

## Pioneer Manor 2023 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 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.

### Executive Summary

This report provides a status update on various topics, such as good news stories, operational activities, accomplishments, updates for the 4th quarter of 2023 and year end data. Pioneer Manor is committed to providing a safe, healthy, and respectful environment for residents, families, visitors, and employees. The Home strives towards finding a balance between resident safety and that their quality of life is not being adversely affected by the current safety measures.

## Good News Stories

### Staffing Activities

Pioneer Manor successfully negotiated a four-year contract (2023 to 2027) with CUPE 148. This contract provides a competitive compensation package to attract and retain staff in the long-term care sector and supports CGS' key interests to enhance operational efficiencies, improve continuity of care for residents and provide work/life balance to employees.



Recently two staff --Emilie Martel and Jessica Lezun were recognized for their Innovative services in 2023 and received of the Award of Service as selected by the CAO. Their outstanding dedication and commitment were showcased through a initiative aimed at enhancing the quality of life for a resident with complex needs. Their efforts were driven by an understanding of the importance of preserving the resident's dignity and autonomy, particularly during a period of declining health.

Emilie and Jessica undertook the task of sourcing and customizing a specialized bathing sling for the resident which involved extensive research, diligent communication with manufacturers, and meticulous attention to detail to ensure that the product met the resident's unique requirements.

By facilitating the resident's preferred bathing method, Emilie and Jessica effectively contributed to maintaining the resident's sense of independence and well-being. Their efforts not only exemplify the values of our organization but also their commitment to providing compassionate care and support to those in need.

### Resident and Family Activities

The annual Resident/Family survey was conducted in the fourth quarter of 2023 and analysis of data will be shared in the first quarter of 2024.

The fall included many opportunities for Residents to showcase their artistic talents. The winter park was decorated to celebrate the many fall festivities.





Students from École Secondaire Macdonald-Cartier met with Francophone residents at Pioneer Manor. As part of a partnership on experiential learning, a group of students from the school traveled to Pioneer Manor to build a bridge between generations and strengthen their community and collective legacy. The objective of this collaboration is to encourage intergenerational interaction to value the experience and wisdom of elders and to foster meaningful and lasting connections between students and the residents of Pioneer Manor.



With the support from a number of community organizations as well as individuals, residents at Pioneer Manor who do not have family receive gifts for Christmas.

Thank you to a number of individuals as well as organizations such as Be A Santa To A Senior, Goshenite Seniors Services, CGS Employees, CRA – CPP/EI Team.

## **Palliative Care**

### **Staff focus - Grief Presentation**

Grief education was provided to 10 palliative care champions. This training increased the knowledge and skills for the Champions as they will be the main points of contact for staff and families during palliation or end of life. With a better understanding of grief and loss, staff are better equipped to navigate challenging conversations around death and dying with others. Building on the internal referrals to the Social Worker and Chaplin, topics included general grief psychoeducation, factors influencing grief, secondary loss, traumatic grief, and bereavement, and how to support someone who is grieving. Included in the training were tools to assist in identifying the signs and symptoms of grief with those they support and be able to provide appropriate care.

## Resident Focus - Grief Painting Group

In December 2023, three residents participated in two sessions of facilitated grief painting. The goal of the group was to be able to learn, identify and explore feelings often associated with grief, dispel myths of grief and demonstrate a better understanding of the unique and individual experiences of grief. This was offered in a combination of psychoeducation and creative expression through a painting activity. This format enabled residents with different types of learning styles, a meaningful way (active participation and reflection as opposed to passive intake of information) to digest the information and learn a potential new coping skill.

The feedback from the group was extremely positive. One resident completed two paintings as they found it very healing for their own grief. Residents were very interested in having this offered again as it provided a safe, supportive space to be vulnerable with others who have experiences similar pain, witness the grief and loss of others, while encouraging their own healing.

With permission from the residents, the painted pictures are now hanging in the Reflection Room with a description underneath each painting describing the artist and the work. This is meant to be a lasting installation in that room to encourage others to witness the loss of others and reflect on and speak about their own grief story.

## Capital Bed Redevelopment

The general contractor, Sullivan & Sons, mobilized site in early October and began with Phase 1 of the project which involved the construction of two new parking lots as well as new storm water infrastructure throughout the site.

The main 'ring road' around the campus was re-routed to a newly constructed entrance to the east of the existing entrance which was subsequently blocked off. As a result of the construction of the new parking lots as well as the new ring road entrance, the staff parking was moved to the new parking areas allowing for the commencement of construction for the new wing.

Piles for the new wing will commence in January of 2024. Substantial completion of the project is expected in mid-2026.

## Inspections

### 2020 to 2023 Ministry of Long-Term Care Inspection Analysis

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 2023, the following number of inspections occurred at Pioneer Manor. The Home has addressed all identified areas.

	Inspections	Outcome
Ministry of Long-Term Care	1	3 written notifications and 2 compliance orders
Mandatory Critical Incident System	0	
Ministry of Labor	1	No areas of noncompliance
Public Health (IPAC)	1	
Public Health (Institutional Food Safety Compliance)	0	

## 2020 to 2023 Ministry of Long-Term Care Inspection Analysis

Effective April 11, 2022, the *Fixing Long-Term Care Act, 2021* (FLTCA) and *Ontario Regulation 246/22* 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 consider 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 2020 to 2023. See Appendix 1 below for potential outcome when the Home is found to be non-compliant with the act or regulations. The following chart indicates that the Home demonstrates a trend of reducing areas of non-compliance.

	2020	2021	2022	2023
Remedied Non-Compliance	N/A	N/A	2	0
Written Notification	16	12	7	10
Voluntary Plan of Action	9	10	1	0
Compliance Order	3	0	0	2
Director's Order	0	0	0	0
<b>Total Areas of Non-Compliance</b>	<b>28</b>	<b>22</b>	<b>10</b>	<b>12</b>

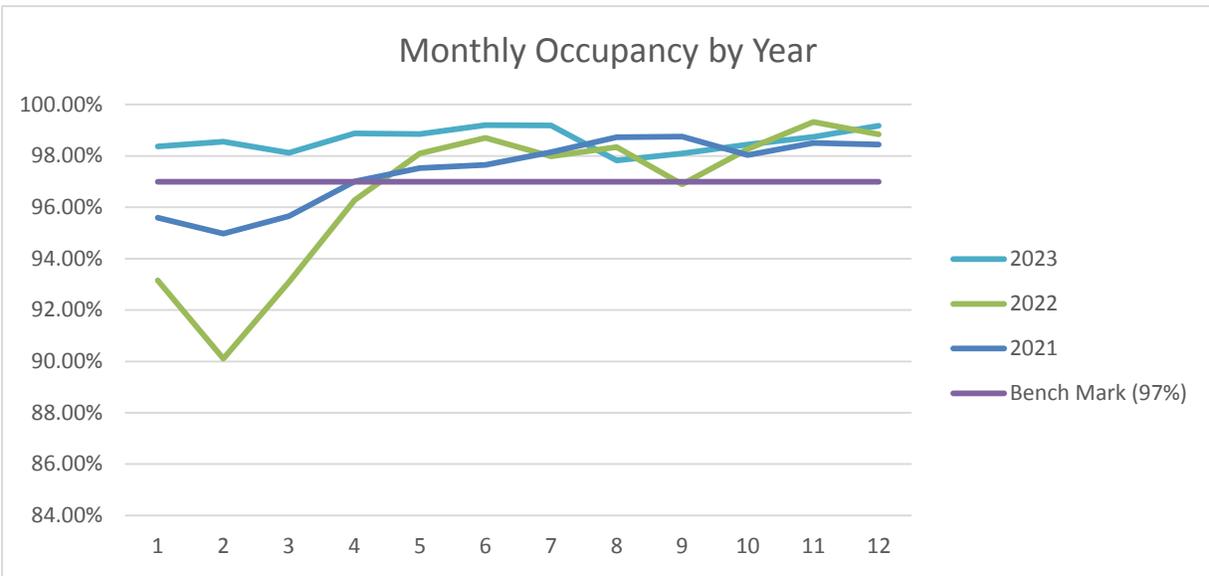
### Concerns/Complaints

During the fourth quarter of 2023, 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	Outcome
Resident and or Family Members	0	No written concerns brought forward this quarter
Resident Council	2	Follow up provided.
Family Council	0	No concerns brought forward this quarter

### Key Performance Indicators

Long Term Care Home Availability 2023				
Facility Name	Beds	# On waitlist for Basic Bed	# On waitlist Private Beds	Total
Pioneer Manor	433	456	169	625
Sudbury/Manitoulin	1555	1045	303	1348
Resident Stats		2021	2022	2023
Admissions		136	165	139
Discharges		4	6	3
Deaths		126	154	135
Internal transfers		132	126	100
Occupancy Rate		98.8%	96.63%	98.62%



## Infection Prevention and Control (IPAC) Outbreaks

Fourth Quarter 2023

Type of Outbreak	Outbreak Declared	Outbreak Declared Over	Duration (Days)	Number Impacted	
				Home Area(s)	Residents
Acute Respiratory Infection	September 1/23	September 5/23	4	1	4
COVID-19	September 2/23	September 19/23	17	5	32
Acute Respiratory Infection	September 11/23	September 18/23	7	1	4
Rhinovirus	September 19/23	October 1/23	8	1	5
COVID-19	October 22/23	November 10/23	19	5	29
Enteric Illness	October 23	October 30/23	7	1	5
COVID-19 & ARI	November 29/23	December 10/23	10	1	8
Influenza A	December 30	January 25/24	26	8	89

### Summary for 2023

In 2023 there were 9 specific types of outbreaks that resulted in 20 incidents where many home areas saw on average 32 residents in isolation for an average duration of 14 days.

Staffing Contingency: The impact of COVID on staffing resulted in 81 Full Time Employees accessing illness benefits above the yearly allocation and 107 Part Time Employees provided with illness benefits.

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 and allows the Ministry inspector to proactively visit each LTC home every year, all the while continuing reactive inspections to promptly address complaints and critical incidents.

The FLTCA 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.

### **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 a 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 FLTCA 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 a 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, fines can be issued in the amount of:
    - ✍ \$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 offences 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.