

## For Information Only

### Pioneer Manor - 4th Quarter Report

Presented To:	Community Services Committee
Presented:	Monday, Mar 02, 2020
Report Date	Tuesday, Feb 11, 2020
Type:	Correspondence for Information Only

### Resolution

For Information Only

### Relationship to the Strategic Plan / Health Impact Assessment

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.

### Report Summary

This report for information was prepared to provide Community Services Committee a quarterly update regarding operational issues and good news stories for Pioneer Manor.

### Financial Implications

There are no financial implications associated with this report.

#### Signed By

**Report Prepared By**

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Manager of Resident Care  
*Digitally Signed Feb 11, 20*

**Health Impact Review**

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Manager of Resident Care  
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**Division Review**

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**Financial Implications**

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Co-ordinator of Budgets  
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**Recommended by the Department**

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General Manager of Community  
Development  
*Digitally Signed Feb 14, 20*

**Recommended by the C.A.O.**

Ed Archer  
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*Digitally Signed Feb 19, 20*

## EXECUTIVE SUMMARY

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 strived towards a balance between ensuring that 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.

## Good News Stories

Pioneer Manor has a 32 bed secured dementia unit for residents whom are at high risk of leaving the home unsafely. Staff have been implementing measures to assist residents with directions and to help reduce wandering into other resident rooms this which can lead to altercations. The use of murals and bright colours are an emerging best practice in Dementia Care to enhance the environment. As shown below, murals have been painted on resident doors to help camouflage door handles along with color coordinating the resident Home areas.



Here are 2 examples of the use of colour to identify a resident Home area.

## Behavioral Supports Ontario (BSO) Success Story

Staff identified a resident in need of additional support within the Home. A BSO referral was submitted for the 79 year man with a diagnosis of dementia. When initially seen the resident was felt to be a high risk for unsafe wandering and exiting the building (elopement) along with the potential for harm. As a result of this concern for safety, the resident was transferred to the secure unit with locked entry. On arrival to his new Home area, the resident became very territorial and would voice concerns related to other residents entering his room. As time passed this resident also became physically aggressive.

Staff took the time to assess the resident and learn about the resident's unique interests, capabilities and culture. It was discovered that this resident had Jamaican heritage. To promote familiarity and assist the resident with identifying his own room to reduce wandering, a Jamaican flag was posted outside of the resident's door with his name on it. With assistance from the staff, activities were provided that were more meaningful and purposeful to the resident including the use of preferred music. Space was also provided to allow the resident to wander safely on the unit and participate in activities that interested him. As the resident became more familiar with his Home area and those he shared the space with, there was a decrease in unwanted aggressive behaviours. The resident began to find it easier to engage in pleasurable activities and became more focused on those around him in a friendly matter. The resident's negative behaviours decreased and there have not been any further altercations with co-residents. The resident is now seen smiling and is always happy.

## Inspections from Ministry of Long-Term Care (MOLTC)

(see reference 1 below for definitions)

During the fourth quarter of 2019 the MOLTC contacted the Home five (5) times to conduct telephone follow up on sixteen (16) critical incidents that had been submitted by Pioneer Manor to the Ministry. No areas of noncompliance were found.

Between December 2<sup>nd</sup> and 6<sup>th</sup> the MOLTC was at Pioneer Manor to conduct a "critical incident" and a "complaint" inspection resulting in the Home receiving one (1) Written Notification, three (3) Voluntary Plans of Correction and one (1) Compliance Order. The Home has put a plan in place to address all areas of non compliance.

## 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).

2019 CI Relating to "Alleged/Actual Abuse/Assault"	Q4	
Number of CI Submitted	10	
Number of CI Resident to Resident	8	80%
Number of CI Staff to Resident	2	20%

Number of Staff to Resident allegations <b>not substantiated</b>	0	0%
Number of CIs Visitor to Resident	0	0%
<b>2019 Other CI's Submitted</b>		
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	10	
Missing Controlled Substance	2	
Missing Resident less than 3 Hours	1	
Outbreak	2	
Environmental	0	

## Complaints/Concerns

The following complaints/concerns were received during the fourth quarter of 2019.

As per section 56 (2) of the Long-Term Care Homes (LTCH) 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:

- Resident council asking why staff could not offer assistance to residents who struggle when wheeling down the hallway in their wheel chairs. Could staff not ask resident if they need assistance and then allow resident the option of receiving, or not receiving help. The Leadership Team responded that residents who may be struggling to propel their own wheelchairs have unique needs and capabilities. Staff is encouraged to assist those that require assistance however it is important to recognize that many times, residents have rehabilitative or nursing restorative goals which include strengthening or improving endurance which is met in part or in whole by self-propelling their wheelchairs. It is also important to recognize that those who foot propel should not be manually assisted / portered if there are no footrests on the wheelchair as this puts the resident at risk of injury.
- Resident Council expressed concern regarding the noise level in the Cedar dining room. The Resident Care Coordinators followed up with all Home Area staff at their next team meeting, reminder regarding discussion of personal issues while feeding residents in the dining room, and noise levels when cleaning up the tables. In addition the "SoundEar II" will be setup in the Cedar dining room. This device indicates instantaneous noise level and gives immediate feedback to allow individuals in the area a visual to respond appropriately. The "SoundEar II" is used in a wide range of settings to promote awareness about noise and reduce noise levels through visualization. Creating awareness to the sound levels will remind everyone to quiet down.
- Resident Council brought forward concern of high noise levels in the Winter Park during religious services from carts, individuals talking and walking through the area when services are in process. Staff/visitors have also been noted walking through the area talking with each other in the middle of a service. Residents find this very disrespectful. In response to this concern signs are put on the table to remind

people to keep voices down when a church service is in session. All staff to be reminded during December team meeting to keep voices down when conversing with others, and to not call out when walking in the hallway. In addition, the Leadership Team brought the concern forward to Family Council for them to remind family members (visitors) of noise levels while a religious service is in process.

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 10 business days of the receipt of the complaint.

- During the fourth quarter of 2019, five (5) written concerns were submitted by residents' family member in relation to care issues. All concerns were investigated and family members received written response to concern. All family members were satisfied with response.

## Ministry of Labor (MOL)

The MOL was not on site during the fourth quarter of 2019.

## Safety Messages

Each month a new resident and staff safety message is communicated at all meetings taking place at Pioneer Manor. December's resident safety message was; "When returning from an outing, please ensure that you wipe your feet on the mats provided and take a few minutes to remove any snow from walkers/wheelchairs." The staff safety message was; "Teamwork is essential in all sections within Pioneer Manor. Be aware of how you contribute to your immediate team and also how your actions affect the work of your co-workers in other sections. Help out your teammates when able and don't be afraid to ask them for assistance. All work is easier and safer when employees are working in collaboration." 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, and staff responsibilities etc.

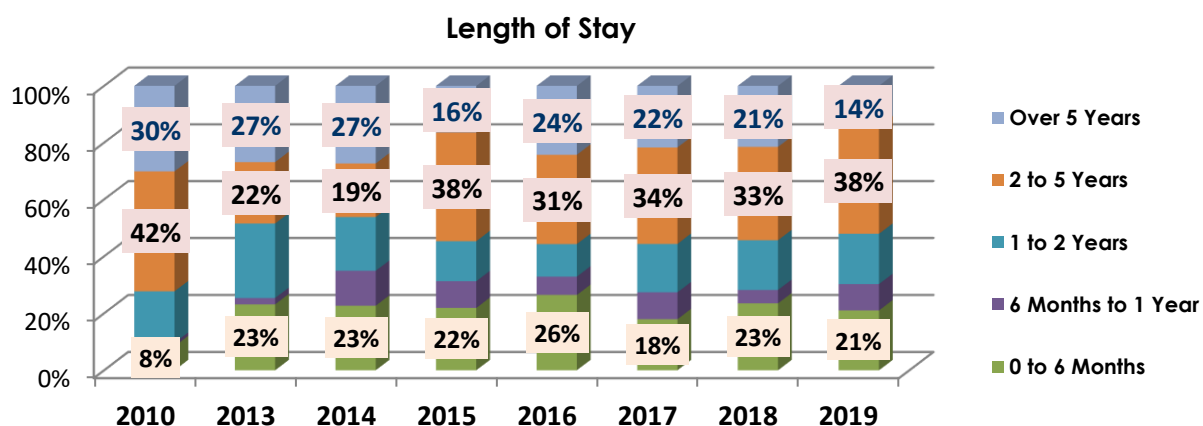
## Key Performance Indicators

Long-Term Care Home Availability (as of December 2019)					
Facility Name	Beds	# on waitlist for Basic Bed	# on waitlist Private Beds	Average beds available/month	Total # waiting
Pioneer Manor	433	477	211	2	634
North East LHIN	1554			37	1182

Resident Care Stats (433 Residents)		2017	2018	2019
Admissions	Total for Year	97	144	134
Discharges	Total for Year	1	9	11
Deaths	Total for Year	106	149	119
Internal Transfers	Total for Year	102	107	100
Occupancy Rate	Required to maintain >97%	99%	99%	99%

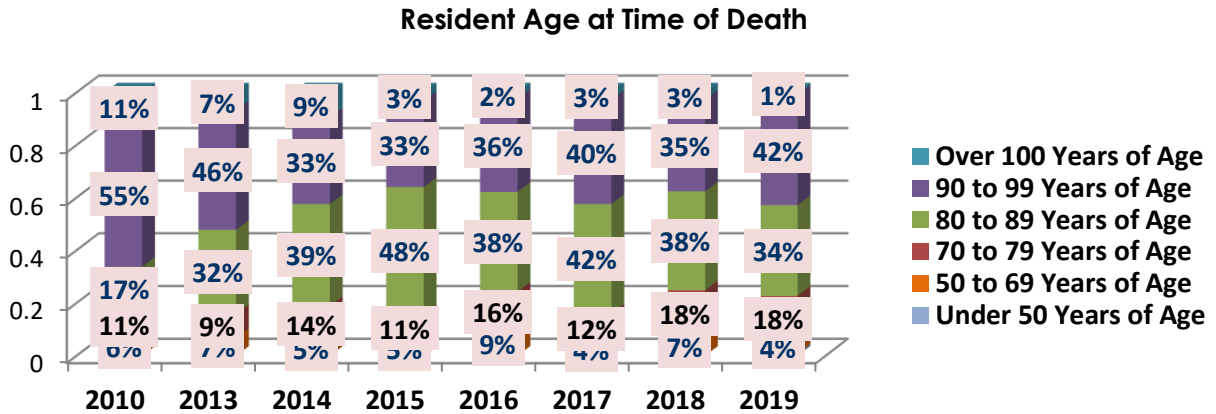
Avoidable Emergency Room Visits							
Facility Name	Q4 FY 2017/18	Q1 FY 2018/19	Q2 FY 2018/19	Q3 FY 2018/19	Q4 FY 2018/19	Q1 FY 2019/20	Q2 FY 2019/20
Pioneer Manor	7.6%	8.4%	7.4%	6.3%	8.2%	5.0%	5.0%
North East LHIN	9.0%	9.1%	8.4%	7.9%	8.5%	8.7%	7.3%
Ontario	7.8%	7.4%	7.7%	6.4%	7.3%	7.5%	7.5%

Chart based on data provided by the MOH December 31, 2019. Pioneer Manor's quarterly ED Visits Rate\* percentage ranking for the seven Homes in Sudbury has remained the lowest. The Home continues to rank lower than the NE LHIN and Ontario. The percentage is not reflective of the Home's bed count of 433 beds, but the unique number of individuals who occupied a bed at any time during the quarter and were over the age of 65 at time of admission to the ED



In 2019, 52% of residents who passed away were residents at Pioneer Manor greater than two years compared to 72% in 2010.

In 2019, 86% of residents passed away at Pioneer Manor compared to 81% in 2018.



In 2019, 43% of 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 (note inherited cases are brought into the Home from the community) continued during the fourth quarter of 2019.

During the fourth quarter of 2019, Pioneer Manor had two (2) outbreaks declared by the local public Health Unit.

On October 17, 2019, a respiratory outbreak was declared by the local public Health Unit for the Cranberry Home Area. A total of six (6) residents were affected by this outbreak, with each symptomatic resident having been placed on droplet isolation for the duration of their illness or for a time period of five (5) days from the onset of their respective symptoms. The respiratory outbreak was declared over on October 29, 2019. A total of three (3) staff were affected by this respiratory outbreak, with staff being advised to not return to work until symptom free or to a maximum of five (5) days from the onset of their symptoms.

On November 15, 2019, a respiratory outbreak was declared by the local public Health Unit for the Ramsey/Scenic Home Area. A total of five (5) residents were affected by this outbreak, with each symptomatic resident having been placed on droplet isolation for the duration of their illness or for a time period of five (5) days from the onset of their respective symptoms. The respiratory outbreak was declared over on November 20, 2019. A total of five (5) staff were affected by this respiratory outbreak, with staff being advised to not return to work until symptom free or to a maximum of five (5) days from the onset of their symptoms.

## Falls Prevention

Number of Residents	4 <sup>th</sup> Quarter
Using chair or chair pad sensors	98
Using bed sensors or bed pad sensors	148
Using infrared sensors	8



Participated in the Falls Prevention Program receiving 1:1 physiotherapy	158 (36%)
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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 fourth quarter of 2019. Any errors noted were corrected.

## **Employees on Modified Work (MW)**

Several improvement ideas have been put in place to address the number of employees on modified duties as a result of occupational injury or illness. At the beginning of 2019, Pioneer Manor had an average of twenty-two (22) employees on MW with a goal of decreasing to seventeen (17) by the end of the year. At the end of the fourth quarter of 2019 the Home is at an average of sixteen (16) employees.

## **Facility Services**

Remedial painting continued throughout the Home. Monthly generator test was completed during each month of the fourth quarter of 2019.

The Home repaired the hot-water and boiler system, added isolation valves which will enable repairs without having to shut down the system, as well leaking pipe in winter park was fixed.

During the fourth quarter of 2019, the Home embarked on a review of the building's automation system to automate the domestic hot water temperatures, i.e. if the system is going cold the system will recognize this and turn the system onto "bath mode" and increase the boiler temperature and pump speed to keep the domestic hot water above 40 degrees and the reverse if going too hot estimated completion date is Q1 of 2020.

In December 2019, the tractor used for snow removal broke down and a repair was required off-site for 4 weeks in the interim a rental unit was obtained and the snow removal was maintained by Pioneer Manor staff.

## **Emergency Preparedness**

During the fourth quarter of 2019, monthly fire drills on all three shifts occurred each month. There were thirty (30) Code White (situation with an actual or potential violent or out of control person). In addition, there was one (1) Code Yellows (missing resident), two (2) Code Red (fire), and three (3) Code Blue (medical emergency)



## **Update 2019 Strategic Issues and Opportunities**

Build and enhance the volunteer base at Pioneer Manor.

- Volunteer Hours for 2019 are at 8367 which have surpassed 2018 showing an increase of 2540 hours in 2019.
- The Co-ordinator of Volunteerism and Recruitment participated in three (3) Volunteer recruitment fairs during the fourth quarter of 2019.
- On October 30<sup>th</sup> and 31<sup>st</sup> 2019, Pioneer Manor hosted our annual training to provide Volunteers with a yearly update on various policies and procedures as well as an educational component which included "What's New in Dementia 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 new electronic scheduling software was implemented on October 2<sup>nd</sup>, 2019. The Home continues to monitor the system and correct any issue as well continues to assist staff with the transition.

## 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 MOHLTC 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 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*).

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## 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 MOHLTC 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 well being 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 MOHLTC 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.