



COMMUNITY SERVICES COMMITTEE AGENDA

Community Services Committee Meeting

Monday, March 1, 2021

Tom Davies Square - Council Chamber / Electronic Participation

COUNCILLOR GEOFF MCCAUSLAND, CHAIR

Rene Lapierre, Vice-Chair

4:30 p.m. COMMUNITY SERVICES COMMITTEE MEETING
COUNCIL CHAMBER / ELECTRONIC PARTICIPATION

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ROLL CALL

DECLARATIONS OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

COMMUNITY DELEGATIONS

1. Sudbury Poverty and Homelessness Advocacy Coalition
(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)

- Chris Baziw, Sudbury Poverty and Homelessness Advocacy Coalition

(Sudbury Poverty and Homelessness Advocacy Coalition was invited by Councillor McCausland. This presentation provides information regarding hostile architecture and its effects on our community.)

REGULAR AGENDA

PRESENTATIONS

1. Report dated February 12, 2021 from the General Manager of Community Development regarding Program Evaluation - Pilot Evaluation.

4 - 7

(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)

(This presentation provides information regarding a pilot evaluation of the Community Homelessness Prevention Initiative Program testing it's effectiveness.)

MEMBERS' MOTIONS

CORRESPONDENCE FOR INFORMATION ONLY

- I-1. Report dated February 2, 2021 from the General Manager of Community Development regarding Pioneer Manor - 4th Quarter Report.

8 - 20

(FOR INFORMATION ONLY)

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

ADDENDUM

CIVIC PETITIONS

QUESTION PERIOD

ADJOURNMENT

For Information Only

Program Evaluation - Pilot Evaluation

Presented To: Community Services
Committee

Presented: Monday, Mar 01, 2021

Report Date: Friday, Feb 12, 2021

Type: Presentations

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report supports Council's Strategic Plan in the area of Quality of Life and Place as the initiatives described in this report help to support Council's desire to effect change within the community to improve health, economic, and social outcomes for its citizens.

Report Summary

The Children and Social Services Division receives funding from the Provincial and Federal governments for programming to support social service needs in the community.

In the Children and Social Services Division's 2020 Work Plan, staff committed to begin to incorporate evaluations into every program that it supports/offers. Staff have worked with a consultant to develop an evaluation framework and, as a pilot evaluation, have evaluated the Community Homelessness Prevention Initiative Program to test its effectiveness.

This report summarizes the steps taken to date to meet this objective.

Financial Implications

There are no financial implications.

Signed By

Report Prepared By

Christina Leader
Coordinator of Administrative
Resources, Children Services
Digitally Signed Feb 12, 21

Health Impact Review

Christina Leader
Coordinator of Administrative
Resources, Children Services
Digitally Signed Feb 12, 21

Division Review

Tyler Campbell
Director of Social Services
Digitally Signed Feb 12, 21

Financial Implications

Steve Facey
Manager of Financial Planning &
Budgeting
Digitally Signed Feb 16, 21

Recommended by the Department

Steve Jacques
General Manager of Community
Development
Digitally Signed Feb 16, 21

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Feb 16, 21

Executive Summary

The Children & Social Services Division receives funding from the Provincial and Federal governments for programming to support social service needs in the community.

As part of the Division's 2020 Work Plan, staff committed to incorporating program evaluations into each program that it supports/offers. Staff worked with a consultant to develop an evaluation framework. As a pilot evaluation to test the effectiveness of the framework, staff evaluated the Community Homelessness Prevention Initiative Program (CHPI).

This report summarizes the steps taken to date, the results of the pilot evaluation and next steps.

Background

In order to achieve the goal of building an evaluation culture, a selection of staff received program evaluation training in December 2019 from a leading expert in the industry and a Fellow of the Canadian Evaluation Society. This training was done with two goals in mind:

- (1) develop and implement program evaluation plans for all programs within the Division; and
- (2) create an evaluation culture in which evaluation becomes a part of program management.

A program evaluation working group was formed to explore steps to build internal evaluation capacity and to develop program evaluation guidelines. The framework will be brought forward and presented for adoption across the Division using a train-the-trainer model when implementing and monitoring programs.

The intent and goal of the project is to develop and implement evaluation frameworks/tools that serve the informational needs of the Division, with a view towards creating a culture in which evaluation becomes part of the management of all programs to foster continuous improvements in human services.

Pilot Evaluation - Community Homelessness Prevention Initiative Program

Outline

The local Community Homelessness Prevention Initiative (CHPI) Program is a homelessness prevention program funded by the Ministry of Municipal Affairs and Housing and administered by the Social Services Section. This Program provides approximately \$1.2 million annually to social assistance recipients (administered through the Ontario Works office) and to individuals who have low-income (administered through Centre de santé Communautaire du Grand Sudbury) and who are either homeless or at risk of homelessness.

The program funding is provided to assist individuals and families with obtaining housing, or remaining housed, by providing a last month's rent deposit, rental arrears, utility deposit, utility arrears, or other miscellaneous items. Singles and couples are eligible for up to \$900 over a 24 month period and families are eligible for up to \$1,600.

Between April 1, 2019 and March 31, 2020, there were 1395 applications approved for assistance through the CHPI program. Of these, 522 households were experiencing homelessness and 873 were at risk of homelessness. During this time period \$1,249,146 in funding was provided through the CHPI program.

The purpose of the evaluation was to assess the program's effectiveness by determining whether clients who participated in the program remained housed long-term at 6 or 12 months, and if the delivery of the program was accessible to meet the needs of the program recipients.

Evaluation Methods

Methods for this evaluation included a literature review of effective homelessness prevention programs, a program record analysis to determine program utilization statistics, a client survey with CHPI funding recipients who had received funding either six or 12 months prior to the survey being conducted, and a survey with Social Services staff.

Results

Literature Review: Permanent rent subsidies and eviction prevention programs including one time funding, legal counsel, or landlord mediation, were proven to be effective in supporting housing stability. Research also suggests that improving data-sharing between homeless service providers can improve targeted prevention strategies.

Program Record Analysis: Most CHPI recipients have requested funding for last month's rent and household items, which has remained consistent across the two fiscal years. The most commonly reported housing outcomes for both fiscal years are moving from unsheltered/provisionally housed to long-term housing and housing loss prevention. Across both years, more than 60% of CHPI recipients have been in receipt of Ontario Works.

Client Survey: A total of 79 people participated in the client survey. Client survey results showed that 94.9% of respondents had remained housed at 6 and 12 months following participation in the program. In addition, 87.3% of respondents said the program was helpful for them to stay housed and 79% of participants said the program was easy to apply for. Clients suggested the following program improvements:

- implement an electronic application process;
- improved relationships with their caseworkers;
- faster approval of applications;
- ability to apply through ODSP caseworkers;
- changes to funding policies;
- mandatory pay direct for social assistance recipients;
- create a housing services resource;
- create accessible landlord mediation resources; and
- create more awareness of the program and how to apply.

Staff Survey: A total of 38 Social Services staff participated in the staff survey, a majority of which were Ontario Works Caseworkers. Staff survey results showed that 79% of staff felt the program was easy for clients to access, and 68% percent felt that the program was either extremely helpful or very helpful for clients to obtain or maintain their housing. Staff suggested the following program improvements:

- remove the signature requirement from the application form;
- implement a streamlined approval process internally;
- implement an electronic application process which includes submitting the signed application form and required documents online, or removing these requirements entirely;
- changes to funding policies;
- implement a referral pathway for individuals ineligible for social assistance;
- form more supportive relationships between caseworkers and clients; and
- reduce stigma of social assistance.

Conclusion

Overall, the evaluation showed that the program is meeting its end goal, with a majority of CHPI participants housed long-term. In response to the evaluation question, the results of the evaluation show that the program did contribute to CHPI recipients obtaining and retaining housing and the program was accessible. Both client and staff provided similar recommendations regarding improving the application process; many of which have already been adopted. The next steps for this evaluation are to implement additional recommendations.

Next Steps

A program evaluation is currently underway for the Early Development School Readiness (EDSR) Program that is facilitated through Children Services. Upon completion, staff will provide an update to the Community Services Committee.

For Information Only

Pioneer Manor - 4th Quarter Report

Presented To: Community Services Committee

Presented: Monday, Mar 01, 2021

Report Date: Tuesday, Feb 02, 2021

Type: Correspondence for Information Only

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This information report supports Council's Strategic Plan in the areas of *Asset Management and Service Excellence* and more specifically in the area of *Creating a Healthier Community* through alignment of the Population Health Priorities of Families, Holistic Health and the Age Friendly Strategy.

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 Feb 2, 21

Health Impact Review

Glenda Gauthier
Manager of Resident Care
Digitally Signed Feb 2, 21

Division Review

Aaron Archibald
Director of Long Term-Care Services
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Financial Implications

Steve Facey
Manager of Financial Planning & Budgeting
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Recommended by the Department

Steve Jacques
General Manager of Community Development
Digitally Signed Feb 11, 21

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Feb 16, 21

EXECUTIVE SUMMARY

This report is for the fourth quarter of 2020. 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 finding a balance between ensuring resident safety and that the quality of life is not being adversely affected by the safety measures put into place.

GOOD NEWS STORIES

Through the generosity of the “Be A Santa To A Senior” program, employee groups from Canada Revenue Agency and a number of community individuals, fifty-seven (57) Pioneer Manor residents received gifts to open on Christmas morning. Residents receiving the gifts were individuals who do not have family members who can share the spirit of the season with them. Life Enrichment Staff delivered and assisted residents with opening their gifts. The support received from the community to ensure that Christmas Day was special for our Residents is fantastic. The Residents who received the gifts were very appreciative and are amazed by the spirit of caring and sharing that is within our Community.

Ministry of Long-Term Care (MOLTC)

Inspections conduct by MOLTC (see reference 1 below for definitions)

During the fourth quarter of 2020, the MOLTC contacted Pioneer Manor twice to follow up on fifteen (15) critical incidents that had been submitted. No areas of noncompliance were found.

Between December 14 and 18, 2020, the MOLTC inspectors were on site to conduct a “Critical Incident” and a “Complaints” inspection resulting in the Home receiving two (2) compliance orders (CO), four (4) voluntary plans of correction (VPC) and two (2) written notification (WN). The Home has put a plan in place to address all areas of non compliance.

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 MOLTC (see reference 2 below for definitions).

2020 CIs Relating to "Alleged/Actual Abuse/Assault"		
Number of CIs Submitted	49	
Number of CIs Resident to Resident	15	31%
Number of CIs Staff to Resident	32	65%
Number of Staff to Resident allegations substantiated	17	53%
Number of CIs Visitor to Resident	2	4%

2020 Other CIs 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	21
Controlled Substance missing/unaccounted	7
Outbreak	5
Improper/Incompetent treatment	2
Missing Resident < 3 hours	0
Unexpected Death	1
Adverse Reaction Medication - Hypoglycemia	1

Complaints/Concerns

As per section 56 (2) of the Long-Term Care Homes (LTCH) Act 2007, the Home has a duty to respond in writing within ten (10) days of receiving a concern, request, or recommendation from either the Resident or Family Councils.

Due to the COVID-19 pandemic, Resident Council meetings have been suspended since March, 2020.

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 ten (10) business days of the receipt of the complaint.

Six (6) written concerns were submitted by residents' family members in relation to care issues. All concerns were investigated and family members received a written response to their concerns. All family members were satisfied with the response received.

Ministry of Labor (MOL)

The MOL was on site December 3, 2020 as a follow up to three (3) concerns.

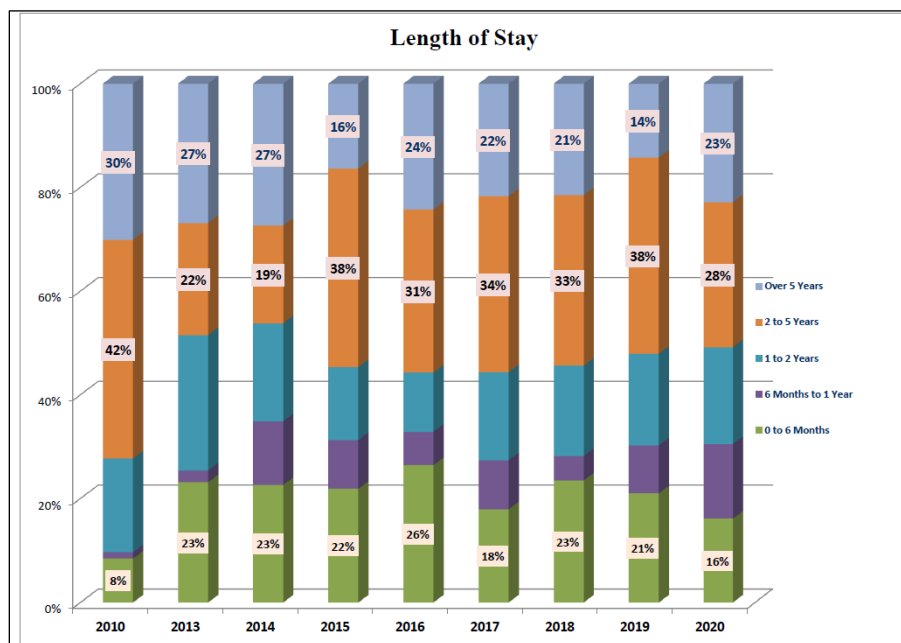
1. For an agency services staff member testing positive for COVID-19, resulting in a notice of occupational illness and outbreak made to the Ministry of Labour, Training, and Skills Development. No orders were issued to the Home.
2. An anonymous concern reported to the MOL regarding fire training, specifically that night shift staff are not adequately trained on the fire evacuation plan or the use of the Evacuscape chairs. MOL was provided copies of the Home's policies and evidence of the annual fire evacuation training provided to all staff. No orders were issued to the Home.
3. Follow up investigation and final visit with an employee who had loss of consciousness at work. The inspector met with the employee and determined this incident was nonoccupational in nature. No orders were issued to the Home.

Key Performance Indicators

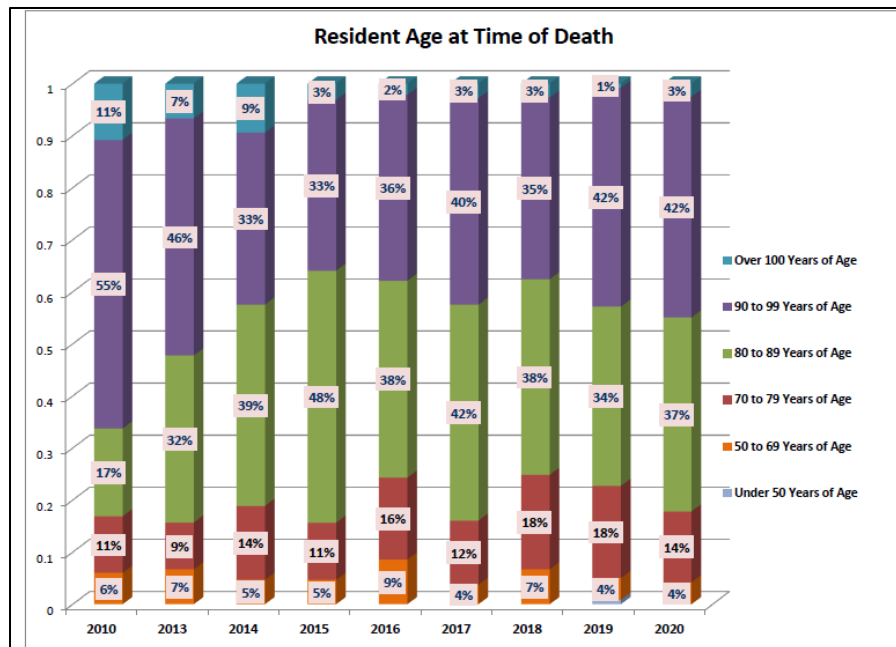
Long-Term Care Home Availability (as of December 2020)					
Facility Name	Beds	# on waitlist for Basic Bed	# on waitlist Private Beds	Average beds available/month	Total # waiting
Pioneer Manor	433	455	197	10	599
North East LHIN	1639			46	1190

Resident Care Stats (433 Residents)		2018	2019	2020
Admissions	Total	144	134	109
Discharges	Total	9	11	6
Deaths	Total	149	119	118
Internal Transfers	Total	107	100	111
Occupancy Rate	Required to maintain >97%	99%	99%	96%

In 2020 92% of residents who passed away did so at the Home (versus the hospital) compared to 86% in 2019 and 81% in 2018.



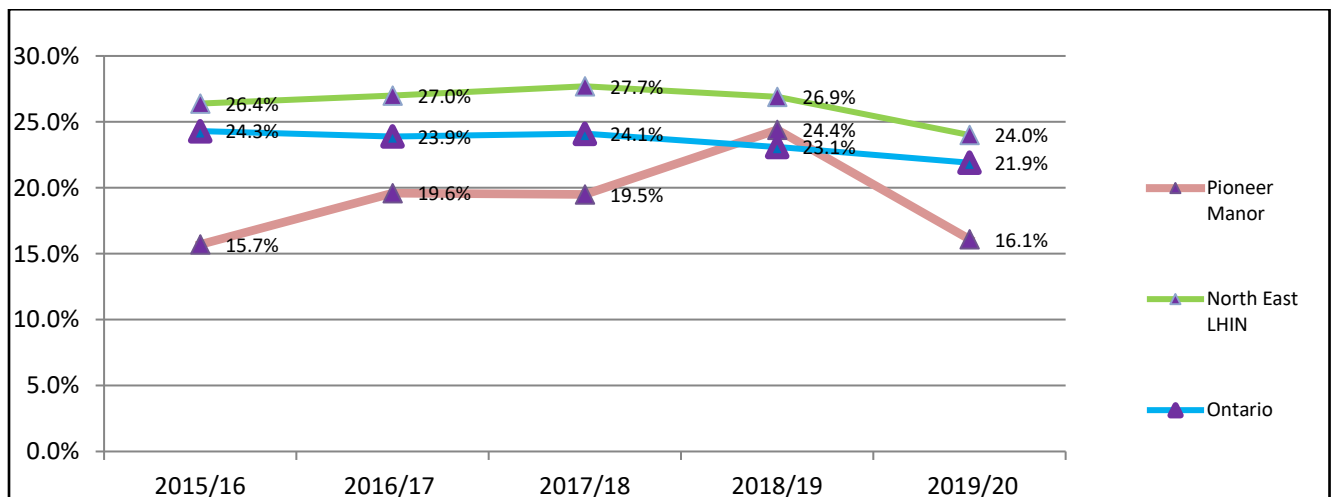
In 2020, 51% of residents who passed away were residents at Pioneer Manor longer than two years compared to 72% in 2010. This is reflective of residents being admitted to the Home with higher acuity.



In 2020, 45% of residents were over 90 years of age at time of death compared to 66% in 2010

Long-Term Care QIP Potentially Avoidable ED Visits Indicator

	ED Visit Rate per 100 Residents				
	2015/16	2016/17	2017/18	2018/19	2019/20
Pioneer Manor	15.7%	19.6%	19.5%	24.4%	16.1%
North East LHIN	26.4%	27.0%	27.7%	26.9%	24.0%
Ontario	24.3%	23.9%	24.1%	23.1%	21.9%



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) continued during the fourth quarter of 2020.

During the fourth quarter of 2020, Pioneer Manor had one (1) outbreak declared by Public Health Sudbury and Districts (PHSD).

The Home received confirmation of a positive COVID-19 test result for an agency staff member who works at Pioneer Manor. As per the most recent provincial directives, Public Health assesses each unique situation in determining if an outbreak should be declared. Due to the nature of the job duties of the staff member and their contact with numerous residents in one of the Home Areas of the Home, PHSD declared the Lilac/Mallard Home Area outbreak on November 11, 2020. In addition, PHSD directed Pioneer Manor to obtain COVID-19 swabs on all residents in this Home Area.

In consultation with public health, it was determined that the contracted staff member who had tested positive had seven (7) identified resident close contacts, and no identified staff contacts. The staff member had attended work on November 7th for a four hour shift (0700-1100 hours) and had assisted seven (7) residents with their meals. All identified close contacts for this case were subsequently placed on isolation for a period of fourteen (14) days. All resident swabs for this Home Area returned as negative, and no instances of staff illness were identified during this time period.

Essential caregiver visits continued for this Home Area for the duration of the outbreak, and small group activities were cancelled.

The COVID-19 outbreak was declared over for the Lilac-Mallard Home Area on November 21, 2020. Duration of this outbreak was eleven (11) days. There was no further transmission identified throughout the duration of this outbreak.

COVID-19 Pandemic

On March 17, 2020, a state of emergency was declared in Ontario under the Emergency Management and Civil Protection Act relating to the COVID-19 Pandemic. Pioneer Manor has been vigilant in its efforts to protect its residents, as well as staff and visitors. "Appendix A" provides specific details relating to Pioneer Manor's Response to COVID-19.

Public Health Sudbury & Districts (PHSD) Visits

During the fourth quarter of 2020, PHSD did not conduct any inspections in the Home.

Falls Prevention

Number of Residents	Q4 2020
Using chair or chair pad sensors	109
Using bed sensors or bed pad sensors	149
Using infrared sensors	9

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, and mats left on floor. All areas of concerns were reviewed and issues addressed.

Facility Services

Remedial painting continued throughout the Home. A generator test was completed during each month of the fourth quarter of 2020.

Fire Sprinkler

Tender for the supply, delivery, installation and commissioning an extension of the existing fire sprinklers at Pioneer Manor (in the basement) was issued June 12, 2020 and closed on July 15, 2020. The contract has been awarded and engineering analysis completed in the fourth quarter. Construction has been scheduled for the first quarter of 2021.

Emergency Preparedness

During the fourth quarter of 2020, fire drills on all three shifts occurred each month. There were fourteen (14) Code Whites (situation with an actual or potential violent or out of control person). In addition, there were zero (0) Code Yellow (missing resident), three (3) Code Reds (fire), and one (1) Code Blue (medical emergency). In addition the annual inspection of the Home's fire alarm system was conducted in December 2020.

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 MOLTC 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.

Pioneer Manor's Response to COVID-19 Pandemic 2020 Q4 Update

A number of proactive measures are in place including active screening for those entering the Home, enhanced infection prevention and control program including cleaning, and keeping residents and families informed.

Pioneer Manor continues to follow direction from the Chief Medical Officer of Health, the Ministry of Long-Term Care, and Public Health Sudbury & Districts since the beginning of the pandemic. The Home continues to review all possible courses of action to minimize the risk of exposure to residents from COVID-19. The following listing outlines the proactive measures that have already been implemented, including:

- **Active screening** - all staff, residents, and visitors upon entry and exit including temperature checks twice daily.
- **Masks** - required for all staff members and visitors as well as provided and encouraged to be worn by residents.
- **Maintain physical distancing** - residents, visitors and staff members.
- **Bistro** - operating on a "take-out" only manner.
- **Enhanced infection prevention, control program and cleaning measures.**
- **Admission Process** - new admissions and readmissions must have a negative test result prior to entering home and placed on droplet/contact isolation for 14 days.
- **Pandemic Planning** - the Home maintains eight (8) empty private rooms for residents to self-isolate upon admission and to isolate in the event of a COVID-19 positive resident(s).
- **Limiting work to a single long-term care home** - all Pioneer Manor employees continue to not work at any other health care settings.
- **Communications** - including keeping residents and families informed through calls, letters, website and reminding staff about COVID-19 symptoms, to self-monitor for illness and to stay at home when they are sick.

Pioneer Manor continues to conduct COVID-19 surveillance testing as per the Ministry of Long-Term Care guidelines. All staff, volunteers, CGS redeployed, agency staff and physicians, and contracted services providers were tested for COVID-19 on a bi-weekly basis from October – December. On December 23rd, the Ontario government announced a province-wide shutdown to help slow the increase in COVID-19 cases. Under this lockdown, all Long-term Care homes are required to meet the requirements and restrictions currently required of homes in Grey-Lockdown zones which includes surveillance testing for all staff on a weekly basis. Ongoing surveillance testing is an important part of the strategy to keep long-term care residents safe, and Pioneer Manor continues to aggressively monitor and test residents with symptoms consistent with COVID-19.

EARLY IDENTIFICATION, PREPAREDNESS & COORDINATION

- Pioneer Manor continues to engage with all local and regional planning tables related to COVID-19 surge. Maintaining partnerships with local health care agencies (Acute Care, Prehospital and Long-Term Care)
- The NELHIN is leading the coordination of long-term care surge planning which Pioneer Manor has been actively engaged with.
- Pioneer Manor's Medical Director maintains contact with local, provincial and national counterparts sharing best practices and lessons learned. As a result, Pioneer Manor has implemented numerous processes directly related to information obtained/shared from facilities affected from COVID-19.

- Pandemic Planning
 - Outbreak Management Team
 - Communication protocols are reviewed and draft communications prepared

Continuous monitoring of residents at Pioneer Manor to identify symptoms consistent with COVID-19.

- Conducting active screening of all residents, twice daily (at the beginning and end of the day) to identify if resident has fever, cough or other symptoms of COVID-19
- Residents with symptoms (including mild respiratory and/or atypical symptoms) will be isolated and tested for COVID-19.

Currently, there are no confirmed positive cases of COVID-19 at Pioneer Manor.

- Continue to monitor situation closely and currently no confirmed positive cases of COVID-19 in the Home.

Testing will continue for residents with symptoms.

- Residents exhibiting any symptoms consistent with virus (ie cough, runny nose, nasal congestion, sore throat) being tested and placed on isolation immediately
- Residents who may have been in close contact with the resident (i.e. shared a room) are also being tested and placed on isolation immediately.

Visiting Program

On December 23rd, the Ontario government announced a province-wide shutdown requiring all LTC Homes to enact visitor restrictions as directed for all Homes in the Grey-Lockdown zone. Only 1 essential caregiver is permitted to enter into Pioneer Manor while LTC Homes are in Lockdown.

Staffing Levels

- Reviewing contingency plan options for each classification on regular basis.
- Monitoring staffing on a daily basis.
- Booking extra float PSWs and Nutritional Aides for each shift.
- Booking agency staff (dedicated to Pioneer Manor only) booked for weekends as extra PSWs.
- Redeployment of CGS staff continue to assist with screening, food services meal delivery, housekeeping and maintenance.
- The Home continues to recruit and hire new staff.

Staff Screening for COVID-19

- All staff members are to self-screen at home and not to report to work if they are ill. Follow up with Pioneer Manor's Infection Control lead is also required.
- Upon entering the Home, all staff are actively screened using screening tool developed by MOLTC before being permitted to enter the building.

Life Enrichment Staff continue to brighten the lives of Pioneer Manor residents by engaging in activities that adhere to COVID-19 guidelines including social distancing and Infection and Prevention and Control (IPAC) practices.

- One-on-one and small group activities are taking place with social distancing in mind.
- Adapting programming with physical distancing and implementing creative ways to help residents and families connect by phone or other technologies (Skype, FaceTime, etc). Special Christmas Eve and New Year's Eve socials featured festive drinks and food along with opportunities to reminisce about family traditions and the holiday season.

Technologies Available

- iPad/Tablets/Chromebooks available for use for residents for activities such as: virtual tours (famous museums, zoos, art galleries), Google maps (finding famous landmarks (Travelogue)), and games (matching, cards, word search).

Pioneer Manor remains vigilant in efforts and ensuring that all is being done to protect the health and safety of residents, families, employees, suppliers, service providers and all other visitors.

- Continue to encourage everyone to practice good hygiene.
- Limiting close interactions among those within Pioneer Manor.
- Isolating residents who show symptoms, to help prevent the spread of this virus.
- Employees and visitors are wearing personal protective equipment (including a surgical mask and goggles. In addition, staff are wearing a gown and gloves when caring for symptomatic residents.

Personal Protective Equipment Usage

- Working closely with health authorities and under direction of the Province's Chief Medical Officer of Health to ensure all protocols are being followed regarding personal protective equipment usage.
- All employees and visitors wearing masks and goggles at all times.
- Undertook bi-annual N95 fit testing for staff
- Ensure appropriate application of Personal Protective Equipment (PPE).
- In consultation with Pioneer Manor's H&S Representatives:
 - Ensure adequate outbreak swab kits are available.
 - Daily monitoring of PPE inventory, JHS to be notified in the event there is a shortage of supply.
 - Ensure appropriate stewardship and conservation of PPE is followed.
 - All employees and essential visitors have been trained on proper use of, donning/doffing and type of PPE. Staff have been provided PPE information on a lanyard card.
 - Signage outside resident's rooms indicating type of precautions required.

What Steps to be taken in the event of an outbreak (resident or staff member tests positive for COVID-19)?

- Explain steps that would be taken if a positive case was confirmed – how the Home intends to care for individual, how to protect the rest of the Home and prevent the spread.
- Reassure residents, families, and the public that Pioneer Manor is prepared and a team and plan are ready to go should an outbreak be declared.
- Best practices and protocols will be implemented as per the most current directive from the Ministry of Health.

- Pandemic Plan, Outbreak Management Team, Draft Communications (calls to families, Outbreak Notification on Website, updated daily) prepared.
- In the event a resident tests positive for COVID-19, the Home will communicate to the family immediately. All residents and staff working in the Home Area that the resident resides in will be retested for COVID-19.
- Move resident to a private room, currently keeping 8 private beds empty to use for this purpose.

What if I want to discharge my loved one from Pioneer Manor, due to concerns about COVID-19?

- Per current directives, the Substitute Decision Maker (SDM) may elect to discharge their loved one from the Home.
- Resident is discharged from the Home until the end of the pandemic, and will have priority access once the pandemic has been declared over.
- Process for being readmitted will be followed as per the Long-Term Care Homes Act, 2007. (Amendment is intended to free up valuable resources and bed space as the health care system continues to respond to COVID-19).

What if family members have questions or concerns about their loved one at Pioneer Manor?

- Keep residents/families informed through calls and letters, website (information in a timely manner) <https://www.greatersudbury.ca/pioneermanor>.
- Email for questions/concerns, pmcommunications@greatersudbury.ca continues to be maintained.