

# Agenda

## Dearness Home Committee of Management

2nd Meeting of the Dearness Home Committee of Management

June 18, 2024, 9:30 AM

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

1st Meeting of the Dearness Home Committee of Management  
February 27, 2024

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

**ALSO PRESENT:** K. Dickins, L. Hancock, E. Hunt, E. Marion-Bellemare, L. Marshall, E. Skalski

The meeting is called to order at 9:30 AM; it being noted that Councillors S. Hillier, E. Pelozza and S. Lehman were in remote attendance.

## **1. Call to Order**

### 1.1 Disclosures of Pecuniary Interest

That it BE NOTED that no pecuniary interests were disclosed.

## **2. Consent Items**

Moved by: H. McAlister

Seconded by: E. Pelozza

That consent items 2.1 to 2.3 BE APPROVED

**Motion Passed**

### 2.1 5th Report of the Dearness Home Committee of Management

Moved by: H. McAlister

Seconded by: E. Pelozza

That the Minutes from the 5th Meeting of the Dearness Home Committee of Management, from its meeting held on November 21, 2023, BE RECEIVED.

**Motion Passed**

### 2.2 Director's Report to the Committee of Management for the Period to November 1, 2023 to January 31, 2024

Moved by: H. McAlister

Seconded by: E. Pelozza

That on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development, the Director's Report to the Committee of Management for the period November 1, 2023, to January 31, 2024, related to the Dearness Home BE RECEIVED.

**Motion Passed**

2.3 2023-2024 Long-Term Care Home Service Accountability Agreement between the Corporation of the City of London (Dearness Home) and Ontario Health, Declaration of Compliance 2023

Moved by: H. McAlister  
Seconded by: E. Pelosa

That, on the recommendation of the Managing Director, Housing, Social Services and Dearness Home:

a) the Deputy City Manager, Social and Health Development BE AUTHORIZED by the Dearness Home Committee of Management to execute the Declaration of Compliance (substantially Schedule E - form of Compliance Declaration attached as Schedule 1) under the Long-Term Care Home Service Accountability Agreement for the reporting period of January 1 to December 31, 2023; and

b) the Deputy City Manager, Social and Health Development BE DIRECTED to advise the Licensee that the Declaration of Compliance has been made.

**Motion Passed**

**3. Items for Discussion**

None.

**4. Deferred Matters/Additional Business**

None.

**5. Adjournment**

Moved by: H. McAlister  
Seconded by: S. Hillier

That the meeting BE ADJOURNED.

**Motion Passed**

The meeting adjourned at 9:39 AM

## Schedule E – Form of Compliance Declaration

### DECLARATION OF COMPLIANCE

Issued pursuant to the Long-Term Care Service Accountability Agreement

**To:** The Board of Directors of Ontario Health Attn: Board Chair.

**From:** The Board of Directors (the “Board”) of the The Coporation of the City of London (the “HSP”)

**For:** Dearness Home for Seniors (the “Home”)

**Date:** 2/27/2024

**Re:** January 1, 2023– December 31, 2023 (the “Applicable Period”)

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The Board has authorized me, by resolution dated 2/27/2024, to declare to you as follows:

After making inquiries of the Administrator of the Home, Leslie Hancock, and the Deputy City Manager, Social and Health Development, Kevin Dickins, and other appropriate officers of the Health Service Provider (the “HSP”) and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the long-term care service accountability agreement (the “Agreement”) in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

- (i) it has complied with the provisions of:
  - a. the *Connecting Care Act, 2019*, for the period of January 1, 2023 to December 31, 2023; and
  - b. any compensation restraint legislation which applies to the HSP; and
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the Ontario Health and the HSP effective April 1, 2023.

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Kevin Dickins, Deputy City Manager, Social and Health Development

## Schedule E – Form of Compliance Declaration Cont'd.

### Appendix 1 - Exceptions

[Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

## **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 February 1, 2024 to May 15, 2024  
**Date:** June 18, 2024

## **Recommendation**

That on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development, this report related to the Dearness Home **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:**

- November 21, 2023, Director's Report, August 16, 2023, to November 1, 2023
- February 27, 2024, Director's Report, November 1, 2023 to January 31, 2024

### **2.0 Service Provision Statistics:**

<b>Occupancy Average February 1, 2024, to May 15, 2024</b>	<b>Number of Individuals on Waiting List as of January 31, 2024</b>
98.30 %	Basic – 409 Private - 155

### **3.0 Ministry Inspections/Visits:**

The Middlesex-London Health Unit visited the Dearness Home on April 18, 2024 to conduct a Compliance Inspection. There were no findings.

The Ministry of Labour, Immigration, Training and Skills Development visited the Dearness Home on April 25, 2024, to conduct an outbreak inspection related to an enteric outbreak. There were no findings.

There were no visits by the Ministry of Long-Term Care during the reporting period.

Public reports are posted by the MOLTC 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"> <li>• Acute Respiratory (1)</li> <li>• Enteric Outbreak</li> </ul>	<p>An acute respiratory outbreak on 5 West, Ash Acres was declared on February 2, 2024 and resolved on March 9, 2024. There was minimal resident impact.</p> <p>An enteric outbreak on 4 West, Pine Grove, was declared on April 17, 2024 and resolved on May 3, 2024. 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>Missing Resident - less than 3 hours (1)</p>	<p>Resident failed to return to the Home at the specified time. Resident returned to the home unharmed.</p>	<p>All required documentation was completed. Code Yellow policy was followed.</p>
<p>Fall with Injury (1)</p>	<p>Injury includes a left lung collapse.</p>	<p>Fall statistics:</p> <ul style="list-style-type: none"> <li>• 17.6 % of residents fell between Feb 1 and May 15, 2024.</li> <li>• 24.17% of residents fell in Feb 2024.</li> <li>• 27.01% of residents fell in March 2024.</li> <li>• 26.54% of residents fell in April 2024.</li> <li>• 22.22% of residents fell between May 1 to May 15, 2024.</li> <li>• 87.02% had no injury.</li> <li>• 9.5% had temporary injury.</li> <li>• 3 % were transferred to hospital.</li> </ul>

## 5.0 Infection Control:

- The Home recruited a part time Infection Prevention and Control (IPAC) Coordinator that will start later in June. The Home's expectation with the IPAC roles is to have increased coverage assisting frontline staff in implementing, performing and sustainment of infection control policies and procedures.
- Over 400 infection control audits were completed during the reporting period that included hand hygiene, personal protective equipment (PPE), COVID-19: Self-Assessment Audit tools for long term care and retirement homes, kitchen, housekeeping, hairdressing, and wound cart. A new auditing tool was added (IPAC Checklist for Long-Term Care and Retirement Homes) which will be completed quarterly. This audit encompasses all infection control areas within a congregate living setting looking at screening, masking, human resources, vaccines, surveillance and more. Other audits look for appropriate use and compliance and the auditor provides on the spot education and training if or when an issue is noted. The auditor will also look at why the staff member may have missed steps and implement education surrounding a review of causation of missed steps.
- The Home has continued to review and develop policies and procedures with a best practice focus. The Home reviewed the Methicillin-resistant Staphylococcus Aureus (MRSA) policy and has moved to changing the signage instead of the policy. Education to staff regarding the change has been ongoing during mandatory education as well as on the spot education. The Home continues to work on reviewing policies focusing on approximately 10 per month as per our Home's new initiative for reviewing policies.
- The Home continues to complete trends and analysis working on identifying and implementing changes to improve the infection control program. One of the main concerns noted this past quarter was cellulitis in the home. The IPAC team developed a pamphlet for front line staff and continue to review cleaning and bathing process to aid in prevention.
- Respiratory season ended in March. The Home is working on administering bi-annual COVID vaccines and should have them completed by mid-June.
- The IPAC team continues to ensure an 80% compliance rate for mask fit testing, despite the change in N95 requirements.
- The IPAC team initiated preventative measures as directed by the Ministry of Long-Term Care (MOLTC). Within this, the Home has changed the call-in procedure in order to capture potential trends with staff illness and prevent our residents from becoming ill.
- The Home's IPAC Coordinator and Environmental Manager attended the Ontario Public Health Convention via on-line. Topics such as cleaning and disinfectant procedures, and electronic tracking methods were discussed while incorporating a presentation review prevention and control ideas regarding infection.

## 6.0 Covid-19 Update:

The Ministry released new masking recommendations in April of 2024. Within these recommendations staff are no longer required to wear an N95 mask for any respiratory virus including COVID-19 unless the transmission of the virus is identified as airborne such as measles. Currently staff are to complete a Point of Care Risk Assessment (PCRA) to determine if an N95 is required.

## 7.0 Health and Safety:

Regular monthly inspections were conducted during the reporting period. The Joint Health and Safety Committee (JHSC) meets monthly to discuss findings from the monthly inspections. The JHSC focused on Slips, Trips and Falls during the reporting period.



## **8.0 General Updates:**

### **8.1 Highlights in the Recreation Department:**

- The Home's Annual Satisfaction Survey was completed by both Residents and Family for the 2023 review. An action plan was developed by the Management team to respond to any area that scored below 80% satisfaction. The action plan, along with its results were shared with both Resident and Family Councils as well as summarized into our monthly newsletter for the month of May.
- A new Casual Part Time Recreation Coordinator was hired during the reporting period.
- The Home developed enhancements to our Spiritual Care Program. Sunday services have resumed and are supported by our community partners as well as providing extra support for our Spiritual Care Volunteers and support for our Palliative Care Program. Our first Spiritual Care Committee since Covid met on May 2. Our first Memorial Service since the pandemic is scheduled for May 23.
- The Home's Volunteer Coordinator recruited 14 new Volunteers to our growing program during the reporting period. April was Volunteer Appreciation Month but unfortunately due to an outbreak the celebration event was rescheduled from April 25 to May 28.
- Music City completed installation of our new AV system for our new Auditorium.
- The Manager of Community Life successfully completed qualifications for the annual Gentle Persuasive Approaches (GPA) Coach Certification Renewal.
- Two Community Life staff attended the *Dealing with Difficult People Workshop* on May 1.

### **8.2 Highlights in the Dietary Department:**

- MenuStream software has launched on all of the Home's 9 units with assistance from the Food Service Supervisors and the Personal Support Worker (PSW) Auditors.
- Meals were provided for residents on Valentine's Day, Good Friday and Easter as well as Mother's Day. Snacks and treats for each Holiday were provided.
- The Dietitian Team is hard at work updating the dietary policies to bring them into line with best practices.
- A new Food and Environmental Service Supervisor was hired during the reporting period.
- A new pot washer was sourced and installed the kitchen.
- One of the Home's Registered Dietitians, a Cook and a Food Service Supervisor attended an industry event to learn more about the newest trends and products available for Long Term Care.

### **8.3 Highlights in the Nursing Department Include:**

- The Home continues to work diligently with our People Services and Recruitment Agency partners to bring a Nurse Practitioner into the Home.
- In February, our Director of Care (DOC) formed a Personal Support Worker (PSW) break committee in response to requests from staff to look at the timing of breaks on the day shift. The committee was a great opportunity to gain input and perspective from frontline staff regarding this important aspect of their work. The committee, consisting of 7 PSWs, 1 Registered Practical Nurse, 1 Assistant Director of Care and our DOC, met 4 times over 2 months and devised 4 viable options for altering the break times. All PSW staff were then invited to vote for their choice of option. The winning option was put into place in late March and has been successful. This collaboration with our frontline staff was very well received and we will continue to seek frontline input in this manner for any future operational decisions as appropriate.

- At the end of March, our annual mandatory Quality Improvement Plan (QIP) was submitted to Ontario Health (formerly Health Quality Ontario). Our Continuous Quality Improvement (CQI) team have chosen, for the 2024/25 QIP, to focus on and address the Ontario Health identified priority areas of Access and Flow, through a view of Potentially Avoidable Emergency Department (ED) Visits, Resident Experience in terms of “Having a Voice” and “Being Able to Speak Up About the Home”, Safety through a focus on Potentially Inappropriate Antipsychotic Use, and Equity centred on anti-racism and anti-oppression. In accordance with Ontario Health, our team believes these priority areas are important to the overall health care system and have been particularly impacted by the pandemic. For this QIP, the Dearness Home will strive towards meeting an in-house established respectable theoretical best target with respect to ED visits, Resident Experience, and Equity, and the Provincial Benchmark for Potentially Inappropriate Antipsychotic use. Our strategic direction and the initiatives that support it also align with our Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation Standards and meet the requirements of our Long-Term Care Service Accountability Agreement (LSAA).
- On March 18, our Director and Director of Care met with representatives from Ontario Health to discuss their new Nurse Practitioner-Led Outreach Team (NLOT) initiative and Dearness Home’s participation. NLOT is a specialized team of Nurse Practitioners (NPs) who provide remote and on-site support to Long Term Care Homes. The NPs assess the health care needs of residents, provide timely treatment in the home to potentially avoid unnecessary trips to an emergency department, optimize care, and enhance cross-sectoral collaboration/integration. We expressed our interest in being a part of this initiative and are waiting to hear back regarding next steps in the process.
- On May 1, Dearness welcomed its first group of 2024 summer nursing students. These students will work from May 1 to early September in the capacity of PSWs. Having these students over this period helps alleviate shortages and replaces staff during the busier holiday months. Their fresh insight and keenness to learn also helps our staff reconnect to the passion for their work and brings a new energy to the Home. Additionally, providing these opportunities for nursing students exposes them to a career option they may not have considered previously, and hopefully encourages them to choose a career in geriatric nursing.

#### **8.4 Highlights in the Environmental Department Include:**

- Construction to the Home’s parking lot was completed resulting in approximately 25 additional parking spaces.
- Replacement of Home’s boilers has commenced with a completion date to be determined.
- The housekeeping department added 1 full time and 2 part time housekeepers during the reporting period.

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

**CC:** S. Datars Bere, 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