

## **Pioneer Manor 2021 1st Quarter Report**

Presented To:	Community Services Committee
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### **Report Summary**

This report provides information regarding a quarterly update with respect to operational issues and good news stories for Pioneer Manor.

### **Relationship to the Strategic Plan, Health Impact Assessment and Community Energy & Emissions Plan (CEEP)**

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.

### **Financial Implications**

There are no financial implications associated with this report.

### **Background**

#### **Executive Summary**

This report is for the first quarter of 2021. 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**

Pioneer Manor was successful with an application to the New Horizons for Seniors Grant program to implement a Java Music program for the residents of the Home. The City will receive \$21,000 to use music programming to help reduce social isolation and loneliness to improve the quality of life for our residents.

Java Music Club is the foundational peer support program that provides residents with an important emotional outlet and support for each other as they experience fear and losses due to the pandemic. Over 1,100 senior

living organizations have implemented the program in the USA and Canada.

## Ministry of Long-Term Care (MOLTC)

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

Between December 8 and 16, 2021, the MOLTC inspectors were on site to conduct a "Follow Up" and a "Complaints" inspection resulting in the Home receiving five (5) voluntary plans of correction (VPC) and one (1) written notification (WN). The Home has put a plan in place to address the identified areas. In addition, a follow up to the two (2) compliance orders (CO) received as a result of visit in December 2020 was conducted and the Home was found to be in compliance with both COs and the orders have been lifted.

## 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).

2021 CIs Relating to "Alleged/Actual Abuse/Assault"		
Number of CIs Submitted	8	
Number of CIs Resident to Resident	3	38%
Number of CIs Staff to Resident	5	62%
Number of Staff to Resident allegations <b>substantiated</b>	2	40%
Number of CIs Visitor to Resident	0	0%
2021 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	2	
Outbreak	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.

No written concerns have been brought forward from either Resident or Family Council during the first quarter of 2021.

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.

Ten (10) 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.

## Ministry of Labor (MOL), Training and Skills Development

The MOL conducted an investigation over the phone on February 16, 2021 as a result a notice of occupational illness and outbreak report relating to transmission of COVID-19 among employees.

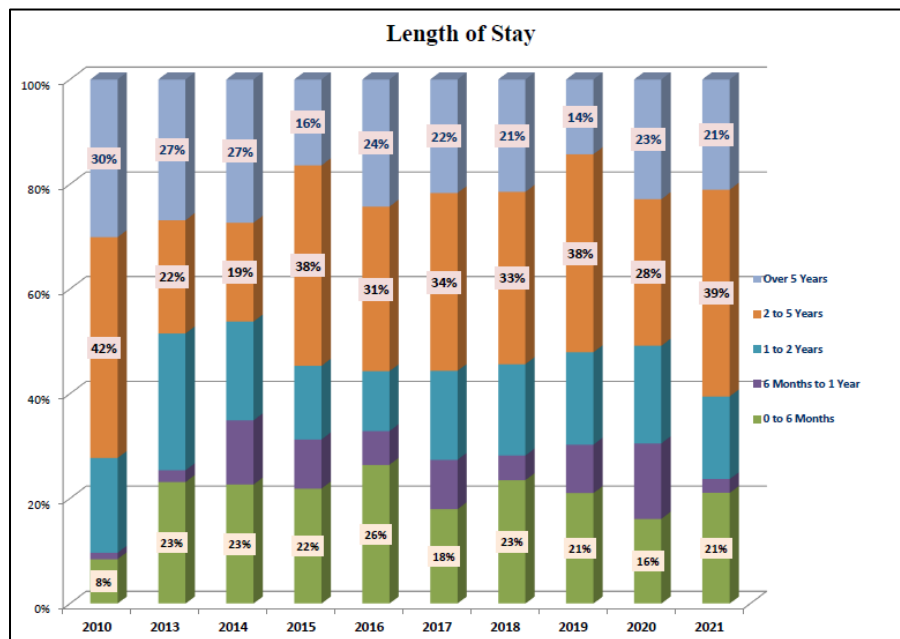
The Home received verbal notification on February 25, 2021 that the file relating to the transmission of COVID-19 among employees has been closed and no further action is anticipated at this time.

## Key Performance Indicators

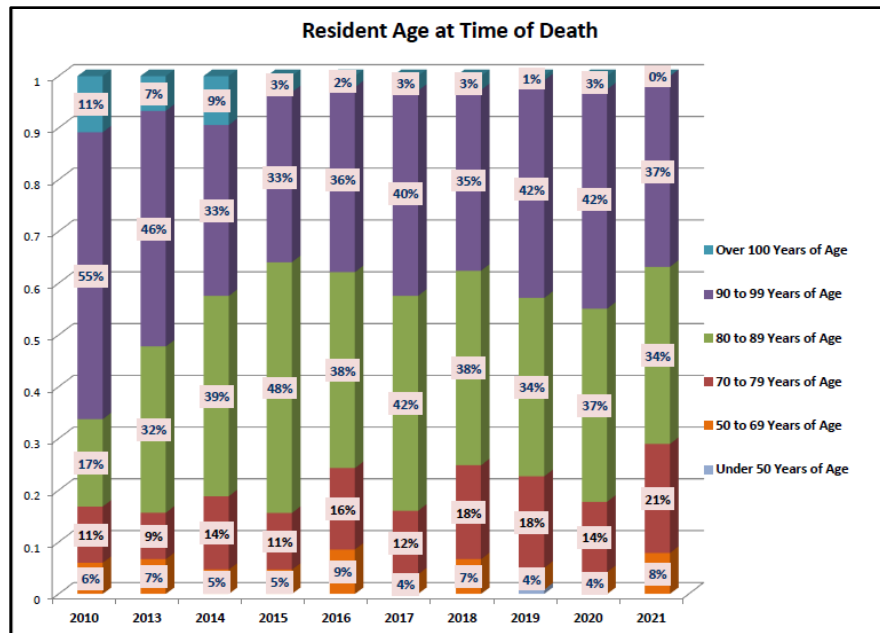
Long-Term Care Home Availability (as of February 2021)						
Facility Name	Beds	# on waitlist for Basic Bed	# on waitlist Private Beds	Average beds available/month		Total # waiting
Pioneer Manor	433	458	203	10		607
North East LHIN	1639			16		1227
Resident Care Stats (433 Residents)				2019	2020	2021
Admissions		Total		134	1094	39
Discharges		Total		11	6	1
Deaths		Total		119	118	38
Internal Transfers		Total		100	111	40
Occupancy Rate		Required to maintain >97%		99%	99%	97%**

\*\* Based on 425 beds as 8 beds being utilized for IPAC and admissions purposes.

In 2021 Q1 97% of residents who passed away did so at the Home (versus the hospital) compared to 92% in 2020 and 86% in 2019.



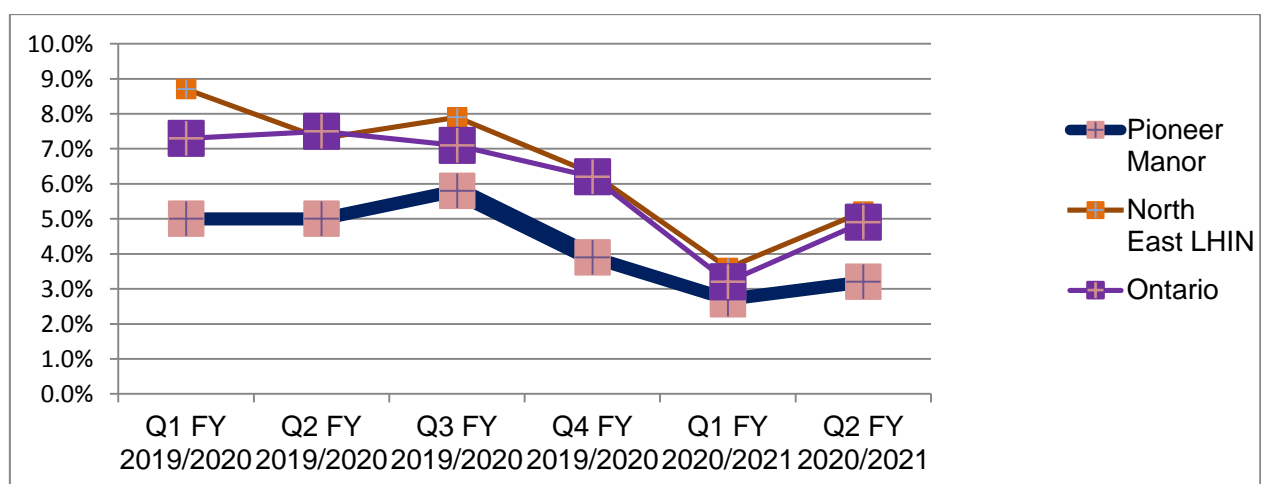
In 2021 Q1, 60% of residents who passed away were residents at Pioneer Manor longer than two years compared to 72% in 2010. This is reflective of residents being admitted to the Home with higher acuity.



In 2021 Q1, 37% 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					
	Q1 FY 2019/2020	Q2 FY 2019/2020	Q3 FY 2019/2020	Q4 FY 2019/2020	Q1 FY 2020/2021	Q2 FY 2020/2021
<b>Pioneer Manor</b>	5.0%	5.0%	5.8%	3.9%	2.7%	3.2%
<b>North East LHIN</b>	8.7%	7.3%	7.9%	6.3%	3.6%	5.2%
<b>Ontario</b>	7.3%	7.5%	7.1%	6.2%	3.2%	4.9%



Pioneer Manor consistently has a lower percentage of potential avoidable ED visits in comparison to the North East LHIN and Ontario.

## **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 first quarter of 2021.

During the first quarter of 2021, Pioneer Manor had one (1) outbreak declared by Public Health Sudbury and Districts (PHSD).

On February 7, 2021 Pioneer Manor was contacted by Public Health Sudbury & Districts notifying of a staff member who had tested positive for COVID-19. As such, a COVID-19 outbreak was declared to the entire Home. This staff member reportedly had symptoms compatible with COVID-19 and had worked while in the infectious stage of this illness.

On February 9<sup>th</sup>, through contact tracing process, nine (9) staff who had been in close contact with the identified staff case. All nine (9) staff members were subsequently sent home and required to complete a 14-day period of isolation.

On February 10<sup>th</sup>, Pioneer Manor was notified of a second staff member who tested positive. This staff member was an identified close contact of the index case indicating that there had indeed been transmission of the virus as a result of the high risk close contact. Further contact tracing for this staff member yielded another two (2) staff members who were identified as high risk close contacts. These two (2) staff members were subsequently sent home and required to complete a 14-day period of isolation.

On February 10<sup>th</sup>, Pioneer Manor received positive laboratory reports for five (5) residents in om the Home.

A total of three (3) essential caregivers and two (2) staff members were identified as high risk close contacts of the identified positive residents and were sent home to complete a 14-day period of self isolation.

On February 18<sup>th</sup>, isolation was discontinued for the residents who had previously tested positive for the COVID-19 virus. Isolation remained in effect for all identified close contacts of these individuals for the remainder of the 14-day isolation period. This involved a total of sixteen (16) residents.

The COVID-19 outbreak was declared over for the entire Home on February 25, 2021. Duration of this respiratory outbreak was eighteen (18) days.

## **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 first quarter of 2021, PHSD was in the Home two (2) times to conduct various inspections.

The PHSD was in the Home on February 10, 2021 to conduct an institutional food safety compliance inspection in the main kitchen, bistro and six (6) of the serveries located throughout Pioneer Manor. The Home received one (1) violation relating to dust being observed in the ceiling vent and air conditioner at time of inspection. Work order submitted on February 11<sup>th</sup> to clean area.

The PHSD was in the Home on February 16, 2021 to conduct an infection prevention and control (IPAC) assessment related to COVID-19 in long-term care homes. Recommendations were summarized into six (6)

themes; environmental cleaning, cohorting of residents and staff, residents wear masks, screening process, social distancing and staff training. All recommendations have been reviewed and plan in place to address all areas as required.

## **Falls Prevention**

<b>Number of Residents</b>	<b>Q1 2021</b>
Using chair or chair pad sensors	102
Using bed sensors or bed pad sensors	140
Using infrared sensors	12

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 first quarter of 2021.

### **Fire Sprinkler**

Tender for the supply, delivery, and 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 of 2020. Project was completed during the first quarter of 2021.

### **Roof Maintenance**

A roof drain was added to the roof on the older side of the Home to eliminate the annual leaking that has been noted in this area of the Home.

## **Emergency Preparedness**

During the first quarter of 2021, fire drills on all three shifts occurred each month. There were nine (9) Code Whites (situation with an actual or potential violent or out of control person). In addition, there was one (1) Code Red (fire), zero (0) Code Yellow (missing resident), and zero (0) Code Blue (medical emergency).

## 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 MOLTC 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*).

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## 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 wellbeing 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 MOLTC 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.