

Grandview Lodge Annual Report 2020



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Mission Statement

With comfort, compassion and care the Grandview Lodge Community supports a meaningful life for residents.

Vision & Values

Grandview Lodge is a leader in Long-Term Care services with a focus on aging with independence and self-fulfillment. By combining the Montessori (DementiAbility) and Butterfly Care philosophies, staff will develop emotional connectivity with the Residents. Staff recognize that promoting physical and psychological well-being is equally important.

Grandview Lodge supports and believes in the following core values:

-  **G - Governance**
-  **R - Respect**
-  **A - Accountability**
-  **N - Nurturing**
-  **D - Dignity**
-  **V - Visionary Leadership**
-  **I - Inclusivity**
-  **E - Excellence**
-  **W - Working Together as a Team**

Governance:

We are committed to maintaining a formal reporting structure so that we demonstrate effective stewardship to Haldimand County taxpayers and Council, Ministry of Health and Long-Term Care and to the Residents, families, volunteers, stakeholders and employees of Grandview Lodge.

We live this value by providing transparency, adhering to legislation and standards as well as established policies for the Home.

Respect: (Rights for All)

We are committed to upholding the rights for all Residents, families, employees and community partners by supporting the uniqueness of one another.

We live this value by providing education to all, acknowledging individual's needs and embracing differences that will enhance improvement of services for all citizens.

Accountability:

We are committed to conducting ourselves in a manner that supports a culture of integrity when managing resources, services and programs.

We live this value by following legislation, policies and procedures, and being accountable for our personal actions.

Nurturing:

We are committed to the ongoing growth and development of Residents and employees.

We live this value by ensuring that we all listen to and support each other and provide privacy for all Residents, families, stakeholders and employees.

Dignity:

We are committed to preserving an individual's sense of pride in themselves and those they are caring for.

We live this value by ensuring that we all listen to and support each other and provide privacy for all Resident, families, stakeholders and employees.

Visionary Leadership:

We are committed as an organization to plan the future with input from all and to use imagination and wisdom to strive to develop innovative best practices in Long-Term Care.

We live this value by encouraging individuals to embrace change and growth, to think beyond normal boundaries, to allow freedom of creative expression and to continue to collaborate with stakeholders to make such advances in Long-Term Care.

Inclusivity:

We are committed to ensuring all individuals feel welcomed, safe, respected and valued.

We live this value by ensuring everyone has a sense of belonging, feels respected, valued and seen for who they are as individuals, while feeling a level of supportive energy and commitment from leaders, colleagues and others so that all people, individually and collectively, can do their best work.

Excellence:

We are committed to providing high-quality care and services driven by the blend of innovation and legislated care standards.

We live this value by ensuring our employees are educated and committed to maintaining their skill level, supporting a multi-disciplinary CQI team that leads quality care improvement initiatives and supports a culture where the Resident comes first.



Working Together as a Team:

We are committed to supporting and fostering a team approach in providing care and services which combines individual skills and collaborative action.

We live this value by respecting and valuing each others' role and contributions with the accepted principle that staff do not work in silos, and we work collectively to achieve our common goals.

Introduction

Without a doubt, 2020 was a year like no other. While there is no sector that has escaped the massive disruption of COVID-19, it has certainly been the toughest for long term care. The staff, and the residents they serve, have been on the frontlines of this crisis from day one. They have been forced to rethink, rework, and restructure almost every aspect of care delivery and operations within our home.

This document is a review of the operations of Grandview Lodge (GVL) and includes highlights that have occurred in the Home during 2020. Some of the data typically found in the annual report has been condensed or removed to reflect the adaptation and response to the ongoing pandemic.

Grandview Lodge provides Long-Term care to 128 Residents, 24-hours per day, 7-days per week. Operations in a Home such as GVL are complex and it takes a large number of people with expertise in their chosen profession to meet the many challenges associated with residential long-term health care services. The direct care staff at GVL are considered essential service workers and are expected to attend work during times of inclement weather and/or varied states of emergency. This requirement of our staff was never more evident than during the COVID-19 Pandemic in 2020.

Grandview Lodge has been put into the spotlight as an example of best practices and innovation in Long-Term Care, not only in Dunnville and surrounding Long-Term Care communities, but across Ontario. In 2020 Grandview Lodge staff and management were challenged to respond to a global pandemic and once again the home was in a better position than most to respond quickly and effectively because of the pre-existing Pandemic Plan that was established and maintained after the SARS outbreak in 2002.

The team at GVL is dedicated to creating a home-like environment with a social model of care, as opposed to an institutional setting with a medical model of care. In response to the pandemic and the devastating impact the virus had on the long-term care sector early on, the Ministry of Health (MOH), Ministry of Long-Term Care (MLTC) and local Public Health Unit provided support to the home by means of recommendations and directives geared toward the prevention and transmission of the COVID-19 virus. Often times these directives and recommendations were in direct conflict with the home's philosophy and focused heavily on a medical model of care. Grandview Lodge staff made the "*balance of risk versus benefit*" our pandemic motto and utilized this principal during decision making processes to ensure that our residents and staff were safe and that residents were able to continue to live a life with meaning and purpose. This was our greatest challenge and was achieved solely because of the commitment and buy-in from the interdisciplinary team of our Home; our volunteers, family members and friends of GVL; they are dedicated and committed to providing the best service possible.

I am fortunate to have support from both the management and administrative teams that worked tirelessly throughout this year and who are not afraid to challenge themselves and think outside the box to improve the care of our residents and the work life of staff. I thank them for their continued commitment. I also would like to recognize the staff from other divisions within Haldimand County who support Grandview Lodge by providing their expertise to Grandview's operations. This support was on full display during 2020. As the home managed the pandemic our colleagues stepped in and sourced personal protective equipment, managed various leaves of absences, offered to share resources and

developed budgetary lines to support any COVID-19 expenditures and subsequent funding from the Ministry of Long-Term Care. Grandview Lodge is fortunate to receive support and guidance from Cathy Case, General Manager of Corporate and Social Services. Cathy made herself available to the team throughout this crisis and instilled a confidence in support that permitted the team to make decisions based on best practices and with a resident centred approach.

On behalf of Residents and staff of Grandview Lodge, I wish to thank members of Haldimand County Council for their support and interest in the operation of Haldimand County's Long-Term Care Home, Grandview Lodge.

Background

Grandview Lodge is a not-for-profit, accredited, unionized long-term care home. It is operated by the Municipality of Haldimand County in partnership with the Ontario Ministry of Health and Long-Term Care (MoHLTC) and the Hamilton Niagara Haldimand Brant Local Integrated Health Network (HNHB LHIN)

The Home continues to provide leased space for Haldimand-Norfolk Senior Support Services Inc. administration staff, Day Away Senior Services and Hearing Life Canada Ltd. In addition, Capability Support Services leases space for a 21-bed senior supportive housing service (Maple Grove) for which GVL provides dietary services to the clients at cost.

In 2020 these services were put on hold to comply with provincial guidelines and/or at the request of the either Grandview Lodge or our partners in an effort to follow infection prevention and control best practice guidelines. Rates for the leased spaces were adjusted and are reflected in the 2020 operational budget report.

Traditionally GVL has opened its doors to our community and welcomed various organizations to utilize our public spaces such as the boardroom and auditorium for events. However, for the most part our doors remained closed for the duration of 2020.

Management and Resident services provided at GVL are required to work within a multitude of many guidelines, contracts, standards and legislation that must be followed in providing long-term care services and in operating GVL. These include, but are not limited to:

- MoHLTC Bill 140 and Ontario Regulation 79/10
 - Compliance Standards
 - Family and Residents' Councils
 - High Intensity Funding
 - Guidelines for Pandemic Planning
 - Directive #3 Long Term-Care Homes Act under the Health Promotion and Protection Act
- Ontario Fire Code
- Public Health Regulations

- Building Codes
- WHMIS
- Ministry of Labour
- Union Contracts (UFCW and ONA)
- Professional Organizations
 - College of Nurses of Ontario
 - Registered Nurses' Association of Ontario Best Practice Guideline
- Accreditation Canada
- AdvantAge Ontario (information sharing, collaboration with other homes, lobbying for services/money and changes to long-term care legislation)

The management team operates in accordance with the above referenced guidelines and legislation, and, in keeping with Haldimand County municipal policies and procedures. As operational changes are required, the GVL management team often make these changes by working together with several other staff members and through various committees.

Strategic Plan

2020 was our second year of the 4-year strategic plan. The plan includes 31 goals which fall under 10 subcategories.

Highlights from 2020

2020 saw a drastic shift in our Strategic Plan. New and focused goals were added under the Infection Prevention and Control (IPAC) subcategory: Respond to the COVID-19 Pandemic by reviewing IPAC best practice guidelines for all departments, ensure policy and procedures are up-to-date and align with best practice guidelines, adhere to legislated Directives, revise the home's Pandemic Plan as required and communicate changes to stakeholders – staff, residents, families, General Manager of Corporate and Social Services and Council.

Many of the goals identified in the existing strategic plan had to be re-evaluated and subsequently held in abeyance as processes to implement the initiatives were in direct conflict with the pandemic management plan. Although specific goals were not met, new goals were established and successfully implemented, many of which fell under existing subcategories.

The following chart outlines some of the changes to the Strategic Plan

Strategic Plan Category	Achievements	Setbacks
<p>IPAC</p> <ul style="list-style-type: none"> • Minimize risk of exposure to COVID-19. • Minimize risk of transmission • Implement interventions based on Best Practice Guidelines and continuous assessment • Utilize external resources for supplies, expertise and staffing supports when required 	<ul style="list-style-type: none"> • One outbreak (November 2020) • Once detected through surveillance testing and contact tracing, interventions initiated and no further transmission occurred, • Collaborative approach with Haldimand and Norfolk Public Health Unit (HNU), Local Integrated Health Network • New Partnership with the Canadian Red Cross 	<ul style="list-style-type: none"> • One outbreak (November 2020)
<p>Use of Technology</p>	<ul style="list-style-type: none"> • Haldimand ITS department redeployed cellular devices to GVL to be used to connect residents with family members and support conversations during window visits • Donation of 6 IPADS, cases and headsets secured and delivered by Mayor Hewitt. This allowed virtual connections on user friendly screens for residents and families facilitated by the Recreationists on each unit. 	<ul style="list-style-type: none"> • Implement an electronic preventative maintenance program • Improve scheduling process through upgrade to scheduling software

<p>Programs, Volunteers, Education</p>	<ul style="list-style-type: none"> • Window visiting program • Virtual connections program • Outdoor visiting program • Essential Caregiver training • Revise resident programming schedules due to restrictions. • Keep volunteers informed and advised of ongoing changes • Utilize support from existing staff to keep volunteer run programs active i.e. Tuck Shop. • The Christmas Stocking Program received unprecedented support through donations. This program is led by volunteer Beth Rowland. During the pandemic the program was supported through Recreationists and other GVL staff to ensure the stockings were filled and delivered. 	<ul style="list-style-type: none"> • All in-person training and distance training put on hold and /or not offered. This resulted in unspent budgeted dollars for professional development and staff training and we were not able to meet our goals of 100% GPA, Montessori, and Mental Health First Aid trained staff. • loss of additional staffing supports through restrictions to volunteers entering the home • loss of traditional events such as Family Day Picnic, Memorial Planting, and Christmas Galas
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<p>Recruitment and Retention</p> <p>Staff Work Life</p>	<ul style="list-style-type: none"> • Dietary Supervisor delayed retirement at the onset of first wave of the pandemic • Recruited replacement for FT Dietary Supervisor • Recruitment for PT Dietary Supervisor • Collaboration with Haldimand County Human Resources to create mandated position of Screener • Modify staff appreciation events, long service awards and acts of gratitude (SMT poster, wear red day on social media, comments board, inspiring messages along path to work) 	<ul style="list-style-type: none"> • Reduced Human Resources <ul style="list-style-type: none"> ○ Due to single employer legislation: 15 ○ Sick leaves: 2 ○ Childcare Leaves: 5 ○ Outbreak related: 4 confirmed cases
<p>Environmental Development</p>	<ul style="list-style-type: none"> • Completion of Facility Assessment for replacement plan of aging infrastructure • Revised Housekeeping and Laundry routines to increase cleaning of high touch points and accommodate increased laundering of reusable isolation gowns used to support outdoor visits and outbreak. • Repurpose common areas in the home and transform into designated break rooms for cohorted staff • Inventory, procurement and storage of Personal 	<ul style="list-style-type: none"> • Repurpose of common spaces on hold, to be reassessed in 2021 - nature room and theater room • Delay in annual Fire Inspections by external partner Johnson Controls due to LTCH entry restrictions and subsequently Haldimand County Fire

	<p>Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • Signage and visual identifiers related to IPAC 	
Dietary Services	<ul style="list-style-type: none"> • Revised menus to offer new and exciting options approved through Resident Council • Revised job duties related to meal prep, meal service and delivery during outbreak when residents were isolated to their rooms 	<ul style="list-style-type: none"> • Family style dining on hold • Residents displaced out of dining room into adjoining areas to meet social distancing requirements
Back-to-Basics	<ul style="list-style-type: none"> • A transition to a Medical Model of Care as a result of the unknown epidemiology of the COVID-19 virus during the first wave • Continual review of developing BPG's, IPAC measures, Directives and resources to balance risk vs. benefits of Grandview's pandemic management plan. 	<ul style="list-style-type: none"> • Attendance Support Program put on hold • Social Model of Care • Staffing shortages result in a task focused approach to meet the essential care needs of residents • Environmental supports for a social model of care were shelved to promote IPAC measures re high touch areas and social distancing measures. "Found Activities" were removed.

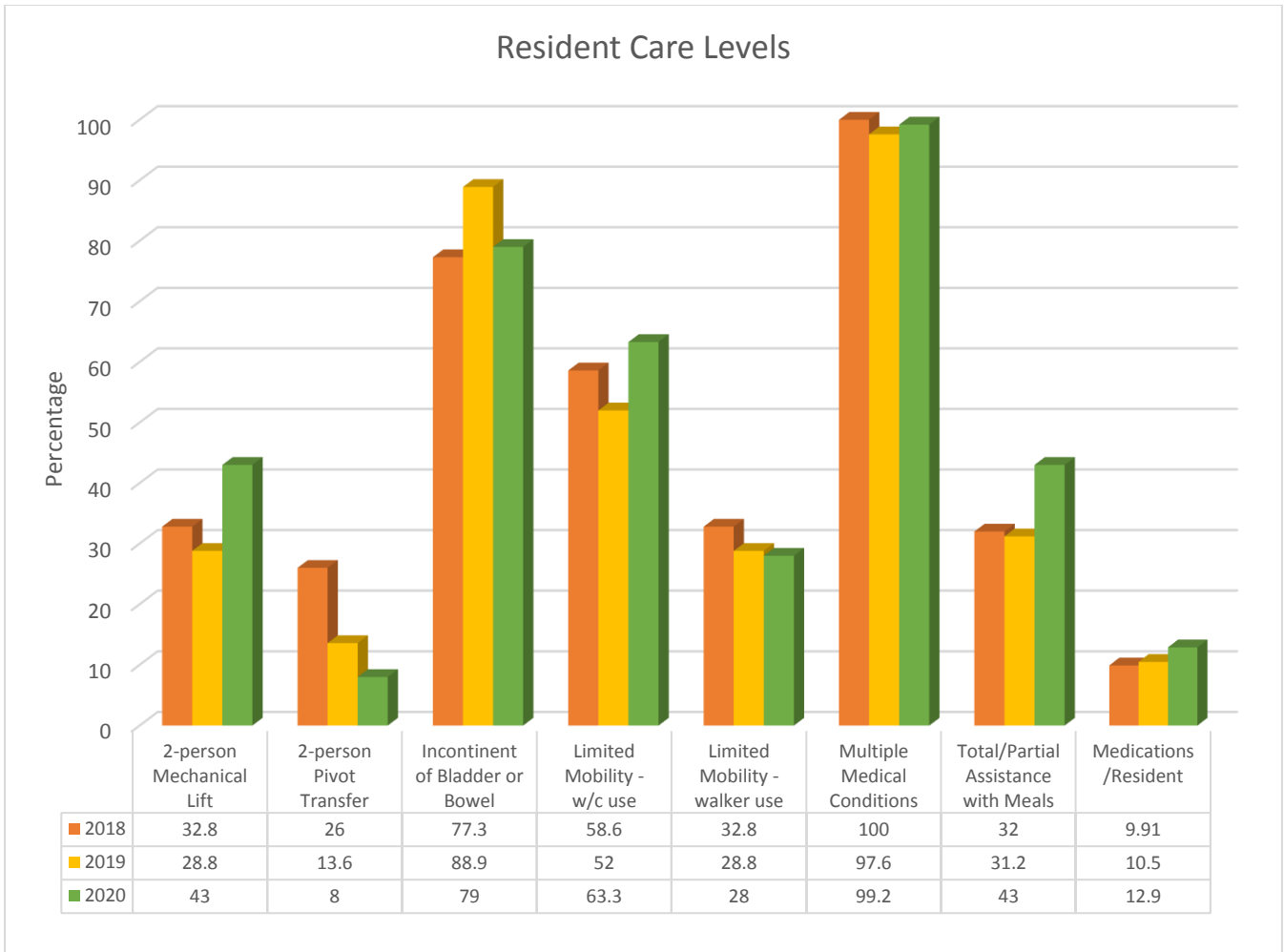
Resident Focus

Each Resident's needs are assessed and recorded in their personal charts. All charting focuses on what the Resident can do independently when the correct services are provided. It centers on the Resident's strengths, abilities, preferences and recognizes additional elements of care that can improve the Resident's quality of life. In order to foster and maintain resident independence for various activities of daily living, staff utilize many techniques developed for this specific purpose. Some of these techniques are hand-over-hand assistance, verbal or visual cuing, encouragement, a focused restorative care program and the use of adaptive aides. Many of these resources and techniques were either not available, not physically possible or sidelined in order to provide the essential care needs of the residents during times of increased work demands and/or restrictions associated with IPAC interventions.

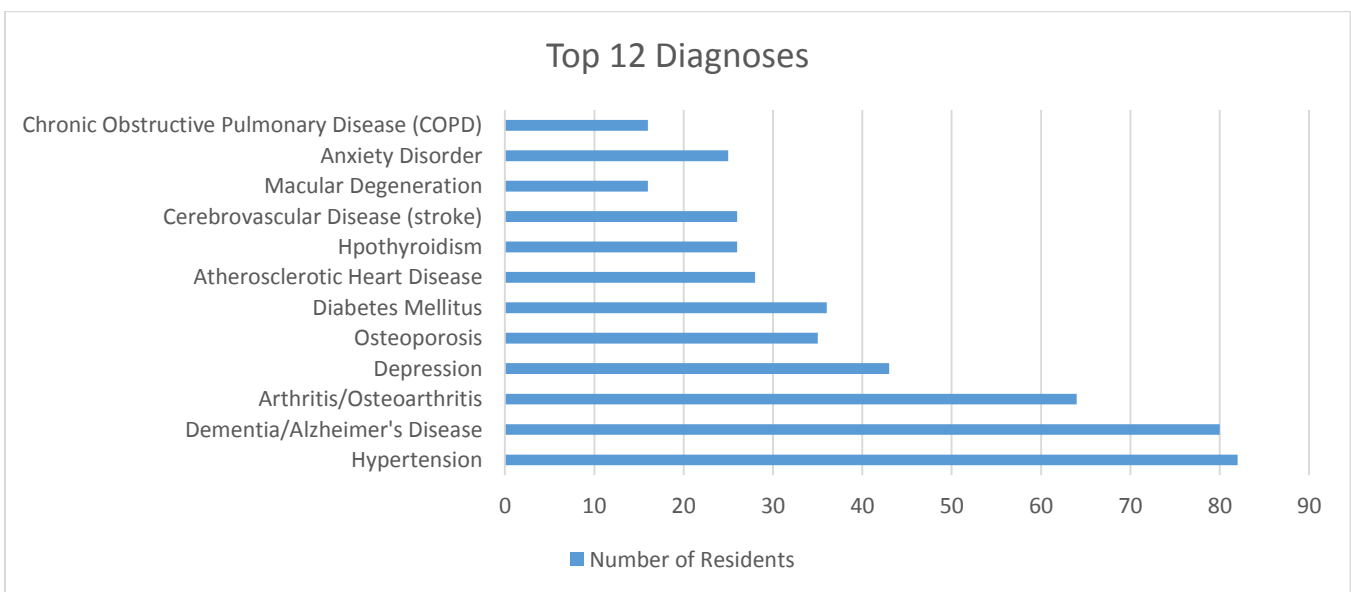
As the pandemic progresses we are noticing a shift to a medical model of care and as such many of the interventions in place to avoid learned helplessness in our resident population have given way to efficiency out of necessity. For example, meal service during an outbreak requires the use of disposable dishes and residents are provided their meals in their rooms. Residents assessed as a high risk of choking must be closely observed for the duration of their meal, normally this is done by the registered staff who is present in the dining room during meal service while the personal support workers assist, prompt or totally assist residents with eating. Personal support workers will assist two (2) residents at a time in the dining room. Room isolation requires 1:1 assistance to avoid cross contamination and reduce the risk of transmission. These factors made it impossible for staff to deliver meal service in a timely manner and in many cases resulted in residents receiving total assistance with their meals rather than hand-over-hand methods or prompting resulting in learned helplessness.

One of the more obvious impacts IPAC measures, specifically isolation and visitor restriction, had on our resident population was the negative impact on the psychosocial wellbeing of the resident. Society was so focused on saving lives, we forgot to ask the residents if they felt they were living a life worth saving under the pandemic restrictions.

The following information represents resident care, demographics and resident outcomes. It is difficult to correlate the information specifically to the pandemic response but in certain cases assumptions can be made.



Top 12 Diagnoses of Grandview Lodge Residents for 2020



A fall is defined as any unintentional change in position where the Resident ends up on the floor, ground or other lower level. Below is a comparison of the falls that took place in the last three years. **Please note:** there are not 128 Residents, as the number of Residents increases based on admissions throughout the entire year.

2018 Falls

- There were 95 Residents who fell at least once.
- There were 7 fractures: 3 hip, 1 leg, 1 arm, 1 shoulder and 1 cracked ribs.
- We had a total of 42 Residents discharged or deceased in 2018, the total number of Residents assessed was 170.

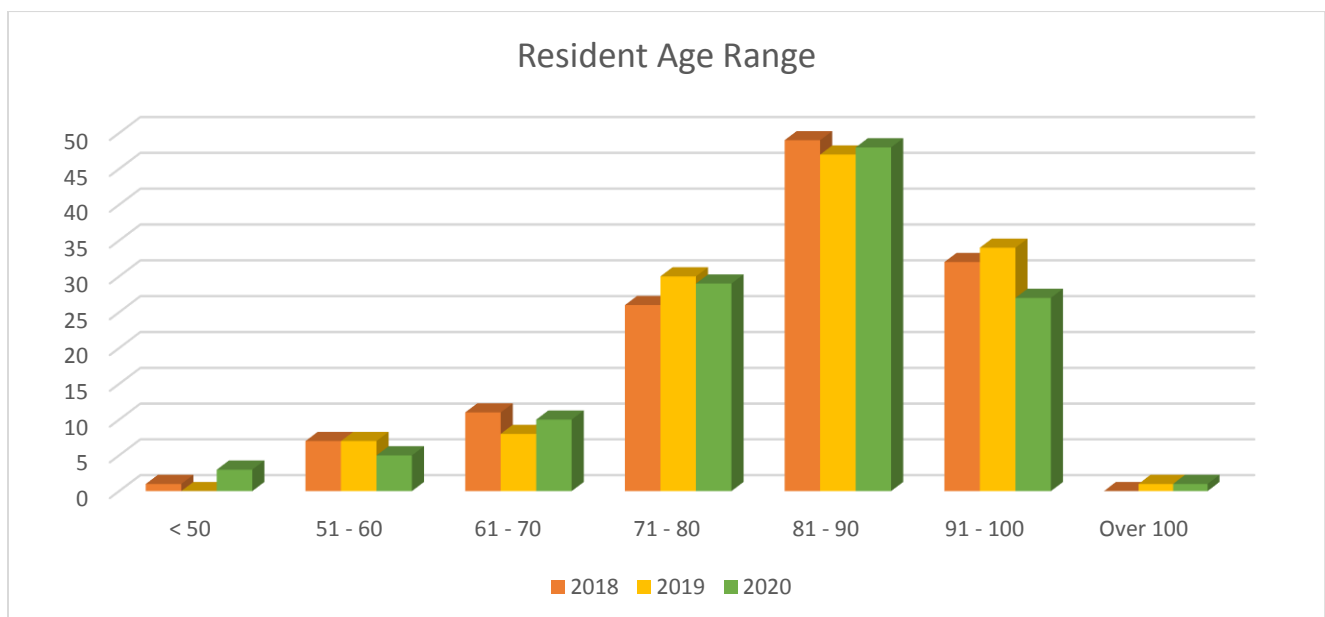
2019 Falls

- There were 84 Residents who fell at least once.
- There were 9 fractures: 7 hip, 1 shoulder and one humorous.
- We had a total of 44 Residents discharged or deceased in 2019, the total number of Residents assessed for falls was 172.

2020 Falls

- There were 86 Residents who had at least one fall.
- There were 5 fractures: 4 hip and 1 ankle
- We had a total of 32 Residents discharged or deceased in 2020, the total number of Residents assessed for falls was 160.

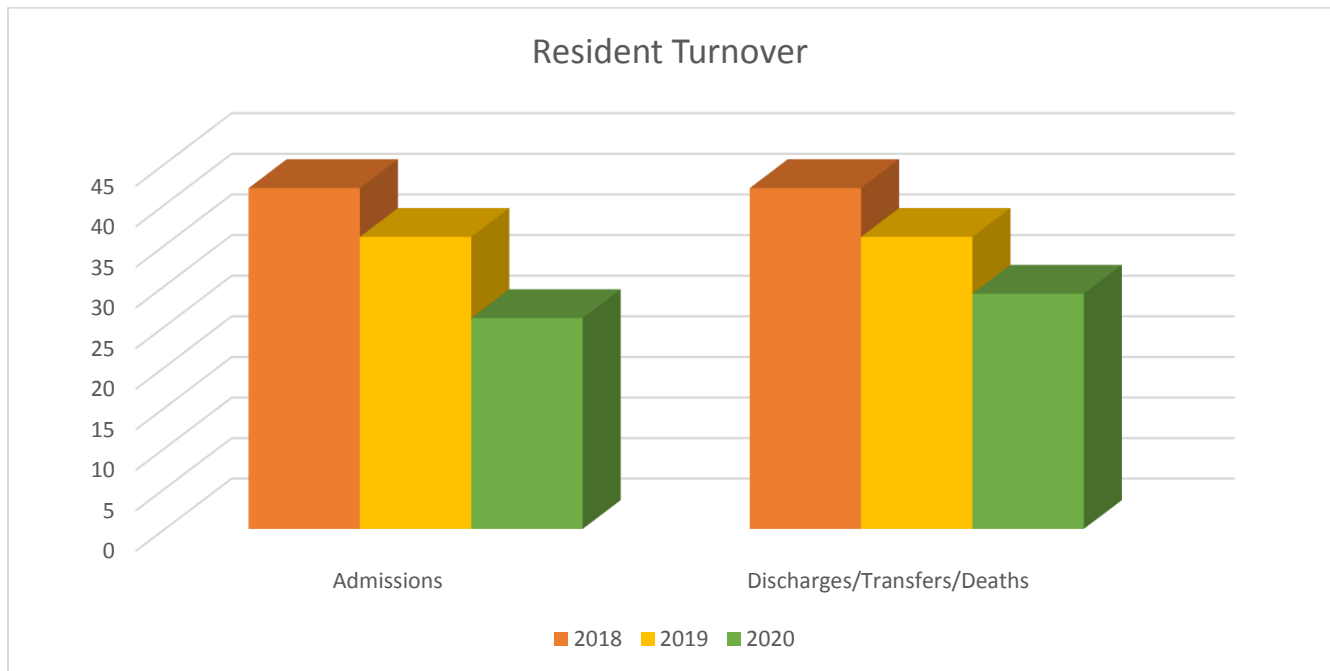
In 2020 the youngest Resident at GVL was 54 years old and the oldest Resident was 103 years of age. The average age of women was 83 years old and the average age of men was 80, with 4% of Residents (male & female) under 65. Below is a breakdown of the number of Residents in each age category for the years 2018, 2019 and 2020.



The Resident who has resided the longest at GVL has been here since 1996 and will be 84 years of age in 2021.

Resident Turnover

The following chart illustrates the number of Residents who were admitted and discharged or deceased over the past three years. ***Grandview Lodge did not have any COVID-19 related deaths or discharges.**



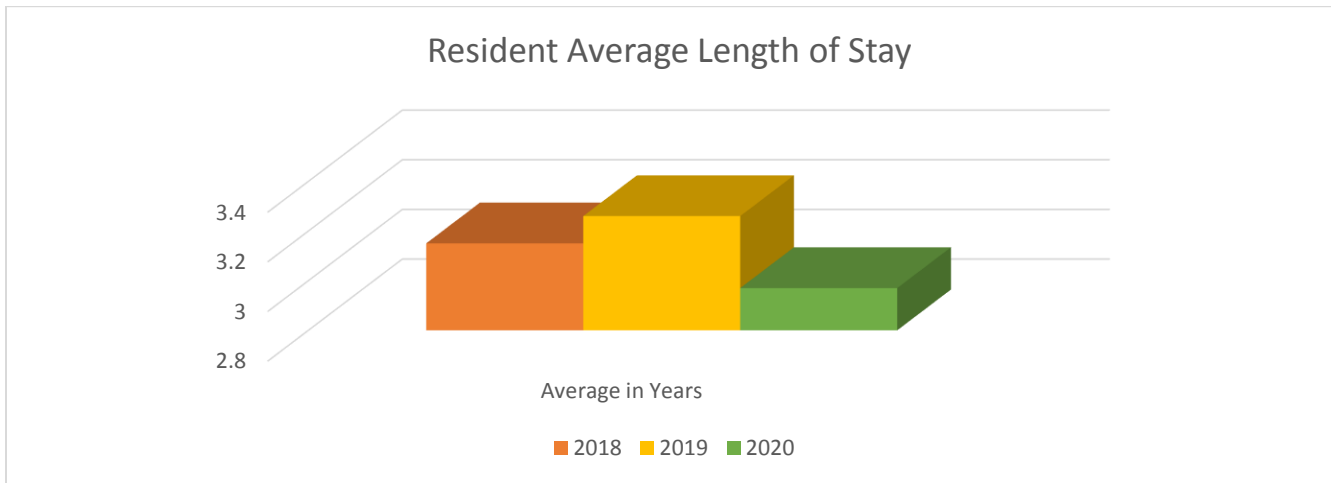
Resident turnover impacts staff as with every admission there is an increase in workload for all departments which includes:

- Completing admission agreements
- Financially discharging Residents
- Assessing the needs of Residents by direct support staff, including:
 - Nursing
 - Dietary & recreational staff
 - Providing tours of the Home
 - Providing end-of-life care to Residents that require additional human resources

For every person that leaves the Home there is also an increase in staff workload that includes:

- Discharge paperwork
- Cleaning
- Repairs/painting of the bedrooms

When reviewing the turnover for Resident population the chart below shows the average stay of Residents over the past three years.



Infection Control

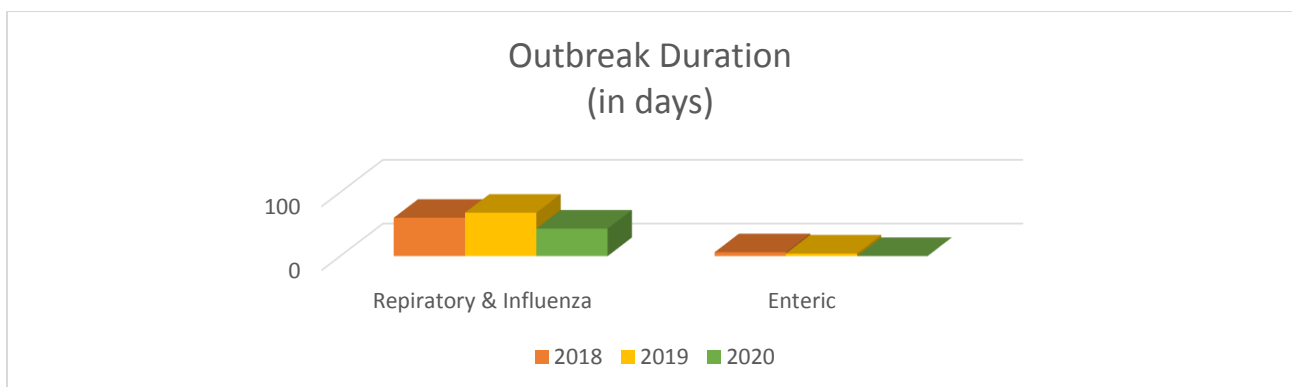
The following chart shows a three year review of the number of days that GVL found themselves in respiratory, influenza and/or enteric outbreaks.

Respiratory and Influenza

- 2018 – total of 5 outbreaks, for a total of 60 days
- 2019 – total of 5 different outbreaks, for a total of 68 days
- 2020 – total of two different outbreaks, for a total of 43 days
 - [Respiratory (common cold virus) Jan 9-27th and COVID-19 Nov 3-26th]

Enteric

- 2018 – 1 outbreak for a total of 6 days
- 2019 – 1 outbreak for a total of 4 days
- 2020 – 0 outbreaks



Pandemic Planning

Grandview Lodge has had a Pandemic Plan in place since 2002 and it had been reviewed and updated in 2018. The GVL Pandemic Plan was instrumental in assisting the leadership team in implementing interventions and strategies to keep the home safe. In accordance with the plan, GVL had an eight (8) week supply of PPE on hand at a time when many homes did not have a sufficient reserve and suppliers had exhausted their stock due to the increased demand around the world.

The pre-existing emergency preparedness plan allowed the leaders of the home to focus on a proactive approach to reducing the risk of COVID-19 infiltration into our home and to put interventions in place to mitigate the risk of transmission should a positive case be identified. While many LTC home leaders were developing action plans, GVL leaders were taking action.

GVL Pandemic Plan includes a staffing contingency plan, a plan broken down by departments with an identified bare minimum staffing complement to meet the essentials of life only. Grandview Lodge was fortunate that this plan did not have to be utilized as it is intended to be a last resort.

When many LTC homes lost high volumes of staff due to illness, burnout and fear – Grandview Lodge staff made it clear from the onset that we were in this together. The commitment of the staff from all departments to do what it takes to keep the residents and each other safe was a determining factor to the outcome for GVL.

Another contributing factor was the commitment of our Medical Director and Attending Physicians, Dr. Ahmed Kamouna and Dr. Omar Ezzat. Many LTC physicians stopped going into LTC homes and provided direction to decant ill residents to hospitals. Both Dr. Kamouna and Dr. Ezzat continued to provide medical services in-person whenever possible.

The GVL Pandemic Plan had established guidelines for food preparation and delivery, increased IPAC practices and housekeeping, and managing the increased demands for the proper laundering of clothes, linens and PPE.

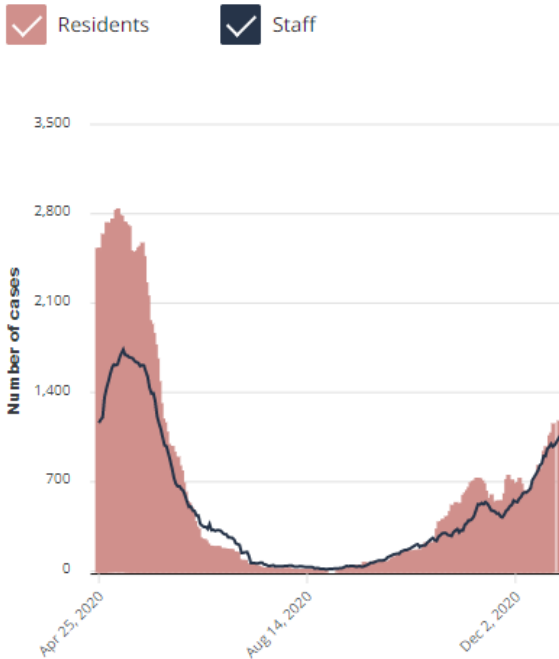
Pandemic Response

Grandview Lodge took a proactive approach in responding to the environmental factors within our Public Health district. The staff worked closely with the Haldimand and Norfolk Public Health Unit for direction and support, and utilized resources that were made available through them. Initially the Home took more restrictive actions which allowed us time to further develop our response and align IPAC best practices related to Respiratory pathogens. Staff were provided training on IPAC practices and had adequate supplies of PPE for their use. Once the leadership team in the home was confident that sufficient mitigating factors to the transmission of COVID-19 had been implemented and that staff were fluent in protective measures, the leadership team began to take a “least restrictive approach” to the pandemic management plan.

When the COVID-19 virus eventually entered Grandview Lodge and an outbreak was declared, toward the end of 2020, all pandemic planning, training and interventions were mobilized and proved to be effective in containing the outbreak to one home area and in preventing transmission beyond the initial vector and immediate close contacts.

COVID-19 Outbreak 2020

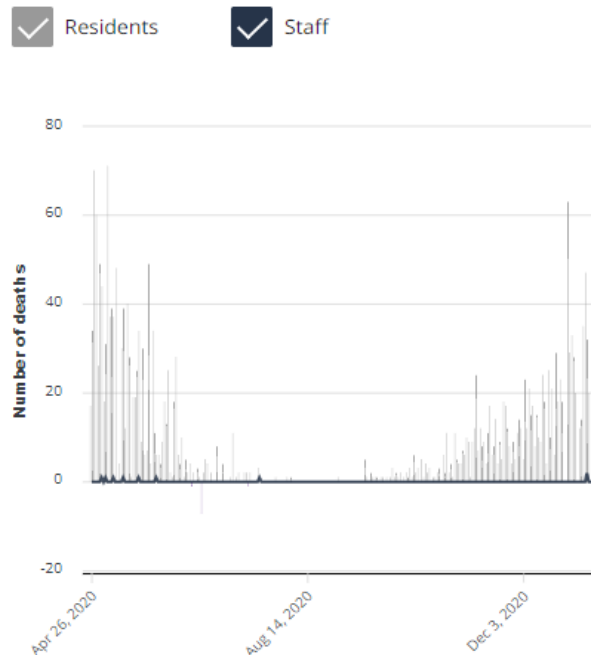
Number of Residents and Staff in Ontario who tested positive for COVID-19



Grandview Lodge was declared in outbreak for COVID-19 on November 3, 2020. The outbreak was declared over on November 26, 2020. In total 4 Residents and 4 Staff tested positive.

In 2020 Grandview Lodge did not have any COVID 19 related deaths.

COVID-19 related Resident and Staff Deaths Ontario



Staffing Focus & Updates

The operation of the Home requires staff working in many different departments with various degrees of education and experience.

The following is a breakdown of staff for each departmental area, as of December 31st of the last three years:

Department	# of Full Time Staff			# of Part Time & Casual Staff		
	2018	2019	2020	2018	2019	2020
PSW	28	28	25	43	41	37
RPN	9	9	7	10	12	6
RN	3	3	2	3	6	3
Dietary Aide/Cook	13	6	6	6	14	13
Housekeeping/Laundry Aides	6	6	6	10	10	7
Maintenance	2	2	2	1	1	1
Recreationists	4	4	4	3	3	3
Administrative	8	9	10	3	3	3
Total Staff	73	67	62	79	90	73

In 2020 the following took place:

- 34 new hires *positions in red represent pandemic specific job classifications
 - 2 Supervisors
 - 2 Administration, 1 IPAC Co-ordinator
 - 1 Housekeeping/Laundry Aide
 - 9 Dietary Aide/Cooks
 - 1 RN
 - 1 RPN
 - 13 PSWs
 - 5 Screeners
- 18 Exits
 - 5 Dietary Aide/Cooks
 - 9 PSWs
 - 1 RN
 - 2 RPN
 - 1 Supervisor
- 6 Retired
 - 1 Cook
 - 1 Dietary Aide

- 2 PSW
- 1 RN
- 1 Supervisor

Identified reasons for leaving employment at GVL

- Voluntary – no specific reason
- New job – LTC
- New career path
- Other

During the COVID-19 Outbreak the Haldimand County Human Resources team was instrumental in assisting the home with the creative recruitment of supplementary staff. Many who had volunteered to work at the Interim Care Centre were contacted and as a result the home was able to secure a Registered Nurse as well as 2 EMS students who accepted roles as PSW's, positions that would have otherwise remained vacant.

Attendance Support Program

The attendance support program was introduced to the staff at GVL in the fall of 2013. This program provides supervisors and other staff with guidelines for clarifying expectations and reviewing attendance as well as addressing issues and problems which may be affecting an employee's ability to attend work on a regular basis. The program ensures that absenteeism is managed through consistent and positive non-disciplinary intervention strategies by all departments at GVL. During 2020 the Attendance Support Program was put on hold as all attention was focused on supporting staff to attend work while navigating the pandemic. There was a significant increase in absenteeism related to child care issues as daycare services closed, schools closed and families self-isolated.

Grandview Lodge staff responded to the call of duty and the home was not faced with a mass exit of staff that many other homes faced. Many GVL staff went above and beyond by extending hours and picking up additional shifts to ensure we had the staffing levels necessary to implement an effective infection prevention program. Our success was at the sacrifices of our staff and we are grateful for their unwavering dedication to the residents they serve.

Health & Safety

Health & Safety have been a top priority at GVL this past year to ensure all Residents, Staff and Visitors remained healthy, safe and virus-free.

In 2020 there were 27 incidents and 95.5 lost time hours in which staff had injured themselves while at work and were unable to return to work immediately. Modified work is offered to all staff that are injured and who cannot return to their full duties. Our "Return to Work Program" has significantly reduced lost time at work due to injury by enabling injured employees to return back to work with

medical restrictions as early and safely as possible. Data has proven that a quick return to work for an injured employee on a modified work program allows for a quicker recovery to regular job duties.

Lost Time Claims

2018	2019	2020
5 claims	5 claims	16 *

- *Of the 16 lost time injury claims 7 were related to typical workplace injuries and 9 were claims related to COVID-19. Of the 9 claims none were hospitalized, there was no loss of life, and all staff had a full recovery.*

Modified Work Hours

2018	2019	2020
716	1147.75	537.5

Labour Relations

Haldimand County/Grandview Lodge and United Food & Commercial Workers (UFCW) have successfully negotiated new terms of the Collective Agreement for a three (3) year term.

Negotiations between Haldimand County/Grandview Lodge and the Ontario Nurses Association (ONA) are underway.

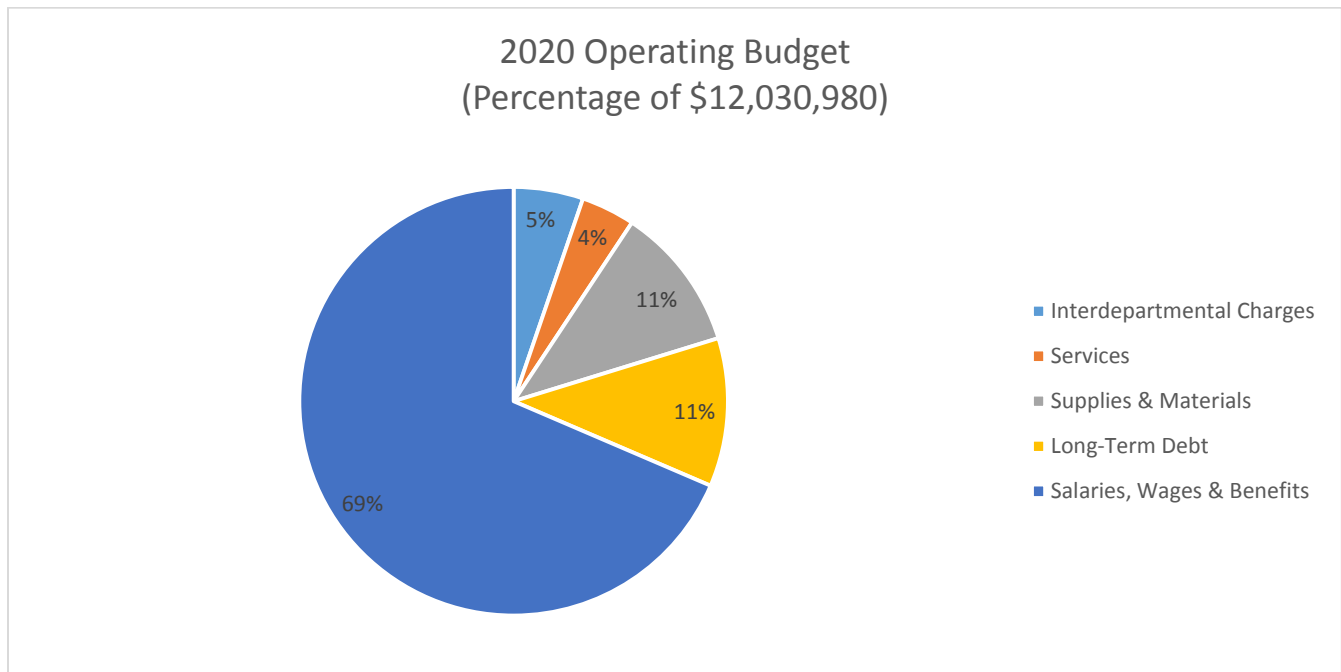
Grandview Lodge Management and Union Representatives for UFCW & ONA continue to have a strong working relationship and met virtually through the year to discuss issues and concerns. There were eight (8) UFCW grievances and zero (0) ONA grievances in 2020. As a result of the Provincial Emergency Order the employer had the leeway to work outside the negotiated terms of the respective collective agreements. This allowance was optioned to accommodate legislated direction outlined in Directive #3 specifically, the cohort of staff to one home area where possible to reduce the risk of transmission during outbreaks, any changes were done in consultation with our union partners. The employer accepted accountability for any violations which occurred as a result of errors in processes and did not rely on the Emergency Order to circumvent the grievance procedure.

Budget

The operating budget for GVL in 2020 was \$12,030,980 and the long-term debt charges were \$1,348,330. The MoHLTC provides funding to the LHIN who, in turn, provides the Home funding under four envelopes: Raw Food, Programs & Support Services, Nursing & Personal Care, and Accommodation.

The Nursing & Personal Care funding envelope supports care needs of the Residents. This funding is determined solely on the Resident Case Mix Index (CMI) which is determined by assessments submitted every three months, and are then averaged for the year. The other three funding envelopes are solely based on the number of “Resident Days” of care provided by the Home.

Of the 128 beds at GVL 16 are private and the remaining beds are standard. The 16 private beds generate approximately \$152,600 annually in revenue, if fully occupied. Although there were several lost days due to COVID-19 these beds were considered to be occupied during 2020 and the Home received the maximum revenue possible from the Accommodation envelope.



The following table outlines the provincial funding received per resident, per day, for each envelope:

2020 Envelope	Per Resident Per Day		
	Jan – Mar	Apr – Jul	Aug – Dec
Nursing & Personal Care	91.23	91.23	92.73
Raw Food	9.54	9.54	9.54
Accommodation	56.16	56.16	56.16
Programs & Support Services	12.06	12.06	12.06
Global LOC (effective April 1)	1.77	4.50	4.50
Quality Attainment Premium	0.36	0.36	0.36

In order to effectively implement the pandemic plan Grandview Lodge had a significant increase in unbudgeted operating expenses. The majority of cost increases were directly related to new staffing positions required by the provincial directives and additional staffing hours above the approved complement as well as increased overtime costs to ensure we had adequate staff as often as possible. In an effort to incentivise personal support workers to attend work and in recognition of those who continued to do so throughout the pandemic, the provincial government implemented and funded a \$3.00/hr Temporary Wage Increase for PSW's administered by County staff. Other increases were related to a need for additional materials such as isolation gowns, gloves, masks, disinfectants, cleaning solutions, disposable food & beverage containers and paper supplies, to name a few. Additionally, we experienced inflated pricing on many items specifically PPE supplies; for example, the price for a case of gloves increased from \$30.00/case to \$96.00/case.

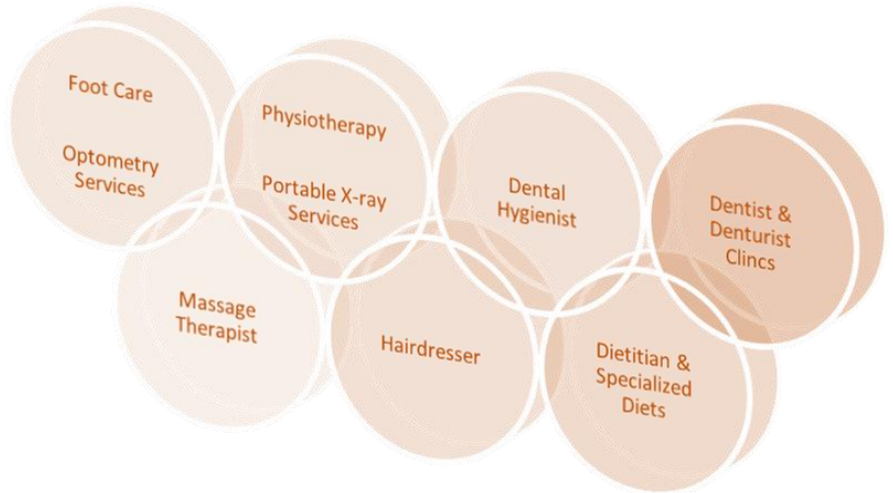
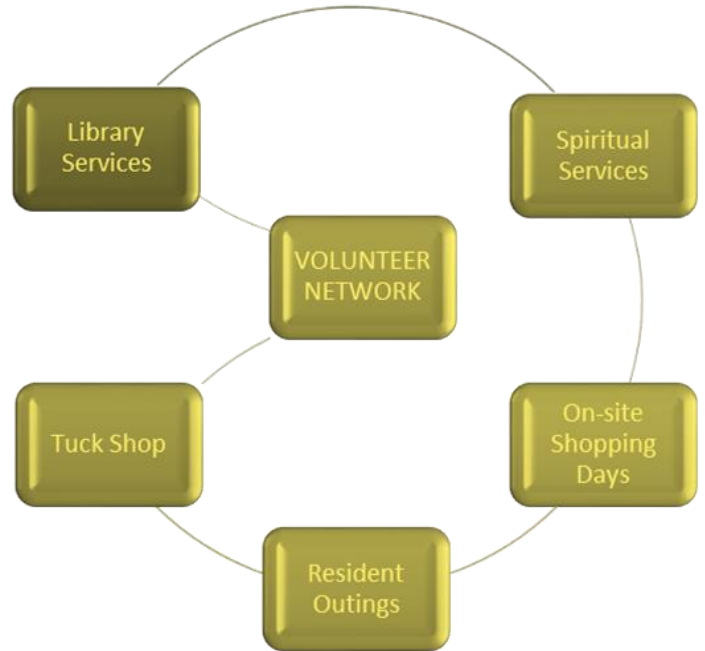
These increases in the operational expenses were offset by various funding initiatives from the provincial and federal governments such as COVID-19 Emergency Funding, COVID-19 Prevention and Containment Funding, and PSW Wage Enhancement Funding. Homes also received funding to offset costs which impacted capital purchases through IPAC Minor Capital Funding. Some of these sources of funding were one-time while others were ongoing and will eventually be phased out. Tracking of the additional costs compared to the funding provided is still being completed by the Finance Division.

Services Provided

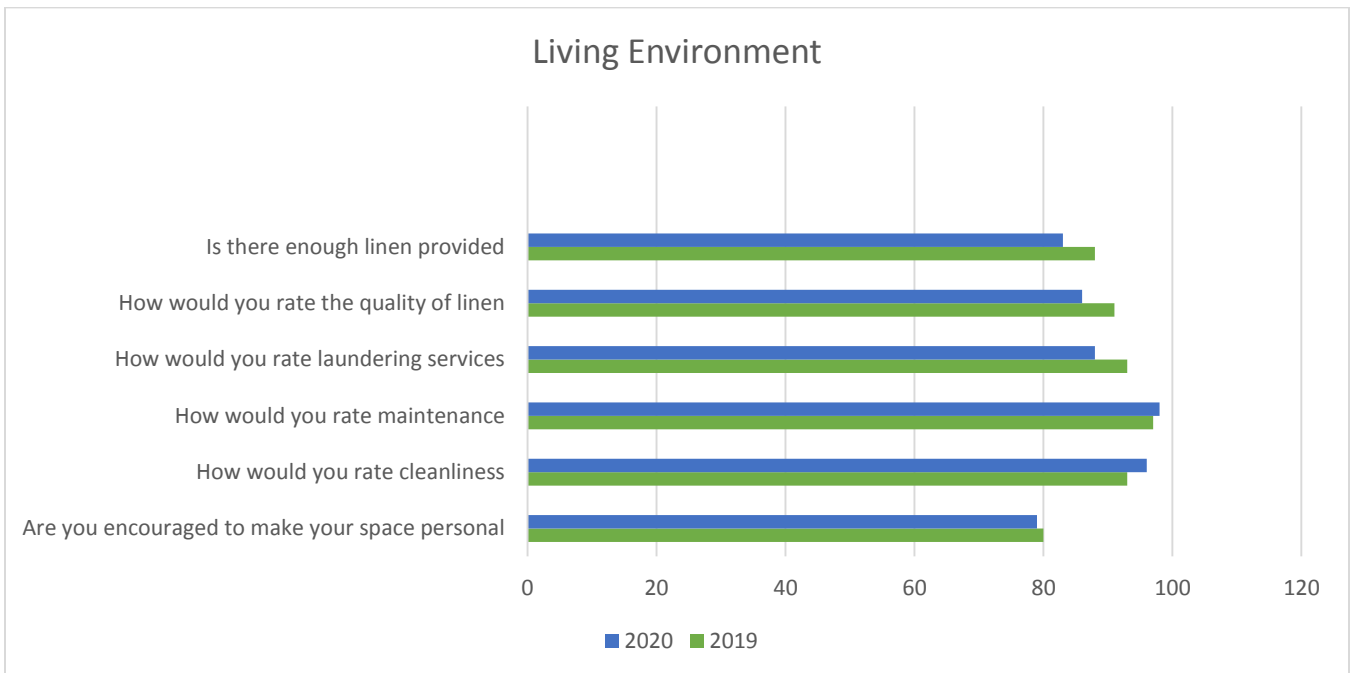
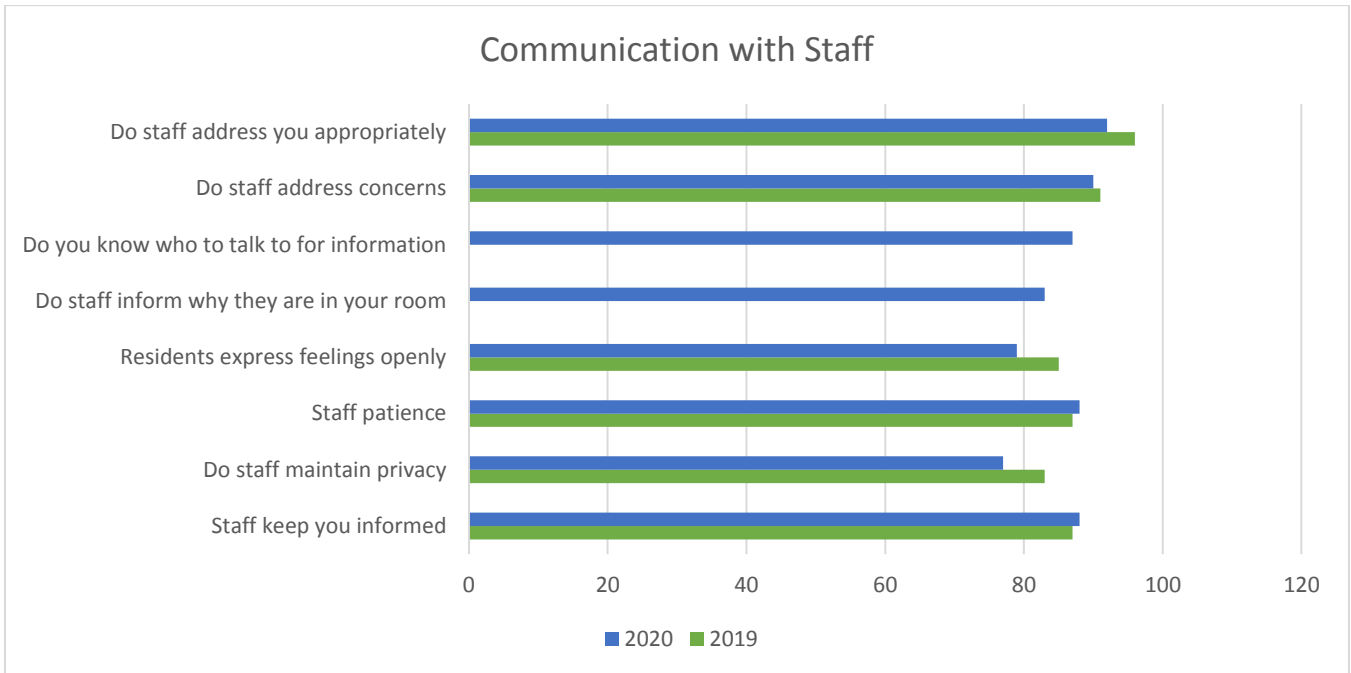
There are a number of services in addition to nursing care offered to Residents and their families at GVL. These services are an essential component of daily living for Residents and greatly improves their quality of life. These programs are important to persons seeking long-term care and have helped to market the Home and attract new Residents.

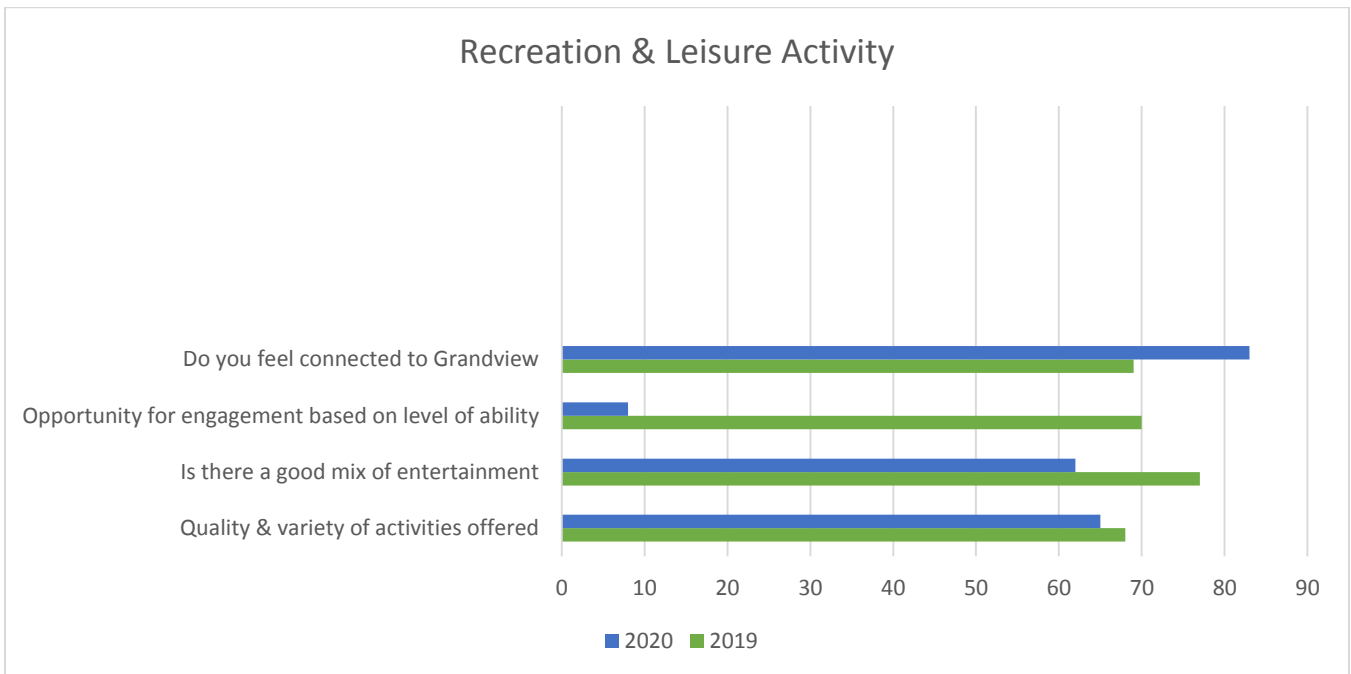
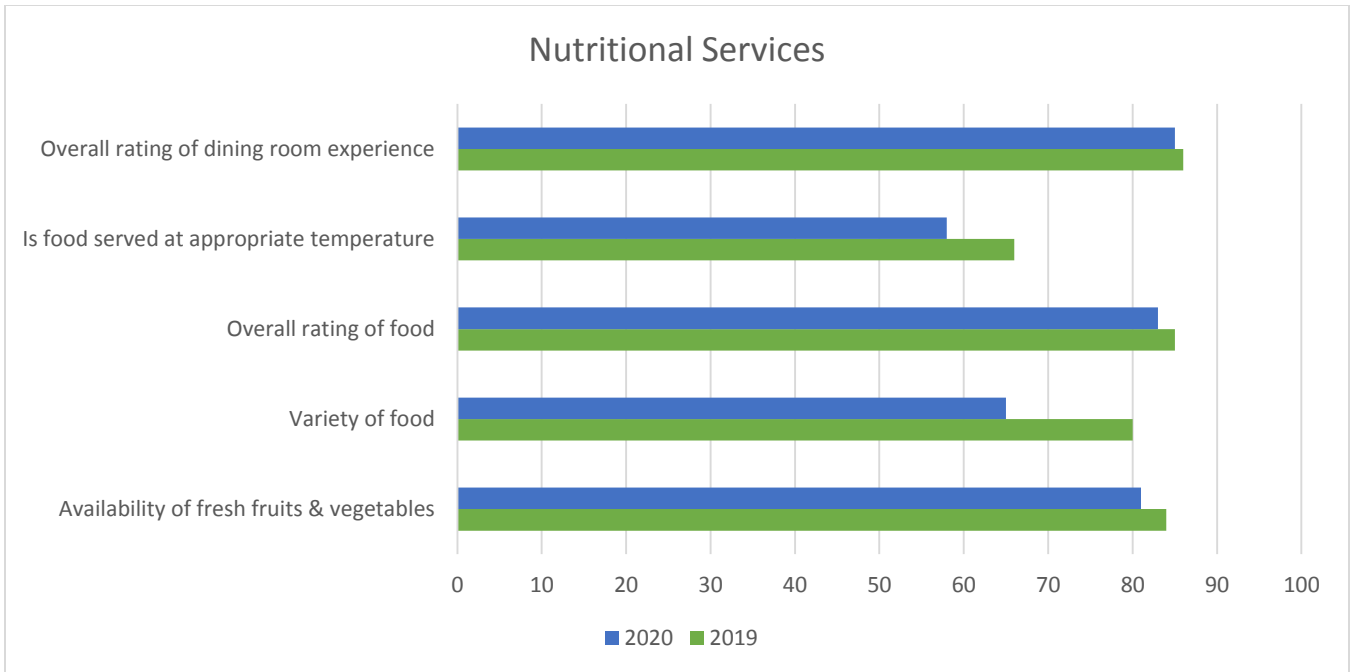
Unfortunately throughout 2020 many services were intermittently interrupted in response to pandemic management, specifically those services provided in-home, in-person by external resources. Whenever possible measures were implemented to ensure the continuation of these valued services for our residents. Some service providers lease space at Grandview Lodge, fees for the leased spaces were prorated as many of the service providers were forced to close their doors during the Stay At Home Order. The monetary impact will be captured under recoveries in the GVL 2020 Operational Budget.

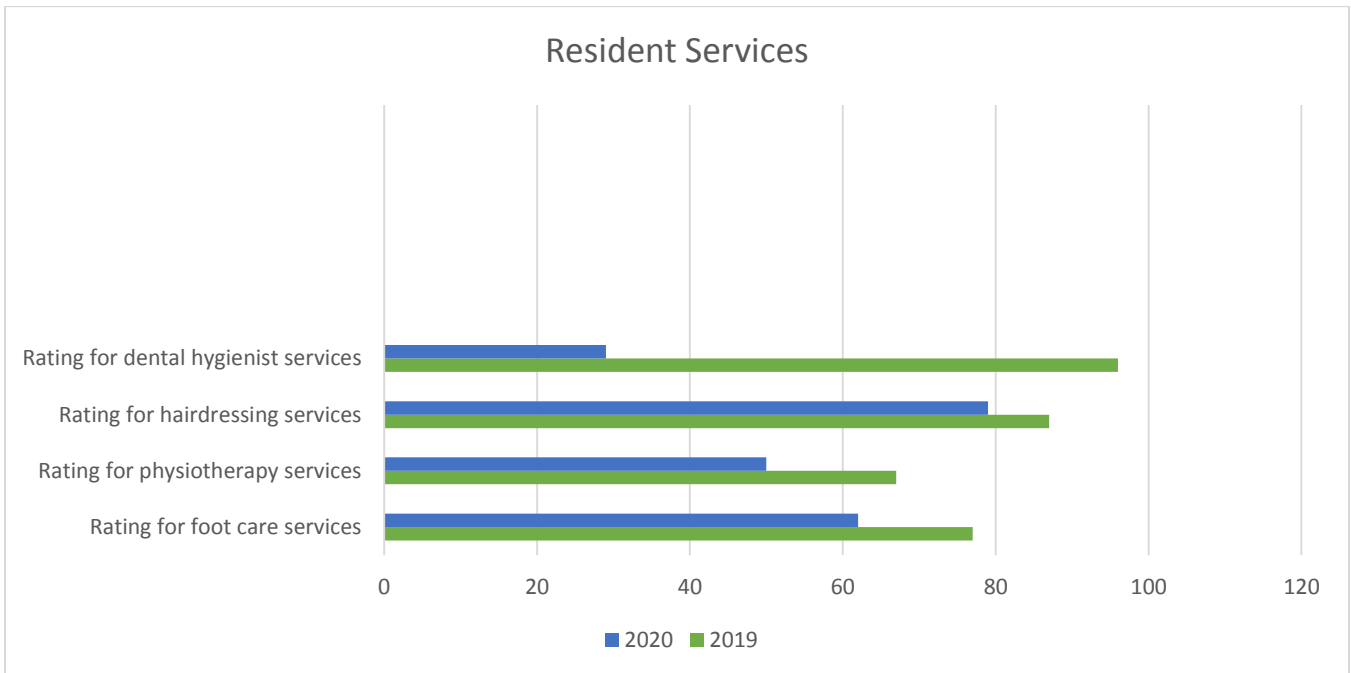
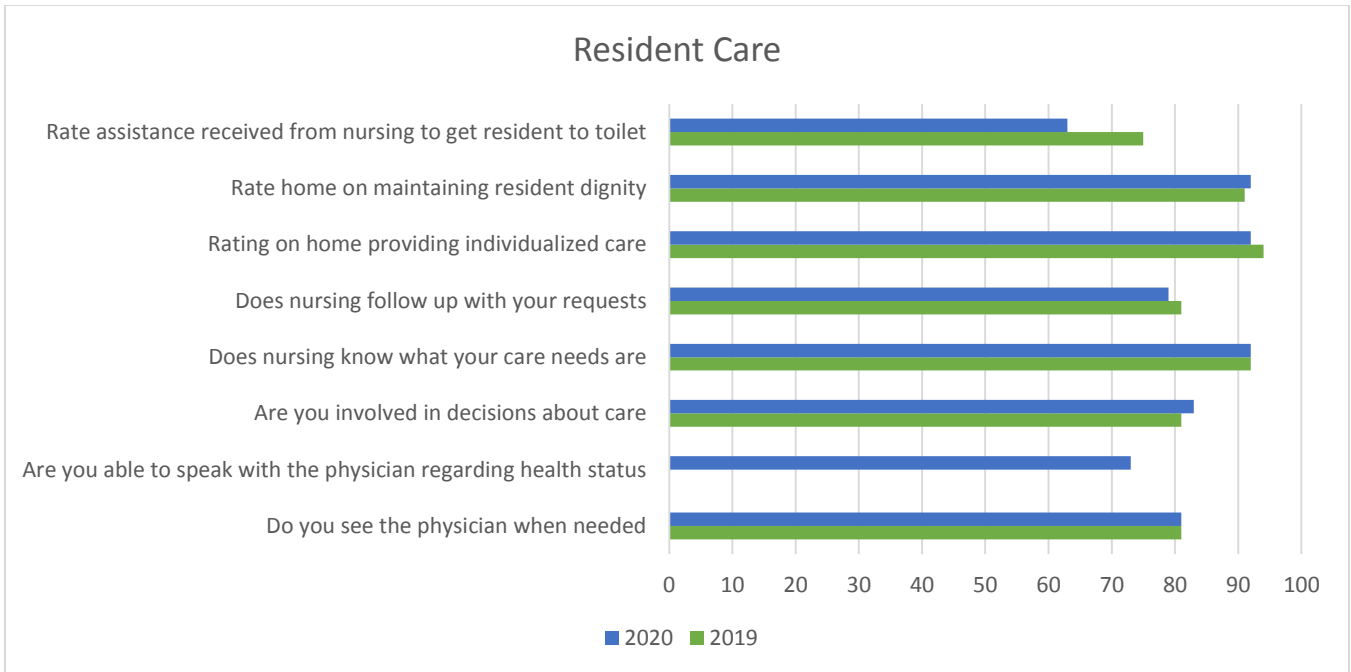
The following diagrams display the various services offered onsite to our Residents. Services with an (*) are fee for service and paid directly by the Resident.

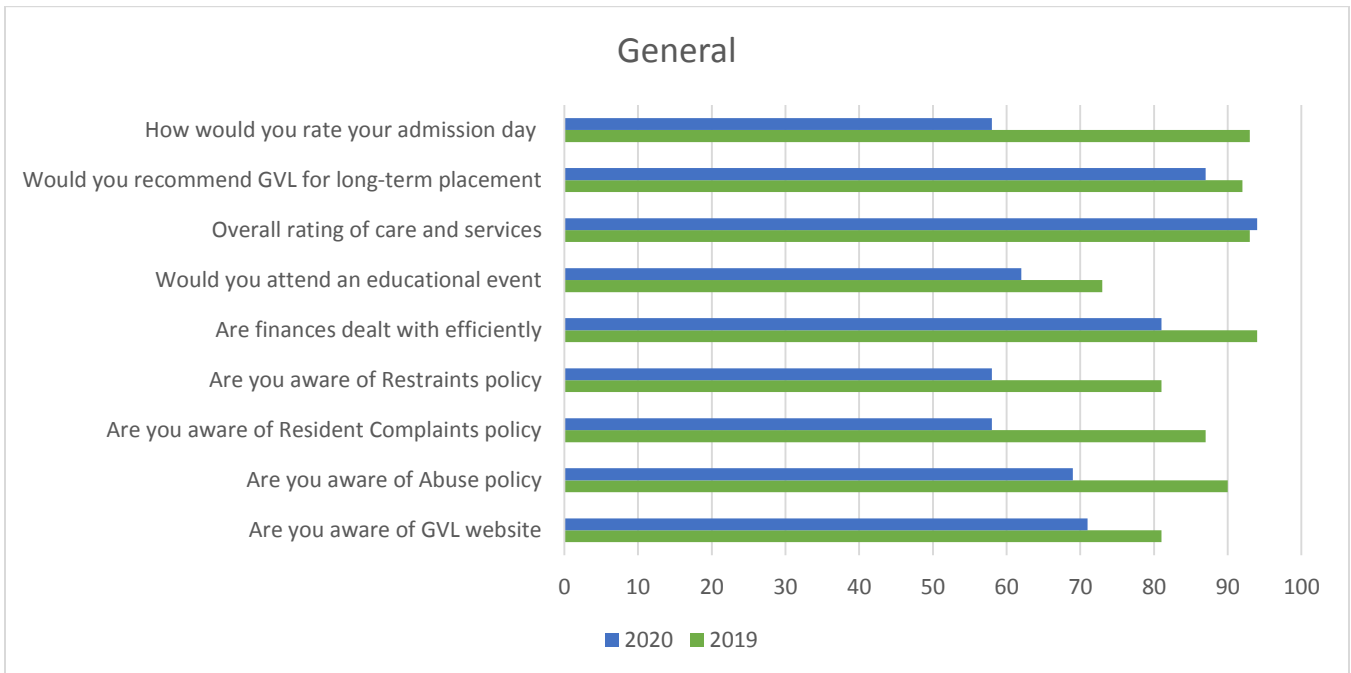
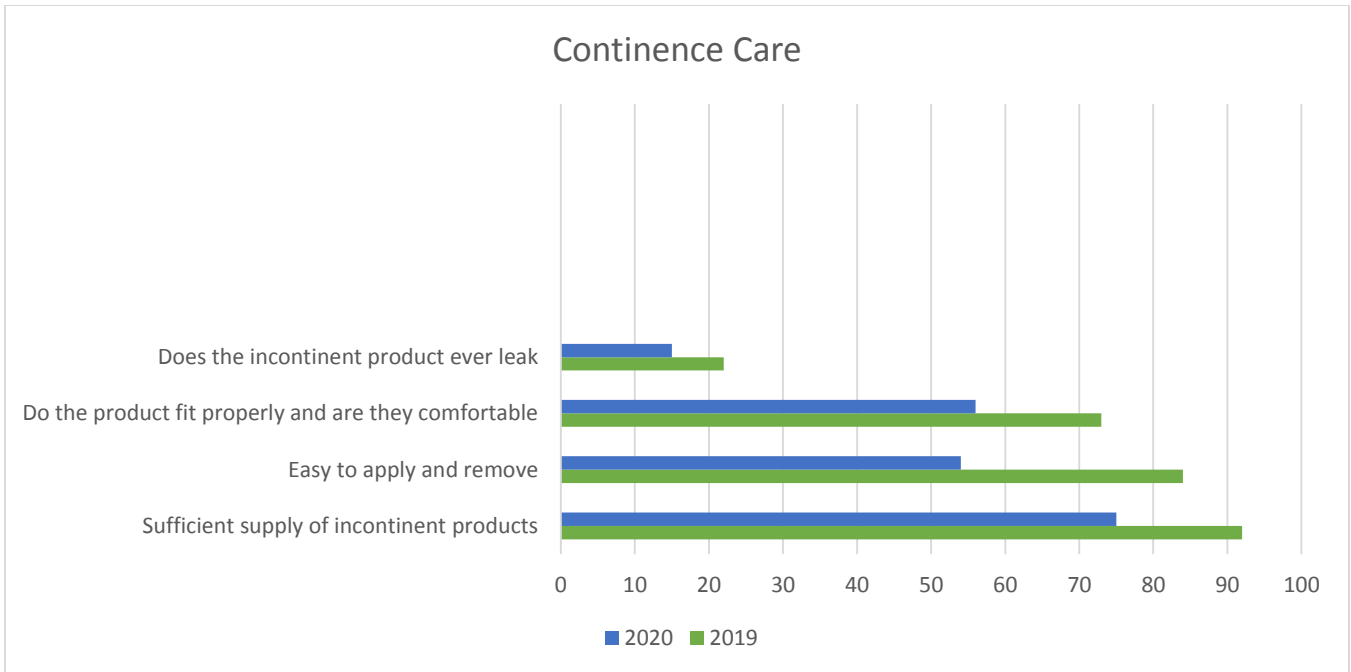


Resident/Family Satisfaction Survey Results – 2020 Compared to 2019









A quick year-to-year comparison of the Resident and Family Satisfaction Survey may be concerning at first glance however it is important to note that this survey was completed during the first wave of the COVID-19 pandemic and during our first COVID-19 outbreak. Residents were confined to their own home areas and at times confined to their own room, there were tight restrictions to visitors and limited time to connect with family. During outbreaks residents received meals in their rooms, delivered in disposable takeout containers. Activities were mostly limited to one-to-one visits with our recreationists and independent programming such as reading, puzzles and various small crafts. Some residents were able to use technology to engage in game play to help pass the time.

Resident admissions looked very different in 2020 as family members were limited to the time they could spend in the home on admission day and in many instances were not present at all. This change in practice resulted in an inability to make a warm connection to the family at a time when many in the community had lost faith in the LTC sector, we were asking them to blindly trust us with the care of their loved one. Communication with family was limited to printed resources or telephone calls on admission day which is overwhelming at the best of times, and so it is no surprise that the negative impacts of an arms length admission is reflected in the survey. These measures will be monitored in future years surveys to ensure they are relative to the pandemic and not an ongoing concern that needs further focus.

As several of the survey outcomes saw a significant reduction in satisfaction levels it is inspiring to see that categories related to care, dignity, staying informed and support services maintained or exceeded previous levels of satisfaction and that despite the uncertainty or loss of faith within the sector, a high majority of residents would recommend GVL as their preferred LTC home. It is remarkable how accurate this survey is at painting the picture of the resident experience at Grandview Lodge during this unprecedented time and I believe it to be a true testament to the dedication of GVL staff in ensuring residents felt safe and cared for. It should not go unnoticed that in the midst of responding to a global pandemic the residents and families of Grandview Lodge felt more connected to the home than ever before.

[Ministry of Health & Long-Term Care Reviews](#)

The MoHLTC requires each Long-Term Care Home to abide by provincial legislation, regulations, standards and policies (there are over 500 standards) to ensure Residents receive the best possible care. The Ministry will inspect every LTC Home to verify that they are in compliance with the Ministry's requirements.

In 2020 long-term care homes received one hundred and seventy-one (171) Ministry of Long-term Care Communication Memos, the majority were related to the COVID-19 Coronavirus and the pandemic response. As well as these memos, the Ministry of Health released COVID-19 related mandates in the form of Directives. These Directives were specific to sectors of the health care continuum:

- Directive #1 – All health care providers, Point of Care Assessment
- Directive #2 – Health Service Providers, Speciality Clinics, Family Health Teams, Allied Health Practitioners

- Directive #3- Long-Term Care Homes. This Directive was revised eleven (11) times during 2020
- Directive #4- Ambulance and Paramedics
- Directive #5- Hospitals

While Directive #3 is specific to our sector, it was necessary to ensure a review of all Directives as issued due to the potential impact on the services utilized by residents living in LTC.

The Ministry not only legislates they also inspect for compliance with the legislation. They will inspect a Home during an annual audit, based on complaints and in follow up to mandatory reports made through the Critical Incidents Reporting Portal. Actions/Sanctions may be imposed on a LTC home if the home is found to be in non-compliance with the Inspection Protocols (IPs)

Actions/Sanctions include:

- Written Notification (WN)
- Plan of Correction, to be implemented voluntarily (VPC)
- Issuance of a Compliance Order or a Work and Activity Order
- Referral to the Director when the severity of the non-compliance or the required sanction is beyond the inspector's scope and issue a non-compliance to the licensee of the LTC Home.

The powers of the Minister or the Director under the LTCHA, regulations and service agreements:

- Directing the Home and Community Care Support Services placement co-ordinator to cease admissions to the Home;
- Revoking or refusing to renew the LTC Home's license;
- Reducing or withholding funding;
- Taking steps to operate or take control of the LTC Home.

The Ministry may impose orders on a LTC Home for a variety of circumstances, including but not limited to:

- Recurring or ongoing non-compliance; and
- Presence of severe problems that put Residents at risk

In 2020 GVL reported nine Critical Incidents that fall under the categories for mandatory reporting to the MoHLTC.

In 2020 Inspectors from the compliance branch of the MoHLTC visited GVL on one occasion to complete inspections related to:

1. Critical Incident – fall resulting in injury. Findings of non-compliance were issued in the form of three written notifications with three voluntary plans of correction attached.

2. Anonymous Complaint – Findings of non-compliance were issued in the form of three written notifications with two voluntary plans of correction attached.

The full reports are available to view through the Ministry of Long-Term Care public reporting website.

Ministry of Labour

The Ministry of Labour made one visit to GVL in 2020. This was in response to a mandatory outbreak report submitted at the onset of the November 2020 COVID-19 outbreak, in which three staff and a contractor had tested positive for COVID-19.

The home was issued a non-compliance for failing to maintain quarterly Joint Health and Safety Committee (JHSC) meetings. Compliance was met within the allotted timeframe, a contingency plan is in place to ensure ongoing compliance.

The oversight of the home was the failure to consider that the mandatory quarterly requirement for JHSC meetings are legislated under a separate governing body – Ministry of Labour, as the Ministry of Long-Term Care had authorized homes to hold mandatory meetings such as Professional Advisory Committee meetings and Ethics meetings in abeyance while homes responded to the pandemic.

Volunteers and Students

Grandview Lodge volunteers assist with various programs for residents as well as provide one-to-one support to residents. Some of the regular programs that volunteers are involved with include the operation of our Tuck Shop, therapeutic music, pet therapy and numerous one-to-one visits.

While stay-at-home orders were in effect and LTC Homes remained closed to non-essential services, volunteerism looked different for GVL in 2020 and some jobs typically assigned to volunteers were absorbed by staff into their own work routines; the Administrative Support Team at GVL took on the role of manning the Tuck shop.

While unable to provide in-person support to the staff and residents, many of our volunteers continued to send words of encouragement and support and on occasion a few pizzas.

During the COVID-19 outbreak the Canadian Red Cross sent 20 volunteers from November 20, 2020 – December 21, 2020. These volunteers assisted our staff and residents by:

- Making beds.
- Collecting garbage and laundry.
- 1:1 visit residents.
- Runner for things staff required in rooms to prevent staff from having to doff PPE.
- Redirecting residents back to their rooms.
- Cleaning hand rails and high touch spaces on home areas.

- Stocking PPE stations.

Our home appreciates the value in traditions and while many of our family events were cancelled, GVL volunteer Beth Rowland went out of her way to continue the 16-year tradition of the Christmas Stocking Program by securing donations and stuffing Christmas stockings so that every resident would receive a gift on Christmas morning.

Community Partnerships and Community Support

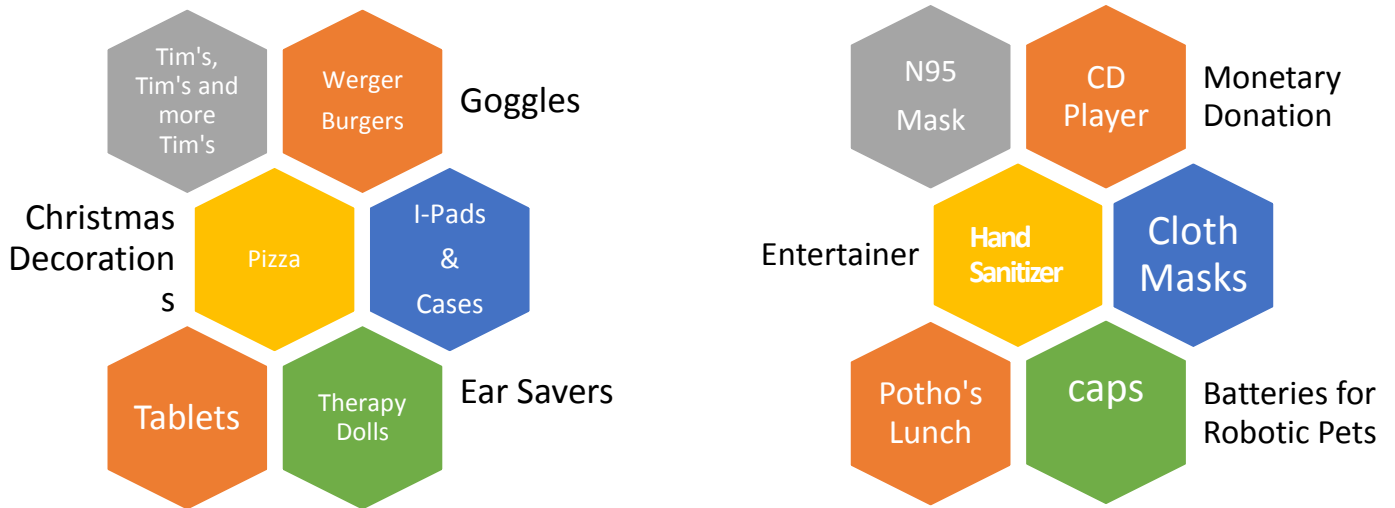
The following is a list of organizations that partner with Grandview Lodge to ensure GVL and its Residents continue to be recognized as part of our local community:

- Joint Pastoral Care Team, comprised of a number of ministerial groups
- Local schools, volunteering time, as well as completing their co-op placements with us.
- Student placements with Niagara College and Mohawk College for Registered Practical Nurses and Recreationist
- Rotary Club
- The Lions & Lioness Club
- The Alzheimer's Society (Walk For Memories)
- Parkinson's Canada
- Brain Injury Services
- Haldimand Abilities Centre (Sit to Be Fit and Brain Fit Programs)
- Behavior Support Ontario (BSO)
- Region 4 Family Council annual meetings
- Haldimand Pride

These programs were put on hold as pandemic measures were initiated. We look forward to reconnecting with our community partners when it is safe to do so.

During this unprecedented time the support GVL received from our community was overwhelming and appreciated. The kindness of others let us know that while we were isolated, we were not alone.

Here is a sample of some of the support we received from community partners, volunteers and friends of GVL.



Affiliations

AdvantAge Ontario

As the association of not-for-profit long term care, housing, and services for seniors, they connect all of their stakeholders to deliver the best possible care for seniors in an efficient, respectful way. Their unique positioning allows them to consistently give back – by working to ensure the focus is always on the people who need them most.

For 100 years, they have been influential in advocating government policies for senior care, dynamic in building strong community relationships, and rigorous in our business practices and accountability. They share our belief that not-for-profit care is the best approach, one that is developed by local people for local people. AdvantAge Ontario provided updated summaries of the changing Directives, advocating for funding increases to support pandemic management plans and for consistent approaches across public health units.

With a focus on advocacy and education, AdvantAge Ontario works on behalf of their members to help all stakeholders understand what the not-for-profit approach means and what it can do for the future of senior care.

Throughout the pandemic AdvantAge Ontario has been instrumental in advocating, facilitating, procuring and providing resources for their membership. They have provided a platform for direct

communication from the Ministry of Health, Ontario Public Health and Ministry of Long-term Care as well as consolidated and summarized redundant information from various groups to ease the burden of information overload.

Region 4 Family Council Group

Grandview Lodge Family Council actively participates in this group, which is representative of over 88 Long-Term Care Homes (equal to 10,000 Long-Term Care Residents). These meetings are held three times a year at various Homes, however were put on hold during 2020 due to the pandemic.

Additional 2020 Highlights and Accomplishments

- Delegated Authority to GM of Corporate and Social Services for signing Ministry documents related to operating license
- GVL represented at the EOC table
- GVL featured on CTV The National
- GVL segment in documentary Making Things Count: Pandemic Postcards
- Participated in a study with McMaster University re: exemplary care
- A high level of retention of staff during the Single Employer directive
- Creation of new schedules to have staff placed in pods to facilitate cohorts
- Always maintained a resident focused approach during decision making processes
- Navigated a COVID-19 outbreak with minimal transmission, containment and recovery without significant health impacts to affected residents or staff. No Loss of Life.

Summary

2020 was going to be an exciting year for Grandview Lodge. The home had a new management team in place and was poised to move forward with fresh ideas.

In January, Creekview staff hosted a Sock-Hop party and invited all their friends, there was talk about a “new corona virus” that was receiving a lot of attention by world media sources. On January 25, 2020 Canada’s first confirmed case of COVID-19 was identified in Toronto and from that point on our lives were forever changed. From a provincial state of emergency to a global pandemic the impact that the COVID-19 coronavirus would have on the long-term care sector was unimaginable and too close to home. Fortunately, Grandview Lodge was in a good position to successfully navigate through the first and second wave of the pandemic, in large part due to the infrastructure and layout of our home, a pre-established Pandemic Plan, a large supply of PPE on-hand and the dedication of our stakeholders and the Grandview Lodge Team.

Although our ways of work may have drastically changed during 2020 the staff of Grandview Lodge did not lose sight of our mission vision and values.

The success of the home was a reflection of Grandview staff living our values of **G**overnance, **A**ccountability and **W**orking together as a team. All staff remained committed to providing **R**espectful and **D**ignified care while **N**urturing a sense of confidence in our residents and each other that “we got this”. Staff heard first hand from once strangers and now friends to our home that they felt welcomed and at ease to be their authentic self because we live our value of **I**nclusivity. The home is grateful for the trust and confidence of our Senior Management Team, Council, Staff, Residents and Families; this allowed the home to approach the pandemic management plan using a risk versus benefit assessment centred around IPAC best practice guidelines to assist the home in identifying the appropriate level of restriction and social isolation to be placed on our residents. This **V**isionary approach set our home apart from others while providing a safe place to work and live.

The staff of Grandview Lodge continue to normalize **E**xcellence.