

Pioneer Manor 2024 1st 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 Climate Action Plans

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

This report provides a status update on various topics, such as good news stories, operational activities, accomplishments, updates for the 1st quarter of 2024. 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

An increased focus on training of resident care staff in the use of Lifts continued into the first quarter of 2024. This training ensures that the correct methods are used to safely move residents. Additionally, the utilization of staff who have become "Lift Champions" on-the-spot assistance whenever needed.

A recent agreement with the Centre for Aging Research at McMaster University will see Pioneer Manor participate in the PREVENT Falls Study. The Study aims to reduce the incidence of fractures resulting from falls. The study will provide Pioneer Manor with evidence-based practices that assist in reducing fractures.

Resident and Family Activities

A new wander alert system has been installed at the main doors which is a big improvement over the old system. The new system is designed to lock the main doors immediately if a resident with an alert bracelet gets close to the exit. Additionally, the system identifies the resident and sets off an alarm allowing staff to respond quickly ensuring resident safety.

The Resident Food Committee continues to meet regularly and in different locations within the Manor to facilitate resident participation. Attendance remains high, allowing residents the opportunity to give input into what they like, including new items they want to see on future menus.



Celebrating Chinese New Year, the year of the Dragon with members of the Chinese Association of Greater Sudbury. Traditional Chinese dress for each dance as well as stories to explain the dance and cultural region the dance originated from. Residents were invited to participate in one of the traditional dances.



A performance by the Sudbury Symphony Orchestra String Quartet was made possible by Concerts in Care Ontario. Classical music flowed in the Winter Park and residents were even entertained with a rendition of Queen's Bohemian Rhapsody.



In collaboration with Sudbury Community Foundation, the Life Enrichment Department has received a \$5,000 grant for the year 2024 to offer art therapy, music therapy, and/or other programs that connect community talent with resident interests/needs.

Palliative Care Program

Pioneer Manor is committed to excellence in palliative care. To ensure high-quality services, we have made significant improvement to our Palliative Care Program.

Partnership with Maison McCulloch Hospice

Pioneer Manor has built a partnership with Maison McCulloch Hospice to improve the palliative care services offered in our Home. Maison McCulloch Hospice has a Visiting Hospice Service (VHS) program where trained volunteers provide companionship and emotional support to help improve the quality of life for people receiving palliative care in the community. As part of this new partnership, Maison McCulloch Hospice provides training for Pioneer Manor volunteers and assist in coordinating visits with residents approaching the end-of-life. This provides additional supports to our residents and families.

Code Butterfly and Dining Room Acknowledgement

Pioneer Manor has introduced the “code butterfly” and the dining room acknowledgement to honor residents who pass away. With consent of the SDM, a “code butterfly” is announced over the intercom when a resident passes and funeral services have arrived. Staff, residents, and families will then gather at the main entrance for a moment of silence to pay their respects and to say goodbye. The day following the death of a resident, an “in memory of” card with a flower will be placed at the resident’s seat in the dining room. This gesture is done to honor the life of our residents who passed away.

Medication Pumps

Pioneer Manor introduced Computerized Ambulatory Delivery Device (CADD) pumps for pain and symptom management at the beginning March 2024. This device allows for the continuous delivery of medication, with the option of Patient Controlled Analgesia (PCA). Patient-Controlled Analgesia is a type of pain management that allows the resident to decide when they will get a dose of pain medicine. For residents who cannot use this function, the continuous delivery of pain medication will ensure adequate pain management, so the resident remains comfortable. This ensures optimal pain and symptom management for our resident approaching the end-of-life.

Palliative Care Champions

Pioneer Manor’s Palliative Care Champions are a group of leaders who are passionate about providing high-quality palliative care to residents and families. The role of the Palliative Care Champions is to provide guidance, education, and support to staff, residents, and families who need help with palliative care and end-of-life care. The Palliative Care Champions have received specialized training and education in palliative care, making them a valuable source of information for advance care planning, pain and symptom management, and end-of-life care.

Resident and Family Satisfaction Survey Results

Every year, Pioneer Manor conducts an annual survey, reaching out to residents and their families to ensure we understand their needs and gather feedback on the services provided. Delighted to announce a notable increase in overall satisfaction, rising from 86% in 2022 to 95% in 2023. The satisfaction survey was available for residents or their families to complete from late fall 2023 until early January 2024. A letter was sent to all Power of Attorney/ Substitute Decision Makers via email and regular mail on November 24th, 2023. Respondents had the flexibility to complete the survey in either French or English, online or via hardcopy. The survey comprised of 50 questions covering various aspects, including nursing and resident care, physicians, therapeutic services, food, cleanliness, communication, respect, and confidentiality. While the survey is confidential, all respondents had the option to leave comments or express concerns, with the choice to have a formal follow-up response from the Home. The Home received 8 specific comments requesting individual follow-up.

The survey results show significant improvements in overall satisfaction which will be reported to MBNCan. The survey findings also provide opportunities to focus on key areas for quality improvement initiatives. These positive results reflect the dedication, compassion, and quality care employees are providing to the residents.

Quality Improvement Plan

Annually, the Home prepares and submits a Quality Improvement Plan (QIP) to Ontario Health.

Highlights of the QIP plan submitted March 31st are list below:

Access and Flow

Since our last QIP submission, the Home has added a Nurse Practitioner (NP) to the team. With the NP and at least one physician on site 5 days/week, the Home is able to provide timely assessments and interventions to manage increasing complex resident's' health conditions, often without the requirement for transfer out to hospital. When more sophisticated diagnostic assessment is required, as in assessment for a fracture after a fall, the Home will continue to work with Health Sciences North's Emergency Department Outreach Service (EDOS) to arrange for transfer to hospital, bypassing the usual ER department waits, to receive the needed attention in a timely manner. Finally, medication infusion pumps were implemented in the Home to enhance manage pain and other symptoms at end of life, while enhancing quality of care.

Equity and Indigenous Health

In 2023, education on Diversity, Inclusion, and Equity (DEI) was offered to our staff through our online learning platform. 79% of our staff completed this. Currently, in partnership with College Boreal, a similar training program is being arranged to offer this on an in-person basis. We hope to have all Pioneer Manor personnel receive this education over the next few years. The Home has also begun a DEI Committee with representation from staff, residents, and families.

Patient/Client/Resident Experience

Resident engagement is a focus again in 2024/25. We continue to work on improving the care conference experience for our residents and their families and we are gradually becoming more successful at recruiting residents to participate in committees. Participation at Resident Council and Resident Food Committee is steadily improving. The Home continues recruiting residents and families for these groups.

Provider Experience

Staff recruitment and retention is a high priority issue; this is not only a concern across the entire health care sector. The Home continues to work on staff retention, as well as communication for 2024/25. Our recent staff survey, with a 30% return rate, indicated 33% of respondents felt communication and information sharing could be better and only 36% indicated they felt management listened to their concerns. These are priority areas for the Home.

Resident Safety

Resident safety is always a priority and is addressed through several programs. This year, the Home will be collaborating with McMaster University's GERAS Centre for Aging Research in their PREVENT falls study. The Home's desire is to enhance fall management strategies from the participation in the project. Additional training for the Registered Nursing Staff for medication safety has been implemented to reduce medication errors, resulting from distraction, during medication administration. The Home also re-established the Minimal Lift Team with training for all resident care staff and additional training of staff champions to enhance the safety of residents during lifts and transfers.

Population Health Approach

Our team, through Behaviour Supports members and our Social Worker, helps connect residents to external resources to assist them to live the best lives possible. Where eligible, residents are connected with Developmental Services Ontario to provide for accompaniment on outings or funding to purchase items such as televisions or computers. The Home, also brought in the Canadian Mental Health Association to speak to residents about mental health in later life, identifying changes people can experience and providing suggestions on how to stay connected with family and the community.

Capital Bed Redevelopment

Progress on the new wing is progressing well. The relocation of the existing parking lots was completed in the fall, with the construction of two new parking areas. This allowed for the movement of staff parking, paving the way for the installation of the building piles and foundation over the last several months. Other underground work completed to date includes the installation of new gas, electrical, water, and stormwater management lines.

The drilling of piles concluded in February/March 2024, and since then, the contractor's crews have been diligently tying rebar and pouring concrete for the foundation of the new wing, as well as installing grade beams that will serve as the base for the new building to be erected over the coming months.

Renovations to the existing building will be ramping up over the next few weeks to months. This includes work to allow for a hallway link connecting to the new building, a new bistro, and kitchen upgrades.



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 first quarter of 2024, 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 WNs <ul style="list-style-type: none">• Transferring and Positioning Techniques• Continence Care and Bowel Management• Pain Management
Mandatory Critical Incident System	26	None substantiated.
Ministry of Labor	1	Update process on laundry handling procedures and provide training to all staff.
Public Health (IPAC)	2	No findings of significance noted.
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 2021 to 2024. 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.

	2021	2022	2023	2024
Remedied Non-Compliance	N/A	2	0	0
Written Notification	12	7	10	3
Voluntary Plan of Action	10	1	0	0
Compliance Order	0	0	2	0
Director's Order	0	0	0	0
Total Areas of Non-Compliance	22	10	12	3

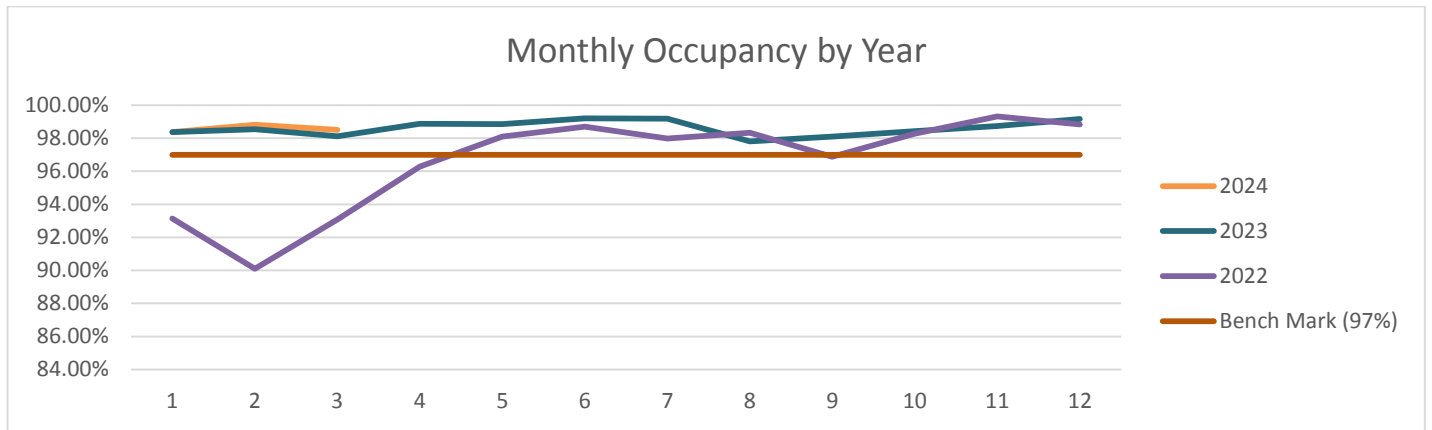
Concerns/Complaints

During the first quarter of 2024, 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	
Resident Council (RC)	8	Response to all concerns accepted by RC Council and noted in their minutes and on RC Concern form signed by RC President.
Family Council (FC)	6	Information and/or responses provided to concerns. Concern form signed by FC Chair.

Key Performance Indicators

Long-Term Care Home Availability 2024				
Facility Name	Beds	# On waitlist for Basic Bed	# On waitlist Private Beds	Total # waiting
Pioneer Manor	433	446 Total 205 (by first choice only)	251 Total 69 (by first choice only)	615 Total 274 (by first choice only)
Sudbury/Manitoulin	1555	999 (by first choice only)	291 (by first choice only)	1290 (by first choice only)
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 - First Quarter 2024

Type of Outbreak	Outbreak Declared	Outbreak Declared Over	Duration (Days)	Number Impacted	
				Home Area(s)	Residents
Acute Respiratory Infection	January 22, 2024	February 10, 2024	19	1	14
COVID-19	January 5, 2024	January 15	10	2	5
	January 21, 2024	January 29	8	1	3
Parainfluenza	February 12, 2024	February 20	8	1	5
	February 23, 2024	March 10	15	1	9
	March 2, 2024	March 15	13	1	5

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 1st offence and up to \$400,000 for subsequent offence.
 - ✍ \$500,00 for a corporation's 1st 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.