
HALDIMAND COUNTY

Report CMS-GL-02-2018 Grandview Lodge Operations Update January to June, 2018



For Consideration by Council in Committee on August 28, 2018

OBJECTIVE:

To maintain Accreditation Canada Standards by keeping Council informed of ongoing Grandview Lodge Operations.

RECOMMENDATIONS:

1. THAT Report CMS-GL-02-2018 Grandview Lodge Operations Update January to June 2018 report dated August 7, 2018 be received.

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Respectfully submitted: B. Hugh Hanly, General Manager of Community Services

Approved: Donald G. Boyle, Chief Administrative Officer

EXECUTIVE SUMMARY:

The information in this report is a high level summary of the operations of Grandview Lodge from January to June, 2018. Grandview Lodge staff remain committed to provide excellent care and services to the people who reside at the Home, maintaining the budget and continuously review ways to improve care and service delivery to the Residents, families and employees of the Home. In February, family and Residents were invited to complete an annual Resident and Family Satisfaction Survey. The results were positive about the care and service delivery, including many similar comments such as, "very clean environment", "employees have positive interaction with Residents" and "respectful of Residents choices", and "recommend Grandview Lodge as a place to live".

The Continuous Quality Improvement (CQI) Committee is committed to the ongoing process of quality improvement. As part of the Resident and Family annual satisfaction survey, the CQI Committee reviews all concerns and comments that require improvement. Some of the comments were: to review the weekend recreational programs, review more individualized activities that would be more patient-centered care, review of laundry and housekeeping practices as they relate to service delivery and review communication strategies ensuring staff are regularly corresponding with families.

The CQI Committee undergoes an evaluation process for its many programs, policies and practices. Grandview Lodge is committed to using the accreditation process to improve the quality and safety of its programs and to ultimately improve the quality of care.

BACKGROUND:

Grandview Lodge is an accredited long-term care Home. It receives accreditation through Accreditation Canada every four years. From October 1-3, 2018 Grandview will be audited by Accreditation Canada and it is the goal that we maintain the accredited standard for the next four-years. One of the

accreditation recommendations in 2014, was to keep Council informed about the Home's operations and to provide frequent operational reports, in addition to the Home's comprehensive annual report. This is the first report for 2018, which includes information for the months January to June 2018 and will provide an overview of regulatory insight, resource management, staffing, Resident information, quality improvement plans, infection control, successes and challenges for the Home.

ANALYSIS:

Ministry of Health and Long-Term Care (MOHLTC) Update

MOHLTC visited the Home on February 6, 7, 8, 9 and 12, 2018 to follow up on critical incidents as well as a complaint. A full critical incident system inspection was completed and we were found to be in compliance for all the critical incidents.

Two written notifications were received from the complaint. The first notification was failing to complete a nursing written Plan of Care for a Resident and the second non-compliance, was to ensure that at least one registered nurse was on-duty and present in the Home at all times. The nursing team corrected the written Plan of Care and we continue to recruit for a part-time and casual Registered Nurse to assist in filling shifts that become vacant.

Ministry of Labour

The Ministry of Labour Inspector found Grandview Lodge in non-compliance on April 9, 2018 when the Home failed to report an outbreak of Influenza B at the workplace in which workers contracted the illness. The reporting time frame should have been within four calendar days, but the employer reported in six calendar days. A policy has been developed and shared with all persons responsible for reporting occupational illness.

Ministry of Health

A visit by the Public Health Inspector on March 6, 2018 to the Dietary department for a compliance inspection, showed only one area that required improvement, this was for floor cleaning. All audits were completed and overall the Dietary department was well maintained.

RESOURCE MANAGEMENT:

Quality Improvement Plan (QIP)

The Quality Improvement Plan is part of the MOHLTC Ontario Excellence Program that was initiated in 2015 within all long-term care homes across Ontario, by the Local Health Integration Network (LHIN). It is mandated that all homes provide a QIP and develop criteria that will improve service delivery to Residents. These improvements are reviewed and submitted on a quarterly basis and Grandview Lodge receives feedback based on provincial comparison data. The three criteria are Resident falls, use of restraints and anti-psychotic medications.

1. Resident falls – 23 percent have had a fall in which one Resident received an arm fracture and three Residents had fractured their hip. For the same period in 2017, the percentage of falls was 16.7 percent, however the number amount of injuries were seven. The Residents who fell and sustained injuries were cognitively not well. Residents that fall, also have multiple health issues, require walking aids that they may not use, have a negative change in health status, attempt unsafe transfers on their own, and/or Residents who have been independent in their transferring and have slipped. For this time frame the provincial levels were 16 percent. The Falls Committee review these statistics monthly to determine how to keep Residents safe, minimize injuries from falls while still allowing independence where possible.

2. Use of restraints – 8.6 percent of Residents used a wheelchair seatbelt restraint which is a decrease of 2.6 percent from the previous six months. We have constantly been able to reduce the use of restraints over the past few years. The provincial average levels are 4.5 percent.
3. Anti-psychotic medications – (used when psychotic or related conditions are present) 30.7 percent of Residents are on anti-psychotic medications without a psychosis diagnosis; this is a decrease of four percent from the previous six months. Administration, pharmacy and physicians are working together to continue to reduce the usage of these medications. The provincial average is 19.6 percent. This is not representative of total medications used in the Home. Grandview remains one of the lowest prescribed drug/resident/day in Ontario.

Continuous Quality Improvement

Grandview Lodge has a Home wide improvement program, which encompasses a multi-disciplinary approach with representatives from all departments. The CQI program ensures that Grandview Lodge adheres to the MOHLTC compliance standards, Accreditation Canada standards, as well as providing a mechanism to regularly evaluate and improve services for the Residents, families, volunteers and staff.

Over the past six months, the Committee was able to review and make improvements to:

- Service delivery for breakfast in two of our four Home units
- Communication changes for all employees that need to know Residents exhibiting abusive/aggressive behaviors
- Review type of evaluation required for families and Residents during the admission process
- Developed a theme song for Grandview Lodge – this will be used as part of our marketing for recruitment; the video is being developed and will be presented along with the annual report to Council
- Palliative program was evaluated and improvements were made
- Improvements made to the Resident and Family Newsletter

The Committee is in final preparations for the four-year accreditation review to be held in October, 2018.

Successes

- A job fair took place May 31, 2018. We were recruiting for dietary aides/cooks, personal support workers, registered nurses and registered practical nurses. Twenty-four people attended the job fair, most came seeking housekeeping and laundry opportunities – there were no openings for those positions at that time. Of these 24, three PSW's, one Dietary Aide and one RPN were hired.
- Another successful annual memorial event took place in June, we recognized 39 Residents that have died in the past year. There were over nine families represented at this event and many Residents also took part in the memorial service. The service paid tribute to each Resident, followed by families planting flowers in the Centennial Gardens and a reception.
- The Games Room opened for Residents in a space that was being under-utilized. This room is available to all families and Residents at anytime throughout the day or evening.
- Grandview Lodge continues to be recognized as a leader in the long-term care home sector because of our creativity and new initiatives to improve care with our goal to always provide appropriate individualized care for Residents that are afflicted with dementia. We have had

seven tours for employees from other homes as well as two classes of PSW students, Physiotherapy Assistants and Occupational Assistants from Niagara College, Regional Family Council as well as two people from the United Kingdom who came to tour our Home to learn from us.

- Introduced robotic animals (dogs and cats) to the Creekview unit, an excellent therapeutic intervention for Residents afflicted with dementia.
- Optometry services began in January from an outside agency, Multi-Gen Health Care. Residents appreciate the delivery of service on-site at Grandview Lodge because they no longer have to go out for appointments.
- Administration has been working over the past two years to ensure that Grandview Lodge is a Home that openly welcomes the LGBTQ community for all Residents, families and staff. Education was instrumental in moving this forward. In June we hosted the unveiling of a plaque that recognizes Grandview Lodge as a safe place to live, work and visit.



Opening of Games Room



Positive Space Plaque

Challenges

The ongoing concern of not having enough staff to work shifts continues to be the main challenge at Grandview Lodge, as well as in the broader long-term care sector. Changes to the PSW schedules in December, 2017 were made to reduce the number of lines that include all three shifts (days, evenings and nights). Night shift lines were created so that staff could choose to work only nights while other staff's lines are now a combination of days and evenings shifts only. This has had a positive affect on overtime related to night shift absences. Shortages of staff happened in the nursing department as well as housekeeping and dietary departments. Some of the reasons for shortages are:

- Staff calling in for their shifts for acceptable reasons that fall under the Employment Standards Act.
- Shortage of qualified staff that want to work in Dunnville.
- New employees do not always have a guarantee of a set number of hours to work every two-weeks, as most shifts are call-ins, with short notice to fill a vacant shift.
- Shortages of staff working at the Home has caused other staff that are working shifts to become frustrated with their peers and workload, and in turn, will call in sick for a shift.

Administration is working on plans with the Human Resource division to establish some changes in the Attendance Management Support Program. With these important changes to the program, the staff that are unable to meet their contractual working agreements will be held accountable for their actions.

Infection Control

There were four different outbreaks between January to June that lasted a total of 37 days. There were three respiratory outbreaks as well as one Influenza B outbreak. The Influenza B outbreak lasted 12 days and was in three Home areas. The other outbreaks were contained quickly and the length of time spent in the outbreaks were significantly lower than many other homes listed on the Public Health Report.

Resident Critical Incidents

Critical incidents are defined as an injury or a negative outcome to a Resident in which there is significant change to the Resident's health status, unexpected death, disease outbreak or allegation of abuse and or, neglect of a person living in long-term care.

There were 11 critical incidents that were reported during this time frame. Four of them were for the outbreaks and seven of them were as a result of falls, causing injury.

Resident Turnover

Below is the information on Residents for the months of January to June, 2018

- 27 deaths
- 28 admissions

Family and Resident Concerns

There were 11 concerns that were brought forth during the first six months of 2018 from six different families. A summary of these complaints were as follows:

- Shortage of staff and care was not provided in a timely manner
- Poor communication between family and nursing staff

- Process of receiving mail
- Inappropriate cleaning of rooms
- Insufficient linen for Residents usage

All issues were resolved for the families and Residents of Grandview Lodge.

Staff Updates

Retirements

Two full-time PSW's retired with a total of 77 working years

Hired

Staff members were hired in the following positions:

- 2 Registered Practical Nurses (part-time and casual)*
- 5 Personal Support Workers (part-time)*
- 6 Housekeeping/Laundry Aides
- 2 Dietary Aides
- 1 Summer Maintenance Student
- 1 Administrative Assistant
- 1 Part-time Dietary Supervisor

Resignations

There were ten employees that left the organization during this time frame. Seven staff members resigned of which four took another job and three left during their respective probation periods.

*Note: There were two nursing staff (one PSW and one RPN) that previously resigned from Grandview Lodge as they went to work for another long-term care home. Both wanted to return to Grandview Lodge and both were hired in their respective positions this year.

Staff Training from January to June, 2018

To maintain MOHLTC compliance, mandated training must be ongoing, the training is provided by outside trainers as well as in-house staff. Administration was busy for the past six months with ensuring that there were many opportunities for staff to improve their knowledge and work skills. The following is an overview of training that was provided:

- Annual training for all staff
- General orientation for new employees
- Outside trainers on-site to provide training for nursing staff for incontinence product usage, Baxter Pump and IV training, medication safety, Teepa Snow training (various approaches on communicating with people diagnosed with dementia) and bed alarm usage
- A few nursing staff attended the Annual Nurses Senior Care Conference and pain management and assessments (off-site)
- AdvantAge Annual Ontario Convention attended by a few management team members

- For all staff there was a training session on understanding Parkinson's disease, nutrition day was celebrated and there was one day set aside for Health and Safety awareness
- Montessori and Dementiability was presented to a few staff to complete their certification

Administration recognizes the benefits of continual education and are always encouraging staff to attend and to share their knowledge with their team.

Operational Budget

Budgets are regularly monitored by the supervisory team. During this time frame there are no significant variances.

Capital Budget

There were no identified issues with the capital budget. Purchases for equipment have been taking place during these first six months and there have not been any identified concerns with any of the expenditures, all purchases are within the budget.

STAKEHOLDER IMPACTS:

Not applicable.

REPORT IMPACTS:

Agreement: No

By-law: No

Budget Amendment: No

Policy: No

ATTACHMENTS:

1. None