

## **Pioneer Manor 2022 4th Quarter Report**

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### **Report Summary**

This report provides information regarding a quarterly update with respect to operational issues, activities, and accomplishments in support of resident safety goals, objectives, 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 with this report.

### **Executive Summary**

This report is for the fourth quarter of 2022. 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 the quality of life is not being adversely affected by the safety measures put into place.

### **Good News Stories**

#### **Resuming Religious Services**

The Home is excited to share that a number of our religious services have returned to regular pre-pandemic schedules. Currently, Sunday Worship, English Roman Catholic, French Roman Catholic and English Interfaith

Services are being offered in Winter Park. With the assistance of Life Enrichment staff members, it has been wonderful to see a large number of residents attending and reuniting with friends, family, clergy and volunteers.

## **Continence Care Program**

Pioneer Manor is dedicated to delivering high quality person-centered care. The Home strives for high quality care and in October 2022, introduced a new line of continence care products.

In the summer of 2022, the Home undertook an incontinence review, analyzing varying products, availability, and cost. With input from residents and staff, the Home chose a new product made in Canada that is of high quality, absorption, and breathability. Using a Canadian based company has proven to be more cost effective and available. To ensure a smooth transition, the Home provided support and education to all staff, residents, and families. In addition, the product provider and staff continence care champions provided education to all Home Areas on all shifts. Once the education was completed, the Home successfully converted all incontinent products within the Home in one day.

The Continence Care Program continue to provide support by ensuring all residents are assessed and provided with interventions to promote continence care, maintain dignity, comfort, independence, and skin integrity.

## **Holiday Season**

Another year of the COVID-19 pandemic brought continued restrictions and social distancing measures for residents, staff, and visitors. Pioneer Manor was able to re-open its doors to general visitors prior to the holiday season allowing residents the opportunity to visit with loved ones they had not been able to visit since prior to the pandemic. On Christmas day, Pioneer Manor served over 700 Christmas meals to residents, essential caregivers, family members, staff, and visitors. This allowed many residents a special opportunity to celebrate the holiday season with their loved ones.

Pioneer Manor Resident Council hosted its second year of festive decorating challenge between all resident Home Areas, and staff offices within the Home. This was a great success and brought Christmas cheer throughout the Home. The winners for the second year in a row were the Poplar Home Area and second place was a Life Enrichment door on the York/Ramsey Home Area.



## ***Fixing Long-Term Care Act, 2021 (FLTCA) - Staffing Plan (2021-2025)***

During the fourth quarter of 2022, the Home finalized the requirements as set out in phase 1 of the *FLTCA, 2021*, by reviewing and updating all remaining policies and procedures, orientation packages, pamphlets, signage, admission package, and website information to reflect the new requirements of the Act.

Under the *FLTCA, 2021* is provincial requirement to increase the average hours of direct care provided by front line staff to 4 hours per resident, per day and 36 minutes per resident per day for allied health care services by March 31, 2025. 'A better place to live, a better place to work: Ontario's long-term care staffing plan' was first announced in December 2020 and was later incorporated in the new *FLTCA, 2021*. At the center of the plan is increasing the hours of direct care from the 2018 provincial average of two hours and 33 minutes per resident per day to a provincial average of four hours per resident, per day over four years. The staffing project is currently in its second year with a target set at achieving a provincial average of 3 hours and 15 minutes of care provided by direct care staff and 36 minutes are provided by allied health professionals.

In the fall of 2021, City Council passed resolution (FA2021-78) that authorized Pioneer Manor staff to hire staff in accordance with the provincial "Long-Term Care Staffing Increase Funding Policy for LTC Homes". The following breakdown are all the front line positions the Home was able to create using existing part-time positions and new dedicated provincial funding. The various positions were operationally deployed between day, afternoon, and night shifts. The new positions have been extremely successful with enhancing frontline care for the residents while redistributing staff workload.

New positions: (using existing part-time shifts)

- 28 full-time Personal Support Worker (PSW) – by converting 16 part-time PSW positions
- 3 full-time and 2 Limited full-time Registered Nurse (RN) positions
- 1 full-time IPAC Registered Practical Nurse (RPN) position
- 1 full-time Physician Liaison (PL) by converting an existing part-time PL position
- 5 full-time and 5 Limited full-time Registered Practical Nurse (RPN) positions
- 1 full-time Social Worker position
- 1 full-time Rehabilitation Assistant
- 1 full-time Coordinator of Intake & Resident Relations
- 1 full-time Physiotherapist (PT) by converting an existing part-time PT position
- 1 full-time Occupational Therapist (OT) by converting an existing part-time OT position
- 1 full-time Dietician (RD) by converting an existing part-time RD position

To date, Pioneer Manor has successfully achieved 3 hours and 24 minutes per resident, per day of direct care provided by front line staff, and 36 minutes per resident per day of care provided by allied health professionals.

The Ministry of Long-Term Care (MLTC) also announced a new Supporting Professional Growth Fund for enhancing staff education. Pioneer Manor has dedicated these funds to providing front line staff with training in dementia care. In 2022, the Home began providing front line staff with Gentle Persuasive Approach (GPA) training with the assistance of the Northeast Behavioural Supports Ontario and will continue this training into 2023. GPA is used across Canada, and it teaches staff how to respond respectfully, with confidence and skill, to behaviours associated with dementia. GPA provides staff with a better understanding that people with dementia are more than their diagnosis and to view the perspective of the person living with dementia. At the end of 2022, Pioneer Manor was able to successfully train 4 GPA coaches and facilitated education to 100 front line staff members. The Home will continue to train staff in GPA training in 2023.

## **Capital Bed Redevelopment**

On November 25, 2022, the provincial government introduced a fixed, time-limited funding supplement to the Construction Funding Subsidy (CFS) with a goal of accelerating development and redevelopment of long-term care beds. The City applied for eligibility to access the revised funding policy and on December 22, 2022, received approval from the MLTC that Pioneer Manor – City of Greater Sudbury redevelopment project is eligible to receive top-funding subject to the fulfillment of all conditions and requirements as set out in the

FLTCA, 2021. To be considered for the fixed, time limited CFS supplement, eligible operators must be able to obtain MLTC approval to start construction no later than August 31, 2023. Pioneer Manor redevelopment is well advanced and after consultation with the MLTC, the project is well positioned to meet the eligibility requirements for the enhanced funding. See reference 1 below to view the tentative (pending Ministry approvals) outline of Pioneer Manor's redevelopment pre-construction roadmap.

Bed redevelopment continues to advance through the MLTC review and approval process. In the fall of 2022, the MLTC received the City's Submission Standard "Operational Plan" allowing the City to progress to the next stage and submit the final construction documents and a formal request for a Development Agreement. Currently, the working drawings are with the MLTC, and the City is awaiting final comment. Staff are awaiting a MLTC Development Agreement that outlines the terms and conditions of the provincial funding, tender requirements, and the final approval of the construction documents. Work on the tender documents has begun, in consultation with CGS purchasing division, to ensure that the construction documents may be tendered as soon as possible following Ministry approval.

## Inspections

All Long-Term Care homes across Ontario are inspected - with or without notice, by various Ministries and Agencies in response to critical incidents or to discuss complaints/concerns. Additional scrutiny also ensures compliance with various directives and/or bylaws and work is being conducted in accordance with legislation and regulations.

During the fourth quarter of 2022, the following number of inspections occurred at Pioneer Manor. The Home has addressed all identified areas.

	Inspections	Outcome
Ministry of Long-Term Care	1	Two (2) written notifications and one (1) remedied non-compliance
Mandatory Critical Incident System	14 (telephone)	None substantiated
Ministry of Labor	0	N/A
Public Health (IPAC)	4	No violations
Public Health (Institutional Food Safety Compliance)	13	6 areas of remedies

## 2019 to 2022 Ministry of Long-Term Care Inspection Analysis

As of April 11, 2022, the *Fixing Long-Term Care Act, 2021* (FLTCA) and *Ontario Regulation 246/22* have replaced the previous *Long-Term Care Homes Act, 2007* (LTCHA) and *Ontario Regulation 79/10* as the governing legislation for long-term care in Ontario. If an inspector or the Director under the Act finds non-compliance, they take into account the scope and severity of the non-compliance, and the compliance history (up to three years) of the Home to determine the appropriate compliance actions to take under the new FLTCA. Outlined below is Pioneer Manor's non-compliance history from 2019 to 2022. See reference 2 below for potential outcome when Home found to be non-compliant with the act or regulations. The following chart indicates the Home demonstrates a trend of reducing areas of non-compliance.

	2019	2020	2021	2022
Remedied Non-Compliance	N/A	N/A	N/A	2
Written Notification	23	16	12	7
Voluntary Plan of Action	12	9	10	1
Compliance Order	3	3	0	0
Director's Order	0	0	0	0
<b>Total Areas of Non-Compliance</b>	<b>38</b>	<b>28</b>	<b>22</b>	<b>10</b>

## Complaints

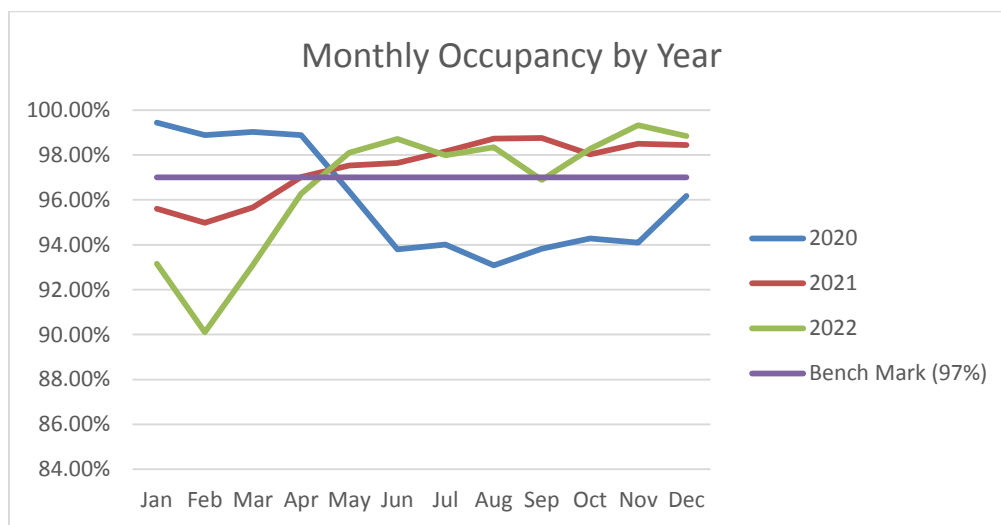
During the fourth quarter of 2022, the following number of complaints were received by the Home, investigations and responses provided as per the *FLTCA, 2021* and *Ontario Regulation 246/22*.

	Number Received in Q4	2022 Year End	Outcome
Resident and or Family Members	3	28	Investigations and written responses provided
Resident Council	6	15	Addressed and resolved
Family Council	0	2	Follow up provided

## Key Performance Indicators

Long-Term Care Home Availability (as of January 13, 2023)						
Facility Name	Beds	# On waitlist for Basic Bed	# On waitlist Private Beds	Average beds available/month		Total # waiting
Pioneer Manor	433	409	234	14		643
Sudbury/Manitoulin	1555	1399	863	45		2262
Resident Care Stats (433 Residents)				2020	2021	2022
Admissions	Total			109	136	165
Discharges	Total			6	2	6
Deaths	Total			118	126	154
Internal Transfers	Total			111	132	126
Occupancy Rate	Required to maintain >97%			99%	98.8%**	97%

\*\* Based on 429 beds as 4 beds utilized for IPAC and admissions purposes during first three quarters of 2022.



## Infection Prevention and 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 2022.

## IPAC Self-Audits in Long-Term Care Homes

In light of the MLTC requirement for long-term care homes to complete routine self-audits every two weeks when not in outbreak, and weekly during outbreaks, Public Health Ontario (PHO) has implemented the 'COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes'. The purpose for the self-assessment audit tool is to help infection prevention and control (IPAC) leads to assess if the Home's IPAC practices meet the minimum IPAC requirements under applicable legislation and regulations. Pioneer Manor has completed all measures recommended on the audit tool and continues to complete audits as outlined in the Ministry requirements.

## Outbreaks

During an outbreak, additional precautions put in place included: visitor restrictions, whereby residents of the specific Home Area were permitted to receive only one (1) essential visitor at a time. All staff working in the area were required to use N95 respirators as well as eye protection when working. In addition, eye protection had been implemented facility wide when outbreaks were expanded to multiple Home Areas. All symptomatic residents and close contacts were placed on isolation. Any staff testing positive for COVID-19 were isolated and off work for the duration of their ten-day isolation period from the workplace. As per the most recent Ministry of Health COVID-19 Guidance document, only symptomatic residents will undergo testing for COVID-19 and multiplex respiratory virus PCR (MRVP).

In 2022, the Home had nine (9) outbreaks for a total of 145 days.

Type of Outbreak Declared	Duration (Days)	Number Impacted:		
		Home Area(s)	Residents	Staff
COVID-19	12	1	3	1
Influenza A	7	1	2	0
RSV	7	1	2	0
COVID-19	15 days in 2022-ongoing into 2023	3	22	0

\*\* Zero (0) resident deaths were identified where COVID-19 was a contributing factor.

## 2022 Resident Falls and Injury Prevention Program

To prevent resident falls and injuries, residents are provided with different types of sensors. At the end of 2022, the below number of residents were provided sensors:	
Chair or chair pad sensors	117
Bed sensors or bed pad sensors	168
Infrared sensors	7

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 quarters of 2022 including annual inspection/maintenance.

The Ministry of Long-Term Care approved and funded Pioneer Manor to install electronic access control keyless entry to medication rooms on all Home Areas throughout the Home. The funding was requested under the

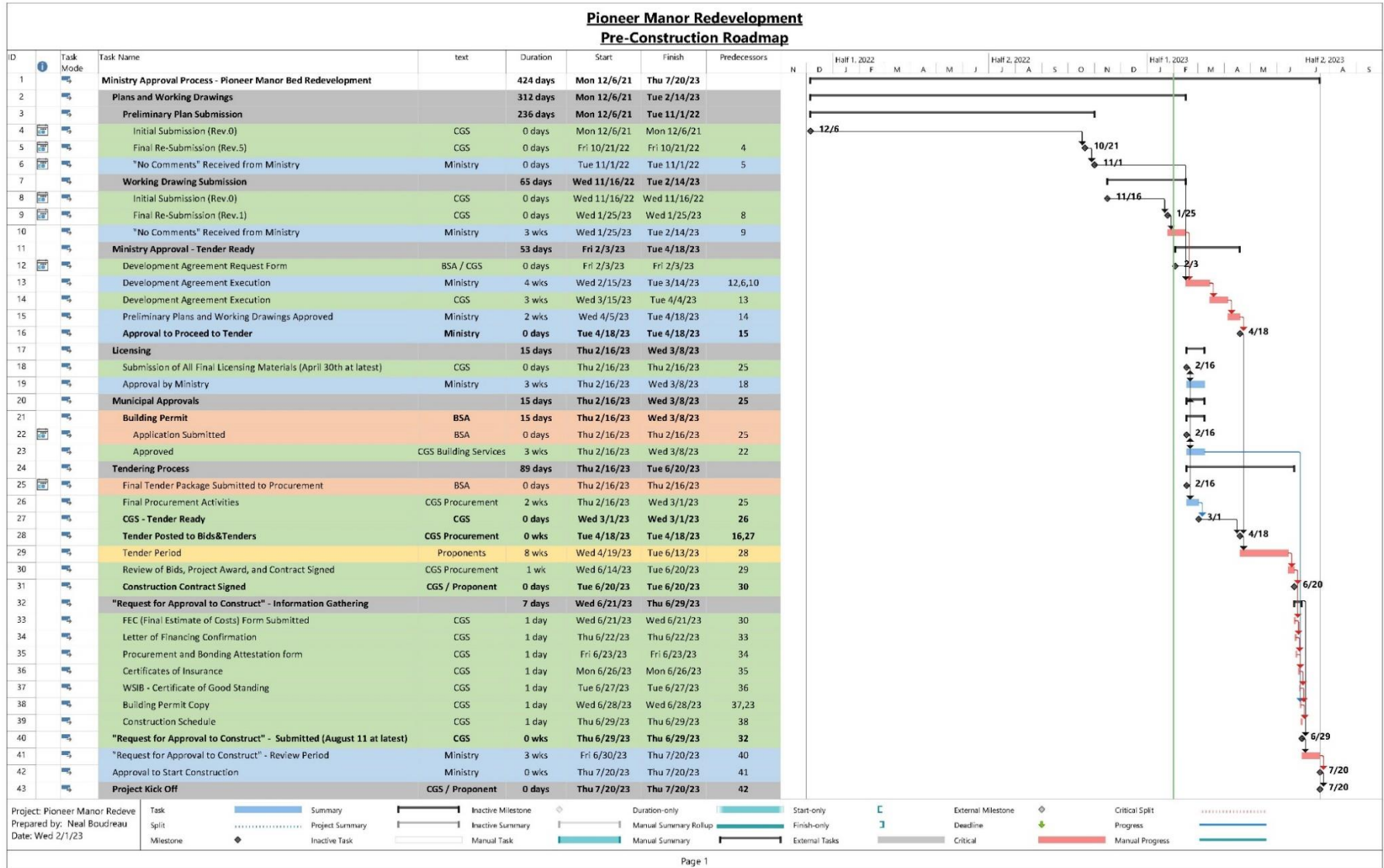
Medication Safety Technology program in 2021. The Home is pleased to share the installation was successfully completed in the fourth quarter of 2022.

## **Emergency Preparedness**

As per the FLTC Act, 2021, the Home has developed new emergency and pandemic plans which are now available online and will be reviewed annually with the Home's community partners.

During the fourth quarter of 2022, fire drills on all three shifts occurred each month and the Home performed the required annual mock evacuation. There was a total of four (4) Code Whites [situation with an actual or potential violent or out of control person].







The Ministry's inspection program focuses on ensuring that licensees comply with the FLTCA and protecting and promoting the quality of care and quality of life for residents. This is achieved by performing unannounced inspections and enforcement measures as required and ensuring that actions taken by the government are transparent. The new proactive inspections program adds to the current program, it allows the Ministry inspector to proactively visit each LTC home every year, all the while continuing reactive inspection to promptly address complaints and critical incidents.

The *FLTCA 2021* includes new and strengthened compliance and enforcement tools to improve resident care and safety. These tools will be used as part of the Ministry of Long-Term Care's (the ministry's) inspection program, which aims to hold licensees to account for the care they provide.

If an inspector or the Director finds non-compliance, they take into account the scope and severity of the non-compliance, and the compliance history of a licensee to determine the appropriate compliance action(s) to take under the FLTCA (*FLTCA, 2021, 154-161*).

### **Compliance and Enforcement Tools under the FLTCA**

1. Remedied Non-compliance (RN) **[New]**
  - Provides a way for an inspector to address very low-risk instances of non-compliance during an inspection without having to take further compliance action.
  - Can only be used when a licensee is able to demonstrate they have remedied the non-compliance during an inspection and the inspector is satisfied that the non-compliance caused no harm and created no risk of harm to a resident.
2. Written Notifications (WN)
  - Used to communicate a finding of non-compliance.
  - Unlike the (former) LTCHA, the FLTCA does not allow the inspector to issue a voluntary plan of correction as a possible compliance action.
3. Compliance Orders (CO) **[Updated]**
  - Requires a licensee to do anything or refrain from doing anything to achieve compliance with the FLTCA. In addition, must prepare, submit, and implement a written plan for achieving compliance.
  - 2 new aspects of CO that may direct licensee to take certain action, such as, arrange for specific staff to receive training or allow the ministry/agents/contractors to perform any work or activity at the LTC home at the licensee's expense.
4. Administrative Monetary Penalties (AMP) **[New]**
  - Intended to encourage compliance and increase accountability for repeated non-compliance through non-punitive monetary penalties.
  - Must be issued if the licensee has not complied with a CO made under the FLTCA; or has not complied with a requirement under the FLTC and it results in a CO being issued and the licensee has received at least one other compliance order for non-compliance with the same requirement within a three-year period.
5. Order Requiring Management **[Updated]**
  - Licensee to retain a temporary manager to assist in managing the LTC home (entire operations or specific issues related to the operations i.e., IPAC, financial or clinical operations). In circumstances present in an LTC home that are harmful to the health, safety, or welfare of residents; or if there is an emergency, for example an outbreak of disease or a pandemic.
6. Increased Fines for Offences **[New]**
  - Maximum fines upon conviction of an offence under the FLTCA have doubled. If convicted can face a fine of up to:
    - ✍ \$200,000 for an individual's 1<sup>st</sup> offence and up to \$400,000 for subsequent offence.
    - ✍ \$500,00 for a corporation's 1<sup>st</sup> offence and \$1,000,000 for subsequent offence.
7. Investigations
  - Expanding capacity to investigate and lay charges for offenses when appropriate
8. License Suspension and Supervision **[New]**
  - May suspend a licensee and appoint a LTCH Supervisor to take over the operations of the home.

## Resources Cited

*Fixing Long-Term Care Act, 2021* (FLTCA). Retrieved from: <https://www.ontario.ca/laws/statute/21f39>

*Ontario Regulation 246/22*. Retrieved from: <https://www.ontario.ca/laws/regulation/r22246>

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