

Dearness Home Committee of Management

To: Chair and Members
Dearness Home Committee of Management

From: Kevin Dickins, Deputy City Manager Social and Health Development

Subject: Orientation Briefing For Dearness Home Committee of Management (Overview of Home and Role of Committee of Management)

Date: February 7, 2023

Recommendation

That, on the recommendation of the Administrator, Dearness Home and the Managing Director, Housing, Social Services and Dearness Home, that;

- i) the following report including orientation information for the Dearness Home Committee of Management **BE RECEIVED** for information; and that
- ii) the Managing Director, Housing, Social Services and Dearness Home **BE DIRECTED** to advise the Licensee, the Corporation of the City of London, of the orientation conducted with the Committee of Management and the information shared.

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 Background:

In order to support the members of the Dearness Home Committee of Management in understanding and fulfilling their responsibilities of ensuring that the Corporation complies with the *Fixing Long-Term Care Act, 2021* (FLTCA, or "Act"), a plan of orientation, education and information / resource-sharing has been developed. Information/ resource-sharing included in this orientation report to the Committee of Management will cover the following areas:

- Overview of the Dearness Home and Service Provision
- Legislative and Regulatory Requirements
- Roles and Responsibilities – Committee of Management, Licensee, Regulated staff
- Overview of other key requirements of the FLTCA.

Although the Act does not require the Committee of Management to report to the Licensee (the Corporation of the City of London), Civic Administration is seeking the Committee's support in sharing orientation information with the Licensee (through the Community and Protective Services Committee and Council) to support broader understanding of the services provided at the home and the legislative and regulatory requirements. In addition to this report, the Committee of Management will also receive an orientation presentation attached as Appendix B and a copy of a municipal long-term care home brief, attached as Appendix C to this report.

1.2 Overview of Dearness Home and services provided:

The Dearness Home is a long-term care facility at 710 Southdale Road East owned and operated by The Corporation of the City of London. The home was originally opened in June, 1954 and provided services to 300 residents as well as apartments and rooms for couples and singles. The

home was renovated in both 1958-59 and 1970-71 with the capacity rising to 372 residents.

In 2000, City Council approved a redevelopment for the home and in 2002 entered into an “Agreement for Redevelopment of Long-term Care Facility Beds” with the Ministry of Health and Long-Term Care (MOHLTC). Provincial funding was provided to build a new home and redevelop 243 beds in accordance with provincial standards and at a capital cost of \$40 million. The new home opened in 2005 and has been providing supports since that time. While not falling under the purview of the Committee of Management, an Adult Day program (30 participants per day) also operates out of the building at 710 Southdale.

The home is funded through a cost share relationship with the provincial government, specifically the Ministry, which is now the Ministry of Long-Term Care (MLTC). The provincial funding is flowed through Ontario Health with which the City has a service accountability agreement the Long-Term Care Home Service Accountability Agreement (L-SAA).. Inspections of the long-term care services are conducted by MLTC and are most often unannounced, in response to concerns or complaints received, as follow up to issues identified at the home or, in some cases, announced including as part of the Proactive Inspection Program. Dearness Home is accredited by the Commission on Accreditation on Rehabilitation Facilities (CARF).

In 2013, the city contracted with Extendicare (Canada) Inc. for the provision of long-term care consulting services and Administrator services at the home. In September 2018, following a leadership model review, the City hired a full time Administrator (city staff person) to oversee services at the home and lead the staff team. On October 31, 2018, the agreement with Extendicare officially expired.

The City of London is a member of AdvantAge Ontario, a provincial membership-based organization that has represented not-for-profit providers of long-term care, services and housing for seniors for 100 years. In addition to providing educational support to both civic staff and board/council members, AdvantAge Ontario (AAO) advocates on behalf of municipal and not-for-profit providers with the provincial government and other regulatory bodies. A copy of a municipal LTC brief created by AAO and shared with municipalities is attached as Appendix C to this report.

1.3 Governance of the Home - Legislative and Regulatory Requirements:

Long-term care homes in Ontario are governed by the *Fixing Long-Term Care Act, 2021 (FLTCA, or “Act”)*. The Act, and its accompanying regulations (Regulation 256/22) which came into effect on April 11, 202, are very prescriptive and outline roles, responsibilities and requirements for service provision and for stakeholders. Under the Act, the Corporation of the City of London is a “licensee”, defined to include “the municipality ...that maintains a municipal home...approved under Part IX of the Act.

The role of the Licensee (the Corporation) is to comply with the Act. Section 122 of the Act reinforces the mandatory requirement for the City to operate a home, stating that “Every southern municipality that is an upper or single-tier municipality shall establish and maintain a municipal home...”^a.

The Act and Ontario Regulation 256/2 differentiate municipal homes (Part IX homes) from private and not-for-profit with regard to key governance requirements. As an example, for municipalities, subsections 75 (1) and (2) require that every member of the committee of management shall ensure that the corporation complies with all requirements under this Act.

1.4 Committee of Management:

The Committee of Management serves as an oversight body to ensure the Corporation complies with the requirements under the Act. The Committee of Management is only authorized to deal with matters that fall under the FLTCA. Under Section 135, Municipal Council is **required** to appoint a committee of management for the home, from members of Council. With respect to the Corporation, the Committee of Management has adopted the Terms of Reference contained in City of London By-law A.-6582-255, as amended (Copy attached in Appendix A).

The main duty of every member of the Committee of Management is set out in section 75 of the FLTCA [paraphrased]:

^a S. 122(2) provides that the requirement in ss. (1) can be met if the southern municipality participates in the establishment and maintenance of a joint home or helps maintain a municipal home or joint home under an agreement under s. 124.

Every member of the Committee of Management shall ensure that the corporation complies with all requirements under the Act.

It is an offence for a member of the Committee of Management to fail to comply with section 75 of the LTCHA (maximum fine amount for a committee member is \$4000). If the Corporation of the City of London fails to comply with the Act, penalties can be as high as \$1,000,000.

Other legislation also governs the Committee. The Committee is a “local board” as defined under the *Municipal Act* and is therefore subject to the “open meeting” requirements of the *Municipal Act*. However, Municipal Council has no authority under the *Municipal Act* to pass by-laws:

- for the governance structure of the Committee of Management (s. 10(6) MA)
- for the accountability and transparency of the Committee of Management or its operations
- to dissolve or change the Committee of Management. (s. 216(3) MA)
- to establish codes of conduct for members of the Committee of Management (s. 223.1 MA).

The *Municipal Conflict of Interest Act* also applies to the committee and committee members are required to declare any pecuniary interests. The Committee of Management is separate and apart from Council and can only be composed of members of municipal Council. A member of the Committee of Management cannot be a member of the Family Council for the home.

With respect to records, the *Municipal Freedom of Information and Protection of Privacy Act* applies to records of the Committee of Management and any requests a member receives for records of the Committee should be directed to the Clerk’s office.

Committee members may consider exercising due diligence in fulfilling their obligations (e.g. full and candid discussion, independence, participation, and preparation).

2.0 Other Obligations for Committee of Management members:

- The Committee of Management and its members will receive information and may receive concerns related to services with the home. Under the Residents’ Bill of Rights, every resident “a person admitted to and living in a long-term care home”, has right to raise concerns or recommend changes in policies and services on behalf of himself/herself or others to a member of the Committee of Management (s. 3 FLTCA).
- Any person, and therefore any member of the Committee has this obligation, 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 Ministry Director (s. 28 FLTCA):
 - 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, the *Local Health System Integration Act, 2006*, or the *Connecting Care Act, 2019*.

A Committee of Management member is guilty of an offence if they fail to make a report required by section 28. A Committee of Management member is also guilty of an offence if they:

- (a) coerce or intimidate a person not to make a report required by this section;
- (b) discourage a person from making a report required by this section; or
- (c) authorize, permit or concur in a contravention of the duty to make a report required by this section.

Individuals could face penalties of not more than \$200,000.00.

There is also a Prohibition against Discouraging a person from disclosing anything to an Inspector, the Director, or giving evidence in a proceeding.

- Section 30 of the FLTCA provides “Whistle-blowing protection” for individuals that either disclose information to an inspector; disclose information to the Director; or provide evidence in a proceeding (such as court, inquest, or tribunal hearing). The Act forbids anyone from retaliating against another person who provides such information. Retaliation includes dismissing a staff member; disciplining or

suspending a staff member; imposing a penalty upon any person; or intimidating, coercing or harassing any person.

- It is an offence for any person to do anything that discourages any person from “whistle-blowing” under s. 30. (s. 30(5) FLTCA)
- It is an offence for any person to do anything to encourage a person to fail to do “whistle-blow” under s. 30 (s. 30(6)FLTCA).
- While the Act is unclear whether penalties are limited for this offence, it does indicate that penalties for a first offence could be maximum of \$200,000 and/or imprisonment for not more than 12 months; penalties for a subsequent offence could be a maximum of \$400,000 and/or imprisonment for not more than 12 months.
- The Corporation still faces the maximum fine amounts if it is guilty of an offence under the Act (up to \$1,000,000). Other individuals including administration at the home face the maximum fine amounts if guilty of an offence under the Act and/or up to 1 year imprisonment.

Committee members are advised that there is a Council Indemnification By-law (A-5) that may apply in these situations. The Corporation shall indemnify a member of Council in respect of any civil, criminal or administrative action or proceeding by a third party arising out of acts or omissions done or made by such person in their capacity as or by reason of being or having been a member of the Council, including acting in the performance of any statutory duty imposed by any general or special Act, if: (a) [they] acted honestly and in good faith with a view to the best interests of the Council or the Corporation; and (b) in the case of a criminal or administrative action or proceeding that is enforced by a monetary penalty, [they] had reasonable grounds for believing that his conduct was lawful.

The Province has the ability to issue Administrative Penalties ranging from \$1100 to \$11,000 each.

3.0 Role of key staff positions in home:

There are various staff roles within the home including nursing and personal support staff, environmental supports, activation resources and administrative team members. Three specific roles are required under the act:

Administrator (Section 76, FLTCA)

The Administrator shall:

- be in charge of the long-term care home and be responsible for its management
- perform any other duties provided for in the regulations (see Reg. 256/22s. 249).
- work regularly in that position on site at the home for at least 35 hours per week
- meet certain education requirements, working experience requirements, have demonstrated leadership and communications skills; enrolled in or completed a program in long-term care home administration or management that is a minimum of 100 hours

At the time, the Administrator at Dearness Home meets requirements of legislation. Other management staff in the home including the current Director of Care as well as the Managing Director, Housing, Social Services and Dearness Home, also meet the educational requirements having taken the AdvantAge Ontario administrator certification course.

Director of Nursing and Personal Care (Section 77 FLTCA) (known as Director of Care at Dearness)

The Director of Nursing and Personal Care shall:

- supervise and direct the nursing staff and personal care staff of the long-term care home and the nursing and personal care provided by them;
- perform any other duties provided for in the regulations
- be a registered nurse, work full time in that position.

The Director of Care at Dearness Home meets these requirements.

Medical Director (Section 78, FLTCA)

The Medical Director shall:

- be a physician
- advise the licensee on matters relating to the medical care in the long-term care home (and in performing this duty shall consult with the Director of Nursing and Personal Care and other health care professionals working in the home)

- perform any other duties provided for in the regulations
- complete the Ontario Long-term Care Clinicians' Medical Director course within 12 months;
- be on-site a minimum number of hours
- have the following responsibilities and duties (ss. 251(4) Reg. 256/22) :
 - development, implementation, monitoring and evaluation of medical services
 - advising on clinical policies and procedures
 - communication of expectations to attending physicians and registered nurses in the extended class, including communicating relevant medical policies and procedures;
 - addressing issues relating to resident care, after-hours coverage and on-call coverage
 - attendance and participation in interdisciplinary committees and quality improvement activities;
 - providing oversight of resident clinical care in the home.

The Medical Director at Dearness Home meets these requirements.^b

4.0 Other Obligations under the Fixing Long-Term Care Act

In addition to the information outlined above, there are a number of key compliance and legislative requirements outlined through the FLTCA that are important for Committee Members to be aware of. This information is provided for Committee members at this point and over the next several meetings of the Committee, information related to these requirements and current status at the home will be reviewed:

Part II: Residents: Rights, Care and Services

1. The **Residents' Bill of Rights** (s. 3): the licensee shall ensure these rights of residents are fully respected and promoted. The Bill of Rights can be enforced by a resident against the licensee as if it were a contract;
2. The Home is required to have a **mission statement**
3. The Home must be a **safe and secure environment** for its residents. Specific requirements exist in the Regulation for the following: Doors in a home; elevators; floor space; furnishings; privacy curtains; shower grab bars; bed rails; windows; communication and response system; lighting; generators; cooling requirements; air temperature; plumbing; compliance with manufacturers' instructions
4. There must be a **plan of care for each resident**, and the home must ensure that the resident is reassessed and the plan of care is reviewed and revised at least every six months. The home has a duty to ensure that the care set out in the plan is provided. Requirements for what is contained in plan of care and how it is determined are set out in the Regulation.
5. The Home must ensure that certain nursing services and personal support services are provided including:
 - nursing and personal support (specific requirements in Regs re personal care, bathing, oral care, foot and nail care, transferring and positioning techniques; personal items and personal aids; notification re personal belongings; mobility devices; dress; bedtime and rest routines; end-of-life care; communications methods; availability of supplies); palliative care
 - restorative care (transferring and positioning; therapy services; social work and social services work);
 - recreational and social activities;
 - dietary services and hydration (nutrition care and hydration programs, weight changes, menu planning; food production; dining and snack service; registered dietitian; nutrition manager, cooks, food service workers);
 - medical services (attending physician);
 - information and referral assistance;
 - religious and spiritual practices; and
 - accommodation services (housekeeping, pest control, laundry service, maintenance services, hazardous substances)
 - written policy regarding pets in the home
 - an organized volunteer program in place

Required interdisciplinary programs must also be in place including:

- Falls prevention and management;

^b A new agreement with the same Medical Director is expected to be finalized soon.

- Skin and wound care;
 - Continence care and bowel management;
 - Pain management
6. The home must demonstrate that it has implemented processes to ensure appropriate Qualifications of Personal Support Workers.
 7. The home must ensure that a registered nurse be on duty in the home 24 hours a day, seven days a week.
 8. The home must implement a program developed for Responsive Behaviours of residents.

Prevention of Abuse and Neglect

- The Home is required to protect residents from abuse by anyone and shall ensure that residents are not neglected by staff. The home must ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with;

Reporting Requirements

- Broad reporting requirements exist. If a written complaint is received concerning the care of a resident or the operation of the home, the home shall immediately forward the complaint to the Director (MLTC)
- The Home must immediately investigate and take appropriate action for each alleged, suspected or witnessed incident of abuse or neglect;
- There are mandatory reporting requirements. Any person who has reasonable grounds to suspect improper or incompetent treatment or care, abuse or neglect or unlawful conduct which results in harm or risk of harm to residents or misuse or misappropriation of a resident's money or funding for the home must immediately report the suspicion and the information upon which it is based to the Director. It is an offence for an officer or member of the Committee of Management, a staff member, or someone who works in a professional capacity with the residents or home to fail to report, or to encourage suppression of a report;
- Immediate mandatory reporting to the Director of critical incidents is required e.g..an emergency; unexpected or sudden death; resident missing for 3 or more hours; a missing resident who returns to the home with an injury; outbreak of reportable disease or communicable disease; contamination of the drinking water supply.
- mandatory reporting to the Director within one business day (resident missing for less than 3 hours; environmental hazard; missing or unaccounted for controlled substance; injury in respect of which person is taken to hospital; medication incident or adverse drug reaction in respect of which a resident is taken to hospital)

Whistle-blowing Protection

- Whistle-blowing protection is provided for all persons, including staff, residents and volunteers who disclose information to the Director or inspector or give evidence in a proceeding or inquest. There is a prohibition against retaliation against such individuals. The Ministry must immediately visit the home if there is information of serious harm or risk of serious harm to a resident or if there is information of retaliation or threats of retaliation against a person who has made a report of abuse or neglect;

Minimizing of Restraints

- The Act requires provisions relating to the use of restraints and requires the home to ensure that there is a written policy to minimize the use of restraints. The home must ensure that the residents are not restrained for reasons of convenience or discipline, and that specific types of restraint are used only as provided in the Act; common law duty to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the persons or others is preserved. The Home must ensure that the use of Personal Assistive Devices is used to assist a resident with routine activity of living only if its use is included in the resident's plan of care.

Drugs and Medications

- The home must develop an interdisciplinary medication management system with written policies and protocols.

Part III: Admission of Residents

Admission agreements between the Home and any individual receiving services are required (one for accommodation services, the other for any other services).

Part IV: Councils

The Home must have a Residents' Council and may have a Family Council. The Dearness Home has both and both are extremely active within the home and support the overall administrative and service provision.

Part V: Operation of the Home

Staffing:

- The home must have an Administrator, a Director of Nursing and Personal Care and a Medical Director, meeting both the qualifications and the requisite minimum working hours as indicated previously. Other staffing including nurses, nurse practitioners, personal support workers, dietary and environmental supports and activation staff are also necessary (although not mandated by legislation)

Training:

- The home must ensure all staff have received required training, and annual retraining. Direct care staff must receive training in: abuse recognition and prevention; mental health issues; behaviour management; how to minimize restraining of residents; palliative care; fall prevention and management; skin and wound care; continence care and bowel management; pain management; training in use of physical devices.

Orientation for Volunteers:

- The home must develop an orientation for volunteers.

Information Package

- The home must provide a package of information to the resident or their substitute decision-maker including prescribed information.

Posting of Information

- Home must post certain prescribed information.

Quality Improvement Program

- The home must develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to the residents. Must survey residents and families annually to measure their satisfaction with the home.

Infection prevention and control program

- The home must have an infection prevention and control program.

Emergency Plans

- The home must have written emergency plans in place; must test, evaluate, update and review them with staff. They must deal with: fires, community disasters, violent outbursts, bomb threats, medical emergencies, chemical spills, situations involving missing resident, and loss of one or more essential services).

MLTC Reporting

- The home must submit a report to the Director (MHLTC) annually.

Requirements for Recording

- The home must establish and implement processes for the creation, retention and updating of resident records and staff records

Requirements for Financial Process for Residents

- The home must establish trust accounts for residents (maximum amount of \$5000)

5.0 Summary:

As this overview demonstrates, the business of operating a municipal long-term care home is highly regulated and predicated on the compliance requirements outlined in the FLTCA. The role

of the Committee of Management of Dearness Home is to oversee the provision of service at the home and identify and ensure compliance. It is important to note, however, that while efforts to meet and maintain compliance consistent with the Act are the primary goal of Dearness administration, it is difficult to unequivocally confirm that the home is compliant with all requirements at all times.

Communication from Civic Administration to the Committee of Management will occur consistent with protocols established in September 2013. The September 9 2013 report Reporting Mechanisms for the Dearness Home Committee of Management, attached as Appendix D.

The Ministry, through its inspection processes, will determine any issues and where necessary, issue written notices and/ or written orders, requiring the Licensee to address specific issues. The Ministry may also issue Administrative Monetary Penalties. In keeping with current practices, the Administrator's report submitted to each meeting of the Dearness Committee of Management will outline all identified issues of non-compliance. Copies of all publicly available MLTC inspection reports will also be provided to the Committee of Management as part of the Administrator's report. With the exception of Compliance Orders, these reports will be provided at the scheduled Committee meetings. The Administrator of the home will continue to advise the Deputy City Manager of any findings of non-compliance made by the MLTC, providing information immediately upon receipt of the notification and a copy of the public written report once received from the Ministry. Should a Compliance Order be received, the Administrator or designate will immediately advise the Deputy City Manager who will then initiate the reporting protocol for Urgent/ Critical Issues, which includes notification to the Committee Chair. A copy of the Compliance Order will be provided thereafter, as soon as it is received from the Ministry. It is important to note that there is often a lag between when the home receives the written inspection report and when a public version of the report is posted on the Ministry's website. These reports are also available online at <http://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=M514>.

It is also important to note that despite the highly regulated environment, Dearness Home is a "home" to 243 residents and services provided there are supported by residents' families, community partners and members of the public. Dearness administration and staff are committed to the residents of Dearness Home and to providing effective supports across the home.

CC: L. Livingstone, City Manager
J. Millman, Senior Financial Business Administrator
L. Marshall, Solicitor
A. Hagan, Manager, Labour Relations

Bill No. 339
2010

By-law No. A.-6582-255

A By-law to establish a Committee of Management for the Dearness Home in accordance with section 132 of the *Long-Term Care Homes Act, 2007*.

WHEREAS the *Long Term Care Homes Act, 2007* requires a municipality to establish and maintain a long-term care home;

AND WHEREAS The Corporation of the City of London has established and maintains a long-term care home known as the Dearness Home;

AND WHEREAS section 132 of the *Long-Term Care Homes Act, 2007* provides that the council of a municipality establishing and maintaining a long-term care home shall appoint from among the members of the council a committee of management for the home;

AND WHEREAS section 284 of O.Reg. 79/10 provides that a committee of management appointed under section 132 of the *Long-Term Care Homes Act, 2007* shall, in the case of a municipal home, be composed of not fewer than three members;

AND WHEREAS section 333 of O.Reg. 79/10 provides that a committee of management appointed under section 8 of the *Homes for the Aged and Rest Homes Act* continues as a committee of management under section 132 of the *Long-Term Care Homes Act, 2007*.

AND WHEREAS the Municipal Council enacted By-law No. A.-5969-54 to appoint the members of The Corporation of the City of London's Community and Protective Services Committee, as they are appointed from time to time, to the Committee of Management for the Dearness Home pursuant to the *Homes for the Aged and Rest Homes Act*;

AND WHEREAS effective December 1, 2010, the Community and Protective Services Committee will no longer form part of The Corporation of the City of London's governance structure;

AND WHEREAS Council of The Corporation of the City of London deems it appropriate to establish a new governance model for the Committee of Management for the Dearness Home in accordance with section 132 of the *Long-Term Care Homes Act, 2007*;

AND WHEREAS subsection 5(3) of the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended, provides that a municipal power shall be exercised by by-law;

NOW THEREFORE the Municipal Council of The Corporation of the City of London enacts as follows:

1. The attached Terms of Reference (Schedule 1) to establish a Committee of Management for the Dearness Home be adopted.
2. That By-law No. A.-5969-54 to appoint members of The Corporation of the City of London's Community and Protective Services Committee, as they are appointed from time to time to the Committee of Management for the Dearness Home pursuant to the *Homes for the Aged and Rest Homes Act*, be repealed.
3. This by-law shall come into force and effect on December 1, 2010.

PASSED in Open Council September 20, 2010



Anne Marie DeCicco-Best
Mayor



Catharine Saunders
City Clerk

First Reading - September 20, 2010
Second Reading - September 20, 2010
Third Reading - September 20, 2010

SCHEDULE 1
TO BY-LAW NO. A.-6582-255

TERMS OF REFERENCE

COMMITTEE OF MANAGEMENT FOR THE DEARNESS HOME

COMPOSITION

The Committee of Management will be composed of five (5) appointed members of Municipal Council.

TERM OF OFFICE

The term of office for the members of the Committee of Management shall coincide with the term of office of members of Municipal Council.

APPOINTMENT POLICIES

On the day immediately following the Inaugural Meeting of a new Municipal Council, a meeting of the Committee of the Whole shall be convened to make recommendations to the Municipal Council, at a Council meeting on the same day as the Committee of the Whole meeting, with respect to the appointment of Council Members to the Committee of Management. In advance of the Committee of the Whole meeting, the City Clerk shall provide members of the Council-Elect with a communication briefly describing the mandate of the Committee of Management to which Council Members are to be appointed, and providing a document on which each Council Member Elect is to indicate their desire to be appointed to the Committee of Management. This document shall be returned to the City Clerk, by a specific date, in order to form part of the agenda for the Committee of the Whole meeting.

VACANCIES

In the event of a vacancy on the Committee of Management becomes available during a Council Term, after appointments have been made at the commencement of the Council Term, the City Clerk shall canvass the Council Members to determine which Council Members would be interest in filling the vacancy. The names of the Council Members who have expressed an interest in filling the vacancy shall be placed on an agenda of the Committee of the Whole, at the earliest opportunity, for a nomination to be brought forward to Municipal Council for consideration.

MEETINGS

The Committee of Management will meet a minimum of four times a year.

The first meeting will be called by the City Clerk, or his or her designate. Subsequent meetings shall be at the call of the Chair, in consultation with the Committee Secretary. All time frames established in the *Long-Term Care Homes Act, 2007* and regulations shall be adhered to.

The Chair shall cause notice of the meetings, including the agenda for the meetings, to be provided to members of the Committee a minimum of three (3) business days prior to the date of each meeting.

Quorum for meetings shall consist of a majority of the members of the Committee.

Minutes of each meeting shall outline the general deliberations and specific actions and recommendations that result.

CHAIR

The Committee members will select a Chair from amongst its members at its first meeting.

DUTIES

The Committee of Management may provide information reports to Municipal Council. The duties of the members of the Committee of Management are set out in the *Long Term Care Homes Act, 2007*. These duties are as follows:

- (a) To exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances; and

(b) To take such measures as necessary to ensure that the corporation complies with all requirements of the *Long Term Care Homes Act, 2007*.

The members of the Committee of Management also have a duty under s. 24 to report their suspicion to the Director of: 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 the Act or the *Local Health System Integration Act, 2006*.

In fulfilling its duties, the Committee of Management may wish to:

- receive reports from the General Manager of Community Services with respect to administration of the Dearness Home and the fulfillment of the duties and obligations under the *Long Term Care Homes Act, 2007*.

The fundamental principle to be applied in the interpretation of the Act and anything required or permitted under the Act is that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.

STAFF RESOURCES

The Clerk will provide administrative support to the Committee of Management. The Clerk shall carry out any duties to implement the Committee of Management's decisions.

Members will not receive remuneration.

MEETING PROCEDURES

Meetings of the Committee shall be covered by the Council Procedure By-law, Legislation.

The City's web site will be used to communicate the meeting notices and agendas.

CLOSED MEETINGS

Meetings of the Committee will be conducted in public subject to the need to meet in closed session for purposes authorized by section 239 of the *Municipal Act, 2001*.

LOCATION OF MEETINGS

All meetings will be generally held at City Hall, with a minimum of one meeting a year being held at the Dearness Home.

The Corporation of the City of London

Dearness Home

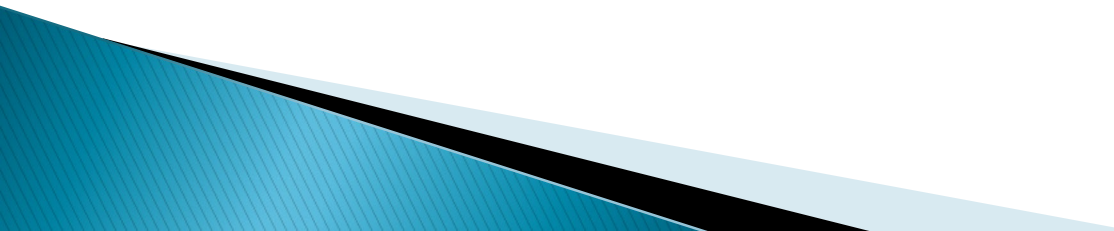
Orientation for the Committee of Management

07 February 2023

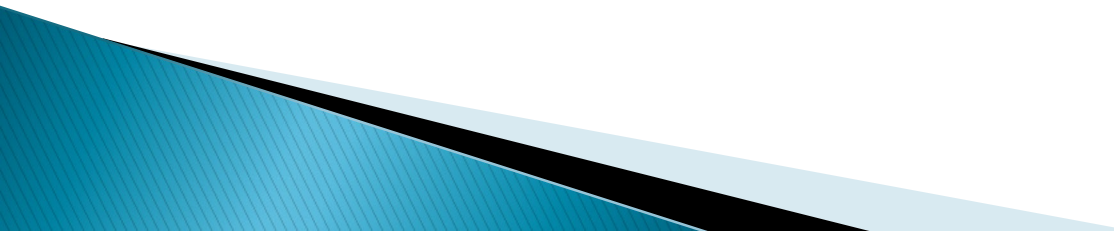
Dearness Home -- History

- ▶ **The Dr. John Dearness Home for Elder Citizens**
- ▶ Opened in June 1954 with 300 long term care beds and apartments for couples and singles
- ▶ Additions to facility – 1958-59 and 1970-71 increased to services for 480 residents
- ▶ In 2000, Council approved home redevelopment
- ▶ Reopened in July 2005
- ▶ Provides 243 long-term care beds:
 - Basic beds (shared room) - 108
 - Private beds - 135
- ▶ 342 employees

Purpose of Long Term Care Homes

- ▶ Intended for people with long-term functional or cognitive disabilities
 - ▶ Integrates the functions of health services and accommodation
 - ▶ 24 hour nursing care
 - ▶ Provide meaningful quality of life for residents
 - ▶ Support families through placement process and during stages of care
- 

Governance and Accountability

- ▶ Long Term Care (LTC) is a Provincial government health responsibility
 - ▶ Provincial legislation forms governance framework across the LTC sector which includes non-profit, for-profit and municipal service providers
 - ▶ Legislation requires the City of London to operate a long term care home and mandates creation of Committee of Management
 - ▶ Regulatory compliance is enforced by the Ministry of Long Term Care
- 

Legislative Framework

- ▶ Under the Fixing *Long-Term Care Act*
 - A Municipality is required to establish and maintain at least one municipal long term care home (s. 122)
 - Municipal council is required to appoint a committee of management (COM) for the home, with members of council COM compliance oversight limited to LTC (s. 135)
 - Act also requires Administrator and Director of Care
 - The Act and regulations are very prescriptive – includes requirement for incident and compliance reporting by providers and compliance audits by the province

DH Committee of Management

The Committee of Management is established by By-law A.-6582-255 and has a Terms of Reference.

The COM is:

- ▶ a creature of statute, required under the *Fixing Long-Term Care Act, 2021*
- ▶ an oversight body to ensure the Corporation complies with the FLTCA
- ▶ only authorized to deal with matters that fall within the FLTCA
- ▶ separate and apart from Council
- ▶ subject to the open meeting requirements of the *Municipal Act, 2001*

Important note:

The ***Municipal Conflict of Interest Act*** applies to all COM members.

The ***Municipal Freedom of Information and Protection of Privacy Act*** applies to records of the Committee of Management

Committee of Management (COM)

Requirements under the FLTCA

▶ **Under Section 75**

- every member of the committee of management shall ensure that the corporation complies with all requirements of the FLTCA
- it is an offence for a member of the committee of management to fail to comply with section 75 (maximum fine amount is \$4000)

▶ **Under Section 3**

- Residents' Bill of Rights is set out in the Act. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to a member of the Committee of Management (s. 3)

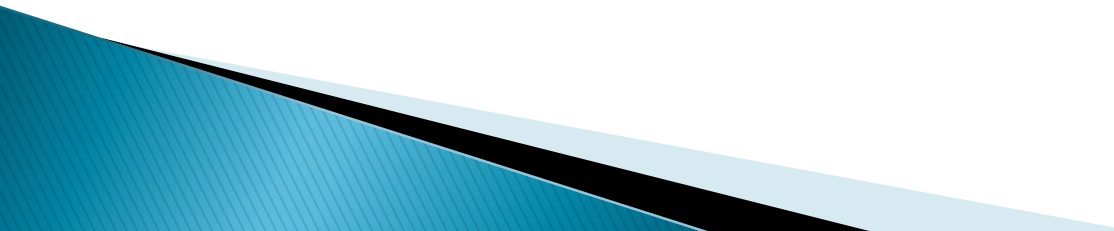
▶ **Under Section 28**

- there is a duty to report certain matters to the Ministry Director and a COM member is guilty of an offence if they fail to make a report required by s. 28
- a COM member is guilty of an offence if they
 - (a) coerce or intimidate a person not to make a report required by s. 28;
 - (b) discourage a person from making a report required by s. 28;
 - (c) authorize, permit or concur in a contravention of the duty to make a report required by s. 28.

▶ **Under Section 30**

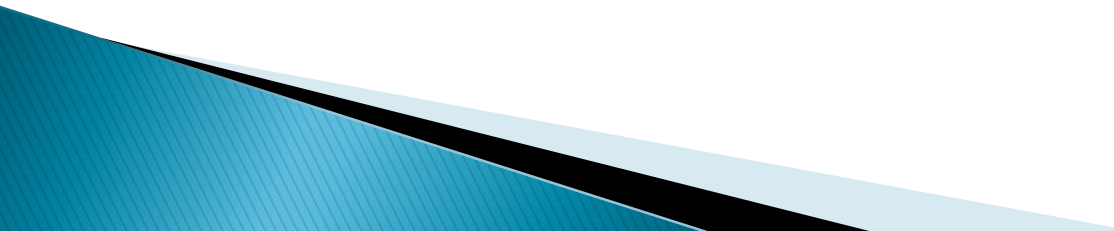
- it is an offence for a COM member to do anything that discourage whistle-blowing

Funding

- ▶ Long term care homes are publicly funded with the cost shared with residents
 - ▶ The province pays about two thirds of the total cost and the resident pays the remaining
 - ▶ Residents who cannot afford the full cost of basic accommodation can apply to the Ministry of Health for a rate reduction based on income
 - ▶ The City of London enhances the level of care through a financial contribution
- 

Provincial Funding

Ministry of Health and LTC fund long term care homes through an 'envelope' structure including:

- ▶ Programming and support
 - ▶ Accommodation subsidy
 - ▶ Raw Food
 - ▶ Nursing and personal care – this funding is adjusted annually based on the 'case mix' of the home - case mix index (CMI)
- 

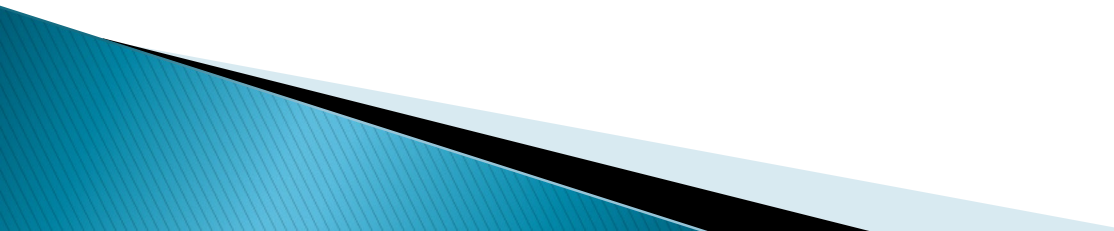
LTC Admission Process

- ▶ 15 LTC homes in London with total of **2,411** beds
- ▶ Dearness Home – 2nd largest home in city
- ▶ Applications for placement processed through Home and Community Care Support Services
- ▶ Home and Community Care Support Services determines eligibility & manages wait lists
- ▶ A person can apply to any home in the province
- ▶ **Dearness Home Waitlist - as per HCCSS (January 2023) is: Basic – 414 Private – 189 (70% higher than the waiting list numbers in December 2018)**

Accreditation

- ▶ A process that an institution, provider, or program undergoes to demonstrate compliance with standards developed by an official accrediting agency
- ▶ Additional funding provided to Long term care homes that are accredited
- ▶ **Dearness accredited by Commission on Accreditation of Rehabilitation Facilities (CARF) since 2016.**
- ▶ **The next Accreditation process to occur in mid-2026**

Resident and Family Engagement

- ▶ Resident Council
 - ▶ Family Council
 - ▶ Volunteer Program
 - ▶ Auxiliary Committee
 - ▶ Community supports
- 

Age of Residents – Dearness Home

- ▶ The ages of residents within Dearness Home remained consistent over the last number of years
- ▶ However, resident care needs due to both physical and cognitive deficits, have increased significantly. Also, more residents are now admitted with mental health challenges

% of DH Residents	2015	2018	2023
% Younger than 65	12	6	11
% Between 65 and 89 yrs	64	66	64
% Over 90 yrs	24	28	25

Admissions, Discharges and Length of Stay – Dearness Home

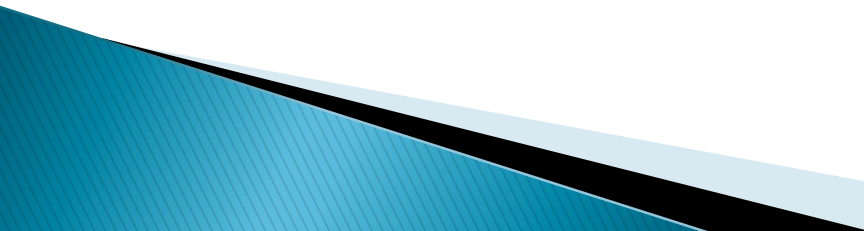
	2013	2018	2022
New Admissions	69	64	82
Discharges due to death	61	56	73
Discharges due to other	3	4	3
Average length of stay (days)	1051	1202	1268

In recent years there has been around a 30% increase in annual resident admissions and discharges. This stems from a higher proportion of new admissions who are nearer the end of life. Those on our waiting list with the highest need are prioritized for admission by HCCSS.

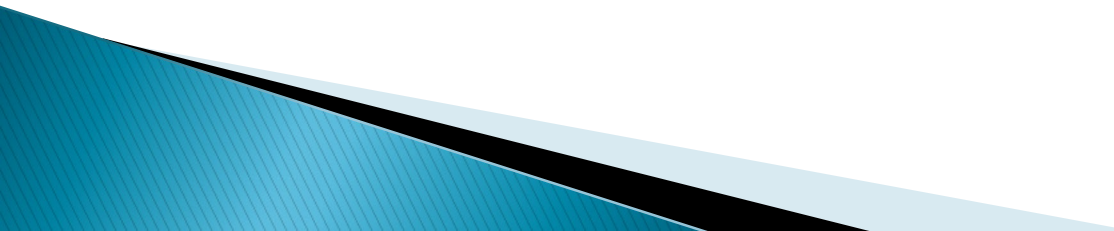
Resident Acuity

- ▶ Acuity refers to the medical condition
- ▶ As acuity rises, more nursing care is needed
- ▶ Resident acuity can be measured by:
 - the extent of work required to maintain medical stability
 - assistance required in keeping a resident safe and comfortable

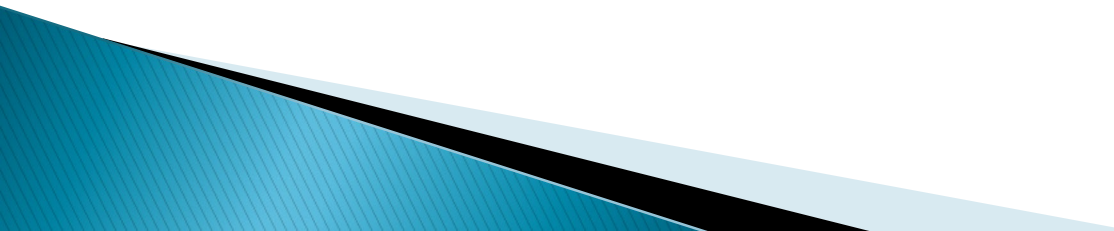
What Contributes to Increased Acuity Rate

- ▶ Diseases such as - emphysema/COPD, Heart Disease, Renal Failure, end stage disease
 - ▶ Extensive physical care needs for assistance with the activities of daily living, caused by a multitude of age-related ailments
 - ▶ Although there is an increase of residents with more complex behaviours related to dementia/cognitive impairment and mental health challenges, the Ministry does not weigh this heavily with CMI
- 

Behaviour Supports

- ▶ Most of our residents have a cognitive impairment or a mental health issue
 - ▶ Cognitive impairment can be due to acquired brain injuries, vascular dementias or Alzheimer's disease
- 

Staff Knowledge

- ▶ Complexity of resident needs requires that all staff have a good understanding of key areas:
 - ▶ Gentle Persuasion Approaches (GPA)
 - ▶ Infection control practices
 - ▶ Skin and Wound care
 - ▶ Strategies around fall prevention
 - ▶ Pain and symptom management
- 



Ontario's Municipalities: **Proud Partners in Long Term Care**

November 2018



AdvantAge
Ontario

Advancing Senior Care

History of Municipal Role in Long Term Care^{1,2}

1868

Municipal Institutions Act

- > Counties with >20,000 people must provide Houses of Refuge for people who are homeless.

1947

Homes for the Aged Act

- > Houses of Refuge renamed Homes for the Aged and focus on seniors.
- > Province provides 25% of the cost of building new Homes for the Aged for seniors.

1949

Homes for the Aged and Rest Homes Act

- > All municipalities must establish a Home for the Aged.
- > New regulations ensure greater consistency in care.
- > Increase in provincial funding.

2007

Long-Term Care Homes Act

- > Every upper or single-tier southern municipality must maintain at least one municipal home.
- > Northern municipalities *may* operate a municipal home individually or jointly: territorial district homes in the north have a single management established by participating municipalities.

2017

Patients First Act

- > More emphasis on integration of services within geographic regions.

Ontario's municipalities are vital partners in the province's long term care system. Part of the not-for-profit sector, municipalities have been operating homes and providing care for seniors for more than 150 years.

Municipalities operate about 1 of every 6 long term care homes and are home to over 1 in 5 individuals receiving long term care in Ontario.

Municipal homes are unique in the long term care sector in that they are part of an integrated system of municipal services within their communities.

Planned, operated and partially funded by municipal governments, the homes tailor their services to meet local needs. Because they are such an integral part of their communities and connected with other services, they are often people's first choice for long term care. They have high satisfaction rates and quality outcomes.

The current mandate for the municipal delivery of long term care services is set out in the *Long-Term Care Homes Act, 2007*, which specifies that every upper or single-tier southern municipality is required to maintain at least one municipal home, individually or jointly, while northern municipalities may operate one individually or jointly. Several municipalities have chosen to operate more than one long term care home to meet their community's needs. In addition, territorial district homes in the north are to be operated by a single board of management jointly established by the participating municipalities.²

Homes

Long term care homes in Ontario

626

Ontario long term care homes operated by municipalities

101 (17%)



Beds³

Long term care beds in Ontario

78,760

Long term care beds operated by municipalities

16,281 (21%)



Municipal investment in long term care makes a difference

Ontario municipalities contribute around \$350 million a year to long term care services and even more to other services for seniors.

The willingness of municipalities to invest in long term care and be actively involved in operating homes makes a difference in seniors' lives, in the sector and in their communities. It means:

- > Care closer to home
- > Care for everyone
- > High quality care
- > Innovative and integrated care for seniors
- > Strong communities
- > A strong voice for seniors
- > Good jobs and economic benefits

Municipal supplements to provincial subsidies for long term care in 2016 (operating \$)⁴

\$350 million

Municipal investment in seniors' programs and health services, including seniors being served in the community, in 2017 (capital and operating \$)⁵

\$2.1 billion

Care Closer to Home

Ontarians expect their municipal governments to provide a range of services to meet citizens' needs from birth through old age. Municipal long term care homes are part of the fabric of local communities. They ensure that seniors who need more intense care have the opportunity to receive those services in the community and are able to stay close to family and friends. In many parts of the province – particularly smaller towns and rural areas – the municipality is the primary provider of long term care.

Municipal services are provided in the community, for the community, by the community.

Care for Everyone

Municipal homes open their doors to underserved populations, including those who are vulnerable and challenging to serve. For example, they offer behavioural support programs that help seniors with cognitive and behavioural issues. Municipal homes that have appropriate resources and services also accept seniors with addictions or mental health difficulties who may be turned away from other homes.

Because municipalities know their citizens' distinctive cultural and local needs, they are also able to tailor services — including long term care — to meet those needs. For example, homes in urban areas like Toronto provide culturally specific meal options and activities for seniors including translation and linguistic support. Activities for LGBTQ communities are also provided in some homes, and all residents are invited to participate. French language services are provided in areas such as Sturgeon Falls, which has a strong French community. Similarly, tailored programs may be provided in homes serving Indigenous communities.



High Quality Care

Municipal long term care homes are not-for-profit organizations, and according to rigorous systematic reviews of hundreds of research studies, not-for-profit homes offer, on average, better quality care than for-profit homes.^{6, 7, 8, 9}

Not-for-profit homes excel on a range of quality measures. They have, on average:

- > Higher hours of care
- > Higher staff-skill mix
- > Lower mortality rates
- > Lower staff turnover
- > Less use of restraints
- > Lower hospital admissions

The Ontario Ministry of Health and Long-Term Care (MOHLTC) has found that, compared to for-profit homes, municipal homes have significantly lower emergency department visits.¹⁰

Innovative and Integrated Care for Seniors

Municipalities are responsible for providing a wide range of programs and services in their communities, so they are often models of both innovative and integrated care. For example, they find ways to leverage those other services – including social, paramedic and transportation services – to meet the needs of people in their long term care homes.

Municipal services are essential to build age-friendly communities and contribute to the province's Aging in Place philosophy.

Municipal homes also have strong partnerships with other health care providers, community service agencies, schools and universities, places of worship, service clubs and other groups. Many of their services are not restricted to their residents: they are open to other seniors in the community.

Many homes have expanded their operations, partnering with other organizations to create “hubs” for seniors’ services. They offer a continuum of integrated services to local seniors on a campus of care that may include a variety of seniors’ housing options, community services, wellness programs, and Seniors’ Active Living Centres that are accessible to all seniors living in the community. Seniors living in these settings appreciate having access to all of the services they need in one place, allowing them to age in place.

With these age-friendly communities and integrated services, municipalities are at the forefront of providing innovative care to seniors when and where they need it.

Jean's Story

Municipal Homes Build Strong, Caring Communities

Jean's family has long enjoyed a close connection with Seven Oaks, a municipal long term care home in Scarborough with 249 residents.

Jean's mother, who passed away at age 105, lived at the home for seven years. Her cousin Beryl, who has Alzheimer's disease, lives at Seven Oaks. Beryl's husband Roy, who is frail and visually impaired, moved in just a few years ago.

Because Seven Oaks is a municipal home, it is larger than many other homes and able to offer a range of top notch programs, including music, physiotherapy and other services that keep residents engaged and active.

After seeing the care given to her family, Jean became a volunteer. She serves on the Seven Oaks family council and she enjoys getting to know everyone and providing support for staff, residents, and family members.

Seven Oaks, an integral part of Scarborough, understands the culturally diverse population that it serves. The home plans food and services to meet residents' needs. For example, the kitchen offers different cultural menus, all made with fresh, in-season fruits and vegetables. Staff recruit volunteers from different cultures and match them with residents who speak the same language. Each week, a different group holds its own services in the chapel. Seven Oaks strives to be inclusive: recently the home celebrated Gay Pride with a transgender entertainer, and all residents were invited to participate in the fun.

Jean and her family feel lucky to be a thriving part of the Seven Oaks community.



In 2016, municipal homes were supported by
712,736 volunteer hours
which is equal to
366 full-time positions⁴

A Strong Voice for Seniors

Municipal homes help give seniors a strong voice in shaping services in their communities and in the province.

The management board for municipal homes is made up of local elected officials (municipal councillors) and other municipal staff who are committed to ensuring that residents receive the highest quality care and that the home's services meet local needs. Municipal representatives also advocate for seniors at municipal council and at government tables. Additionally, as members of the Association of Municipalities of Ontario and AdvantAge Ontario, they add their voices to the advocacy work of these associations. These collective advocacy efforts ensure that, in any decisions that affect their well-being, the voices of seniors and their family members are heard.

For example, AdvantAge Ontario members representing municipal homes were consulted on and contributed to the development and roll-out of the province's Patients First initiative, the Long-Term Care Renewal Strategy, various e-health initiatives, and revisions to the L-SAA and M-SAA agreements.

Strong, Caring Communities

Municipal homes help build strong, caring communities. Many members of the community volunteer at municipal homes, providing assistance and companionship for seniors who may feel lonely and isolated. They augment the workforce by providing invaluable services that help to improve the quality of life for residents. Many volunteers are seniors themselves and the opportunity to volunteer gives them a sense of purpose. Intergenerational programs engage youth volunteers who support seniors and residents, which benefits both seniors and youth.

Good Jobs and Economic Benefits

Municipal homes contribute to local economies. In some communities, they are major employers. In Walkerton (population 5,000), Brucelea Haven Long Term Care Home is the largest employer, providing good jobs for over 200 people. The Region of Peel operates five long term care homes. Its long term care and seniors' services divisions employs 20% of the region's 6,000 municipal employees.

Municipal homes are often employers of choice in their communities.

Because municipal homes are fair workplaces that offer competitive wages and benefits and have appropriate staff-to-resident ratios, they are often an employer of choice. Their low turnover rates mean residents receive consistent care from the same providers. As the workforce is a reflection of the community, workers understand the specific needs and preferences of the seniors they serve and are able to tailor the services provided to individuals.

Municipal homes
that are members of
AdvantAge Ontario

87%



Randy's Story

Working in a Municipal Home

Randy is a personal support worker (PSW) at Wellington Terrace, a municipal long term care home in Fergus, which is home to 176 seniors.

At the age of 42, after working in factories for 19 years and caring for his father who was ill with cancer, Randy changed careers. He has been a PSW for six years, and he loves every minute of it.

Randy feels that Wellington Terrace has given a lot of thought into providing the best possible care. For example, residents enjoy a variety of recreation and entertainment activities tailored to personal needs and desires. Residents can go on trips and even go bike riding on the beautiful trails nearby. He has not seen the variety of amenities and programs available at Wellington Terrace at other homes where he has worked.

He says the people are very caring and thoughtful. He enjoys great relationships with all of his co-workers, regardless of their role. If he has questions, he can ask anyone for help, and he feels supported and rewarded for his work. The pay and benefits are better than in other homes where he has worked.

Growing up, Randy was always surrounded by seniors, and now he is happy to be helping them to live quality lives.



Meeting the Needs of Tomorrow's Seniors

Municipal homes are strong partners in caring for seniors today. What about tomorrow?

With the aging of the baby boomers, Ontario's population is getting older. The number of seniors is expected to double from 2.3 million (16.4% of the population) in 2016, to 4.6 million (25% of the population) by 2041.¹¹ In some smaller and more rural communities, the ratio will be even higher. In 2016, for the first time in history, Ontario had more seniors (16.7% of the population) than children under 15 (16.4%) – and that trend will continue. By 2041, 25.3% of Ontario will be over age 65.^{12, 13}

Tomorrow's seniors will be different from seniors today. They are expected to live longer and healthier lives, and need long term care at older ages. This means that residents in long term care homes will likely be quite old and frail, a trend we are already beginning to see. They will also be more culturally diverse as the people who immigrated to Canada from the 1940s on begin to age.¹⁴

How will communities respond to these challenges? Municipalities across Ontario are leaders and innovators in services for seniors. They recognize the vital role that seniors played in building their communities. As part of their commitment to healthy and age-friendly communities, municipalities have established programs and services that help their citizens thrive as they get older and age well. In the future, the long term care and broader seniors' sectors will continue to look to municipalities to be strong partners, providing a range of innovative, accessible services that will meet the needs of vulnerable seniors.

Seniors in Ontario¹¹

2016

2.3
Million

4.6
Million

2041

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- ¹⁴ Carriere, Y., Martel, L., Legare, J., & Picard, J.F. (2016). The contribution of immigration to the size and ethnocultural diversity of future cohorts and seniors. *Insights on Canadian Society*. Ottawa: Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/75-006-x/2016001/article/14345-eng.htm>

AdvantAge Ontario is the trusted voice for senior care. We are community-based, not-for-profit organizations dedicated to supporting the best possible aging experience. We represent not-for profit, charitable, and municipal long term care homes, seniors' housing, and seniors' community services. The Association and our members have been advancing senior care since our foundation in 1919.

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Ontario

Advancing Senior Care

Agenda Item # Page #

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TO:	CHAIR AND MEMBERS DEARNESS HOME COMMITTEE OF MANAGEMENT MEETING ON SEPTEMBER 9, 2013
FROM:	SANDRA DATARS BERE, MANAGING DIRECTOR, HOUSING, SOCIAL SERVICES AND DEARNESS HOME
SUBJECT:	REPORTING MECHANISMS FOR THE DEARNESS HOME COMMITTEE OF MANAGEMENT

RECOMMENDATION

That, on the recommendation of Managing Director, Housing, Social Services and Dearness Home, and with the concurrence of the City Manager (Licensee for Dearness Home) that Civic Administration **BE DIRECTED** to implement reporting mechanisms to the Dearness Home Committee of Management that are as set out in paragraphs numbered 1, 2 and 3 in this report.

PREVIOUS REPORTS PERTINENT TO THIS MATTER
--

N/A

BACKGROUND

At the April 5, 2013 meeting of the Dearness Home Committee of Management, the Committee directed the development of recommended reporting mechanisms between the Committee and the Dearness Home Licensee. The purpose of this report is to provide the Committee of Management with an update on related activities, present proposed reporting mechanisms and gain Committee approval for the mechanisms and their formal implementation.

Development of Proposed Reporting Mechanisms

Under the Long Term Care Homes Act (LTCHA), the Corporation of the City of London is the Licensee for the Dearness Home and is required to ensure compliance with the Act. By by-law, City Council has delegated the powers and duties of the Licensee to the City Manager (but these duties are the joint responsibility of the City Manager and Corporation). The Committee of Management is a mandatory creature of statute, created under the LTCHA. The role of this oversight body is to ensure that the delivery of services at the Dearness Home complies with the Act. Given the legislative responsibilities maintained by both parties, it is essential to ensure that formal reporting mechanisms are developed and implemented between them.

At present, the City of London maintains a contractual relationship with Extendicare (Canada) Inc., to provide management consulting services and a qualified Administrator to supervise the operations at the Dearness Home. Under the direction of the City Manager (Licensee), the Managing Director of Housing, Social Services and Dearness Home acts as the conduit between Extendicare and the City, managing the consulting contract, overseeing the delivery of services and advising the Licensee of operational issues and/ or compliance concerns.

Over the last few months, the Managing Director has worked with the Administrator and other Extendicare representatives to develop recommended formal reporting mechanisms as follows:

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1. Reporting at Dearness Home Committee of Management Meetings

A schedule of meetings of the Committee of Management has been established. During these meetings, the Administrator will provide a formal report on the operations of the home, update on compliance and risk issues, staffing updates and other service related activities. These meetings and the reports presented at them will provide an opportunity for Committee members to obtain information, ask questions and seek clarity on any issues related to operation of the home and services to residents.

2. Reporting of Urgent/ Critical Issues:

A formal process exists within the home for the reporting of critical incidents to the Ministry of Health and Long Term Care (MOHLTC), as per ministry requirements. Civic Administration (Managing Director, Risk Management and Human Resources) are advised of all critical incidents and follow up on outstanding issues is managed with the Administrator.

Although significant and on-going efforts are made to reduce their occurrences, these incidents (which include resident falls and injuries, difficult resident interactions or other concerns) do occur and are managed through normal operations. However, incidents of a more serious nature (resident injury or death through concerning circumstances) and/ or that attract other stakeholder attention (Ministry, family, media) occur periodically and require additional and more urgent reporting process. In this event, the following formal reporting protocol is recommended to be implemented:

- Critical Incident will be completed and submitted as per MOHLTC requirements
- Concurrently, Administrator will contact Managing Director to provide advance notice of the incident, outlining the nature of the event, additional details, any outstanding issues/ concerns, action plan for issues management and media involvement (if any)
- Managing Director will contact City Manager (Licensee) and (on behalf of the Licensee) the Chair, Committee of Management to advise of incident and provide information related to status, management and communications.
- Chair will advise members of the Committee and other Council stakeholders as deemed appropriate.
- Administrator (with support of Managing Director) will contact city Communications, Risk Management and Security staff (as needed) to support incident management and issues resolution.
- Administrator will provide all necessary follow up to Managing Director which will be shared with Licensee and Chair

Over the last several months, activities consistent with this recommended reporting mechanism have been informally implemented and successfully managed.



3. Other reporting

Periodically, there may be a need to share information on activities at Dearness Home (events, resident activities, social gatherings). The Administrator will use existing protocols (formal invitations, emails through Clerk's office/ Managing Director) to share this information.

--	--

Recommendation:

The Managing Director, Housing, Social Services and Dearness Home, with the concurrence of the Licensee (City Manager), recommends that Civic Administration BE DIRECTED to implement reporting mechanisms to the Dearness Home Committee of Management that are as set out in paragraphs numbered 1, 2 and 3 in this report.

RECOMMENDED BY	REVIEWED AND CONCURRED BY:
	
<p>SANDRA DATARS BERE MANAGING DIRECTOR HOUSING, SOCIAL SERVICES & DEARNESS HOME</p>	<p>ART ZUIDEMA CITY MANAGER</p>

- cc.
- C. Sheppard, Administrator
 - T. Talabis, Regional Director, Extending Assist
 - C. Saunders, City Clerk
 - L. Marshall, Solicitor II, City of London
 - V. McAlea Major, Managing Director, Corporate Services and Chief Human Resources Officer