

# Agenda

## Dearness Home Committee of Management

4th Meeting of the Dearness Home Committee of Management

November 12, 2019, 2:30 PM

Committee Room #4, Second Floor, City Hall

### Members

Councillors: E. Pelozza (Chair), A. Hopkins (Vice Chair), M. Cassidy, S. Hillier, and S. Lehman, and C. Saunders (Secretary).

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	Pages
<b>1. CALL TO ORDER</b>	
1.1. Disclosures of pecuniary interest(s), if applicable.	
<b>2. CONSENT ITEMS</b>	
2.1 3rd Report of the Dearness Home Committee of Management	2
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2.3 Administrator’s Report to the Committee of Management for the Period August 16, 2019 to October 15, 2019	8
<b>3. SCHEDULED ITEMS</b>	
<b>4. ITEMS FOR DISCUSSION</b>	
4.1 Meeting Schedule	
<b>5. DEFERRED MATTERS/ADDITIONAL BUSINESS</b>	
<b>6. CONFIDENTIAL</b>	
<b>7. NEXT SCHEDULED MEETING DATE</b>	
<b>8. ADJOURNMENT</b>	



**MINUTES OF THE**  
**3RD MEETING OF THE**  
**DEARNESS HOME COMMITTEE OF MANAGEMENT**

Meeting held on Monday, September 16, 2019, commencing at 3:03 PM in Committee Room #4, Second Floor, City Hall.

PRESENT: Councillors E. Pelozza (Chair), M. Cassidy, S. Hillier, and A. Hopkins, and C. Saunders (Secretary).

ABSENT: Councillor S. Lehman

ALSO PRESENT: S. Datars Bere, A. Hagan, L. Hancock, L. Marshall, and S. Ojeerally.

1. Disclosures of Pecuniary Interest

None were disclosed.

2. Minutes of the 2nd Meeting of the Dearness Home Committee of Management

HILLIER AND HOPKINS

That the Minutes of the 2nd Meeting of the Dearness Home Committee of Management, from its meeting held on May 22, 2019, BE RECEIVED. CARRIED

3. Administrator's Report to the Committee of Management for the Period April 16, 2019 to August 15, 2019

HILLIER AND HOPKINS

That, on the recommendation of the Administrator, Dearness Home, with the concurrence of the Managing Director, Housing, Social Services and Dearness Home, the report dated September 16, 2019, entitled "Administrator's Report to the Committee of Management for the Period April 16, 2019 to August 15, 2019", BE RECEIVED. CARRIED

4. Meeting Schedule

HOPKINS AND HILLIER

That the next meeting of the Dearness Home Committee of Management, scheduled to be held on Wednesday, November 13, 2019 BE RESCHEDULED to be held on Tuesday, November 12, 2019, 2:30 PM, in Committee Room #4 at City Hall. CARRIED

5. Adjournment

CASSIDY AND HILLIER

That the meeting of the Dearness Home Committee of Management BE ADJOURNED. CARRIED.

The meeting adjourns at 3:22 PM.

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E. Pelozza, Chair

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C. Saunders, Secretary

TO:	CHAIR AND MEMBERS DEARNESS HOME COMMITTEE OF MANAGEMENT MEETING ON NOVEMBER 12, 2019
FROM:	LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME
SUBJECT:	DEARNESS HOME CONTINUOUS IMPROVEMENT - A REPORT ON SCHEDULING INNOVATIONS

<b>RECOMMENDATION</b>
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That, on the recommendation of the Administrator, Dearness Home and with the concurrence of the Managing Director, Housing, Social Services and Dearness Home, this report related to the Dearness Home **BE RECEIVED** for information.

<b>LINK TO CORPORATE STRATEGIC PLAN</b>
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- Leading In Public Service
- Innovative and Supportive Organizational Practices
  - Excellent Service Delivery

<b>BACKGROUND</b>
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In September 2018 Dearness Home administration approved the implementation of a Lean Six Sigma Scheduling Project. Lean Six Sigma is a disciplined, statistical-based, data-driven approach and continuous improvement methodology for eliminating defects and identifying efficiencies in a product, process or service. It uses a scientific approach based on quality management fundamentals and is highly accurate in identifying root causes, measuring improvements and predicting short and long-term process capability.

The project intent included creating efficiencies and improvements with the Home's employee scheduling system that would positively impact the Home's service and compliance outcomes. Throughout October 2018 the project lead completed two focus groups to better understand the issues related to the Home's scheduling practices. One group consisted of representatives from each of the services/ nursing area's and the second group consisted of management employees. The focus groups provided a wealth of information that helped narrow down the project scope.

In November and December 2018 a small group consisting of a Registered Nurse (RN), a Personal Support Worker (PSW), a manager and the Home's two Scheduling Coordinators (Schedulers) met to discuss the focus group's common themes and then began to explore root causes in greater depth using Process Mapping, Waste Analysis, Fishbone (root cause) Analysis, and Pareto Charts which helped determine key issues with the current scheduling processes at Dearness Home.

**Identified Problem**

Two employees are responsible for scheduling 353 unionized staff at Dearness Home; a Long-term Care facility providing 24 hour support to 243 residents. Often shifts become available due to staff call-ins and unplanned changes to staff status which require last minute alterations to work assignments. In the current state, the method of filling unplanned scheduling changes takes too much of the Schedulers time; time that could be better used to provide scheduling analytics that help anticipate staffing needs, overtime reduction initiatives and/ or generate reports that support senior management efforts to monitor attendance trends and concerns.

**Cost of Poor Quality Processes**

In the baseline state the Schedulers spend a large amount of time calling staff and leaving

messages while trying to fill unplanned open shifts. Schedulers only offer one shift at a time except weekend shifts. This means Schedulers may call the same person multiple times in one day when trying to fill a number of shifts. This creates multiple disruptions to the Dearness Home employees who may be sleeping after working a night shift, or may involve calling staff that are in the Home working and thereby take them away from their resident care duties. Often it is not just the employee being pulled from their resident support role but also the supervisor, RN or other staff answering the service area phone who then have to find the employee the Scheduler wishes to speak with. These scheduling related disruptions to resident care happen multiple times a day.

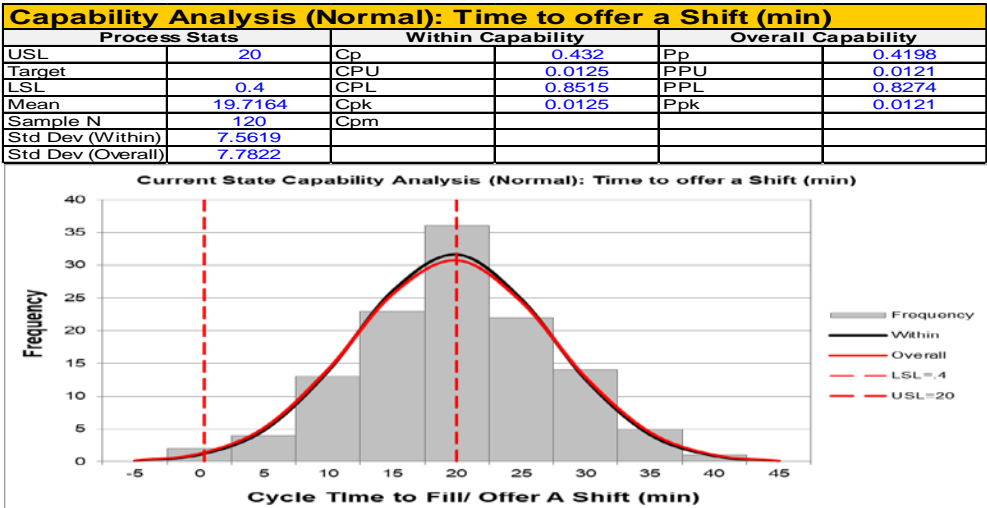
Due to the average time it takes to fill a shift, Schedulers spend a large number of hours trying to fill shifts for today, tomorrow and the next day and often aren't able to get to the known open shifts that occur more than three days in advance. This means a small amount of notice is provided to employees for open shifts, which in turn creates difficulties for employees who may have to find childcare or work around other commitments so that they can accept a shift. Employee feedback corroborated the statement above since a common focus group theme was that the lack of open shift notice to employees significantly impacts their ability to accept shifts at regular and overtime.

**Current State Capability Studies & Process Control**

After observing and collecting sample data a Descriptive Statistics Chart was employed to analyze process outputs for each of the 4 sample employee groupings (PSW, Registered Practical Nurse (RPN), Dietary, and Cooks x 2 samples for each group). Using the employee groupings, it was observed that the time to fill a shift ranged from 1.08 minutes to 41.80 minutes with a mean time of 19.72 minutes.

Although there were observed differences between the employee groups and staff making the calls to fill shifts, the Histogram, Normality plot, Xbar-R and Run Charts provided enough information to decide that the process was not capable of meeting the customer cycle time specifications and that making any significant improvement would require a completely new process.

The working group set a target of 50% reduction in cycle time to offer/ fill a shift and began exploring improvement options. A Capability Study was completed and it provided additional details about the process' ability to meet the customer's cycle time specifications. The Capability Analysis chart (below) shows cycle time compared to the customer defined specifications (LSL – Lower Specification limit and USL- Upper Specification Limit).



In process improvement efforts, the **Process Capability Index (Ckp)** or **Process Capability Index (Ppk)** is a statistical measure of process capability: the ability of a process to produce outputs within specification limits. In general terms, Cpk is the potential of a process to meet a specification short-term, while Ppk is how the process actually did long-term. A Ppk and Cpk larger than 1 is the minimum score to indicate the process can meet the specifications and a score greater than 1.6 means the process has a high degree of consistency and control built in. The Cpk of 0.0125 and a PPK of 0.0121 scores in the Capability Analysis chart (above) conclusively indicated the phone call process could not meet the customer specified limits in the short and long-term and signalled a new process was needed.

Process Improvements

The new (improved) process involved texting open shifts to staff using a standard corporate iPhone and Bluetooth keyboard. The technology and testing was completed in-house along with researching and utilizing the benefits of “Connect” app.

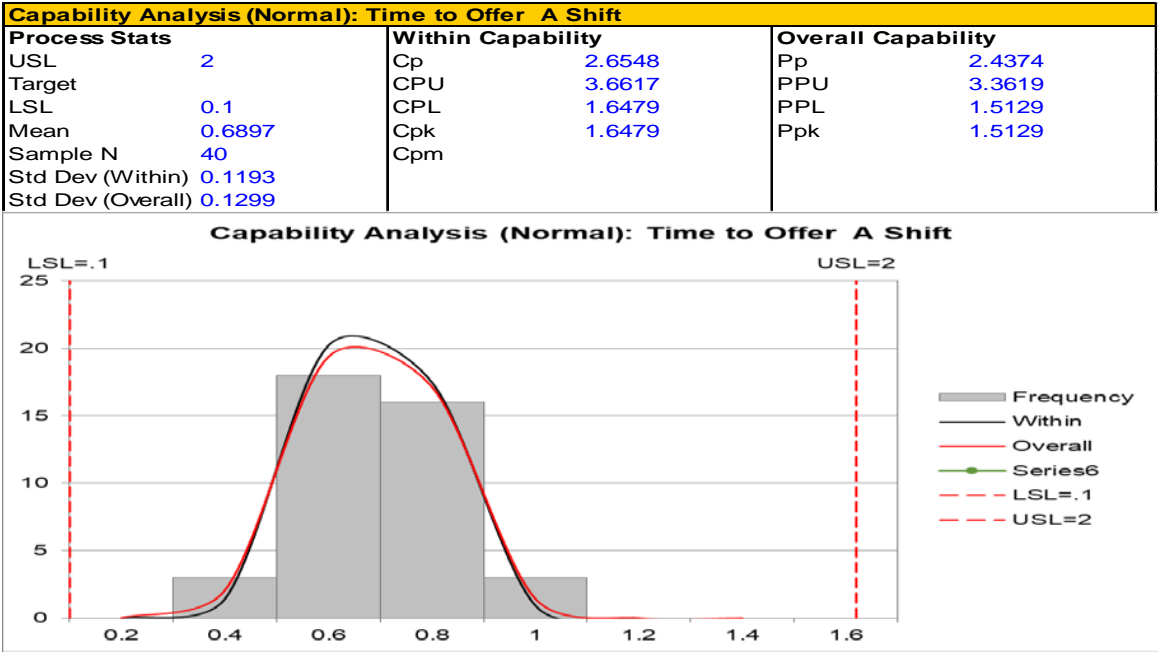


The Connect app was required due to limitations with iPhone’s native messenger app. The Connect app worked especially well at sending group messages to employees while ensuring that other employees couldn’t see or receive responses from the initial group text; something that the iPhone native messenger app can’t do. The employees interested would text back the shifts they would be willing to work and simply not respond if they weren’t interested. The following set times were establish to standardize shift information for scheduling staff and for employees when picking up open shifts: On Monday to Friday open shifts are texted by 11am, staff response cut off time is 1:30 pm and the individual shift confirmation text from Scheduler to the assigned employee is sent by 3pm.

Using the improved process saw the time range to offer/ fill a shift for all testing groups decrease from the baseline mean cycle time of 19.72 minutes to 0.69 minutes per shift, which greatly exceeded the working group’s initial target of a 50% reduction in cycle time. The major efficiencies came from the fact that Schedulers could send one text with multiple shifts listed and they didn’t have to call staff individually. This meant the Schedulers could work on other task instead of spending the majority of time calling employees, leaving messages and waiting for return calls.

An unplanned benefit of providing a longer response time using the texting process was the improved rate of filling shifts (number shifts accepted). During employee follow up discussions they expressed their endorsement of the increased response/ cut off time since it resulted in less calls to their phones and allowed employees more time to find workarounds for personal schedules like doctor appointments or childcare changes.

The results of the keyboard and iPhone test are illustrated below in the Capability Analysis Chart and show significantly improved Cpk and Ppk scores, which also demonstrate significant reductions in time to fill a shift in the short-term and long-term.



The chart (below) summarizes the overall results, comparing the baseline tests (phone call) to fill a shift compared to the improvements made by implementing the texting system.

	Run Chart Range (min)		Process Capability		
Method	Lower Limit	Upper Limit	Mean	Cpk	Ppk
Baseline - Phone CALLING	1.08	41.8	19.72	0.0125	0.0121
Improved - Texting	0.44	0.975	0.69	1.65	1.51
Improvement %	59%	98%	97%	99%	99%

Employee & Management Benefits Realized

- reduced scheduling related calls to employee phones

- more time/ opportunity for employees to respond to open shifts
- employees know when shifts will be offered due to shift offering standardization
- staff have more time to plan work schedules around personal schedules
- schedulers have greater capacity to support managers with creating reports on scheduling trends and attendance or future overtime reduction efforts
- calls to working staff are minimized, resulting in less disruptions to resident care
- shifts are offered faster and further in the future reducing the need for last minute call outs
- the success rate of filling open shifts at regular time increases and helps reduce the need for overtime shifts
- documentation of shifts offered and accepted is automatic when using the text based system and provides greater detail and accuracy of shifts offered/ accepted by employees

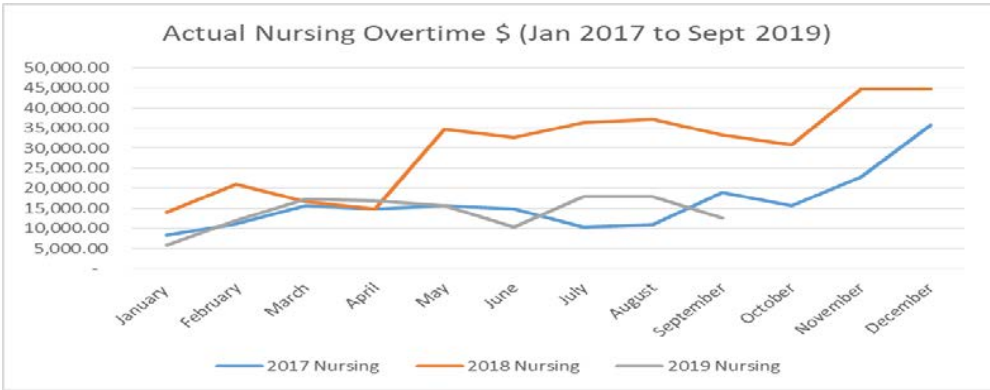
OPERATIONAL BENEFITS

Using 3 months of historical employee call-in data the working group determined the number of shifts that started 8 hours or more in the future and calculated the average number of shifts to be filled at Dearness Home on a monthly and annual basis. Once the annual time spent on filling shifts via calling and texting systems was known the estimated annual cycle time savings was calculated at 1030.7 hours, which amounts to approximately \$28,108.02 in Scheduler’s time (see chart below). This is time that can be reallocated to other value added scheduling activities that will result in further compliance and resident care improvements.

In addition to the Scheduler time savings a modest estimate of 7.3 hours per year was saved in supervisor/ RNs time related to answering the service area phone and finding employees for the Schedulers. Also, in the improved state Schedulers fill shifts further in the future which results in RN’s and Reception spending less time filling shifts during the evening and weekend hours of operation. This is more time that can be directed back to resident care and support.

261.33 Average Monthly Call In Instances For Shifts 8hrs Or More In The Future					
Estimated Monthly Annual Savings	Minutes	Hours	Estimated Annual Savings	Minutes	Hours
Time to Call per Shift (19.72 min)	5153.43	85.89	Time to Call per Shift (19.72 min)	61841.13	1030.69
Time to Text per Shift (0.69 min)	180.32	3.01	Time to Text per Shift (0.69 min)	2163.81	36.06
% Change	97%	97%	% Change	97%	97%
Savings in \$		\$2,342.33	Savings in \$		\$28,108.02

The chart below illustrates a significant decrease in overtime costs within the Nursing department in 2019 compared to 2018, and somewhat lower than 2017 if current trends continue to the end of the year. What is interesting about the graph, is the month to month fluctuation in overtime when comparing different years. A factor believed to contribute to the increased overtime in some instances was that scheduling processes were not documented to ensure consistent application.—To ensure consistent application of the texting system going forward the working group created standard operating procedures and a texting user guide to help train new staff or support staff filling in for the Schedulers. Work will continue in this area to further ensure processes are documented and to help minimize future impacts to resident care.



The overtime graph above also illustrates that text based scheduling was a contributing factor in Nursing overtime reductions, however it is important to note it is not the only factor. Other initiatives such as improving the Home’s ability to recruit and retain staff and ongoing attendance management initiatives within the Home and Corporation have also been identified as contributing factors.

CONCLUSION

Changes implemented through this project focused on the Nursing employee groups and improved the time to fill open shifts greater than 8 hours in the future by 97%. This far exceeded the working group’s initial 50% improvement goal. The estimated financial savings listed on the

Most importantly the new system allows Schedulers to fill shifts further in future, which provides employees with improved notice of shift openings and thereby improves the success rate of filling shifts. This supports improved consistency in staffing the home. Further, based on feedback from employees and union executives, it will help with employee satisfaction and engagement due to employees having a greater ability to select shifts with less disruption to their home life. Overall, these changes improve Dearness Home's ability to ensure minimum staffing levels are consistently achieved and while improving overall compliance and resident care at the Home.

<b>SUBMITTED AND PREPARED BY:</b>	<b>RECOMMENDED BY:</b>
<b>JASON WESTBROOK MANAGER, BUSINESS PLANNING PROCESS</b>	<b>LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME</b>
<b>CONCURRED BY:</b>	
<b>SANDRA DATARS BERE MANAGING DIRECTOR, HOUSING, SOCIAL SERVICES AND DEARNESS HOME</b>	

November 12, 2019 Dearness Home Committee of Management Page 7



<b>TO:</b>	<b>CHAIR AND MEMBERS DEARNESS HOME COMMITTEE OF MANAGEMENT MEETING ON NOVEMBER 12, 2019</b>
<b>FROM:</b>	<b>LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME</b>
<b>SUBJECT:</b>	<b>ADMINISTRATOR'S REPORT TO THE COMMITTEE OF MANAGEMENT FOR THE PERIOD AUGUST 16, 2019 TO OCTOBER 15, 2019.</b>

<b>RECOMMENDATION</b>
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That, on the recommendation of the Administrator, Dearness Home and with the concurrence of the Managing Director, Housing, Social Services and Dearness Home, this report related to the Dearness Home **BE RECEIVED** for information.

<b>PREVIOUS REPORTS PERTINENT TO THIS MATTER</b>
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- February 21, 2019, Administrator's Report October 16, 2018 to January 15, 2019
- May 22, 2019, Administrator's Report January 16, 2019 to April 15, 2019
- September 18, 2019, Administrator's Report April 16, 2019 to August 15, 2019

<b>BACKGROUND</b>
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**Service Provision Statistics:**

<b>Occupancy Average January 1, 2019 to September 30, 2019</b>	<b>Number of Individuals on Waiting List as of October 15, 2019</b>
98.73%	Basic – 313 Private - 43

**Compliance Report/Update:**

Critical Incidents – The Ministry of Health and Long Term Care (MOHLTC) 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 MOHLTC during the reporting period:

**Mandatory and Critical Incident Reporting**

<b>Incident Type and Number (n) of Incidents</b>	<b>Issues</b>	<b>Status</b>
<b>An injury that results in a resident transfer to hospital:</b> <ul style="list-style-type: none"> <li>• <b>Falls with Fracture (2)</b></li> </ul>	Fractures included a right femur and right hip fractures.	All required documentation was completed. The residents affected had their plan of care reviewed by the Falls Committee and Management team to ensure improved processes are in place to mitigate further falls.  <u>Fall Statistics:</u> <ul style="list-style-type: none"> <li>• 19.3% of residents fell in August.</li> <li>• 17.6% of residents fell in September.</li> <li>• 5.4% of residents fell in October up to October 15<sup>th</sup>.</li> <li>• 22.8% of residents fell</li> </ul>

		<p>were found on the floor (Unwitnessed).</p> <ul style="list-style-type: none"><li>• 71.4% had no injury.</li><li>• 28.6% had temporary injury.</li><li>• 2.0% were transferred to hospital.</li></ul>
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**Infection Control:**

- The Home continues to have minimal outbreak days compared to previous years. There were no outbreaks during the reporting period.
- The Home continues to have low infection rates related to urinary tract infections and wounds.
- The Home’s hand hygiene compliance rate remains above 90%. All Infection Control Committee members are now trained to complete hand hygiene audits.
- The Home’s Influenza immunization campaign for residents and staff started at the beginning of October. Public Health representatives provided education sessions for the Home’s staff regarding myths and facts about the flu vaccine.

**Ministry Inspections/Visits:**

The Ministry of Health and Long Term Care visited the Home on October 3 and 4, 2019 to conduct a Critical Incident System Investigation. There were no issues. A copy of the report can be found under Appendix A.

The Ministry of Health and Long Term Care visited the Home on October 3 and 4, 2019 to conduct a Complaint Investigation. There was one written notification (WN) and one voluntary plan of correction (VPC) related to Admissions of which the Home will develop and implement a corrective plan of action. A copy of the report can be found under Appendix B.

Public reports are posted by the MOHLTC at the following link: <http://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=m514&tab=1>

Fire Inspections completed by the London Fire Department are current.

**Health and Safety:**

The Occupational Health and Safety (OHS) Committee met monthly during the reporting period and regular inspections were conducted. Health and Safety procedures continue to be reviewed annually and the committee remains on schedule with its annual review. Health and Safety workplace inspections were completed and timely responses to items have been addressed. The committee reviewed and established its Continuous Improvement Plan projects for 2019 which include Corporate and Dearness specific initiatives. Some changes to the committee membership were made that included the addition of a Registered Practical Nurse and a Food Services/Environmental Supervisor. Both have completed the required Health and Safety training for committee members.

**General Updates:**

Highlights in the Recreation Department include:

- The Dearness Home Diversity Committee in conjunction with the Home’s Residents Council is transitioning the Meditation Room to a Quiet Room for residents, family, staff and volunteers. The Committee has provided guidelines for its use that will be posted outside of the room.
- This year’s Ontario Years of Service Awards that recognizes and celebrates volunteers (the people who make our province a better place to live) included the nomination of 5 senior and 2 junior Dearness Home volunteers. This celebration honoured over 800 volunteers in Ontario. Both the Dearness Home Volunteer Coordinator and Manager of Community Life were privileged to be a part of this pride-filled event.
- Annually, the Dearness Auxiliary funds and supports the Home’s Annual Corn Roast event. The Auxiliary purchases over 200 local fresh cobs of corn that are shucked, cooked, buttered (prepped for all diets by our Dietary team) and devoured by all at a country music special event in the lobby.
- The Home hosted its quarterly Memorial Service and was attended by staff and loved ones of Dearness. Caring and Sharing is held in honour of our residents who have passed away. The service is led by the Home’s Chaplain and Spiritual Care Committee.
- The Dearness Home Chaplain submitted his retirement and active recruitment has been initiated.
- The Commission on Accreditation for Rehabilitation Facilities (CARF) accepted the Home’s submission of its Continuous Quality Report Plan during the reporting period.

- The Recreation Department hosted a Therapeutic Recreation student placement from Mohawk College resulting in recruiting this student into a vacant Recreation Coordinator position.
- The Home celebrated Care Partner Week at Dearness Home; celebrating the amazing care performed by the Dearness Home Staff.
- The Home successfully contracted a new Occupational Therapist through Lifemark.
- The Home successfully contracted a new Preferred Vendor service with Yurek Pharmacy for mobility equipment and cleaning.

#### Dietary:

Highlights in the Dietary Department include:

- The Dietary Department recruited new Cooks and Kitchen Help staff during the reporting period.
- The Dietary Department assisted with providing the Home's Care Partner Appreciation week.
- The Dietary Department assisted with providing the meal for the Home's Thanksgiving dinner.
- The Home's Resident Food Council reviewed the Home's new menus for the fall and winter seasons.
- The Dietary Department is continuing to work on implementing Menu Stream software to support the existing dietary software system. This upgrade will provide iPads for tableside ordering resulting in a reduction of paper and errors related to diets and textures.

#### Nursing:

Highlights in the Nursing Department include:

- During the reporting period, the nursing department hosted a webinar through AdvantAge Ontario titled *Three Years In: What's Happening with Medical Assistance in Dying (MAID) in Ontario*. The webinar was presented by the Office of the Chief Coroner and it reviewed what the industry has learned in the first three years of implementation. There was discussion regarding statistics in both community and health care settings, specifically, Long Term Care, as well as common compliance issues and details on the latest reporting regime. With Health Quality Ontario's (HQP) focus on end of life care in Long Term Care, this webinar was informative and well received by the Dearness team.
- The Home's Director of Care has been developing a new Peer Mentorship Certificate Program to encourage and support new employees as they transition into the Home. The program will be voluntary on behalf of the mentors, who will receive additional training and support in relevant topics such as leadership, crucial conversations, mental health, communication and organization; however, the program will be mandatory for the new staff mentees. Goals of the program will be to increase new hire retention by smoothing the transition and building a supportive environment while concurrently providing an opportunity for personal and professional growth and development for the established staff member. The first mentor/mentee connections are slated to begin in early January, 2020.
- In August the Home's BSO and Social Work team attended *Supporting the Rainbow Community* Webinar. This webinar focused on strategies to support the LGBTQI2S Community living in long-term care including how to build culturally-competent staff and volunteer teams and explored opportunities to communicate effectively to residents, families and the public that we are an LGBTQI2S-friendly and inclusive Home
- In August the Home participated in the South West Behavioural Supports Ontario London-Middlesex Virtual Team Meeting which focused on the Indigenous practice of smudging and how to incorporate Indigenous practices into care of residents with responsive behaviours. The education was well received by the Dearness team and the Home is working to ensure this practice is respected and accommodated for in the Home. The Home's Quiet Room has been designated as a smudging space; however, given the frailty and/or unpredictable behaviour of some of our residents, the Home has also accommodated the practice within the resident's room on a case-by-case basis.
- The Ministry of Health and Long Term Care's new High Acuity Access Beds Policy (HPABs) came into effect August 29, 2019. However, due to internal changes in the government, implementation of the HPABs was delayed until late fall. The policy allocates specific beds in Long Term Care for high-acuity and medically complex applicants (usually from hospital or psychiatric facilities) who face barriers in Long Term Care placement. The HPABs are designated private accommodation long-stay beds that are deemed basic accommodation for the purpose of co-payment and rate reduction. In early October, Dearness was invited to complete a readiness assessment for submission to the Ministry of Health and Long Term Care (MOHLTC). Following our submission we participated in a teleconference with the MOHLTC team overseeing the implementation of the HPABs to

- In September the MOHLTC announced the roll out of a new Long Term Care Performance Report, which will replace the current rating system. The new report provides data on key indicators chosen to measure the performance of each Ontario Long Term Care home. The indicators in the new Long Term Care Home Performance Report are divided into four categories: 1) Resident; 2) Inspections; 3) Enforcement; 4) Long Term Care System. The report was made available to all Long Term Care Homes in early October. Following this soft launch to the sector, the Ministry will also publish the report on its public website in late Fall 2019. Unlike the current rating system, the new report will not assign performance levels to homes, but rather present only the data related to the selected indicators. The data in the report will be refreshed on a bi-annual basis in the Spring and Fall every year.

**Highlights in the Environmental Department include:**

- The home-wide WiFi project was completed during the reporting period. We now have wireless WiFi phones, secure level WiFi and new public access WiFi for our residents and their families. Mobile tablets have been purchased for nursing staff that will enable the staff to chart as they move through the units to provide resident care.
- Initial planning has begun for the replacement of our home-wide nurse call system.
- The installation of sensor faucets and new toilets in public washrooms began in early October and will be completed by the end of the month.
- The Environmental Services Manager and members of the Facilities team are reviewing a number of projects at Dearness Home which would positively impact the Home's energy costs and savings.
- The City's Parks and Recreation Department worked diligently throughout the summer months to keep the Home's grounds looking beautifully manicured. We have received a number of positive compliments.

<b>RECOMMENDED BY</b>	<b>CONCURRED BY:</b>
<b>LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME</b>	<b>SANDRA DATARS BERE MANAGING DIRECTOR HOUSING, SOCIAL SERVICES AND DEARNESS HOME</b>

**cc:** M. Hayward, City Manager  
B. Baar, Senior Financial Business Administrator  
J. Brown, Financial Business Administrator  
L. Marshall, Solicitor  
A. Hagan, Manager, Labour Relations  
C. Da Silva, Specialist, Human Resources Solutions



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des Soins  
de longue durée

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée

Long-Term Care Homes Division  
Long-Term Care Inspections Branch  
  
Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 22, 2019	2019_819524_0004	018347-19	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the City of London  
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

Long-Term Care Home/Foyer de soins de longue durée

Dearness Home for Senior Citizens  
710 Southdale Road East LONDON ON N6E 1R8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des Soins  
de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): October 3 and 4, 2019.**

**The following critical incident intake was included in this inspection:  
Log #018347-10 / M514-000026-19 related to falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, an Associate Director of Care, a Registered Practical Nurse, a Personal Support Worker and residents.**

**The inspector also observed resident care provision, resident/staff interaction and reviewed resident clinical records and other relevant documentation.**

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

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**





NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Légende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

Issued on this 22nd day of October, 2019

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des Soins  
de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée***

**Original report signed by the inspector.**





Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection prévue sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division  
Long-Term Care Inspections Branch  
Division des foyers de soins de longue durée  
Inspection de soins de longue durée

London Service Area Office  
130 Dufferin Avenue 4th floor  
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Telephone: (519) 873-1200  
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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 22, 2019	2019_819524_0005	017389-19	Complaint

Licensee/Titulaire de permis

The Corporation of the City of London  
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

Long-Term Care Home/Foyer de soins de longue durée

Dearness Home for Senior Citizens  
710 Southdale Road East LONDON ON N6E 1R8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): October 3 and 4, 2019.**

**The following complaint intake was included within this inspection:  
#IL-70024-LO / Log #017389-19 related to refusal of admission.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, an Associate Director of Care, the Social Worker / Behavioural Support Ontario (BSO) Lead, a BSO-Personal Support Worker and a Local Health Integration Network (LHIN) Care Coordinator.**

**The inspector also reviewed health records and other relevant documentation.**

**The following Inspection Protocols were used during this inspection:  
Admission and Discharge**

**During the course of this inspection, Non-Compliances were issued.**

- 1 WN(s)**
- 1 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p><b>Legend</b></p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p><b>Légende</b></p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home**



**Specifically failed to comply with the following:**

**s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**

**(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**

**(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**

**(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home approved the applicant's admission to the home unless, (a) the home lacked the physical facilities necessary to meet the applicant's care requirements; (b) the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or (c) circumstances existed which are provided for in the regulations as being a ground for withholding approval.

This inspection was initiated as a result of a complaint received by the Ministry of Long-Term Care on a specific date, as related to the long term stay admission refusal of an identified applicant.

During a telephone conversation with the applicant's Care Coordinator (CC) #101 from the South West Local Health Integration Network (LHIN), they said that the home had refused the long stay application and they had submitted the complaint based on behalf of the applicant. CC #101 said that the applicant presented with responsive behaviours and they had documented all behaviours on the long stay application. In addition, the applicant had been recently reassessed by CC #101 and there was now a new recommendation included from the Behaviour Response Team (BRT).

Care Coordinator #101 said that the applicant was accepted to several different homes however Dearness Home was the first choice for the applicant. CC #101 said they had asked for a conference with the home but had not heard from any one. They said they had received a refusal letter on a specific date, that stated the reason for the refusal was

that the home did not have the nursing capacity to take care of the applicant. The applicant was currently living at home and CC #101 was hoping to get a crisis bed for them.

The long stay application documentation was reviewed by the inspector during the inspection including a Behavioural Assessment Tool and progress notes from the Behavioural Response Team. A bed refusal letter stated that, "we are unable to offer admission at this time. Unfortunately, the home lacks the nursing expertise required to manage your mental health care and behavioural needs as they relate to episodes of physical aggression. Therefore, at this point in time we are not confident, that we will be able to ensure the safety of yourself, other residents, staff, and visitors."

In an interview, Behavioural Supports Ontario (BSO) Personal Support Worker (PSW) #108 said the home has an interdisciplinary BSO team. They have a referral process for BSO, and any staff can refer to BSO to help manage residents with responsive behaviours.

In an interview, Associate Director of Care (ADOC) #102 said that they were responsible for reviewing applications for admission and accepting or refusing them. They said that the applicant was refused long stay admission as they were not a suitable candidate for the home as there were challenges related to their responsive behaviours. When the inspector asked the ADOC if the home currently had residents with agitation, verbal and physical aggression or were refusing care, they said yes. When asked if they were managing these residents and their responsive behaviours with the staff of the home and the home's BSO program, they said yes but it was a struggle. The home had identified secured units for those resident's with dementias.

In an interview, Social Worker-BSO Lead #104 said that the applicant was refused admission as the applicant's risks had not been mitigated as related to episodes of physical aggression they presented at the time. Social Worker-BSO Lead #104 said that the home does have a BSO program internally and received support from external resources such as the Behavioural Response Team (BRT) to assist them in managing residents with responsive behaviours. Social Worker-BSO Lead #104 said that all staff in the home had Gentle Persuasive Approach (GPA) training. Gentle Persuasive Approach (GPA) training was a training program that helped care providers understand and deliver care to individuals with dementia and looked at ways to mitigate risk.

In an interview, Director of Care (DOC) #100 stated that training was provided that

included techniques and approaches related to responsive behaviours. The training was provided annually through mandatory education and GPA sessions were offered at different times of the year for all staff. The Behavioural Support Ontario (BSO) team would also provide on the spot training on the units and specific to the resident to help reduce responsive behaviours. The DOC said that some of the staff had P.I.E.C.E.S. (Physical. Intellectual. Emotional. Capabilities. Environmental. Social assessment) and U-First training and had Mental Health First Aid certification. The DOC acknowledged that the direct care staff had the training and expertise in dealing with responsive behaviours, including aggressive behaviours.

DOC #100 acknowledged that written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours were developed to meet the needs of residents with responsive behaviours. The DOC acknowledged written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours, as well as resident monitoring and internal reporting protocols were developed to meet the needs of residents with responsive behaviours. The DOC stated the home had protocols for the referral of residents to specialized resources to meet the needs of residents with responsive behaviours.

The licensee has failed to approve the applicant's admission to the home. The home did not demonstrate grounds for the refusal based on the lack of physical facilities necessary to meet the applicant's care requirements and the DOC acknowledged that staff had the nursing expertise necessary to meet the applicant's care requirements related to responsive behaviours. DOC #100 acknowledged the refusal to admit the applicant, however was not able to validate the legislative rationale for the refusal as to how the physical facility and staff expertise were unable to meet the needs of the applicant. [s. 44. (7)]



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**Additional Required Actions:**

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home approves the applicant's admission to the home unless, (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval, to be implemented voluntarily.***

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Issued on this 23rd day of October, 2019

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**