

Agenda

Dearness Home Committee of Management

4th Meeting of the Dearness Home Committee of Management

September 19, 2023, 1:00 PM

Committee Room #5

The City of London is situated on the traditional lands of the Anishinaabek (AUh-nish-in-ah-bek), Haudenosaunee (Ho-den-no-show-nee), Lūnaapéewak (Len-ah-pay-wuk) and Attawandaron (Add-a-won-da-run).

We honour and respect the history, languages and culture of the diverse Indigenous people who call this territory home. The City of London is currently home to many First Nations, Métis and Inuit today.

As representatives of the people of the City of London, we are grateful to have the opportunity to work and live in this territory.

Members

Councillors E. Pelozza (Chair), H. McAlister, S. Lehman, D. Ferreira, S. Hillier

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Pages

1. **Call to Order**
 - 1.1 Disclosures of Pecuniary Interest
2. **Consent Items**
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3. **Items for Discussion**
4. **Deferred Matters/Additional Business**
5. **Adjournment**

Dearness Home Committee of Management Report

3rd Meeting of the Dearness Home Committee of Management
June 20, 2023

PRESENT: Councillors E. Pelozza (Chair), H. McAlister, S. Lehman , D. Ferreira, S. Hillier

ALSO PRESENT: K. Dickins, L. Hancock, E. Marion-Bellemare, L. Marshall, M. Schulthess

The meeting is called to order at 1:00 PM.

1. Call to Order

1.1 Disclosures of Pecuniary Interest

That it BE NOTED that no pecuniary interests were disclosed.

1.2 Tour of the Dearness Home

That it BE NOTED that the Dearness Home Committee of Management was provided with an educational tour of the Dearness Home led by L. Hancock and E. Marion-Bellemare.

2. Consent Items

2.1 2nd Report of the Dearness Home Committee of Management

Moved by: D. Ferreira

Seconded by: H. McAlister

That the Minutes from the 2nd Meeting of the Dearness Home Committee of Management, from its meeting held on February 7, 2023, BE RECEIVED.

Motion Passed

2.2 Director's Report to the Committee of Management for the period November 16, 2022 through May 15, 2023

Moved by: S. Hillier

Seconded by: S. Lehman

That on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development, the report related to the Dearness Home for the period of November 16, 2022 to May 15, 2023, BE RECEIVED for information.

Motion Passed

3. Items for Discussion

3.1 Meeting dates for 2023

Moved by: H. McAlister

Seconded by: D. Ferreira

That the next meetings of the committee BE HELD on September 19, 2023 at 1:00 PM and November 21, 2023 at 1:00 PM.

Motion Passed

4. Deferred Matters/Additional Business

None.

5. Adjournment

Moved by: H. McAlister

Seconded by: D. Ferreira

That the meeting BE ADJOURNED.

Motion Passed

The meeting adjourned at 2:01 PM.

E. Pelozza, Chair

M. Schulthess, City Clerk

Dearness Home Committee of Management

To: Chair and Members
Dearness Home Committee of Management
From: Leslie Hancock, Director of Long-Term Care
Subject: Director’s Report to the Committee of Management for the
Period May 16, 2023, to August 15, 2023
Date: September 19, 2023

Recommendation

That on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development, the report related to the Dearness Home entitled “Director’s Report to the Committee of Management for the Period May 16, 2023, to August 15, 2023” **BE RECEIVED** for information.

Linkage to the Corporate Strategic Plan

Dearness Home works toward the goal of Leading in Public Service by always seeking to improve services for the residents and their families.

The City of London is committed to working in partnership with the community to identify solutions that will drive a strong, deep and inclusive community recovery for London as we move out of and beyond the global COVID-19 pandemic.

Analysis

1.0 Background Information:

1.1 Previous Reports Related to this Matter:

- December 12, 2022, Director’s Report, August 16, 2022, to November 15, 2022
- June 20, 2023, Director’s Report, November 16, 2022, to May 15, 2023

2.0 Service Provision Statistics:

Occupancy Average May 1, 2023, to July 31, 2023	Number of Individuals on Waiting List as of August 15, 2023
97.74%	Basic – 189 Private - 365

3.0 Ministry Inspections/Visits:

The Ministry of Long-Term Care visited the Dearness Home on June 9, 2023, to conduct a Complaint Inspection related to care and services, and a Critical Incident Review related to a fall. There were no findings of non-compliance. A copy of the Public Report can be found under Appendix A.

Public reports are posted by the MOHLTC at the following link:

[Link to MOHLTC Public Reports](#)

Fire Inspections completed by the London Fire Department are current.

4.0 Mandatory and Critical Incident Reporting:

The Ministry of Long-Term Care (MOLTC) has a Mandatory and Critical Incident Reporting process which requires reporting of all critical incidents in the Home.

The following critical incidents were reported to the MOLTC during the reporting period:

Incident Type and Number (n) of Incidents	Issues	Status
<p>An outbreak of a reportable Disease:</p> <ul style="list-style-type: none"> Covid-19 	<p>A Covid-19 outbreak on 1 East, Oakdale was declared on June 12, 2023, and resolved on June 19, 2023. There was minimal resident impact.</p> <p>A Covid-19 outbreak on 5 West, Ash Acres was declared on July 11, 2023, and resolved on July 24, 2023. There was minimal resident impact.</p>	<p>Daily surveillance and infection control measures are in place to minimize a chance of outbreak and/or duration of outbreak.</p>
<p>Fall with Injury (1)</p>	<p>Fractures include one right hip fracture.</p>	<p>Fall Statistics:</p> <ul style="list-style-type: none"> 16.4% of residents fell between May 15 and May 31, 2023. 39.9% of residents fell in June 2023. 33.7% of residents fell in July 2023. 15.2% of residents fell between August 1 and August 15, 2023. 45.2% of residents that fell were found on the floor. 87.2% had no injury. 12.8% had temporary injury. 0.8% were transferred to hospital.

5.0 Infection Control:

- Over 350 infection control audits were completed during the reporting period that included hand hygiene, personal protective equipment (PPE), COVID- 19 self-assessment audit tools for LTC and retirement homes, kitchen, housekeeping, hairdressing, and wound cart. Over 200 of our staff are being subject to these audits. The audits look for appropriate use and the auditor provides on the spot education and training if or when an issue is noted.
- The Home has continued to review and develop policies and procedures with a best practice focus.

- The Home continues to promote COVID vaccinations to staff and residents. Using the new Ministry directive, residents will be offered the COVID bivalent vaccine every 6 months in September and October and again in March and April 2024. The Bivalent booster offers additional protection as it is derived from both the original strain of COVID as well as the strain derived from the BA.5 omicron variant. Public Health has advised us that there may be some new vaccine development to protect against the various strains of COVID, but that information has not been released yet.
- As of August 15, 2023, less than 3.8% of residents cannot or have chosen not to be immunized against COVID-19.
- As we approach respiratory season, the Infection Prevention and Control Coordinators (IPAC) have reached out to the London Middlesex Health Unit (LMHU) for assistance with education and the importance of flu vaccines. We continue to encourage vaccines within the Home through education sessions, games, and availability to all who request to have it. We have also added staff vaccines to our quality improvement initiatives for 2023.
- In July 2023, the Home was assigned a Public Health Nurse. This will help with continuity and consistency for both the Home and LMHU.

6.0 Covid-19 Update:

On June 26, 2023, the Ministry of Long-Term Care released an update to their COVID-19 Guidance for Public Health Units, Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings documents with changes taking effect immediately. Several areas of the guidance were updated including changes in:

IPAC Audits:

- complete at least quarterly, when in COVID outbreak weekly.

Masking:

- No longer required for staff (unless returned to work within 10 days of testing positive for COVID), students, support workers and volunteers, however an assessment must be completed prior to performing care or having any contact with a resident.
- No longer required for caregivers and visitors, however recommended.

Physical Distancing and Cohorting:

- There are no longer any requirements unless a staff member has returned to work within 10 days of testing positive for COVID.

Dining:

- Caregivers and general visitors can join residents in the dining room.

Group Activities:

- No longer any COVID restrictions when not in outbreak. During outbreak we will follow LMHU guidance.

Visitors:

- No longer any restrictions related to visiting except during outbreak when general visitors will be required to postpone all non-essential visits. No longer requiring 6 feet distancing between visitors in rooms.

Testing:

- Testing of respiratory symptomatic residents or more than one gastro symptomatic resident will continue. Not required for others but encouraged. We are permitted to provide rapid tests to our staff for home testing if we choose.

Return to Work After COVID-19:

- If a staff member chose to be tested and was determined to be positive for COVID-19, they can return to work once their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and they have no fever. Upon return to work, they should follow measures to reduce the risk of transmission for 10 days from their symptoms' onset/positive test,

including wearing a mask and distancing from others before they remove their mask (for example, to eat or drink).

Outbreaks

- Residents on an outbreak unit will continue to be cohorted however measures are decreasing. Asymptomatic residents will be allowed off the unit to make their way outside. They can take leaves with family after receiving a health assessment, performing hand hygiene, and agreeing to wear a mask while making their way through the home.
- Residents who test positive for COVID can be removed from isolation after 5 days and symptoms are improving for 24 hours for respiratory and 48 hours for gastrointestinal. They must also agree to always wear a surgical mask while out of their room for the duration of the 10-day isolation period.

7.0 Health and Safety:

Regular inspections were conducted during the reporting period. Safety procedures continue to be reviewed annually and the Committee remains on schedule with its annual review. The Home's Environmental Services Manager has taken the role of Management Co-Chair for the Committee.

8.0 General Updates:

8.1 Highlights in the Recreation Department:

- The Home has reopened to all visitors; we no longer require a scheduled visit, proof of vaccination or masking. In the event that a home area has a Covid-19 outbreak, we offer the essential caregiver training to allow visitors to continue to visit their loved ones.
- The Home's Accreditation Survey cycle received its 2nd Annual Seal for Conformance in June 2023.
- Residents enjoyed celebrating Seniors Month in our new auditorium space in June with a Hawaiian Luau and a performance by Elvis.
- The Home purchased a beautiful upright Yamaha piano for our lobby that enhances programming in our new Auditorium space. We are currently looking into enhancing the auditorium's Audio/Visual needs.
- 2 new Casual Recreation Coordinators were hired during the reporting period.
- In May 2023, the Home's annual Satisfaction Survey was completed by 142 participants. Both Family and Resident Councils received the Management Action Plans for areas of the survey that scored below 80% satisfaction.
- The Recreation department organized and successfully executed its first resident community outing to White Oaks mall since Covid-19 in 2020. 16 residents with staff and volunteer support were able to attend.
- Our Volunteer Coordinator recruited 15 new volunteers with amazing skills. Volunteer students are being welcomed back from high school and university since the Covid shut down.
- 2 Recreation Coordinators were able to attend the TRO (Therapeutic Recreation Ontario) Conference in Toronto in June.
- The Recreation Team was integral in the Monarch Butterfly Project this year and raised 17 eggs to chrysalis to butterfly. The program included the release of the healthy butterflies much to the excitement and watchful eyes of our residents. This summer we also enhanced the courtyard gardens to specifically attract butterflies. Many residents are enjoying the butterfly garden.

8.2 Highlights in the Dietary Department:

- The Dietary Department provided a monthly BBQ during the reporting period for all residents.
- The Dietary Department provided special meals for Mother's Day, Father's Day, and Canada Day.
- A new part time Dietitian has been hired to provide increased clinical support for the nutrition team.

- Spring/Summer menu is in full swing.
- Catering for in-house meetings and activities has resumed.
- The Resident Food Committee continues to meet monthly to provide feedback to the dietary team.

8.3 Highlights in the Nursing Department Include:

- In early June, the new Admissions and Care Conference Registered Nurse (RN) position started. Under the new *Fixing Long Term Care Act (FLTCA)*, there is an increased focus on the Admissions process, as well as how Care Conferences are conducted. This work was previously completed by our floor RNs; however, with the additional requirements under the legislation, it placed a strain on their capacity to complete it thoroughly. With this work diverted to the new role, the floor RNs now have an increased capacity to provide support to the physicians, Registered Practical Nurses (RPNs) and Personal Support Workers (PSWs), as well as focus on direct resident care. Our consultant from Responsive Health Management assisted in the training of one of our RNs in this new Admissions and Care Conference RN role.
- On June 7th, the Home's Positive Culture Committee, which is co-chaired by the Director of Care and the Unifor Union Chair, hosted an Emotional Intelligence Workshop in our new Auditorium space. The workshop was presented by Clinical Psychologist Angie Allen, through Achieve Centre for Leadership. Emotional intelligence is the ability to perceive, interpret, demonstrate, control, evaluate, and use emotions to communicate with and relate to others effectively and constructively. The workshop reviewed how to utilize emotional intelligence more effectively through self-assessment and skill development exercises, and provided an opportunity for our staff to learn strategies that will increase their ability to effectively engage with others. It was very well received. A combination of 30 staff and managers attended the workshop - many more were interested in attending; however, due to capacity limits, we were unable to accommodate all who wanted to attend. The Positive Culture Committee will be hosting another similar workshop in the Fall and will ensure those unable to attend the Emotional Intelligence Workshop are given priority to attend. The Ministry of Long-Term Care arrived for an inspection during the workshop and commended the Director of Care and Union Chair for recognizing the importance of soft skills in the work we do and for providing our staff an opportunity to improve upon them.
- In July, the new PSW and RPN auditor positions started. These positions consist of observing, collecting, recording, and reviewing of information to help ensure the Home is in compliance with legislative requirements, assessing the safety and quality of care we are providing, as well as identifying areas in need of improvement and change. The two RPNs and four PSW positions are unionized roles. The goal of those in the positions is to act as a peer support and mentor to those whose work they are observing or reviewing. They provide on the spot recommendations, education, training, and support from a coaching-collaborative perspective. These roles fit with the Home's increased focus on positive culture and, after some initial apprehension, have been very well received by the staff.
- The Home hired a new Permanent Full-time Assistant Director of Care in July, as well as a new Permanent Part-time Infection Prevention and Control Coordinator in August. We continue to recruit for a Nurse Practitioner and Staff Educator/Quality Assurance Lead. Combined, these positions will better enable us to provide safe and dignified care to our residents, while supporting professional growth in all staff areas and positions and enhancing a positive work environment by increasing opportunities for engagement with all team members.
- On July 19th, our Director of Care, who is a founding member of the Indigenous Employee Resource Group (ERG), was invited by the Planning and Development Division to provide an opportunity for learning in relation to Indigenous History Month at City Hall. One other Indigenous ERG member was present. The session was well attended, with the Planning Division participants

engaging in a smudge ceremony, followed by open conversation about Indigenous culture and identity.

- Despite being the summer months, May, July, and August were busy months for education at the Dearness Home. In May, 12 staff attended education sessions on how to utilize the Gentle Persuasive Approach (GPA) in the workplace. GPA teaches the staff members how to perceive the world from a dementia resident's perspective and respond accordingly. In July, 26 PSWs attended education sessions on providing oral care to residents suffering with dementia. Good oral hygiene is important in the elderly as it can help prevent incidents of pneumonia, oral infections, heart disease and stroke. In July, the Home also hosted education on Continuous Diffusion of Oxygen Therapy in wound care. Sixteen staff attended this session, which focused on the pain relieving and increased rate of wound healing benefits of this new therapy that will be offered to our residents in need of it. In August, 20 staff attended an education session on the new G-tube Nutrition Kangaroo Pump. This G-tube pump is compact and easier to program, thereby reducing the risk of error by the nursing staff and increasing safety for the resident.

8.4 Highlights in the Environmental Department Include:

- The Home hired a new Manager of Environmental Services during the reporting period.
- The replacement of the facility door control system has been completed.
- The Housekeeping department is fully staffed with no vacant positions.
- The maintenance department is recruiting for 1 vacant position.
- The nurse call system replacement project has completed during the reporting period.
- The Environmental Manager is working towards full utilization of the WorxHub software that will allow staff to submit work/repair requisitions electronically.

Prepared by: Leslie Hancock, Director, Long Term Care
Submitted by: Leslie Hancock, Director, Long Term Care
Recommended by: Kevin Dickins, Deputy City Manager, Social and Health Development

CC: L. Livingstone, City Manager
F. Juweto, Financial Business Administrator
J. Millman, Senior Financial Business Administrator
L. Marshall, Solicitor
A. Hagan, Manager, Labour Relations
K. Beaune, Employee Relations Advisor



Ministry of Long-Term Care
 Long-Term Care Operations Division
 Long-Term Care Inspections Branch

**Inspection Report Under the
 Fixing Long-Term Care Act, 2021**

London District
 130 Dufferin Avenue, 4th Floor
 London, ON, N6A 5R2
 Telephone: (800) 663-3775

Original Public Report

Report Issue Date: June 9, 2023	
Inspection Number: 2023-1539-0004	
Inspection Type: Complaint Critical Incident System	
Licensee: The Corporation of the City of London	
Long Term Care Home and City: Dearness Home for Senior Citizens, London	
Lead Inspector Tatiana Pyper (733564)	Inspector Digital Signature Tatiana Pyper <small>Digitally signed by Tatiana Pyper Date: 2023.06.15 10:36:05 -04'00'</small>
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 7, and 8, 2023

The following intake(s) were inspected:

- Intake: #00087348, Complaint related to care and services.
- Intake: #00087989, Critical incident # 514-000006-23, related to falls prevention and management.

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
 Prevention of Abuse and Neglect
 Falls Prevention and Management

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were no findings of non-compliance.