti-bullying and sports activity program that has been developed for use by local schools will be operating a free pilot project one night per week in the Multi-Use Centre at 1960 Paris throughout the summer.

- Potential partnership with Cambrian College Physical Fitness Management Program to offer exercise programs in the common rooms of various properties allowing Cambrian Students to complete the mandatory volunteer hour element of their program.

- Pilot project with Local Health Integration Network (LHIN) and Canadian Mental Health Association for a transitional community support worker based at 720 Bruce Street and whose focus is to support tenants and assist with maintaining positive tenancies.
- Partnership with the NE LHIN, March of Dimes and Coulson Court Non Profit Housing on a Neighbourhood Model of support services for Capreol residents.

- Partnership with Better Beginnings Better Futures (BBBF) to offer Collective Kitchens program at Louis Street and 720 Bruce Ave. A community barbecue was held at Louis Street at the beginning of July including children's activities.

- Participate in monthly Community Safety meetings led by the GSPS, Social Planning Council and Noah Community Hub. These regular monthly meetings with tenants and tenant led groups at various housing properties have resulted in increased communication regarding housing and safety matters.

These are only a few of the opportunities that staff are working on to bring activities and wellness programs to housing residents free of charge and demonstrate our commitment to population health priorities. Staff will continue to evaluate and respond to future partnership opportunities that arise.

3. Tenant Complaint Process

As a reflection of the City of Greater Sudbury's vision, mission and core values, Greater Sudbury Housing Operations is committed to assisting tenants in a manner that reflects the City's customer service strategy and meets tenant expectations to deal with complaints in a respectful, safe and confidential manner. This process provides tenants with a clear path to make their concerns known.

Greater Sudbury Housing Operations will ensure that complaints and concerns are investigated and responded to effectively and appropriately. A complaint made will not result in retaliation towards the tenant or barriers to assistance, programs and services provided while living within any of the properties owned by the Greater Sudbury Housing Corporation. All employees and volunteers are responsible to adhere to this process and are committed to address all complaints in an effective and timely manner.

A copy of the Tenant Complaint Process is attached as Appendix B for review and approval. The purpose of the Tenant Complaint Process is to:

- Outline the response guidelines for all verbal and written complaints or concerns received by Greater Sudbury Housing Operations while ensuring the process reflects the City's new customer service response standards, and

- Provide a transparent process for reporting and handling of complaints from tenants, staff and volunteers.

If the tenant complaint is related to a decision as a result of the application of legislation contained in the Housing Services Act, 2011,(i.e. eligibility, unit size or the rent calculation) this tenant complaint process does not apply. It would be subject to a separate internal review process under the rules and timelines outlined in legislation.

4. Tenant Rights and Obligations

Part of creating a safe and welcoming neighbourhood is ensuring that all tenants are able to experience the quiet enjoyment of their homes. As such, all tenants have an obligation to abide by the terms and conditions outlined in their tenancy agreement. This includes adhering to applicable housing legislation, rules, regulations and City by-laws.

As landlord, GSH has an obligation to ensure that those do not abide by these standards, are dealt with in a clear, fair and consistent manner. Over the next few months, Housing Operations will develop a draft policy, for Council's consideration and approval during the last quarter of 2019. This policy development will include an opportunity for tenants to comment as well as a survey of best practices in other Ontario housing corporations.

In the interim, staff will utilize the process outlined below:

> If the Housing Corporation receives a complaint that a tenant has failed to comply with the terms and conditions of their lease agreement, housing policies or City by-laws, the following steps are undertaken to review the situation and determine the appropriate course of action:
>
> Step 1 - Validation of the Complaint: The process to validate a complaint may include; obtaining corroborating statements from other witnesses, review of photographic or video surveillance footage, obtaining reports from police, security or by-law personnel or gathering other relevant information.
>
> Step 2 - Issue a warning letter; a warning letter is issued if this is a first offence and the nature of the breach has determined that it is easily correctable by the tenant.
>
> Step 3 - Issue the applicable Landlord and Tenant Board Notice; The most common notice filed based on tenant complaints is called an N5 Notice to End your Tenancy for Interfering with Others, Damage or Overcrowding. This notice allows the tenant 7 days to stop the activity and correct the breach or 21 days to elect to move out. If the tenant complies and there are no further issues the process ends. The notice is on file and in effect for 6 months.
>
> Step 4 – If there is a similar or repeat occurrence of the breach of the Tenancy Agreement that was identified in the first N5, then the Landlord issues the tenant a 2nd N5 Notice and files an L2 Application to End the Tenancy with the Landlord and Tenant Board.

At the Landlord and Tenant Board there is an opportunity to mediate the situation. If a mediated agreement is reached the result is a minimum of 12 months with no reoccurrences. If mediation is not successful or agreed upon by both parties then the matter proceeds to a hearing.

At the Landlord and Tenant Board hearing the evidence is provided to an adjudicator in the form of documentation, or testimony by staff, witnesses or officers. Subsequent to Landlord and Tenant Board hearing, the adjudicator delivers a decision in writing on the termination of the tenancy. The length of time it takes to receive the order may vary depending on the adjudicator's opinion of the severity of the situation.

The Landlord and Tenant Board does not require a letter to be sent prior to serving the first notice however, this practice displays to the Landlord and Tenant Board that Housing has provided an additional opportunity to correct the issues and therefore the practice of sending warning letters, helps fulfill the Housing Corporation's duty to accommodate and work with vulnerable tenants.

There are a number of different Landlord and Tenant Board forms and applications available to both Landlords and Tenants. More information on Landlord and Tenant Board forms can be found at http://www.sjto.gov.on.ca/ltb/forms.

CONCLUSION

Housing Operations staff has been focused on initiatives to improve the quality of life and place for tenants, which has resulted in positive changes and improvements over the past nine months. Staff will continue with these efforts to foster positive relationships with tenants and increase the number of partnership initiatives and opportunities.

The next steps in this process include:

1. Communication of the approved Tenant Complaint Process to all tenants of Greater Sudbury Housing Corporation;

2. Further engagement with residents, through surveys, coffee chats and community safety meetings with tenants, tenant lead groups and other Community Partners; and

3. Working with Community Partners to bring forth findings from coffee chats, surveys and other programs and initiatives to the Population Health, Safety & Well-Being Panel to assist with outcomes.

4. Development of a policy with respect to Housing procedures to be followed in serving Landlord and Tenant Board notices, including consultation with tenants at our monthly safety meetings. This policy will be prepared for Council consideration during the fourth quarter of 2019.

Your Home, Your Voice, Your Say

Building a Healthy and Happy Neighbourhood

« Don't look for a better place to live…

Make where you live a better place to live for all »

NORTHERN LEADERSHIP PROGRAM

INTRODUCTION

For the purpose of this document **Tenant Engagement** is the process by which tenants become involved in the activities and influence the decisions that affect their quality of life and place at Greater Sudbury Housing Corporation properties. Tenant engagement includes preparing and equipping tenants and staff to participate, and involving tenants in monitoring and evaluating the quality of their participation. A key element to maintaining a healthy and sustainable housing portfolio and effective housing management is **Tenant Engagement** . Tenants deserve the opportunity to have their voices heard in order to live happily and healthily within their homes and neighbourhoods.

Coffee Talks allowed tenants within the GSHC to speak openly in a safe setting within their neighbourhood. Each participant was able to address his/her concerns while living in GSHC properties. There was also an opportunity for those who were not able to participate in Coffee Chats that were not comfortable speaking out loud, to share their thoughts through a survey that was made available on site in multi-purpose areas or though an online survey via the City's and GSHC's websites.

Through transparency within this tenant engagement process, the NLP team assigned to this project ensured that all tenant voices were heard in an unbiased manner. Coffee Chats allowed tenants to provide positive input into future decisions that may impact their safety, security and well-being within their homes. They were also empowered to improve the communities in which they live through this tenant engagement process.

DESIRED OUTCOMES FOR TENANT ENGAGEMENT

- Successful Tenancy / Improved Occupancy Rates
- Resilient, Healthy, Happy Tenants
- Enhanced and Improved Tenant Relations
- Experience of Equity, Respect and Compassion
- Efficient Program and Service Provision and Delivery
- Improved Integration of Community and Health Services on Housing Properties

MAIN TENANT CONCERNS

1. Safety and Security
2. Health and Well-Being
3. Property Maintenance and Beautification
4. Communication and Tenant Engagement

« There is a positive attitude towards changing community now. Love where they live as there are really good people that live there. They are good to each other. »

1. SAFETY AND SECURITY

- Provide 24/7 hour security in buildings. If not feasible, change hours where security is provided during evenings and weekends.
- Increased police presence (i.e.) former Zone 30 office or other satellite offices on properties.
- Perform Crime Prevention Through Environmental Design (CPTED) for each property and follow recommendations.
- Create a 'Neighbours on Patrol' similar to what 'Citizens on Patrol' (COPs) does in community but locate in each building to empower residents to work together to improve safety and security . Perhaps GSPS can provide training on this for residents.
- Install cameras in all public areas (i.e.) hallways, stairwells, multipurpose areas, outside, etc.
- Improve the lighting for indoor/outdoor public spaces (i.e.) blue lighting to discourage needle injections and drug use in stairwells.
- Have SACY clean up used syringes outside/inside building on a regular basis.
- Host education sessions on who to call and what to do when needles are found.

2. HEALTH AND WELL-BEING

- Provide building safety/fire/evacuation training (i.e.) what to do in case of fire, how to exit building.
- Provide community health services on site in buildings that have common rooms. Ie: walk in clinic, mental health services, community paramedicine programs, home & community care services, one stop shop for employment, social services, hair dressing, dental hygienist, Access Aids, NOAHs Hub, NISA, etc.

3. PROPERTY MAINTENANCE AND BEAUTIFICATION

- Improve cleanliness in public areas.
- Beautify building entrances and outdoor spaces so that it is friendly and welcoming.
- Designate specific area(s) for animal's outdoors to eliminate feces/urine from being on walkways, front lawn, etc.
- Install hand sanitizer dispensers (with no alcohol) in building front entrance ways.
- Improve snow removal times.
- Host tenant clean up days as is done in Community where volunteers join together to clean the outside areas of their homes/neighbourhoods.

4. COMMUNICATION AND TENANT ENGAGEMENT

- Create a complaint response policy. Set a time limit for response.. Train / educate tenants on appropriate use of complaint forms and processes.
- Complete 'Move In' Checklists.
- Concern regarding GHSO staff burn out. Recognize the high stress levels for staff and address internally by adding additional staff or providing systems to assist with mental health and well-being.

Locate GSHO staff on site to handle tenant inquiries / complaints in large buildings or where common space is available. If not feasible, assign various staff to buildings during designated regular times.

- Hire Tenant Relations staff to bring community services to buildings. Tenants also need assistance in completing paperwork/forms.
- Host orientation sessions for new tenants in building, complaint / maintenance systems, etc.
- Develop a welcoming package for new tenants.
- Provide mediation support to tenants.
- Host regular coffee chats within buildings.
- Provide education on how systems work with CGS, GSPS and GSHO.

APPENDIX A — TENANT COFFEE TALK SCHEDULE

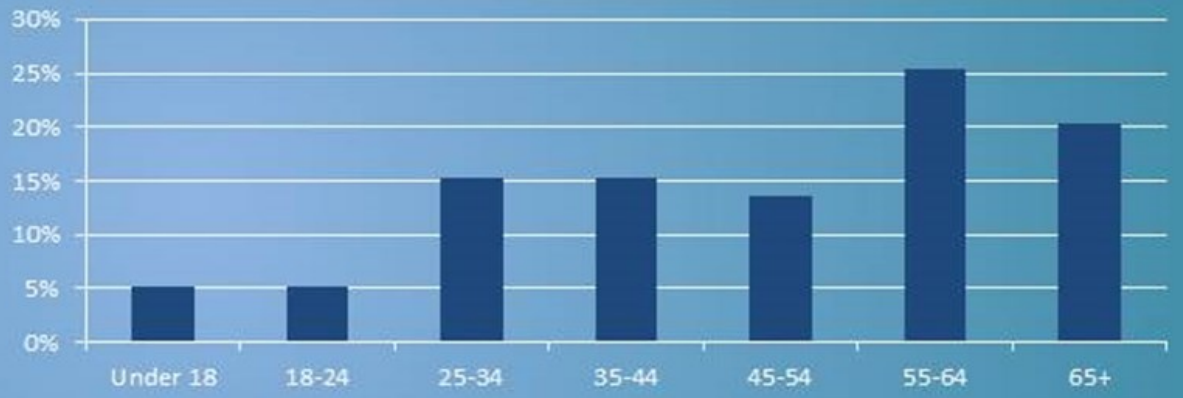
Target	Location	No. of Attendees	Date	Time
1960 B Paris Street	1960 C Paris Street Multi-Use Centre	4	February 6, 2019	10:00 a.m.
1960 A Paris Street	1960 A Paris Street - Common Room	16	February 6, 2019	1:00 p.m.
1920 Paris Streets	1920 Paris Street - First Floor Common Room	22	February 6, 2019	5:00 p.m.
720 Bruce Street 744 Bruce Street	720 Bruce Common Room	15	February 14, 2019	1:00 p.m.
1778 LaSalle Blvd 1950 LaSalle Blvd	Lansing Baptist Church - 1950 LaSalle Blvd	One volunteer showed up. Flyers did not get delivered therefore had to reschedule session to February 26th.	February 14, 2019	10:00 a.m.
Louis Street Properties	166 Louis Street Common Room	11	February 26, 2019	10:00 a.m.
1200 Attlee Street Properties	New Sudbury Public Library Board Room 1346 LaSalle Blvd.	0	February 20, 2019	9:30 a.m.
241 Second Avenue 491 Camelot Avenue	Morel Park – 270 Second Avenue	4	February 20, 2019	12:30 p.m.
1778 LaSalle Blvd 1950 LaSalle Blvd	Lansing Baptist Church Hall 1950 LaSalle Blvd	4 on line — 1 in person	February 26, 2019	12:30 p.m.

Demographics

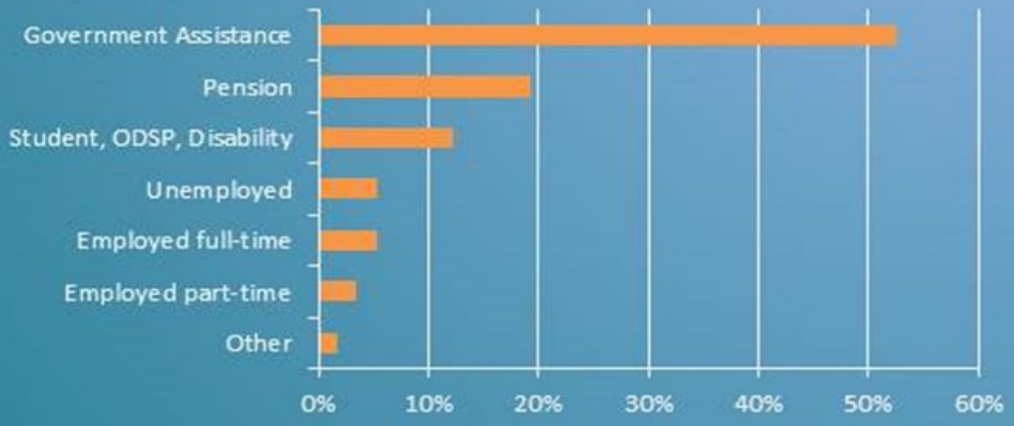
What is your preferred language?

63 Total Survey Respondents

What is your age?

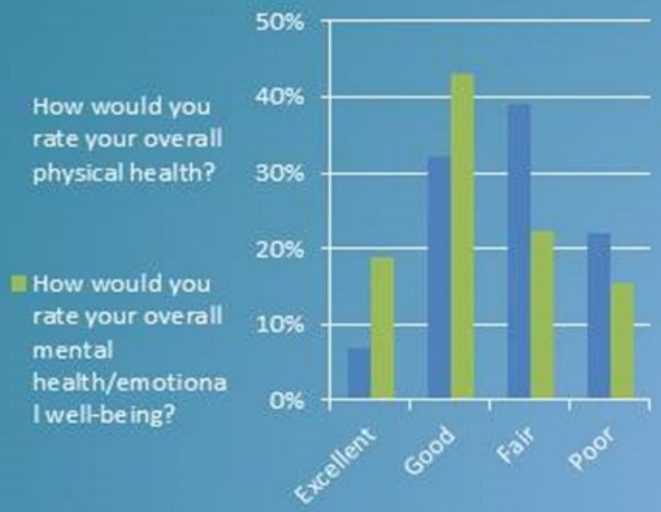


What is your current employment status?



What is your marital status?

Health

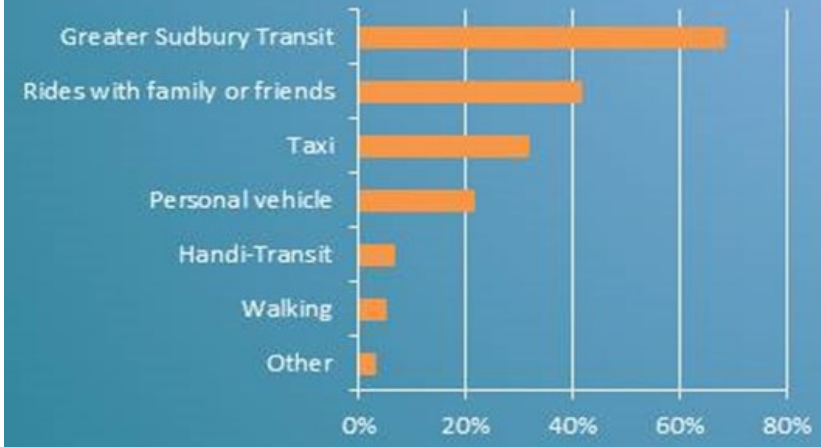


Do you feel health care services are easily accessible?

Do you have a family physician or a nurse practitioner?

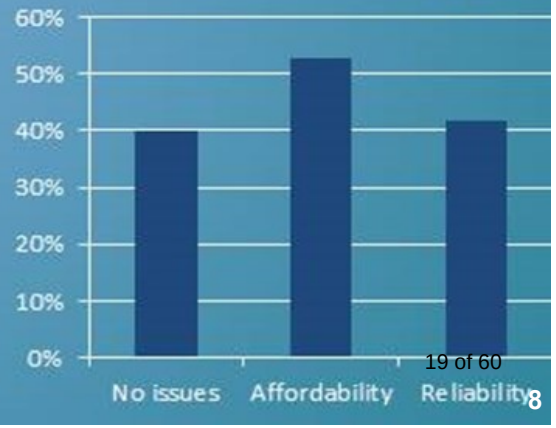
Transportation

Which methods of transportation do you use? Check all that apply.



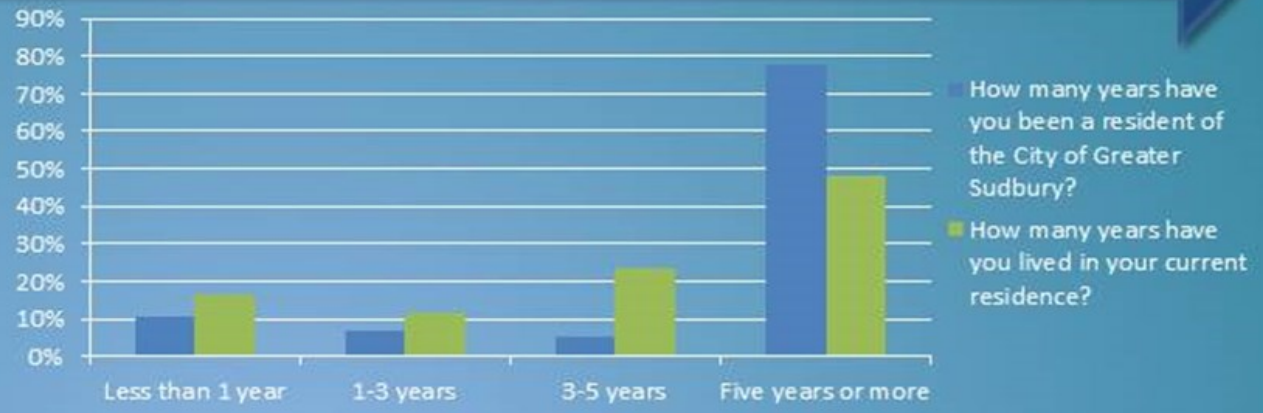
On average, how many times a week do you leave your home for any reason?

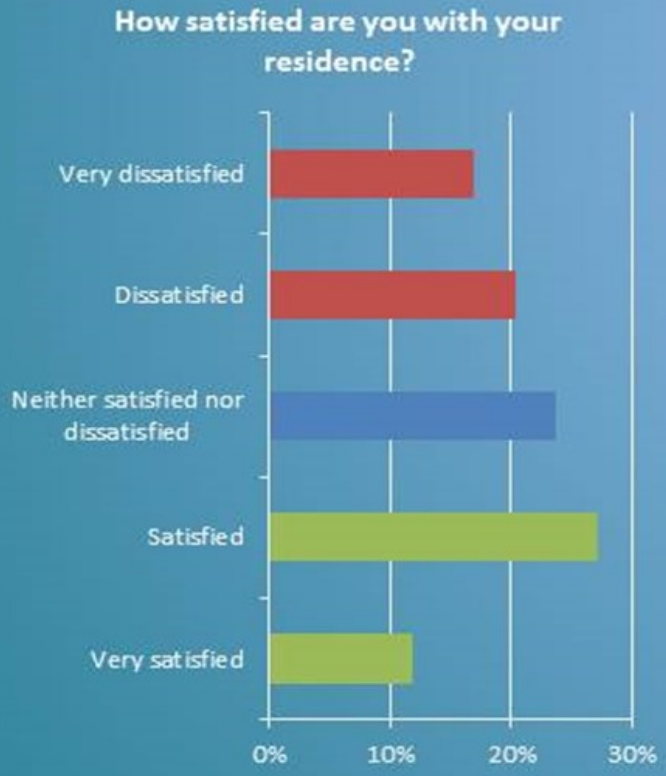
Are affordability or reliability of your methods of transportation an issue? Check all that apply.



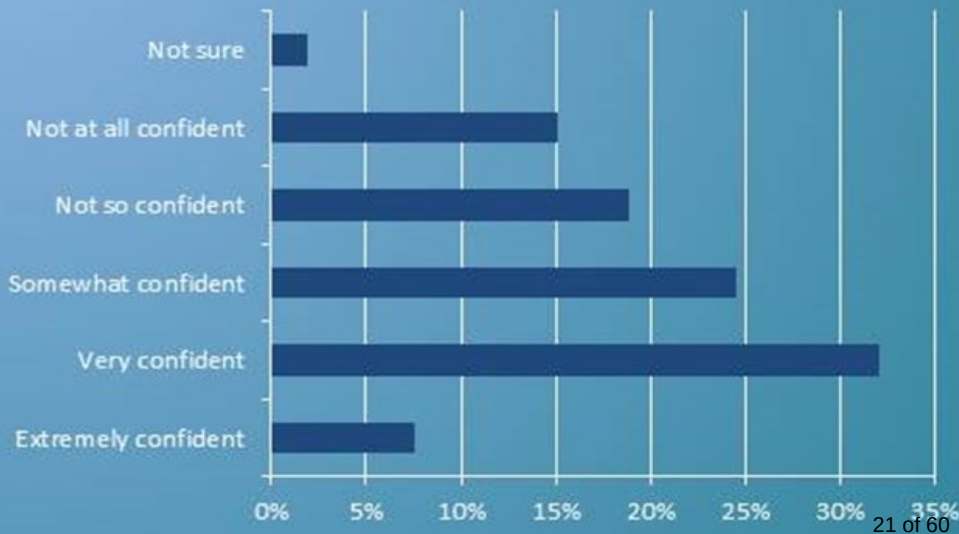
Residence

Please select your current residence:	
1920 Paris St.	34%
1960A Paris St.	17%
1950 LaSalle Blvd	16%
166 Louis St.	12%
720 Bruce St.	10%
1960B Paris St.	7%
241 Second Ave.	3%



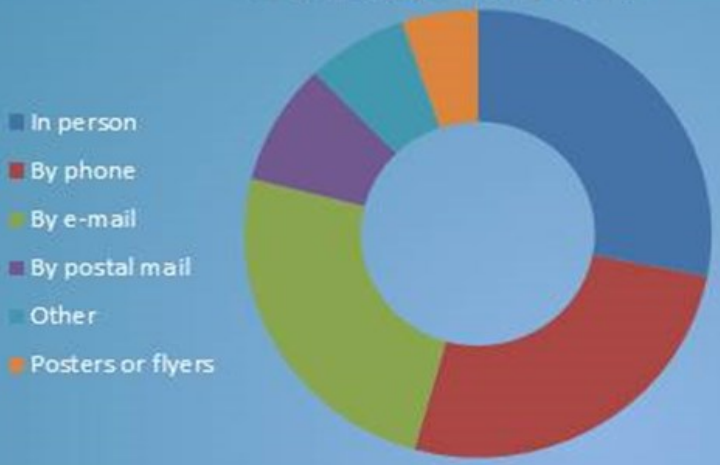


Security

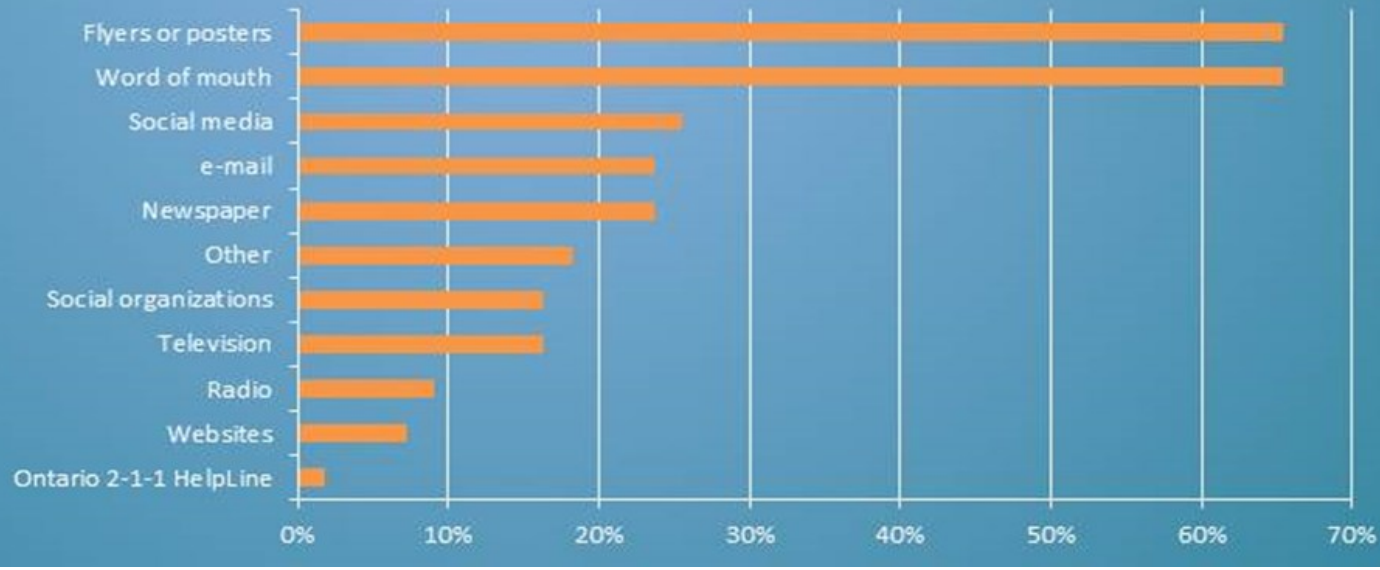


Communication

What is your preferred method of communication with the City of Greater Sudbury's Housing Operations (formerly GSHC)?



How do you receive information about community events or programs? Check all that apply.



Tenant Complaint Process

The Greater Sudbury Housing Operations (GSHO) expects that in the normal course of its interactions with its tenants there will be occasions when tenants are dissatisfied with the service they have received or with decisions made by GSHO. For the most part, such issues are expected to be resolved with Housing Operations front-line staff.

This Tenant Complaint Process is intended to deal with complaints that are made in good faith and that are not resolved after initial attempts between the Complainant(s) and GSHO staff.

This process is intended to benefit tenants and GSHO as a whole. Dealing with complaints through this process will help minimize instances of dissatisfaction and provide valuable guidance in improving procedures and, consequently, the tenants' experiences with GSHO.

This Tenant Complaint Process does not replace the Internal Review Process which allows for tenants to appeal decisions made with respect to the application of legislation such as eligibility for housing, unit size, status on waitlist or calculation of rent. The timelines and process for appeal of those types of decisions is outlined in the Housing Services Act, 2011.

Purpose of the Tenant Complaint Process

The purpose of this Process is as follows:

- To provide tenants and GSHO staff with a clear understanding as to how a complaint will be addressed where initial attempts to resolve the dispute have not been successful and;
- To ensure that GSHO deals with complaints as an opportunity to address issues and improve its ongoing relationship with, and service to, its tenants.

Application of the Tenant Complaint Process

This process applies to all tenants of Greater Sudbury Housing Corporation.

What is a "Complaint"?

A "Complaint" is an expression of dissatisfaction with a policy, decision, or procedure offered or made by GSHO. The Tenant Complaint Process is initiated by a complaint which may be made in writing, over the phone, or in person, as set out below.

Examples of a complaint may relate to a perceived failure of the organization to do something that it has agreed to do, an error, unprofessional behaviour of staff, or a failure of GSHO to observe its own policies.

10 Elm Street, 4th Floor, P.O. Box 430, Sudbury, ON P3E 4P6 • Phone (705) 674-8323 • Fax (705) 564-4453
10, rue Elm, 4e étage, C.P. 430, Sudbury, ON P3E 4P6 • Tél (705) 674-8323 • Téléc (705) 564-4453

Because this process is intended to be used after initial attempts to resolve a matter have proved unsuccessful, a Complainant will be asked to confirm that:

- They have taken positive steps to resolve the issue on their own and that these actions have been unsuccessful; and/or
- They are not able to do so for reasons beyond their control and therefore require assistance from the GSHO.

Note: The Complainant should be able to explain what happened, who was involved, who took what actions, and include dates and times.

Complaint Example:

A tenant who requires a repair to his or her unit must first request maintenance through the established processes with GSHO. The tenant may make a complaint under the Tenant Complaint Process in the event there is no response to the tenant's request in a timely manner, or where the tenant feels the response is unsatisfactory.

How to Make/File a Complaint

A Complainant may make a complaint in a variety of ways including, but not limited to:

- Paper form (submitted in person at the GSHO central office or sent by fax or mail), with forms available from GSHO;
- Internet portal submissions on Sudbury Housing website and/or email submission to GSHO;
- Intake interview procedure, with a staff member, which may be by phone or in person;
- Intake voice message system, to the office, whereby a Complainant may leave the necessary information (in this case, a staff member will contact the Complainant to obtain any missing information and formalize the complaint); or
- Other intake methods as may be determined by GSHO.

Greater Sudbury Housing Operations recognizes that some complainants may require special assistance in bringing their complaints forward. Forms can be made available in different languages and will be compliant with the Accessibility for Ontarians with Disabilities Act, 2005. And, where necessary, GSHO shall ensure that a tenant who cannot read, write or speak English receives the assistance required to file a complaint.

The following information may be collected:

- Name of the complainant;
- Address of the complainant;
- Additional contact information for the complainant (phone number, email address);
- Description of the incident or reason for the complaint, including information such as the names of all parties involved, when and where the incident occurred, and what was said or done/not done;
- Steps taken to address the incident, or an explanation of why no steps were taken; and
- What kind of resolution is being sought by the complainant.

Such information will be strictly confidential and used only to assist a complainant in resolving the complaint.

Complaints relating to personnel are kept separate and apart from tenant or employment files, as the case may be.

Initial Response/Acknowledgement of Receipt

In accordance with the City's customer service standards, within two (2) business days of receiving a formal complaint, GSHO shall provide the complainant with a response confirming receipt of the complaint.

Response/Interim Response

An interim response will be prepared within ten (10) business days and the final response should be completed within fifteen (15) business days. If there are delays in meeting these timelines, the reasons for the delay should be communicated to the complainant.

This interim response will explain how the complaint will be addressed, including:

- The name of GSHO representative responsible for handling the complaint;
- When the complainant can expect to be contacted;
- The expected timeline for resolving the complaint; and
- How the complaint and its resolution will be communicated.

Staff involved will be notified of the complaint and will have the opportunity to address the complainant's concerns. If the complaint relates to that particular staff member, the complaint will be handled by the Senior Department Manager.

Who to Contact about your Complaint – Decision Makers – Four Stage Escalation Process

Every effort should be made to resolve complaints at the "front-lines" without resorting to the internal tenant complaint process. In general, GSHO uses a four (4) stage escalation process to handle and review a complaint.

1. GSHO Front-line Staff
2. GSHO Front-line Managers
3. GSHO Department Senior Managers
4. CGS Director of Housing Operations

Note: Where all steps of the four stage escalation process have been utilized and proven unsuccessful, GSHO shall advise the complainant that it has further recourse to the CGS Service Manager. Please also see the 'Further Recourse' section in this document.

How a Decision is Made

1. Front Line Staff and Managers Review (Informal)

   GSHO front-line staff receiving a verbal complaint may attempt to solve it immediately and informally without the need for a tenant to proceed to submit a formal Complaint Form.

Where a complaint is resolved informally, GSHO is not required to provide a written response to the complainant.

When a complainant requests a formal review of the complaint, or where the complaint relates to a specific staff person, or where the complaint involves an allegation of criminal activity, the complaint shall be referred to a GSHO Senior Manager of that Department for review.

2. Senior Staff Review

When the informal complaint process has not been successful, and a formal written complaint is received, it shall be referred to the relevant GSHO Senior Manager, who may attempt to resolve the matter immediately, or initiate a formal review. In either case, the Senior Manager will advise the complainant of his or her decision.

Where a complaint is resolved immediately by the Senior Manager, the Senior Manager shall make note of the resolution and insert the same into the relevant file. In such a circumstance, a written response to the complainant is not required.

Where a complaint is not resolved by the Senior Manager within fifteen (15) business days of the commencement of the Staff Review, the complainant may submit the complaint for Formal Review. In the event the complaint is related to the actions of the relevant Senior Manager, the Staff Review shall be carried out by the CGS Director of Housing Operations.

3. Formal Review

If the complaint cannot be resolved by the Senior Department Manager, a formal review will be initiated. A formal review may be carried out by a GSHO Senior Manager who is not directly involved in the process or procedures giving rise to the complaint or the CGS Director of Housing Operations.

A formal review may include (without limitation) discussions with the complainant, discussions with staff involved, review of any relevant information, and obtaining third party evidence or expert advice.

The complainant will be advised in writing of the results of the formal review and, if the complaint is found to have been justified, the corrective action to be taken by GSHO. If the complaint is found not to have been justified, the complainant shall be so notified in writing with the reasons for such finding and any options for further recourse.

Potential Outcomes

By their very nature, all complaints will be different and may require different solutions. Without limiting the potential ways in which GSHO and complainants, working together, may be able to resolve a complaint, potential resolutions include:

- An apology;
- A change to operating procedures;
- Reimbursement of funds;
- Third party mediation;
- A referral to other forms of redress; and/or

- No action required

Further Recourse

Recognizing that not all complaints will be resolved in a manner satisfactory to the complainant, where GSHO makes a decision that a complaint is not justified, and where all steps of the four (4) stage Escalation Process have been utilized and proven unsuccessful, GSHO shall advise the complainant that it has further recourse to the CGS Service Manager, GM of Community Development or, in appropriate circumstances, to other legislative processes such as making a complaint to the Landlord and Tenant Board or the Ontario Human Rights Commission. To the extent a statutory framework exists governing the resolution of a complaint, the complainant may pursue remedies through such framework.

Presented To:	Community Services Committee
Presented:	Monday, Aug 12, 2019
Report Date	Friday, Jul 26, 2019
Type:	Correspondence for Information Only

For Information Only

Pioneer Manor - 2nd Quarter Report

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report for information was prepared to provide Community Services Committee a quarterly update regarding operational issues and good news stories for Pioneer Manor.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By
Glenda Gauthier
Manager of Resident Care
Digitally Signed Jul 26, 19

Health Impact Review
Glenda Gauthier
Manager of Resident Care
Digitally Signed Jul 26, 19

Division Review
Aaron Archibald
Director, North East Centre of Excellence for Seniors Health
Digitally Signed Jul 26, 19

Financial Implications
Jim Lister
Manager of Financial Planning and Budgeting
Digitally Signed Jul 29, 19

Recommended by the Department
Ian Wood
Interim General Manager of Community Development
Digitally Signed Jul 29, 19

Recommended by the C.A.O.
Ed Archer
Chief Administrative Officer
Digitally Signed Jul 29, 19

EXECUTIVE SUMMARY

Pioneer Manor is committed to providing a safe, healthy, and supportive environment by treating residents, families, visitors and employees, with respect and fairness. The Home strives towards a balance between ensuring that residents are safe and ensuring that the quality of life of the residents is not being adversely affected by the safety measures put into place.

GOOD NEWS STORIES

Pioneer Manor Awarded Grant Update

Pioneer Manor was successful in receiving a $25,000 grant through the New Horizons for Seniors Program towards an Outdoor Seniors' Exercise Park. This project involves the redevelopment of space next to an existing walking path on the property of the North East Centre of Excellence for Seniors' Health. A steering committee was formed with local community partners and decisions have been made regarding the location of the park specifically and the selection of five (5) pieces of senior-friendly exercise equipment. The project will further strive to enhance the outdoor space with trees, benches, and signage and garbage receptacles. Furthermore the purchase of Nordic Walking poles that may be signed-out on loan will allow residents to use the poles to exercise independently or participate in a community class on the property. The goal is to also ensure complete accessibility for those with disability with a wide path to the exercise pad which is covered with rubberized tile. The subcommittee is currently submitting requests for additional funding to assist with the preparation of the ground to ensure accessibility and safety for participants. The project was initiated in April of 2019 and runs till the end of March 2020. It is anticipated that the exercise stations will be installed by September with a planned celebration and ribbon-cutting ceremony in early October.

I AM Francophone! Project

I AM Francophone! Project came to a close March 31, 2019 following a year-long initiative as a result of receiving $25,000 grant from the Francophone Community Grants Program. This project aimed to increase resources to enhance French programming to Francophone residents through acknowledging individual personhood and celebrating and encouraging cultural and social identity. In collaboration with community partners sitting on the Home's Steering Committee, project goals were met. Pioneer Manor believes the project was successful in impacting and engaging seniors, young Francophone adults and Francophiles as well as in educating those of the Anglophone population who may have been less familiar with Francophone history and culture. Feedback was very positive. Francophone residents who were previously dis-engaged began attending weekly activities. Entertainers who could entertain in both languages are now more sensitive and aware of the desire to be more balanced with the delivery of Anglophone and Francophone music. Signage has been greatly improved throughout the Home. Throughout the year five (5) significant cultural events were celebrated including the raising of a Franco Ontarian flag on St. Jean Baptiste day.

Going forward, the Home will continue to dedicate staff to the delivery of specific Francophone programming on a weekly basis as well as special cultural events. Pioneer Manor is moving ahead in the coming months with enhanced / improved name tags which will have larger font and more visible using contrast colours as well as identifying language(s) spoken. The Home is exploring the opportunity to re-design the resident room name plates also hoping to identify language preference. Pioneer Manor continues to ensure there is a balance to the entertainment provided on a weekly basis in terms of delivering in both languages. The purchase of supplies and apps will continue to be used. Monthly subscriptions to French language magazines will be maintained and distributed throughout the Home. Technology (such as iPads, smart TVs, iPods) is being used to reach residents in groups as well as those who are best seen on an individual basis. Brochures have historically been translated in both languages, however, moving towards enlarging the brochures and having both languages on the same pamphlet as recommended by the steering committee. Pioneer Manor will continue efforts to recruit volunteers who are bilingual as well as provide language / communicate aids to staff as deemed necessary.

Completing the work for this project has given as good head start for the Home to be able to meet the new annual reporting requirement to the LHIN in relation to Health Service Providers that are not designated under the French Language Services Act (FLSA) nor identified to provide FLS, to develop mechanisms to address the needs of its local Francophone community including the provision of information on local health services that are available in French.

Inspections from Ministry of Health and Long-Term Care (see reference 1 below for definitions)

During the second quarter of 2019 the Ministry of Health and Long-Term Care (MOHLTC) completed one (1) inspection on site and two (2) via telephone.

On April 25th the MOHLTC contacted the Home and reviewed six (6) critical incidents and on May 15th reviewed nine (9) critical incidents that had been submitted by Pioneer Manor to the Ministry. No areas of noncompliance were found.

In June the MOHLTC conducted a "critical incident," "complaint" and a "follow up" inspection resulting in the Ministry finding the Home to be in compliance at the time of this inspection to the two previously issued Compliance Orders received in March 2019. In addition the Home received one (1) Voluntary Plan of Correction (VPC), and two (2) Written Notifications of Non-Compliance (WN) (see attached "Appendix B" for specific details).

Critical Incident Reports

All critical incidents (CI) involving residents must be reported to the Director [under the Act] as designated under the *Long-Term Care Homes Act 2007*. The incidents are documented within the on-line Mandatory Critical Incident System (CIS) and received by the the Ministry of Health and Long-Term Care (MOHLTC) (see reference 2 below for definitions). During the second quarter of 2019 the below CIs were submitted.

2019 CI Relating to "Alleged/Actual Abuse/Assault"	Q2	
Number of CI Submitted	29	
Number of CI Resident to Resident	6	21%
Number of CI Staff to Resident	20	69%
Number of Staff to Resident allegations **not substantiated**	11	55%
Number of CIs Visitor to Resident	0	0%
Number of CIs submitted within time lines as per Act	29	100%
2019 Other CI's Submitted		
Incident that causes an injury to a resident for which the resident is taken to hospital and which results in a significant change in the resident's health status	6	
Missing Controlled Substance	0	
Missing Resident less than 3 Hours	1	
Outbreak	0	
Environmental	0	

Complaints / Concerns

The following complaints / concerns were received during the second quarter of 2019

As per section 56 (2) of the Long-Term Care Homes (LTCH) Act 2007 the Home has a duty to respond in writing within 10 days of receiving the concern, request or recommendation from either the Resident or Family Councils. In response to the Councils' concerns the below actions were put into place:

- Resident council requested residents to have access to the resident smoking area twenty-four hours a day. The council was informed them that the Home is currently examining safety measures that would need to be implemented and would communicate when it would be possible. As a start the Home initiated unlocking the smoking area doors at 0500 hours instead of 0600 hours.
- Resident council requested to have less institutional looking privacy curtains in the residents' rooms. The Home will explore but previously we have been unsuccessful due to specifications under the fire code and size requirement
- Resident council requested to a have a system put in place so that the elevators could talk as this would be helpful for those residents with visual impairments. Pioneer Manor's elevators currently do not have voice capabilities, however the Home investigated possibility to install. The council was provided an update stating that sound could be added to the elevators with a significant cost associated with it, and that currently Pioneer Manor does not have a budget for this upgrade and will revisit in 2020. For now the Home will research alternative options to improve signs so residents know what floor they are on.

As per O. Reg. 79/10, s. 101 every written or verbal complaint made to the Home or a staff member concerning the care of a resident or operation of the Home is investigated and resolved where possible, and a response indicating what the licensee has done to resolve the complaint, or that the Home believes the complaint to be unfounded and the reasons for the belief within 10 business days of the receipt of the complaint.

- Eight (8) written concerns were submitted by residents' family member in relation to care issues. All concerns were investigated and family members received written response to concern. All family members were satisfied with response.

Ministry of Labor (MOL)

The MOL was on site on June 27th as response to a critical injury which occurred at Pioneer Manor June 17th where a worker lost consciousness in the workplace. The loss of consciousness was related to a pre existing medical condition that was disclosed to the Home following the incident. No orders were issued.

Safety Messages

Each month a new resident and staff safety message is communicated at all meetings taking place at Pioneer Manor. June's resident safety message was; "Be sun safe. Wear a hat and sunscreen when going outside. Be sure you stay well hydrated by drinking plenty of water". The staff safety message was; "As the weather warms up we can expect the building to warm up as well. In warmer conditions becomes increasingly important for you to remain hydrated to keep your body functioning properly. Make sure to drink regularly throughout your shift. The recommendation for optimal hydration is for 1/2 cup of water every 20 minutes. You may start to become dehydrated even

before you feel thirsty so keep a bottle of water that you are able to access on a regular basis. Don't forget that drinks (even closed water bottles) are not allowed on any carts, as per the Ministry of Labour, due to the potential for cross contamination. Work with your supervisor to determine a safe location where you may leave your water bottle." Pioneer Manor's Health and Safety Newsletter "Safety Check" provides information monthly to staff relating to the types of staff incidents that occurred throughout the previous month, Health & Safety (H&S) policy updates, staff responsibilities etc.

Pre-Shift Stretching Program Update

As one of the improvement areas put in place to address the number of employees on modified duties, on April 26th, the roll out of the pre-shift stretching program for all sections and employees across Pioneer Manor was completed. This program involves the completion of various stretches at the beginning of the shift to prepare employees bodies for physical activity. The goal of the pre-shift stretching is to assist in reducing the number and significance of injuries but also contribute to the overall wellbeing of employees by reducing muscle tension and pain that many experience due to the physical nature of the work activities.

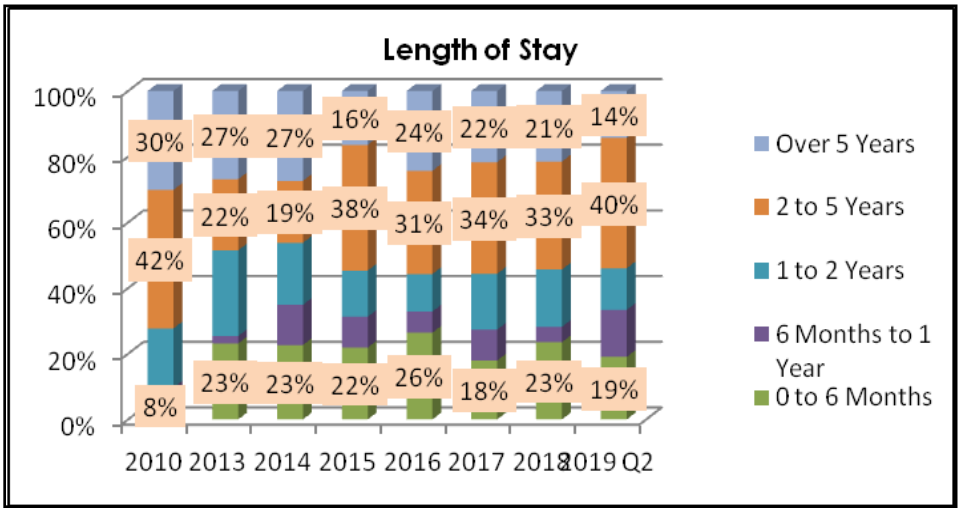
Some takeaways from the roll out were, even when staff members were resistant to the idea, once the program started and their co-workers were participating, most of them joined the group after a very short period of time. Demonstration and instruction was the key; some employees were intimidated by the thought of stretching, as they didn't understand what it would involve. The demonstration and education helped them to be more comfortable. Performing the roll out in small groups and in the Home Area helped reduce the intimidation as well. There are a lot of people working sore. Shoulder pain was the most evident. Explaining to the employees the potential benefits of stretching as a method of reducing their aches and pains hopefully helped to encourage some employees to continue. Several employees commented that after one week of consistent stretching, they experienced a reduction in muscle pain. Support from the Director, Managers and Supervisors goes a long way! There was much more participation during this rollout than during previous attempt in 2011/2012 due to the support that the program had from the Director, Managers and Supervisors. The Home is hopeful the momentum will continue to build.

Key Performance Indicators

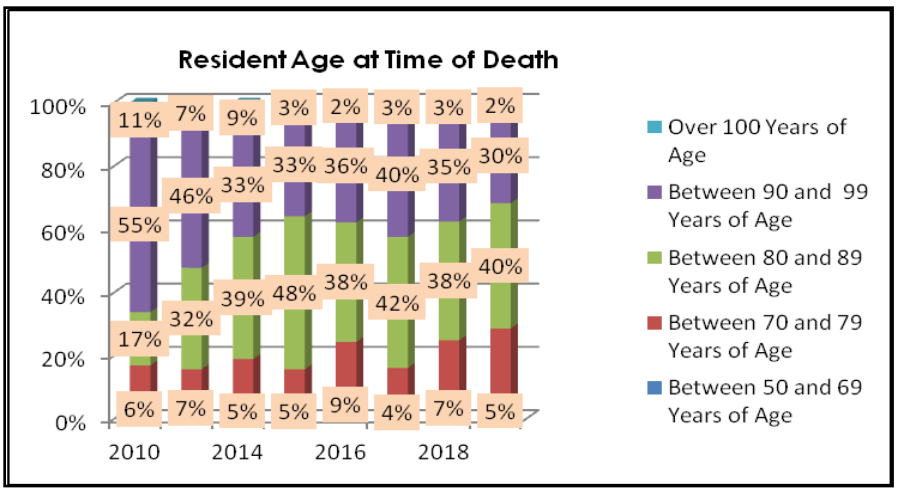
Long-Term Care Home Availability (as of June 2019)					
Facility Name	**Beds**	**# on waitlist for Basic Bed**	**# on waitlist Private Beds**	**Average beds available/month**	**Total # waiting**
Pioneer Manor	433	423	200	7	567
North East LHIN	1554			43	1133

Resident Care Stats (433 Residents)		2017	2018	Q1&2 2019
Admissions	Total for Year	97	144	73
Readmissions	Total for Year	186	115	37
Discharges	Total for Year	1	9	5
Deaths	Total for Year	106	149	63
Emergency Room Visits	Total Visits per Year	183	253	68
	% Residents Admitted to Hospital	53%	50%	54%
Internal Transfers	Total for Year	102	107	46
Occupancy Rate	Required greater than 97%	99%	99%	99%

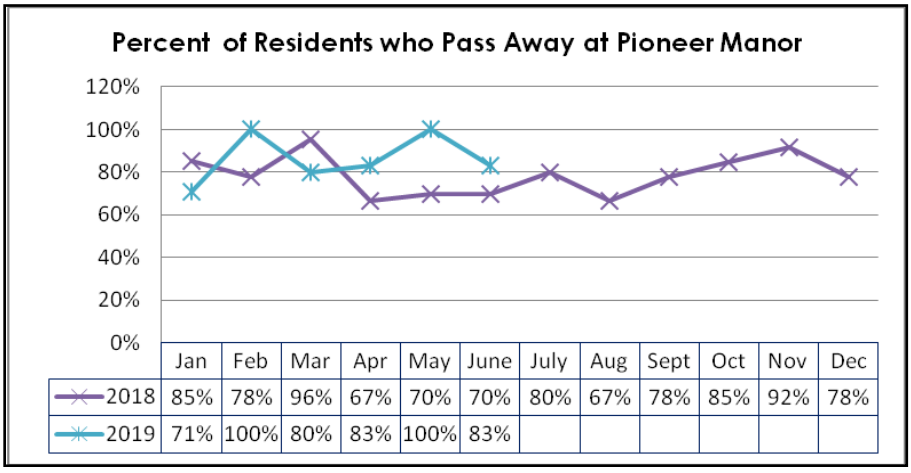
Facility Name	Q1 FY 2017/18	Q2 FY 2017/18	Q3 FY 2017/18	Q4 FY 2017/18	Q1 FY 2018/19	Q2 FY 2018/19	Q3 FY 2018/19
Pioneer Manor	6.8%	5.1%	4.1%	7.6%	8.4%	7.4%	6.3%
North East LHIN	8.5%	8.6%	8.2%	9.0%	9.1%	8.4%	7.9%
Ontario	7.2%	7.7%	7.4%	7.8%	7.4%	7.7%	6.4%
Chart based on data provided by the MOH April 2019. The percentage is not reflective of the Home's bed count of 433 beds, but the unique number of individuals who occupied a bed at any time during the quarter and were over the age of 65 at time of admission to the ED							



To date 54% of residents who passed away were residents at Pioneer Manor were greater than two years compared to 72% in 2010



To date 32% of residents were over 90 years of age at time of death compared to 66% in 2010



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2018	85%	78%	96%	67%	70%	70%	80%	67%	78%	85%	92%	78%
2019	71%	100%	80%	83%	100%	83%						

To date 86% of residents passed at away at Pioneer Manor compared to 81% in 2018.

Infection Control

Tracking of infection control rates and analysis of the information to identify clusters (note inherited cases are brought into the Home from the community).

Number of New Cases	2019 Q2
Methicillin Resistant Staphylococcus Aureus - inherited	4
Methicillin Resistant Staphylococcus Aureus - acquired	1
Vancomycin-resistant Staphylococcus aureus – inherited/acquired	0
Extended Spectrum Beta Lactamase - inherited	1
C. Difficile.	0

During the second quarter of 2019 Pioneer Manor had no outbreaks declared by the local public Health Unit.

Falls Prevention

During the second quarter of 2019, one hundred and ninety-seven (197) residents [45.5%] participated in the Falls Prevention Program receiving one to one physiotherapy.

Monthly audits of universal precautions were completed by committee members. Among the concerns needing attention were: loose bed rails, light not working, call bell in washroom not working, bedrail photo missing, mats left on floor. All issues addressed.

Ongoing monthly audits of bedrail use by night shift RN Supervisors assessing consistency between the daily census and practice, second component assessing consistency between resident care plans and practice were completed during the second quarter of 2019. Any errors noted were corrected.

To prevent resident injury at the end of the second quarter there were eighty (80) residents using chair or chair pad sensors, one hundred and forty (140) residents using bed sensors five (5) residents with infrared sensors, and eight (8) residents were prescribed hip protectors.

At the end of the second quarter, there were thirty-three (33) residents using restraining devices (restraints and personal assistive safety devises [PASDs]) excluding bedrails as per CIHI definition. There were ten (10) restraints and seventy-nine (79) PASDs (43 of which are bedrails) used.

Employees on Modified Work (MW)

Several improvement ideas have been put in place to address the number of employees on modified duties as a result of occupational injury or illness. At the beginning of 2019, Pioneer Manor had an average of twenty-two (22) employees on MW with a goal of decreasing to seventeen (17) by the end of the year. At the end of the second quarter of 2019 the Home is at an average of sixteen (16) employees. In June the average went to an all time low of eleven (11) employees.

Facility Services

Remedial painting continued throughout the Home. Monthly generator test was completed during each month of the second quarter including a load bank testing.

Additionally, air conditioning in the York Wing of the Home was improved. The patio glass enclosure on one of the patios of the First Floor Lodge (Secure Area) was removed to allow the residents direct access to the secure Winter Garden.

At the beginning of April three employees' vehicles were vandalized during the night shift. The Director met with the staff involved, the JHSC and had a security assessment completed by Brendan Adair, Manager of Security and By-Law Services. In an effort to deter future occurrences and enhance the visibility, all of the existing lighting starting in the back parking lot was replaced with brighter LED lighting. The Home's

video surveillance was updated with newer cameras, and more video surveillance signs were installed. To proactively remove items that could be used to vandalize vehicles a monthly site inspection conducted by Maintenance personnel of the parking lot was initiated. A new camera has been installed that once set up will be fed to a dedicated monitor screen at TDS and their security guard (when at desk) will be able to see if something is happening on Pioneer Manor property and contact 911 if needed.

Emergency Preparedness

During the second quarter annual fire alarm testing and inspection were completed.

	2019 Q2
Monthly fire drills on all three shifts	Monthly
Code White (situation with actual/potential violent or out of control person)	35
Code Yellow (missing resident)	1
Code Blue (medical emergency)	1

Update 2019 Strategic Issues & Opportunities

Build and enhance the volunteer base at Pioneer Manor:

- The Home currently has a total of one hundred and fifty-four (154) volunteers; seven (7) new volunteers were recruited this quarter
- 2267 volunteer hours for the quarter, in May the Home had a record high of 802 hours!!!
- Annual Volunteer Recognition event for Pioneer Manor Volunteers was held in April
- Participated in Job Fair Recruitment for newcomers at Lexington Hotel in May
- Additional recruitment campaign started with Volunteer Sudbury, new portal for volunteer job postings
- Attended PAVRO conference in Ottawa in May - networking and best practices in areas of recruitment, retaining and engagement opportunities
- Attended job recruitment fair in Toronto in May
    - Over 150 participants, many highly-skilled in the engineering area, some were physicians in their country of origin
    - Participants were mainly from Nigeria, India, Cuba, Haiti and South Africa
    - Many asked how they could become qualified as PSWs. Particular interest in how spouses could become PSWs
- Participated in the Seniors Fair at Carmichael Arena in June

Complete implementation of Kronos TeleStaff scheduling software module, which will allow better employee access to current schedules, electronic submission of time-off requests and shift exchanges, and integration between the call-out and scheduling components.

- The project is ongoing, currently in the final testing phase of the project. Estimate one months before able to go live

Quality Improvement Plans

As per the "*Excellent Care for All" Act 2010* legislation Pioneer Manor is required to create annual quality improvement plans (QIP). On April 1, 2019, Pioneer Manor submitted, the "2018-2019 QIP Progress Report", "2019-2020 QIP Work Plan" and the "2019 – 2020 Narrative" to the MOHLTC (see attached "Appendix A" for specific details).

Indicator	2018/19 Targeted Improvement	2019 Current Performance	Comment
Number of Emergency Room visits per 100 long-term care residents	To decrease from 19.25% to 15%	21.63%	With iternal reporting the numbers were more favorable
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences" indicator.	To increase from 78% to 80%	61.54%	Did not reach goal
Prevalence of residents who indicate they have enjoyable things to do here on evening's indicator.	To increase from 38% to 50%	49%	Did not reach goal but did see an improvement from 2018
Percentage of residents who responded positively to the question, "I would recommend this site or organization to others?"	To increase from 77.27% to 80%	78%	Did not reach goal but did see an improvement from 2018
Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?"	Maintain 90%	96%.	Reached goal
Percentage of residents who fell	To decrease from 21.56% to 15%	17.70%	Did not reach goal but did see an improvement from 2018
Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	To maintain 5%	4%	Reached goal
Percentage of residents who were given antipsychotic medication without psychosis	To decrease from 22.62% to 21%	21.10%	Did not reach goal but did see an improvement from 2018

For the 2019-2020 year Pioneer Manor's QIP the Quality Improvement Committee decided on five (5) indicators to work on. The number of ED visits per 100 long-term care residents indicator, the percentage of residents who responded positively to the

question, "I would recommend this site or organization to others?", the percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences" indicators, the number of reported musculoskeletal injuries to staff (occupational) and the number of workers on modified duty as a result of occupational injury/illness indicators.

Reference 1

The Long-Term Care Home Quality Inspection Program (LQIP) safeguards residents' well-being by continuously inspecting complaints and critical incidents, and by ensuring that all Homes are inspected at least once per year. This is achieved by performing unannounced inspections and enforcement measures as required, and ensuring that actions taken by the government are transparent. The MOHLTC conducts complaint, critical incident, and follow up, comprehensive and other types of inspections. An RQI inspection is a comprehensive, systematic two-stage inspection.

For each instance where 'non-compliance' with the legislation has been identified during an inspection a decision must be made by the inspector on the appropriate action to take, including whether to impose a sanction that is an Order. At minimum the inspector will issue a **Written Notification of Non-Compliance (WN**). Whether further action is required is based on an assessment of the following factors; severity and scope of harm (or risk of harm) resulting from the non-compliance and the licensee's past history of compliance for the last 36 months. Actions taken may include; **Voluntary Plan of Correction (VPC),** which is a written request for the Home to prepare a written plan of correction for achieving compliance to be implemented voluntarily. The Home is not required to submit the plan to the ministry. There is no required compliance date set out in the inspection report. **Compliance Order (CO)**, which is an order for the licensee to do anything, or refrain from doing anything to achieve compliance with a requirement under this Act or; prepare, submit and implement a plan for achieving compliance with a requirement under this Act. The Home is required to follow the Order to achieve compliance with the LTCHA within the timelines for compliance set out in the Order. **Work and Activity Orders (WAO)**, which is an order for the Home to allow employees of the ministry, or agents or contractors acting under the authority of the ministry, to perform any work or activity at the LTC Home that is necessary, in the opinion of the person making the order, to achieve compliance with a requirement under this Act; and to pay the reasonable costs of the work or activity. The Home is required to follow the Order to achieve compliance with the LTCHA within the timelines for compliance set out in the Order. **Written Notification and Referral to the Director (WN & Referral**) is a written notification to the Home that they have referred the matter to the Director for further action by the Director. *(LTCHA, 2007, C.8 s. 152 – 154)*.

Reference 2

The LTCH Act defines a CI as an event which poses a potential or actual risk to the safety, security, welfare and/or health of a resident or staff member or to the safety and security of the facility which requires action by staff and/or outside agencies.

- A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the MOHLTC Director:
  - Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident,
  - Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident,
  - Unlawful conduct that resulted in harm or a risk of harm to a resident
  - Misuse or misappropriation of a resident's money,

- Misuse or misappropriation of funding provided to a licensee under this Act,
- An emergency, including fire, unplanned evacuation, or intake of evacuees that affect the provision of care or the safety, security or well being of one or more resident of a LTC Home.

- A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall within one (1) business day report the information upon which it is based to the MOHLTC Director:
  - An unexpected or sudden death, including a death resulting from an accident or suicide,
  - A resident who is missing for three hours or more,
  - Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing,
  - An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act,
  - Contamination of the drinking water supply,
  - An environmental hazard, including a loss of essential services, flooding, breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours,
  - A missing or unaccounted for controlled substance,
  - A medication incident or adverse drug reaction in respect of which a resident is taken to hospital,
  - An injury in respect of which a person is taken to hospital and that resulted in a significant change in the resident's health condition

2018/19 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Pioneer Manor 960 Notre Dame Avenue Sudbury Ontario

AIM		Measure								Change				
Quality dimension	Issue	Measure/ Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comment
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)														
Effective	**Effective Transitions**	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2016 - September 2017	52162*	19.25	15.00	Target not met in previous year, but down from 2016/17. Will continue to work on this.	1)Review and analyze emergency transfers.	Program Coordinators to review ER transfers noted on 24 hour report and discuss at daily huddle with Manager of Resident Care and other Program Coordinators together. Re-instruction of RN/RPN staff will occur if transfer was deemed unnecessary/inappropriate.	All emergency transfers discussed and analyzed.	100% of transfers justified or reviewed with responsible staff where required.	
										2)Track and review ER Transfers with physician group.	Transfers tracked including who initiated the transfer (resident, family, care staff) and which residents were admitted to hospital as a result of transfer. This is then reviewed at quarterly Pharmacy & Therapeutics Committee with input from Medical Director, Manager of Resident Care, Physician, Nursing Program Coordinators.	As above.	All ER transfers will be reviewed/ discussed with as needed/just-in-time education to staff, residents, families as required when transfers were deemed unnecessary.	
Patient-centred	**Person experience**	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / April 2017 - March 2018	52162*	78	80.00	Goal is to maintain or improve current performance.	1)Deliver customer service education to staff to enhance the resident/family to staff experience.	In-person education through inservices and counselling sessions through a psychologist to review methods for dealing with challenging situations involving residents and their families.	Will track sessions offered, as well as, attendance at sessions.	70% of staff will attend at least one customer service session in one year.	
		Prevalence of residents who indicate they have enjoyable things to do here on evenings.	C	% / Adult long stay home care clients	In-house survey / 2018	52162*	38	50.00	On 2017 survey, 15% indicated they had enjoyable evening activities most of the time and 24% of respondents said all of the time.	1)Increase visibility of evening and weekend programs in Winter Park, our large congregate activity space.	Offer more programs at these times and advertise more broadly within the Home.	Activity calendar will reflect additional activities.	Attendance/participation in evening programs will measurably increase.	
										2)Initiate francophone programming to address the francophone population.	Programs specifically targeted to french-speaking residents and offered in french will be more available.	Activity calendar to reflect an increase in such activities.	Attendance/participation in evening programs, by francophone residents, will increase.	
	Resident experience: "Overall satisfaction"	Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	P	% / LTC home residents	In house data, interRAI survey / April 2017 - March 2018	52162*	77.27	80.00	Goal is to meet or exceed current performance	1)Improve staffing consistency.	With introduction of a new staffing module and recommendations from previous in-house Operational Review Committee, the goal is to more consistently have a full staffing complement on duty, as well as, keep the assigned staff member per resident more consistent from day to day.	Staffing shortages.	Number of shifts worked short, in the nursing department, will decline.	
										2)Deliver customer service education to staff to enhance the resident to staff experience.	In-person education through inservices and counselling sessions through a psychologist to review methods for dealing with challenging situations involving residents and their families.	Will track sessions offered, as well as, attendance at sessions.	70% of staff will attend at least one customer service session in one year.	
		Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS)	P	% / LTC home residents	In house data, NHCAHPS survey / April 2017 - March 2018	52162*	90	90.00	Previous target of 68% was surpassed.	1)Improve staffing consistency.	With introduction of new staffing module and recommendations from previous Operational Review Committee, the goal is to more consistently have a full staffing complement on duty, as well as, keep the assigned staff per resident more consistent from day to day.	Staffing shortages.	Number of shifts worked short will decline.	
										2)Deliver customer service education to staff to enhance the resident to staff experience.	In-person education through inservices. Counselling sessions reviewing methods of dealing with challenging situations involving residents and families.	Will track sessions offered, as well as, attendance at sesssions.	70% of staff will attend at least one session in the year.	
Safe and Effective Care	**Medication safety**	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / July - September 2017	52162*	22.62	21.00	Goal is to maintain or improve current performance which is better than the provincial and LHIN averages.	1)Monitor antipsychotic drug use and review/discuss with medicine, nursing, and pharmacy.	Remain as a standing item on the quarterly Pharmacy & Therapeutics Committee and Medical Advisory Committee.	Report of antipsychotic use produced quarterly.	Report of antipsychotic use reviewed and discussed quarterly.	
										2)"Monitoring of Antipsychotic Use in Dementia" form to be used by physicians to record antipsychotic use in residents with a diagnosis of dementia.	Form utilized to ensure an appropriate diagnosis is identified for the resident and entered in the health record.	Forms/results reviewed at quarterly Pharmacy & Therapeutics Committee and Medical Advisory Committee.	% of residents who were given antipsychotic medication without psychosis in the preceding 7 days to remain at current level or decrease.	

2018/19 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Pioneer Manor 960 Notre Dame Avenue Sudbury Ontario

AIM		Measure								Change				
Quality dimension	**Issue**	**Measure/ Indicator**	**Type**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**	**Comment**
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)														
Safe and Effective Care	**Safe care**	Falls in long stay home care patients	C	% / LTC home residents	CIHI CCRS / 2018	52162*	21.56	15.00	Our target of 15% was not achieved in 2017/18.	1)Alternate data collection systems and tracking to identify patterns/trends will be explored.	Falls Management Committee to establish indicators	New indicators established	New processes in place by June 2018	
										2)Monthly fall prevention/least restraint messaging to be communicated to resident care staff.	Monthly message distributed and communicated to staff through monthly team meetings and posted in resident home areas.	Safety messages created and distributed.	Messages distributed monthly.	
		Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI CCRS / July to September 2018	52162*	4.97	5.00	Working to maintain improvement that was achieved last year.	1)Implement a pre-printed wound care order set to reflect our wound care protocols for the various wound stages/types. Protocols reflect best practices and will facilitate implementation of the correct protocol for the specified wound.	Develop pre-printed order sheet.	New order sheet will be in place and utilized for all new or worsening pressure wounds.	New process will be in place by June 2018.	

Let's Make Healthy Change Happen.

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

3/30/2019

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.

Overview

Pioneer Manor is a 433 bed municipal Home owned and operated by the City of Greater Sudbury.
The Home established a Quality Council in 2016 and is in the process of finalizing the quality indicators it wishes to track on a go forward basis.
In addition to Council, there are various other teams/committees charged with managing quality within the organization including responsive behaviours, pain and palliative care, continence care, skin and wound management, falls management.
The Home currently administers two surveys to residents/families annually; a quality of life and satisfaction survey. These are currently being merged into one survey which we hope will equate to a better overall response rate, more indicative of our residents' experience.

Describe your organization's greatest QI achievement from the past year

The Home underwent a survey through Accreditation Canada and received a 3-year accreditation award.

Additionally, we embarked on training of four (4) Personal Support Workers (PSWs) as trainers who then delivered a full day session to fourty (40) of our most senior, full time PSWs on every shift in Excellence in Resident Care.

Patient/client/resident partnering and relations

The various committees have solicited resident and family participation and continues to be challenged in this area.
Again, recently, we have approached both groups through Resident and Family Councils to ask for their participation in our activities. We are awaiting a response.

Contact Information

Aaron Archibald
Director
Pioneer Manor
(705) 566-4282 ext. 3200
aaron.archibald@greatersudbury.ca

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)

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Pioneer Manor 960 NOTRE DAME AVENUE

AIM		Measure									Change				
Issue	**Quality dimension**	**Measure/ Indicator**	**Type**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**	**Target justification**	**External Collaborators**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**	**Comments**
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	**Efficient**	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	52162*	21.63	15.00	Target for last year not previously met, so we continue to aim for a significant reduction.		1)Review and analyze emergency transfers.	As started in 2018, the Resident Care Coordinators review ER transfers daily at huddle to determine the appropriateness and identify when alternatives may have been utilized, such as the Emergency Department Outreach Service. Re-instruction of RN/RPN staff occurs if the transfer was deemed unnecessary. Based on internal measures, this has proven effective. The Home participates with other local LTC Homes, the hospital, and the North East LHIN to address the transition of residents within and from LTC to hospital. Will be exploring the use of the PREVIEW-ED tool, to be used by PSWs for early detection of health issues which has been shown to significantly reduce hospital admissions in other settings.	All emergency transfers discussed, analyzed, and logged.	100% of transfers justified or reviewed with responsible staff, where required.	In-house analysis, over an 8 month period, shows only 2% of emergency transfers were potentially avoidable. All others justified based on physician order, mental health crisis, need for acute intervention (with admission to hospital), or resident/family request for transfer out.
Theme II: Service Excellence	**Patient-centred**	Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	52162*	78	90.00	While results of this survey equated to 78%, the Resident Satisfaction Survey conducted later in the year showed a 96% satisfaction rate.		1)Increase access to support and financial assistance to residents.	Staff the Reception desk/banking area on all days including statutory holidays.	Will be reflected in Satisfaction Survey results.	More residents indicating their overall satisfaction with our Home compared to previous year.	
											2)Revised Customer Service policy and Concern Management policy being rolled out throughout the Home.	Focus will be on identifying and addressing concerns before they escalate to the complaint stage.	To quantify through a newly revised Resident Satisfaction/Quality of Life Survey to be administered in fall 2019.	To achieve a more substantial survey return rate that will be more reflective of overall resident opinion.	
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	52162*	61.54				1)				Continuing to concentrate on overall satisfaction.
Theme III: Safe and Effective Care	**Effective**	Proportion of long-term care home residents with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	52162*	CB	CB	We believe we are doing well in this area but need to gather more detailed information in order to measure change.		1)Will be exploring new tools to help ensure the Palliative Care Performance Tool is effectively implemented and, therefore, residents who would benefit from palliative care are identified in a timely manner.	Implement the Palliative and End of Life Management Clinical Support Tool, offered through Think Research, to provide evidence-based decision support by incorporating hospice palliative care best practices and documenting identification and decision making in the resident's electronic record in PointClickCare.	New tool implemented before end of 2019.	To be determined.	
		Number of reported musculoskeletal injuries to staff (occupational).	C	Number / Worker	In house data collection / 2019	52162*	166	149.00	Represents a 10% decrease over 2018.		1)Pre-shift stretching program.	Pre-shift, staff are led through a stretching program to warm up and prepare themselves for the physical demands of the work that they will be completing.	Compliance with pre-shift stretching.	Stretching program embedded in the workday as a regular practice.	
											2)Safety Meetings	Post injury, staff participate in a safety meeting with the Health & Safety Facilitator and/or Rehabilitation & Claims Officer to review the causative incident and increase body mechanics awareness. The improved investigation process will help address causal factors immediately following the incident with the employee reporting the injury. Formal safety meetings will occur with an employee after the third reported incident in a 12-month period. These involve the Health & Safety Facilitator, employee, and Supervisor.	Each staff member reporting an MSK will participate in a safety meeting.	Prevention of repeat incidents.	

AIM		Measure									Change				
Issue	**Quality dimension**	**Measure/ Indicator**	**Type**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**	**Target justification**	**External Collaborators**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**	**Comments**
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme III: Safe and Effective Care Cont	**Effective Continue**	Number of workers on modified duty as a result of occupational injury/illness	C	Rate / Worker	In house data collection / 2019	52162*	22	17	We are in process of gathering data in order to measure progress moving forward.		1)Pre-shift stretching program.	Pre-shift, staff are led through a stretching program to warm up and prepare themselves for the physical demands of the work they will be completing.	Compliance with pre-shift stretching.	Stretching program becomes a normal part of the workday.	
											2)Standard Operating Procedures.	Standard Operating Procedures have been developed re: use of mechanical floor lifts, ceiling lifts, work handling, etc. One SOP will be reviewed each month at staff meetings and all SOPs are accessible to all employees via electronic means.	SOPs available for all high risk procedures.	SOPs accessed and utilized by staff.	
											3)Case Management	In-house case management applied to assist in returning staff to regular duties in a safe and timely manner.	Rehabilitation & Claims Officer remains actively involved in monitoring all employees on modified duties. Plans are progressed in a timely fashion upon receipt of suitable medical information.	Rehabilitation & Claims Office involved with 100% of the modified workers.	

Compliance Visit Report

Appendix B

Dates	**June 10 to 14, 2019 exit on June 14/19**	**Report received on July 8, 2019**
Purpose of Visit	Follow up on 2 Compliance Orders, 2 Complaints and CIs	2019- 786744-0018 CI Inspection Report → 1WN 2019 -786744- 0019 Follow up Inspection Report →1VPC, 1WN 2019 -786744-0020 Complaint Inspection Report →1 WN
Number of Inspectors	3 Inspectors → Steven Naccarato, Loviriza Caluza and Shelley Murphy	
Notes From Exit - Areas on non compliance identified		**Finding Pioneer Manor received from above reports**
CO re Resident Abuse and Review of Medication Incidents	• The Home is now in compliance	• Previously issued Order(s) were found to be in compliance at the time of this inspection
Medication Management	• Reporting of missing Controlled Substances → an incident that occurred during the 2019Q1 was not reported to the Ministry • Not following the Prescriber's direction →administering a medication 2 hours earlier than ordered.	• No findings
Plans of Care	• Not documenting in the POC part of the resident's electronic chart each time a resident is toileted. Care Plan states toilet 3 times per day staff are toileting 3 times per day but only documented in POC once	• **WN**→failed to ensure that the outcomes of the care set out in the plan of care is documented in the resident's electronic medical record (EMR), the resident's plan of care states to toilet the resident three (3) times per shift, they saw staff were toileting the resident three (3) times per shift but they only documented in the EMR once. Education will be provided to the personal support workers regarding this.
Resident Abuse	• Non compliant with policy • Reporting a incident late	• **VPC**→failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with. The three of the critical incidents they reviewed in relation to allegations of staff to resident abuse the allegation was substantiated and the employee was disciplined. The fact that the allegation was substantiated is a violation to the act re zero tolerance and therefore the Home was noncompliant with the LTCH Act 2010.
CI reporting	• Did not indicate the name of the employee on a CI report	• **WN**→ failed to include name of any staff member involved as part of the information provided on the CI report regarding a allegation of staff to resident abuse.

Presented To:	Community Services Committee
Presented:	Monday, Aug 12, 2019
Report Date	Wednesday, Jul 24, 2019
Type:	Correspondence for Information Only

For Information Only

Changes to Social Assistance Employment Programs Update

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report will provide an update to the March 15, 2019 report to the Community Services Committee on the next steps in the Province of Ontario's employment services transformation model. The Ministry of Training, Colleges and Universities selected three pilot sites (Peel, Hamilton-Niagara, and Muskoka-Kawarthas) and is finalizing the selection of organizations that are qualified to be a service system manager.

Financial Implications

The Provincial government announcement detailed in the report will have an impact on operational funding in the Social Services Division. While the impact is not yet known, the total budget for employment services includes approximately $2.9 million in provincial funding. As further details are announced, the Social Services Division will continue to keep the Community Services Committee informed.

Signed By

Report Prepared By
Vivienne Martin
Manager of Employment Support
Digitally Signed Jul 24, 19

Health Impact Review
Vivienne Martin
Manager of Employment Support
Digitally Signed Jul 24, 19

Manager Review
Vivienne Martin
Manager of Employment Support
Digitally Signed Jul 24, 19

Division Review
Tyler Campbell
Director of Social Services
Digitally Signed Jul 24, 19

Financial Implications
Liisa Lenz
Coordinator of Budgets
Digitally Signed Jul 24, 19

Recommended by the Department
Ian Wood
Interim General Manager of Community Development
Digitally Signed Jul 25, 19

Recommended by the C.A.O.
Ed Archer
Chief Administrative Officer
Digitally Signed Jul 29, 19

Background

On February 11, 2019, the Ministry of Training, Colleges and Education (MTCU) announced the creation of a new service delivery model for Employment Ontario including the integration of employment services from Ontario Works and the Ontario Disability Support Program (ODSP). The vision for the new integrated system is to have it managed locally through a system manager to be determined through a future competitive process.

This report continues to provide information to the Community Services Committee as a follow up to the February 27, 2019 report.

Announcement on Employment Programs Pilot Sites

In July 2019, the Ministry of Training, Colleges and Universities identified the Region of Peel, Hamilton-Niagara and Muskoka-Kawarthas as pilot regions to initiate a competitive process for selection of a service system manager and new delivery model of employment programs

A Request for Qualification has been issued by the Province in the pilot site locations, with the final selection of a Service System Manager taking place in fall 2019. The anticipated time line will see a new System Service Management model in place by April 2020 in these sites.

Next Steps

The Province will complete a review and assessment of the pilot sites and will then roll out the full provincial integration of employment programming.

The Social Services Division will continue to operate under the current service delivery model at this time. The Province has divided the service system catchment areas into regions and Greater Sudbury has been identified as part of the northeast region. When a request for qualification is released for the Northeast Region, a report will be brought forward to City Council to determine whether or not to bid on a competitive process for the local system service management role. Staff will make a recommendation based on various factors including the size of the service area along with the costs.

Previous report to Community Services Committee:
https://agendasonline.greatersudbury.ca/index.cfm?pg=feed&action=file&agenda=report&itemid=6&id=1351

News Release:
https://news.ontario.ca/maesd/en/2019/02/province-helping-job-seekers-and-employers-make-ontario-open-for-business.html

News Release:
http://tcu.gov.on.ca/eng/eopg/publications/cm-est-adm-memo-rfq-eo-network-en.pdf

Presented To:	Community Services Committee
Presented:	Monday, Aug 12, 2019
Report Date	Tuesday, Jul 23, 2019
Type:	Correspondence for Information Only

For Information Only

Flour Mill Museum Relocation Update

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report supports the Strategic Plan adopted by City of Greater Sudbury, as it aligns with the Create a Healthier Community objective, by offering programs and services designed to improve the health and well-being of our youth, families and seniors.

In addition, this report aims to improve the quality of life and place for citizens of Greater Sudbury as it will promote Population Health in the areas of Investing in Families and a Compassionate City.

Report Summary

The Flour Mill Museum consists of three buildings: the Heritage House, the Log Cabin and the Office/Storage building. The museum is currently located at 245 St. Charles Street, co-located with the St. Charles Lift Station.

As capital work is being conducted with the St. Charles Lift Station, the Flour Mill Museum was required to be relocated. The site selected as the new home for the Flour Mill Museum buildings is O'Connor Park. This report will provide an update to the progress of the project since the presentation to Community Services Committee on July 9, 2018.

Signed By

Report Prepared By
Luisa Valle
Director of Children and Citizen Services
Digitally Signed Jul 23, 19

Health Impact Review
Luisa Valle
Director of Children and Citizen Services
Digitally Signed Jul 23, 19

Division Review
Luisa Valle
Director of Children and Citizen Services
Digitally Signed Jul 23, 19

Financial Implications
Apryl Lukezic
Co-ordinator of Budgets
Digitally Signed Jul 26, 19

Recommended by the Department
Ian Wood
Interim General Manager of Community Development
Digitally Signed Jul 26, 19

Recommended by the C.A.O.
Ed Archer
Chief Administrative Officer
Digitally Signed Jul 31, 19

Financial Implications

There is a total of $500,000 allocated towards the construction of the third museum building which consists

of $250,000 from the 2019 Capital Budget for the Flour Mill Museum Office Building along with $250,000 from the St. Charles Lift Station wastewater capital project. This new building will replace the current Administration/Storage building as well as incorporate potential community meeting space. As this new build is still in the discussion phase as to the final design and composition, any further capital requirements will be brought forward through the Capital Budget process.

At this time, there are no financial implications with this report as this is an update to the current project progress.

Executive Summary

On July 9, 2018, staff made a presentation to the Community Services Committee which outlined plans to move the building and operations of the Flour Mill Museum to O'Connor Park. Since that time, significant progress has been made and relocation is expected to begin this month.

This report will provide an update on the progress of the project since the last year's presentation and will outline a process to consider the development of enhanced community space at the new location in O'Connor Park.

Background

The Flour Mill Museum has been located at 245 St. Charles Street since 1987 and consists of three buildings: The Heritage House, The Centennial Log Cabin, and an Administration/Storage building. These three museum buildings are co-located with the St. Charles Lift Station (Appendix A – Flour Mill Museum Buildings). Due to age and condition, the St Charles Lift Station is being replaced. The existing footprint of the property is not sufficient to construct the replacement of the St. Charles Lift Station with the Flour Mill Museum and as a result, the Museum is being relocated to O'Connor Park.

The St. Charles Lift Station was constructed in the 1930s to service the Flour Mill area and is one of the oldest lift stations in Greater Sudbury. Due to the age and condition of the existing Lift Station, a new lift station, with a force main to the existing rock tunnel, is being built at the current location. As the existing footprint of the property is not sufficient to construct the replacement of the St. Charles Lift Station with the Flour Mill Museum, the Museum is being relocated to O'Connor Park.

O'Connor Park was selected as the site for the relocation of the Flour Mill Museum based on the following principles:

- Remain in the current neighbourhood
- Do not take away too much green space with the relocation
- Ensure opportunities for community synergies

R.V. Anderson Associates Ltd. has been hired to undertake the detail design for the new lift station and forcemain and to coordinate the move of the existing museum buildings.

During the preliminary design of the St. Charles Lift Station upgrades and inspection of the Flour Mill Museum buildings it was determined that the Administration/Storage Building was in disrepair and needed significant investment to repair. Given that the building does not have significant cultural or heritage value, it was determined it was best to rebuild the structure on the new site. Through the 2019 capital budgeting process, a total of $500,000 has been allocated to the rebuild of the Administration/Storage building. As further work and consultation occurs over the next few months with regards to the opportunities of the new building, a request will be brought forward through a future capital budgeting process.

Accomplishments to Date

Since the July 9th, 2018 Community Services Committee Meeting, significant work has been undertaken to advance this project from a museum, wastewater and community perspective. The highlights of this work include:

- Project team meetings lead by the consultant to advance the project forward
- Various discussions and feedback from stakeholders
    - A community consultation was held on July 25th, 2018 at St. Jean de Brebeuf Church
    - Consultation meeting with Ted Wilson from the School of Architecture
    - A presentation to the Flour Mill CAN on June 12th, 2019 was conducted by R.V. Anderson Associates Ltd.
- Falconbridge Arena/Curling Club was secured as the offsite storage facility for the artifacts
- Identified approximately 1,200 artifacts within the museum site:
    - Approximately 80% have been catalogued, photographed and packed to date
- Site drawings have been completed for Phase 1 of the project for the move of the Heritage House and Centennial Log Cabin (Appendix B – Site Drawings)
- Assessment of the current light pole and stationary engine that are on site to be completed for the move to the new location
- The museum buildings relocation was tendered through the City's procurement process at the end of June 2019

During this process, R.V. Anderson Associates Ltd.'s architectural team design approach to align the museum buildings utilized the following objectives as well as taking into account the feedback received from the various stakeholders:

1. Maintain the importance of the architectural form as a visual characteristic by locating the buildings to give the museum it's unique identity and community approach;
2. Have the opportunity to create an open space between the three museum buildings to use it as a center courtyard for future celebrations and museum programming; and
3. Have the opportunity to create visual historical link between the Flour Mill Museum buildings and the Flour Mill Silos.

Next Steps

As the project continues to move forward, the following steps are expected+:

- Award the RFP for the Flour Mill Museum relocation, including:
    - Construction of the structural foundations at O'Connor Park for the relocated buildings, light pole and stationary engine is scheduled to begin in August 2019.
    - Relocation of the Heritage House, the Centennial Log Cabin, the light pole and the stationary engine is scheduled to be completed in early fall of 2019.
    - Site work on O'Connor Park to include grading, ramps to buildings, landscaping, etc.
- Implementation of the communication plan for the relocation including the hiring of an agency to document/film the move of the museum buildings.
- Completion of cataloguing, photographing and packing of the remaining artifacts. It should be noted that this process has been beneficial in identifying additional artifacts and necessary actions to ensure appropriate storage, display and preservation.
- Continuation of planning for the rebuild of the third building (current Administration/Storage building. The City is developing options at O'Connor Park and work is underway for this phase of the project including:
    - Data gathering and site review of the existing Parks Fieldhouse at O'Connor Park
    - Hazardous Building Materials Assessments as well as other testing as required to be conducted
    - Review of the storage requirements for the Flour Mill Museum artifacts and possible location of the same
    - Conceptual designs and other required document
    - Consultations with residents and stakeholder groups are expected in the fall of 2019. Staff will meet with the local CAN, conduct community consultation session(s) and explore use of other input mechanisms

including paper submissions through libraries and citizen service centres to solicit feedback.

Further updates and information reports will be brought forward to the Community Services Committee as the project progresses.

Appendices

Appendix A – Flour Mill Museum Buildings

Appendix B – Site Drawings

References

Community Services Committee, July 9th, 2018 – Flour Mill Museum Relocation Update
http://agendasonline.greatersudbury.ca/index.cfm?pg=agenda&action=navigator&lang=en&id=1264#agendaitem14468

APPENDIX A - FLOUR MILL MUSEUM BUILDINGS

Current Site: 245 St. Charles Street

Future Site: O'Connor Park, Corner of Morin Street and Dell Street

APPENDIX A - FLOUR MILL MUSEUM BUILDINGS

Heritage House

Greater Grand Sudbury

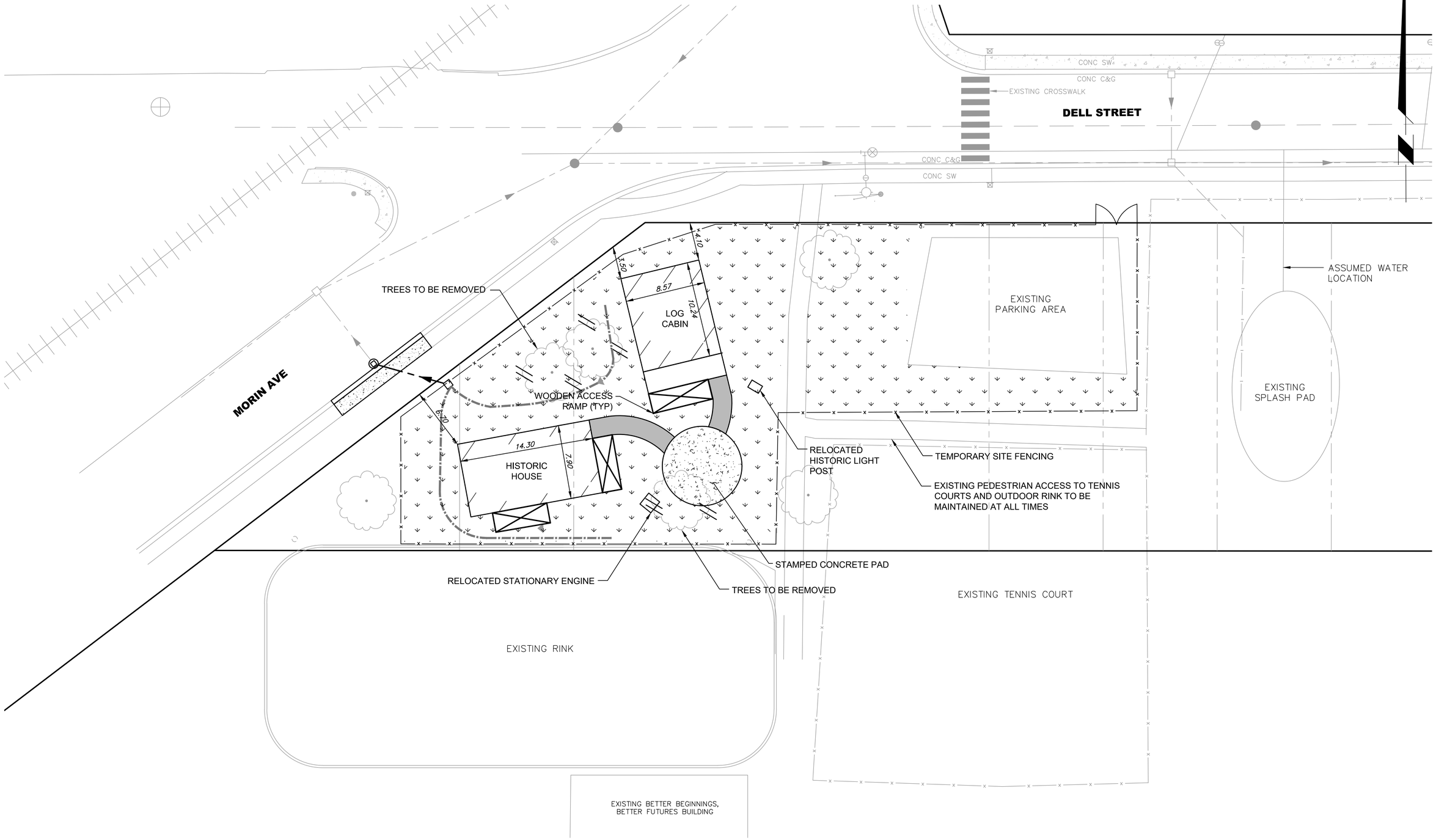
Centennial Log Cabin

Greater Grand Sudbury

Administration/Storage

Greater Grand Sudbury

PHASE 1 - HISTORIC BUILDING RELOCATION



FLOUR MILL MUSEUM RELOCATION

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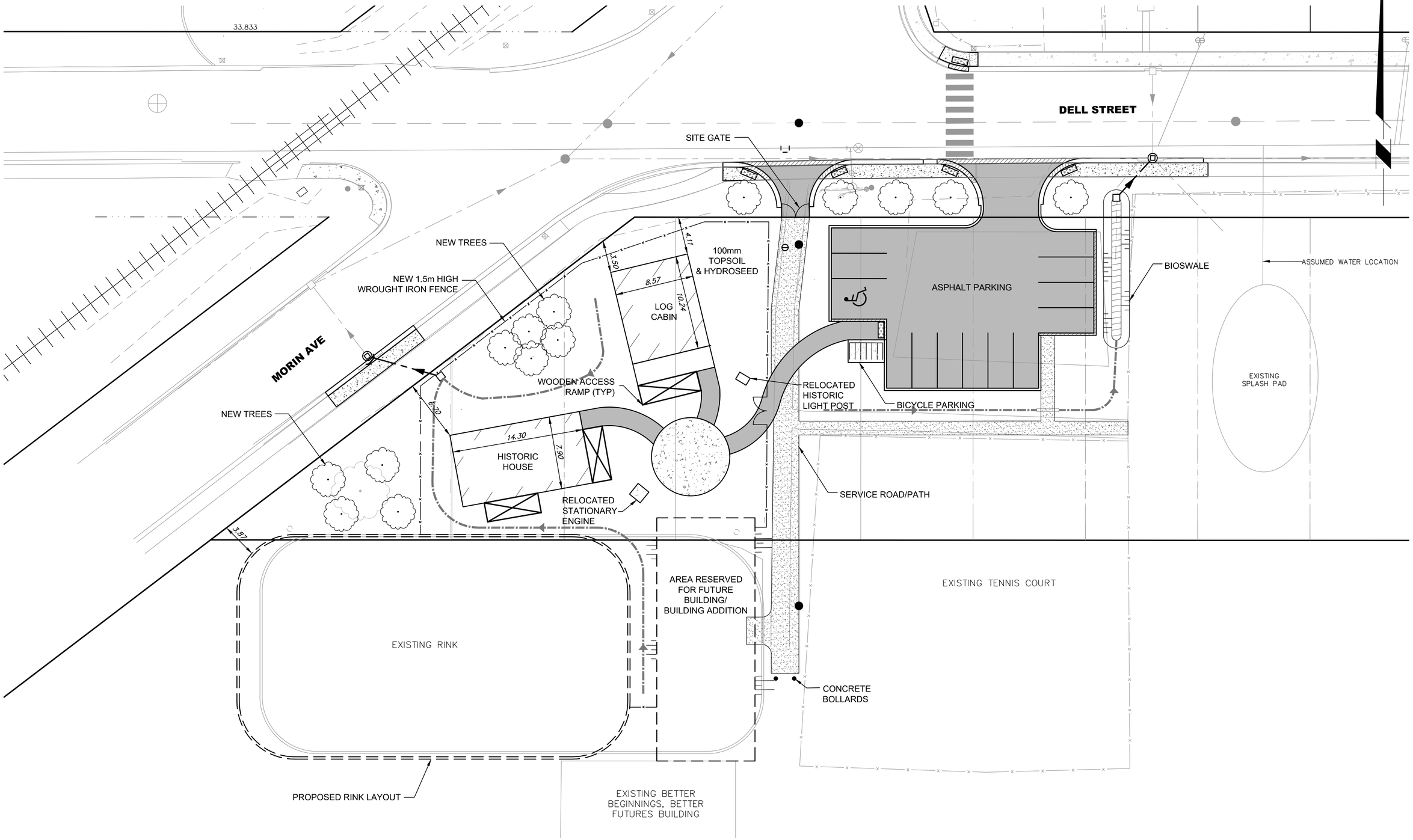
PHASE 2 - SITE DEVELOPMENT



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