

Pioneer Manor 2021 3rd Quarter Report

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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 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 third 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

Late in March, Pioneer Manor was excited to be notified that they had received funding for just over \$21,000 from the Government of Canada's New Horizons for Seniors Program (NHSP), to implement Java Group Programs in the Home for a year. Staff were trained, resources were purchased and the first phase – the Java Music Club was initiated in May of this year. We are excited to share that we are now initiating phase two of the project which is the Java Memory Group – named “Java Time” on the calendar to recognize and appreciate sensitivities around those with memory loss. Java Time is a program to support those with moderate to severe

memory loss to take part in programs designed to cultivate meaningful emotional engagement, enhance resident to resident interaction and reduce loneliness. Java Time focuses on supporting one another, remembering that everyone matters, and everyone has something to share. It has one guiding principle which is – loving kindness. The program follows a structured 12 step process; invitation, opening welcome, opening song, pass a handshake, getting centered (calm breathing), invite a resident to choose a theme, storytelling, addition of movement and/or sensory materials, explore the theme, closing affirmation, closing song, pass a hug. These programs are offered weekly and will be facilitated by residents, with support from staff and volunteers. The programs will be adapted during COVID-19 to respect physical distancing and ensure resident safety.

In honor of the National Day for Truth and Reconciliation, on September 30th, Pioneer Manor added traditional indigenous foods to our menu, namely: Three Sisters' soup, dog in a blanket using bannock, blueberry dessert and bread pudding with maple syrup. The Home's own indigenous food service employee will be making the bannock. In addition, the history and significance of the Three Sisters' Soup has been provided to the Life Enrichment employees to utilize as part of their activities for the day and was reviewed by the current indigenous dietetic intern.

Ministry of Long-Term Care (MOLTC)

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

During the third quarter of 2021, the MOLTC contacted Pioneer Manor to follow up on four (4) critical incidents that had been submitted. No areas of noncompliance were found.

The MOLTC was on site twice during the third quarter of 2021.

Between July 26 and 30, 2021, the MOLTC Inspectors were on site to conduct a "Infection Prevention and Control (IPAC) & Hot Weather Protocols" three (3) "Critical Incident" and an "Inquiry" inspection resulting in the Home receiving one (1) voluntary plans of correction (VPC). The Home has put a plan in place to address the identified area. No issues were found in relation to IPAC and Hot Weather Protocols.

Between September 12 and 24, 2021, a MOLTC Inspector was on site to conduct a "Infection Prevention and Control (IPAC) Protocols", four (4) "Critical Incident" and two (2) "Complaints" inspections. The Home did not receive any compliance orders.

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 Relating to "Alleged/Actual Abuse/Assault"	Q1	Q2	Q3	Q4
Number of CIs Submitted	8	8	6	
Number of CIs Resident to Resident	3	0	3	
Number of CIs Staff to Resident	5	8	3	
Number of Staff to Resident allegations substantiated	2	3	0	
Number of CIs Visitor to Resident	0	0	0	
2021 Other types of CIs Submitted	Q1	Q2	Q3	Q4
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	4	4	
Outbreak	1	0	0	

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. In response to the Councils' concerns the below response/action(s) were put into place:

No written concerns have been brought forward from the Resident Council during the third quarter of 2021.

Family Council brought forward safety concern regarding the front entrance canopy, where it meets the building, has a 1/2-inch gap and when it rains heavily water runs directly into the automatic door opener. Family Council was informed that the automatic door opener is a designed, sealed unit for increment weather and is able to withstand the outdoor elements.

A copy of the Home's "Aspiration Monitoring" and "Nutritional Services Dysphagia Management" policies and procedures was provided in response to Family Council asking if the Home has policies on aspiration which includes prevention and what is the follow up process once a resident has aspirated. The "Aspiration Monitoring" policy provides direction to the registered staff on monitoring the resident after they have had a choking episode, there is always the possibility that aspiration has occurred. The "Nutritional Services Dysphagia Management" policy provides direction to the interdisciplinary team on how to ensure residents' nutrition and hydration needs met in a safe, coordinated manner as managed when they experience signs and symptoms associated with dysphagia.

A copy of the Home's "Abuse Resident Abuse Neglect" Policy and Procedure was provided in response to Family Council question regarding procedure followed when a Critical Incident/Abuse Report has been filed with the MOLTC.

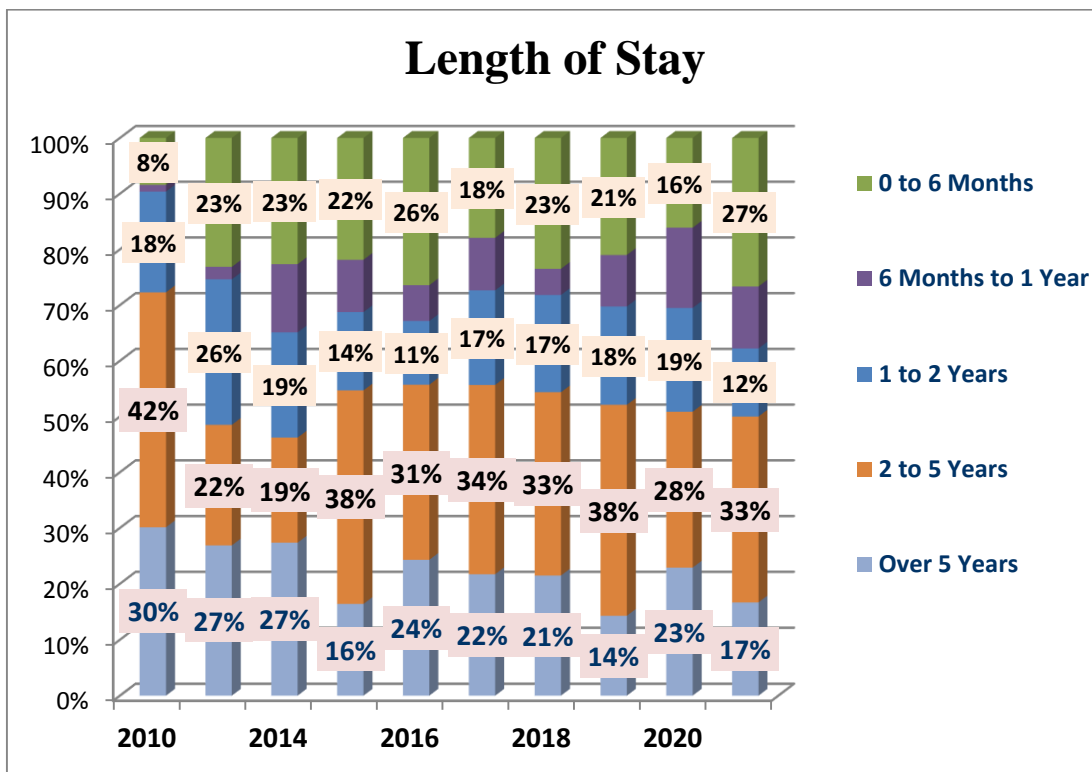
As per O. Reg. 79/10, s. 101, every written or verbal complaint made to the Home or a staff member concerning the care of a resident or operation of the Home is investigated and resolved where possible, and a response indicating what the licensee has done to resolve the complaint, or that the Home believes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

Twenty-one (21) 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.

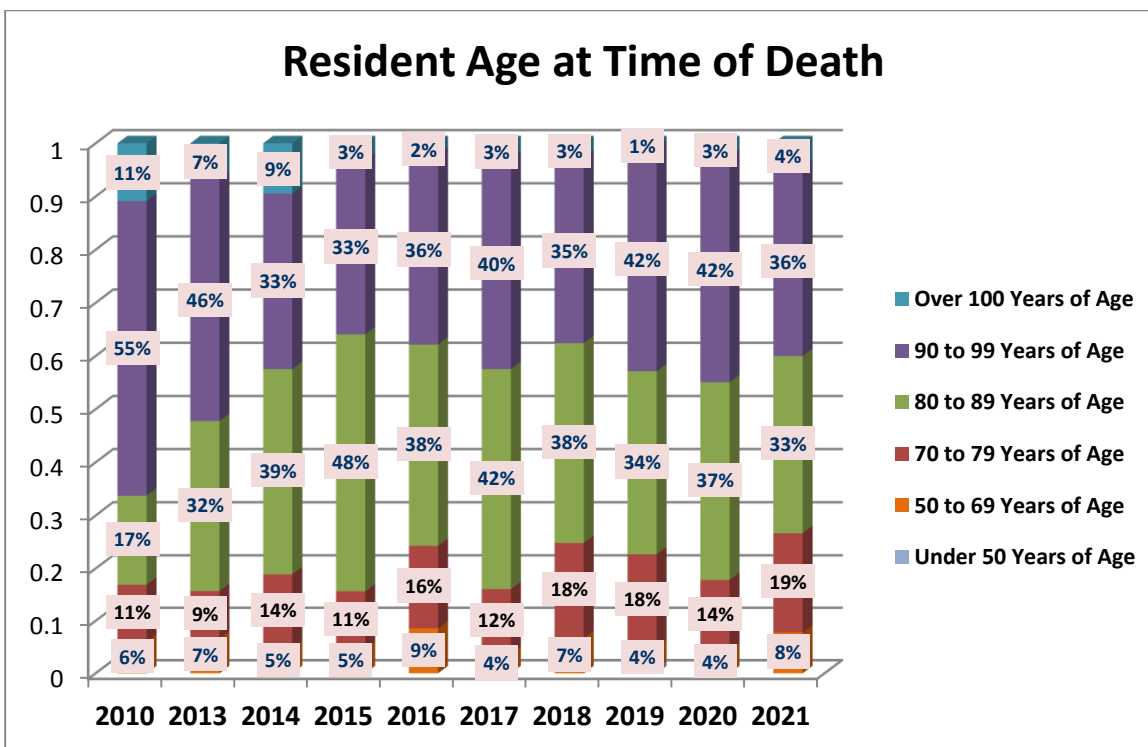
Key Performance Indicators

Long-Term Care Home Availability (as of May 2021)						
Facility Name	Beds	# on waitlist for Basic Bed	# on waitlist Private Beds	Average beds available/month		Total # waiting
Pioneer Manor	433	456	227	10		613
North East LHIN	1555			44		1212
Resident Care Stats (433 Residents)				2019	2020	2021
Admissions		Total		134	109	102
Discharges		Total		11	6	1
Deaths		Total		119	118	90
Internal Transfers		Total		100	111	115
Occupancy Rate		Required to maintain >97%		99%	99%	98.65%**

** Based on 429 beds as 4 beds utilized for IPAC and admissions purposes during third quarter of 2021.
In 2021 Q1 to Q3, 92% 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 to Q3, 50% 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 to Q3, 40% of residents were over 90 years of age at time of death compared to 66% in 2010.

Ministry of Labor Training and Skills Development (MLTSD)

On August 24, 2021, MLTSD conducted a field visit to address concerns that were brought forward regarding staff training for mold removal. Prior to the inspection the Home had already removed and repaired a section of wall containing mold. An analysis identified three different types of mold, cladosporium, hyphae and penicillium/aspergillus. All three of these types of mold are "common everywhere" and aside from allergic potential, they are not identified to be hazardous to health. Staff developed an education plan to rectify the concerns and MLTSD were satisfied; no orders were issued.

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 third quarter of 2021.

No outbreaks were declared during the third quarter of 2021.

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 third quarter of 2021, PHSD was in the Home on September 13th and September 15th to conduct Food Safety inspections. Eleven (11) Home Area kitchens/serveries and the Bistro were inspected, two (2) violations were noted. It was noted on both the First and Second Floor Lodge serveries the air conditioner was in need of cleaning, the Home was given until September 22nd to address.

2021 Falls Prevention

Number of Residents	Q1	Q2	Q3	Q4
Using chair or chair pad sensors	102	102	102	
Using bed sensors or bed pad sensors	140	147	151	
Using infrared sensors	12	12	13	

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 third quarter of 2021 including annual inspection/maintenance.

Emergency Preparedness

During the third 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 zero (0) 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 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 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.