

## EXECUTIVE SUMMARY

Pioneer Manor is committed to providing a safe, healthy, and supportive environment by treating our residents, families, visitors and employees, with respect and fairness. We also strive towards a balance between ensuring that our residents are safe and ensuring that the quality of life of the residents is not being adversely affected by the safety measures put into place.

### Ministry of Health and Long Term Care (MOHLTC)

During the first quarter of 2019 the MOHLTC completed four (4) inspections, three in person one done via telephone.

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 MOHLTC conducts complaint, critical incident, 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).

Between January 8 and 11<sup>th</sup> the MOHLTC was at Pioneer Manor to conduct a "complaint" inspection resulting in the Home receiving two (2) VPCs. The VPC were in relation to staff not documenting information in the Doctor's book as indicated in the progress notes and the second was staff did not follow the Home's policy relating to bowel management. Both issues

were discussed with the specific staff members and with all the registered staff at the Registered Nursing Staff team meeting.

On February 5<sup>th</sup> the MOHLTC contacted the Home and reviewed eleven (11) critical incidents that had been submitted by Pioneer Manor to the Ministry. No areas of noncompliance were found.

Between February 13<sup>th</sup> and 15<sup>th</sup> the MOHLTC was at Pioneer Manor to conduct a “complaint” inspection resulting in the Home receiving two (2) VPCs. One in relation to ensuring when change a resident's plan of care the resident and their substitute decision maker are involved and the electronic plan of care are updated to reflect this change. The second one was in relation to staff members following the Home's hand washing policy. The Home's management team has met and developed a plan of action to ensure the above areas of noncompliance are addressed.

Between March 11<sup>th</sup> and 26<sup>th</sup> the MOHLTC was at Pioneer Manor to conduct our annual RQI resulting in the Home receiving two (2) COs, three (3) VPCs and four (4) WNs. The first CO was in relation to the Home reporting allegations of resident abuse late and a staff member not recognizing an incident as abuse. The second CO was in relation to not following up on medication incidents, and ensuring that all medication incidents and adverse drug reactions were reviewed and analyzed, corrective action was taken as necessary; and a written record was kept of everything. VPC relating to staff members leaving the medication cart with medications on top and unlocked. The second VPC was in relation to specific medication incidents. The third VPC was in relation to ensuring the responsive behaviour plan of care was based on an interdisciplinary assessment. WPCs were in relation to having a process to report and locate residents' lost clothing and personal items, ensuring resident's plans of care are reflective of their current needs. The Home's management team has met and developed a plan of action to ensure the above areas of noncompliance are addressed.

## **Resident and Family Council Concerns**

As per section 56 (2) of the Long-Term Care Homes Act 2007 the Home has a duty to respond in writing within 10 days of receiving the concern, request or recommendation from either the Resident or Family Councils. In response to the Councils' concerns the below actions were put into place.

To address the concern of Pioneer Manor's wandering alert system “Escort Function” being too short, the Home increased the delay time to allow more time to exit the out the second door of the Home. In addition new bilingual signage that is larger and easier to read was posted, and the Priority Courier box was moved to give better access to the key pad.

To address concerns of having to walk through smoke when entering Pioneer Manor, the Home relocate the astray/garbage container further down the walkway.

To address concern of increased smell of smoke from the service corridor during the winter months an “air curtain” has been installed at the exit to the resident smoking area.

To address the concern of staff members walking through the Winter Park during mass service, notices were put on a the Winter Park tables, large signs were placed at the front entrance to

the Winter Park and end of the service corridor near the Bistro as well as rope off the area.

To address the concern of staff parking at the front of the Home resulting in a lack of key parking spots for visitors, a memo was sent to all staff reminding them that the eighteen immediate parking spaces in the front are for visitors only. In addition, the Manager of Physical Services has been monitoring and providing individual notices to staff who park in these spots.

## **Ministry of Labor (MOL)**

There were no visits by the MOL during the first quarter of 2019

## **Safety Message**

Each month a new resident and staff safety message is communicated at all meetings taking place at Pioneer Manor. March's resident safety message was; "Report any equipment that is not working correctly to your home area staff". The staff message was; "As the temperatures begin to warm up (finally) be aware of the increased risk of icy patches and black ice, particularly at the 7am and 11pm shift changes. Ensure you are wearing appropriate outdoor footwear when walking to/from your vehicle or when leaving the building for a break. Walk outdoors with a slower pace and keep your feet spread apart to improve your balance and reduce the risk." Pioneer Manor's Health and Safety Newsletter "Safety Check" provides information monthly to staff relating to the types of staff incidents that occurred throughout the previous month, Health & Safety (H&S) policy updates, staff responsibilities etc.

## **Pre-Shift Stretching Program**

On February 18<sup>th</sup>, a pre-shift stretching program across Pioneer Manor was started for all sections and employees. This program involves the completion of various stretches at the beginning of the shift to prepare employees bodies for physical activity. The goal of the pre-shift stretching is to assist in reducing the number and significance of injuries but also contribute to the overall wellbeing of employees by reducing muscle tension and pain that many experience due to the physical nature of the work activities

## **Resident Care Stats**

Thirty-nine (39) residents were admitted to, nine-teen (19) were readmitted from hospital and two (2) were discharged from Pioneer Manor.

Thirty-six (36) residents, equating to eight point three (8.3) percent have passed. Eighty-one (81) percent occurred at Pioneer Manor versus the hospital. During the first quarter of 2019 fifty-two (52) percent of the residents who passed away were residents at Pioneer Manor greater than two years compared to seventy-two (72) percent in 2010. Thirty-four (34) percent of the residents were over 90 years of age at time of death compared to 66% in 2010

## Infection Control

Tracking of infection control rates and analysis of the information to identify clusters for the first quarter of 2019 indicated; one (1) new inherited cases of Methicillin Resistant Staphylococcus Aureus (MRSA), no new inherited cases of Vancomycin-resistant Staphylococcus aureus (VRE) and one (1) new inherited cases of Extended Spectrum Beta Lactamase (ESBL) there was one (1) new inherited case of C. Difficile. Inherited cases are brought into the Home from the community.

During the first quarter of 2019 Pioneer Manor had three outbreaks declared by the local public Health Unit:

- ✍ From January 13 to 27<sup>th</sup>, 2019 a respiratory outbreak was declared for one (1) Home Area, a total of six (6) residents and one resident death was associated with this outbreak. A total of fifteen (15) staff were affected, with staff being advised to not return to work until five (5) days from the onset of their symptoms.
- ✍ From February 7<sup>th</sup> to 14<sup>th</sup>, 2019 a respiratory outbreak was declared for one (1) Home Area, a total of three (3) residents and no deaths associated with this outbreak. A total of one (1) staff was affected by this respiratory outbreak.
- ✍ From January 21<sup>st</sup> to 31<sup>st</sup>, 2019 a respiratory outbreak (confirmed Influenza A) was declared for three (3) Home Areas, a total of two (2) residents and no deaths associated with this outbreak. As the index case was a confirmed Influenza A all residents residing in three (3) Home Areas began receiving Prophylaxis Tamiflu for the duration of the outbreak. There were no deaths associated with this outbreak. A total of one (1) staff member was affected by this respiratory outbreak and all staff working the three Home Areas that were unimmunized was instructed to take Prophylaxis Tamiflu for the duration of the outbreak.

## Resident Safety Program:

As the result of a of a good catch submission from 2018, committee has developed the below sign is to go on all the doors that open out into the hallway without windows. The goal is to hopefully prevent doors being opened onto residents who may be on the other side.



## Falls Prevention

Monthly audits of universal precautions were completed by committee members. Among the concerns needing attention were: Concerns noted included: loose bed rails, light not working, call bell in washroom not working, bedrail photo missing, mats left on floor. All issues addressed.

Ongoing monthly audits of bedrail use by night shift RN Supervisors assessing consistency

between the daily census and practice, second component assessing consistency between resident care plans and practice were completed during the first quarter of 2019. Any errors noted were corrected.

## **Facility Services**

Remedial painting continued throughout the Home. Monthly generator test was completed during each month of the first quarter.

### **Extreme low temperatures outside impacted the Home's domestic hot water system and air temperatures inside.**

A Critical Incident reported was submitted to the MOHLTC relating to "Environmental Hazard -- Loss of Essential Service -- Heat/Hot Water. Between January 20<sup>th</sup> and 26<sup>th</sup> the Home had difficulty maintaining the air temperature above the regulated 22° C in one of their Home Areas and service corridor.

On January 20<sup>th</sup> temperature outside was -30.2° Celsius. At 0600 hours domestic hot water (DHW) system alarmed indicating low hot water temperatures in the Home. At 0642 a Code Gray (lack of hot water) was called to conserve hot water and preserve adequate heating temperatures. At this time the ambient air temperature for the Park Place Home Area was showing as 14.9° C. The Home contacted an electrician and three radiant ceiling heating panels were connected, one for each hallway and one where the two halls join. Space heaters were purchased and placed in the resident's rooms along with giving the residents extra blankets. Extra maintenance staff members were brought in to seal all the windows and doors that were leaking cold air. On January 22<sup>nd</sup> and 23<sup>rd</sup> the Home installed forced air electric heaters at beginning of the specific Home Area hallway, nursing station and both tub rooms. On January 24<sup>th</sup> and 25<sup>th</sup> the contractor removed all ceiling tiles in the specific Home Area, insulating any holes that existed in the drywall above the drop ceiling, reducing heat loss/cold air entry, replaced all outside fan exhaust dampers. This significantly reduced the cold air from entering the building

A capital project consisting of insulation and replacement of windows is being created and proposed to budget committee for consideration

## **Emergency Preparedness**

During the first quarter of 2019 monthly fire drills on all three shifts occurred each month. There were twenty-four (24) Code White (situation with an actual or potential violent or out of control person) of which one (1) required police intervention. In addition there were four (4) Code Yellows (missing resident), one (1) Code Red (fire) and one (1) Code Green (evacuation)

During the first quarter of 2019 an annual mock exercise with the Fire Department was completed testing the evacuation of eight (8) residents. The original room to be evacuated was completed in 2.4 minutes significantly lower than the required time of 4.25 minutes or less.

The full pod of eight (8) residents was completed in 5.08 minutes also significantly lower than the required time of 60 minutes or less.

## **Update 2019 Strategic Issues & Opportunities**

### **Continue to review food service operations, to improve ergonomic work flow.**

- Reviewed workflow and workload of food service worker positions to determine optimal distribution of duties. Created texture modification position within existing hours to reduce double handling of food products, optimal use of equipment and create ergonomic efficiencies. Purchased height adjustable worktable and specialized mixer and slicer tables following ergonomic assessment.
- Monitored during implementation phase and adjusting duties as required.
- Existing job routines had been in existence since 2002 without significant modifications but with the complexities of the existing menu, lack of space in main kitchen (built as outsourced kitchen with no hot production equipment in existing space), increased bed capacity (from 342 to 433 beds with 16 dining rooms), staff are working at over-capacity (1 hot production cook, 2 cold production cooks to produce 433 x 3 meals/day).
- Numerous lean analysis tools were utilized to make this project a success

### **Continue to work to build a full in-house rehabilitation team to maximize efficiencies and expertise for therapy services.**

- Permanent in-house employees for the "Rehabilitation Assistant" positions have been hired.

### **Build and enhance the volunteer base at Pioneer Manor.** During the first quarter of 2019:

- Eight (8) new volunteers have been recruited in first quarter
- The Coordinator of Volunteer and Recruitment participated in a recruitment fair in February at the New Sudbury Shopping Centre
- The Home's Volunteer Policy and Procedure was reviewed and updated along with volunteer job descriptions to ensure alignment with policies etc
- An additional recruitment campaign started March 31<sup>st</sup> on radio, and papers including le Voyageur.
- The Coordinator of Volunteer and Recruitment attended "Velocity" conference hosted by Volunteer Sudbury to review Criminal Reference Check Screening tools as well as current and upcoming technology initiatives.

### **New provincial funding received for Long-Term Care Homes to hire a single Registered Nurse (RN) position.**

- A dedicated full time Registered Nurse was hired to oversee wound assessments. This will allow for relocation of current nursing hours back into resident care.

### **Complete implementation of Kronos TeleStaff scheduling software module, which will allow better employee access to current schedules, electronic submission of time-off requests and shift exchanges, and integration between the call-out and scheduling components.**

- The project is ongoing, currently in the software testing phase of the project. Estimate three months before able to go live

## **GOOD NEWS STORIES**

### **Sixty-Four (64) residents evacuated from and return to their Home Areas within one (1) hour of Code Green (Evacuation) being called.**

At 0800 hours on March 15, 2019, the Acting Manager of Physical Services (AMPS), was informed that an odor of gas was present in the First and Second Floor Lodge Home Areas. The mild odor was attributed to the regulator releasing gas to maintain pressure which can cause a faint odor of gas. Although this does not occur with frequency, it usually dissipates within approximately half an hour. At 0930 hours the AMPS contacted the HVAC contractor as the odor remained; and an HVAC technician was dispatched to the Home. The HVAC technician arrived at 1030 hours and it was determined there was unsafe levels of natural gas by a combustion gas detector. The gas was immediately shut off to the HVAC units and a Code Green was initiated and emergency services notified of the leak. Sixty-four (64) residents from the First and Second Floor Lodge were evacuated fully within seven (7) minutes from the Lodge. The First Floor Lodge is the Home's secured dementia unit where thirty-two (32) residents reside.

The Fire Department, on arrival, had digital readings of 2% of the lowest level required for evacuation and determined the levels safe. The Code Green was cancelled at 1115 hours. The Home Areas were assessed for odor, which had completely dissipated, and temperature, which had rebounded from the windows being open and the residents were returned to their Home Areas.

There was no injury or adverse affect to residents as a result of the natural gas leak or the evacuation. A gas line break was determined to be the cause of the leak and is currently ongoing corrective maintenance. The weight of the snow on top of the line is suspected to have caused the break.

### **Pioneer Manor Awarded Grant**

Pioneer Manor was successful in obtaining a \$25k grant to develop fitness stations geared to seniors on the walking path that surrounds the property of the North East Centre of Excellence for Seniors' Health located at Pioneer Manor. The funding from the New Horizons for Seniors Program would be used for the purchase of exercise and outdoor-related equipment to include in an outdoor adult fitness park geared to seniors and those living with disabilities. The proposed location for this outdoor fitness park is actively being used by the senior and non-senior residents, families, friends, and employees of Pioneer Manor. Additionally, other tenants who utilize this space include the City of Lakes Family Health Team, The Sudbury-Manitoulin North Bay & Districts Alzheimer Society, and the North East Specialized Geriatric Centre (located next door) and local citizens. The concept of the Centre of Excellence for Seniors' Health was to provide an area that would be accessible to seniors living alone and seniors with health challenges and/or disabilities with an environment that would be dedicated to the health and well-being of our aging community where they can connect with their family, friends, and the community while being physically active.

## Addressing Environmental Concerns



To assist with addressing our plastic foot print Pioneer Manor has requested staff to only provide straws to residents who benefit to facilitate drinking and not automatically when providing beverages.

We purchase on average two cases of straws each month (20,000) costing \$5,232.00 per year. Prior to Pioneer Manor implementing this initiative, various types of compostable straws were trialed. Not all compostable straws are created equal as some have a coating for durability which is not biodegradable. Most compostable straws have a larger diameter creating choking risk when too much fluid flows in when using