

Grandview Lodge Annual Report 2021



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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 other's role and contributions with the accepted principle that staff do not work in silos, and we work collectively to achieve our common goals.

Introduction

This document is a review of the operations of Grandview Lodge (GVL) and includes highlights that have occurred in the Home during 2021. 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.

We began 2021 thinking – hoping – we might be starting to pull out of the pandemic with the promise offered by vaccines and their early roll out to LTC staff and residents. But, after just a few months, we found ourselves deep into a third wave, another state of emergency, an outbreak in our home and concerning variants on the rise. In this environment of confusion and uncertainty, our staff remained on the frontline of the pandemic committed to delivering quality care to the residents living in Grandview Lodge

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 has never been more evident than during the COVID-19 Pandemic.

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 2021 Grandview Lodge staff and management continued to be challenged to respond to the global pandemic and in 2021 we turned our focus toward a least restrictive approach in managing our pandemic response.

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. As we moved into 2021 and throughout the subsequent waves and introduction of variants of the COVID-19 virus, these directives and recommendations continued to be restrictive and in direct conflict with the home's philosophy and focused heavily on a medical model of care. Grandview Lodge staff continued to support a *"balance of risk versus benefit"* approach and utilized this principle 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 continued to be 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 the home's operations. Grandview Lodge is fortunate to receive support and guidance from Cathy Case, General Manager of Corporate and Social Services. Cathy has continued to empower the GVL team as we 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)

In 2021 the Home continued 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 2021 many of these services remained 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 continued to be adjusted and are reflected in the 2021 operational budget.

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 of 2021 our doors remained closed and these spaces were used as dedicated break rooms as we continued to meet the Ministry mandates for the co-horting of staff and social distancing.

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 -Long Term Care Homes Act 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
- Ontario Building Code
- 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.

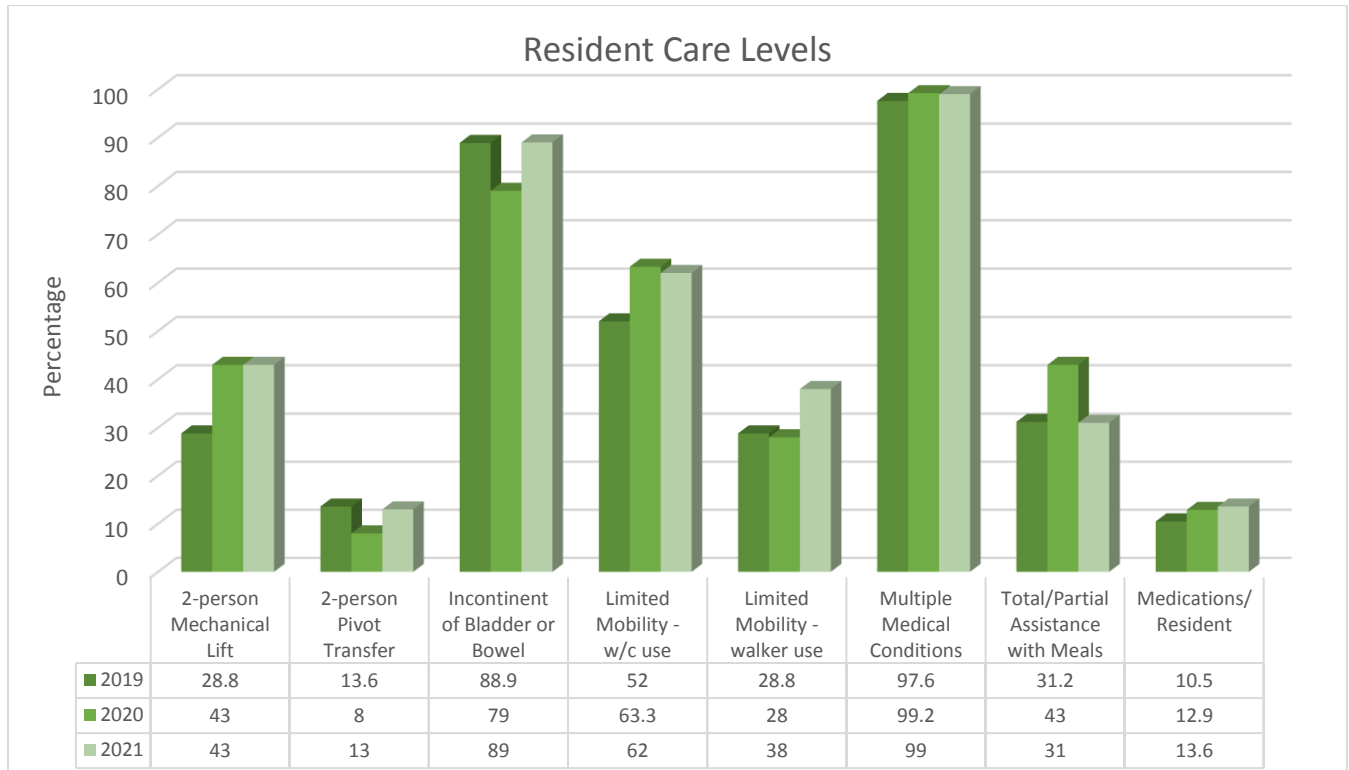
Strategic Plan

2021 was our third year of the 4-year strategic plan. The plan includes 31 goals which fall under 10 subcategories. The continuation and frequent revisions to pandemic protocols, staffing shortages; similar to those across the health sector as well as a focused approach to infection prevention/control, required the leadership team at Grandview to re-prioritize the Strategic Plan. At this time a decision was made to put the majority of our strategic goals in abeyance, focus on the goals and improvements that were relevant to the current environment and commit to redeveloping a 4-year plan in 2022 that would commence in 2023-2026

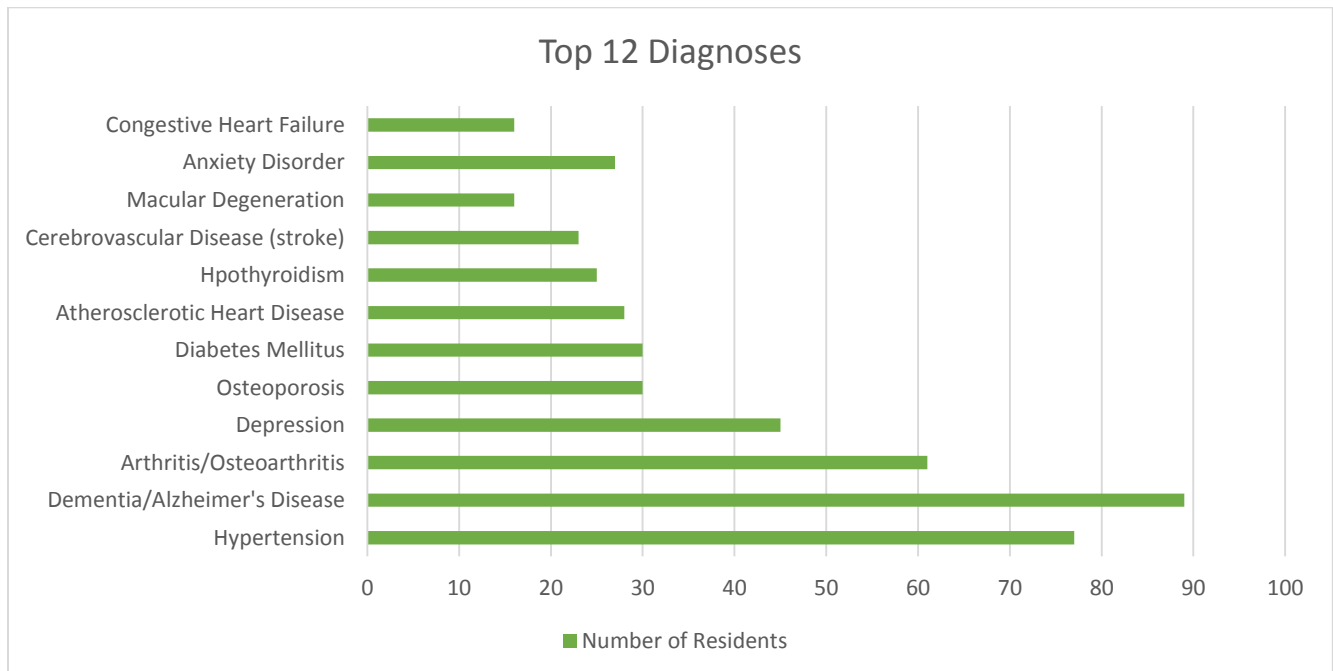
Resident Focus

The negative outcomes in the health and wellbeing of Ontario LTC residents associated with the restrictive but necessary response early on in the management of the pandemic has been well documented. The Grandview team recognized this potential, well before media sources started reporting about it. As a result of lessons learned through our adapted Butterfly Model approach that "Feelings Matter Most" we continued to follow a least restrictive approach when implementing government mandates and directives where the level of risk could be mitigated by alternative methods. The leadership team was transparent with our approach to residents and families and kept them informed through frequent communications. The support from our residents and families was unwavering.

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 2021



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: this is based on more than 128 Residents, as the total cumulative number of Residents increases based on admissions throughout the entire year.

2019 Falls

- There were 84 Residents who fell at least once.
- There were 9 fractures: 7 hip, 1 shoulder and one humerus.
- We had a total of 44 Residents discharged or deceased in 2019. 49% of the residents assessed had at least one fall. 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. 54% of the residents assessed had at least one fall. The total number of Residents assessed for falls was 160.

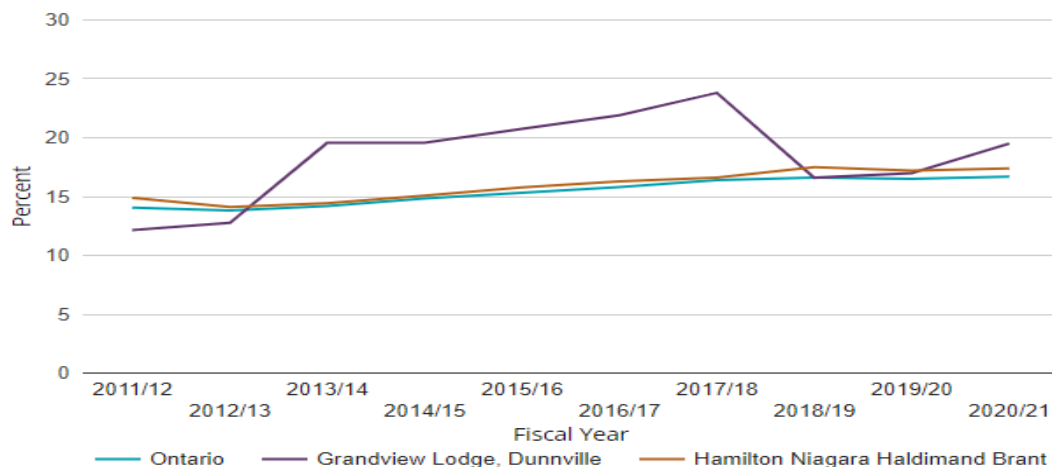
2021 Falls

- There were 93 Residents who had fallen at least once in 2021.
- Fractures: 1 hip and 1 shoulder
- We had a total of 38 Residents discharged or deceased in 2021. 56% of the residents assessed had at least one fall. The total number of Residents assessed for falls was 166.

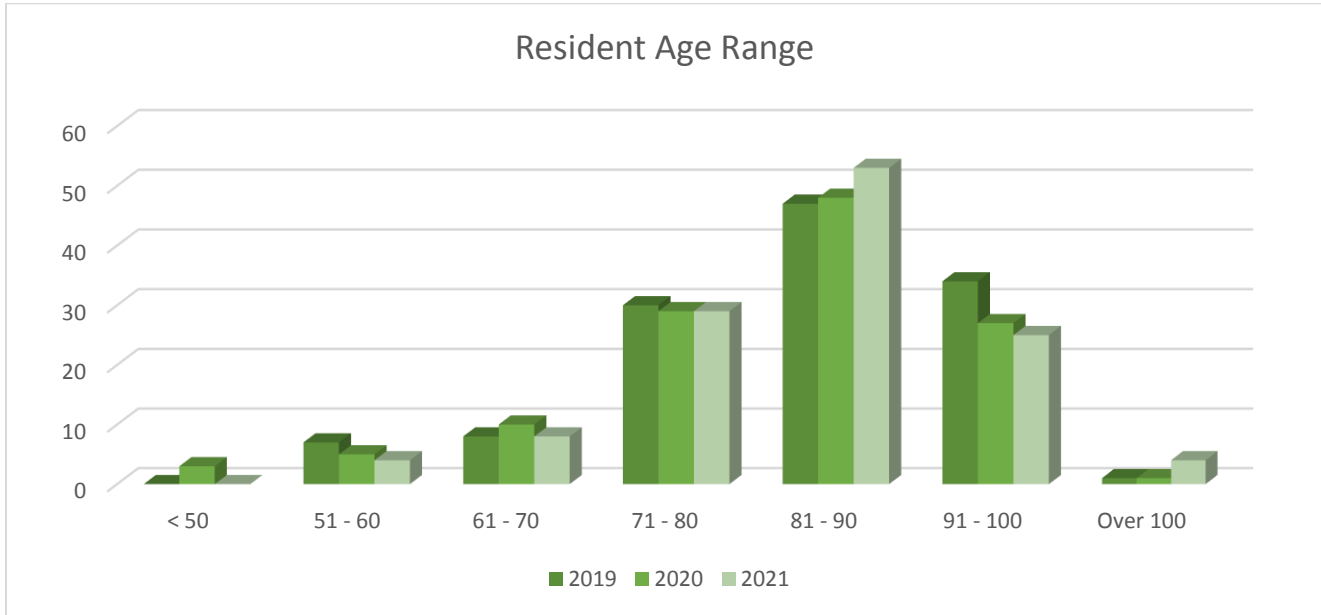
Long-Term Care Home Residents Who Fell

This indicator shows the percentage of long-term care home residents in Ontario who fell during a 30-day period before an assessment by a health care professional. A lower percentage is better. The provincial benchmark is 9%. Falls among long-term care home residents are a common cause of injuries such as hip fractures, and may result in a visit to the emergency department or hospital admission.

Percentage of long-term care home residents who fell, in Ontario, by region, by LTC Home, 2011/12 to 2020/21



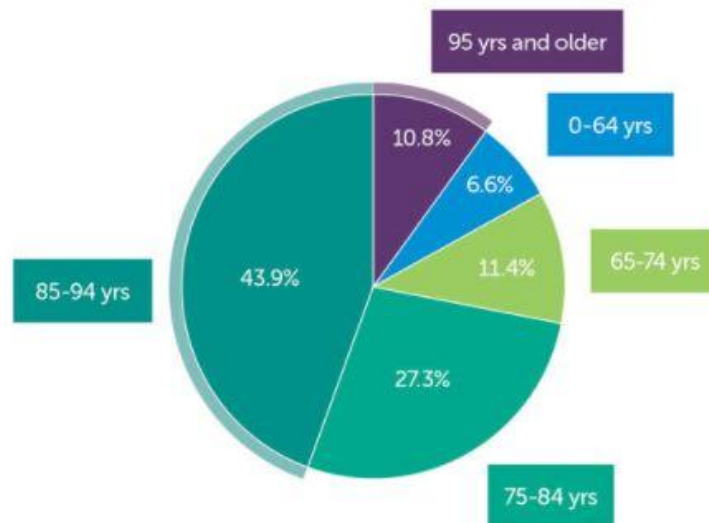
In 2021 the youngest Resident at GVL was 55 years old and the oldest Resident was 106 years of age. The average age of women was 83 years old and the average age of men was 82, with 6% of Residents (male & female) under 65. Below is a breakdown of the number of Residents in each age category for the years 2019, 2020 and 2021.



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

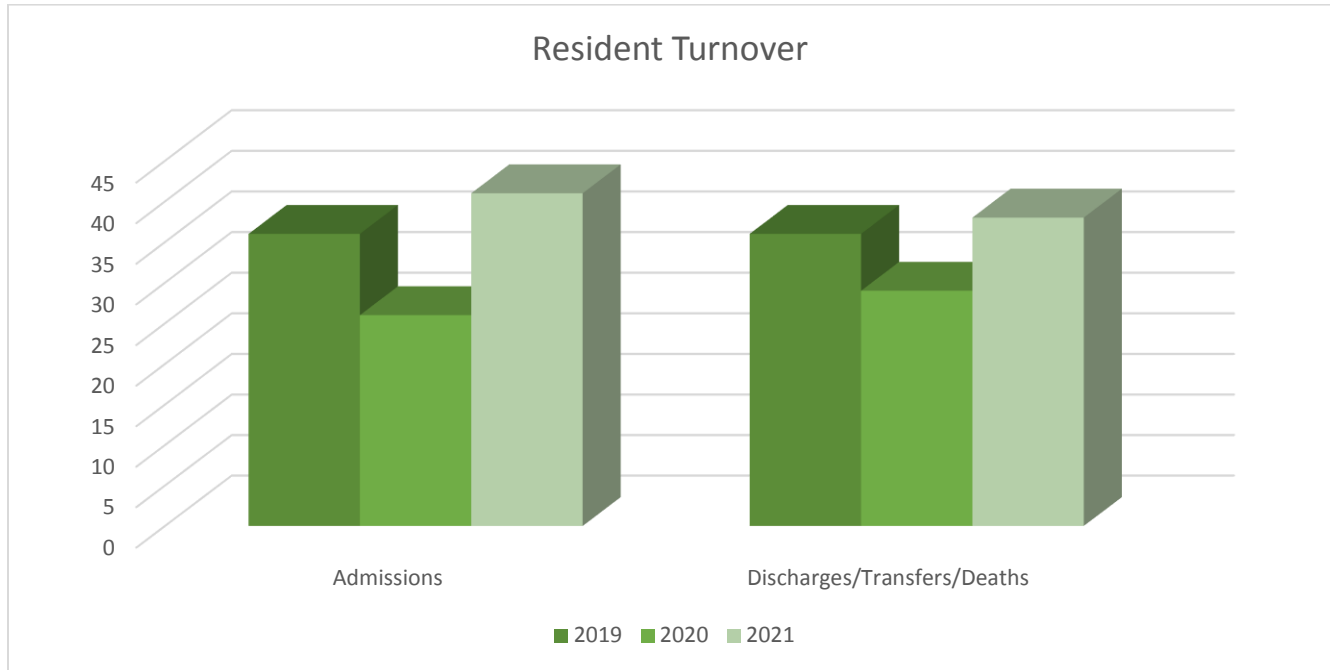
Provincial Averages

More than half of residents are over age 85



Resident Turnover

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



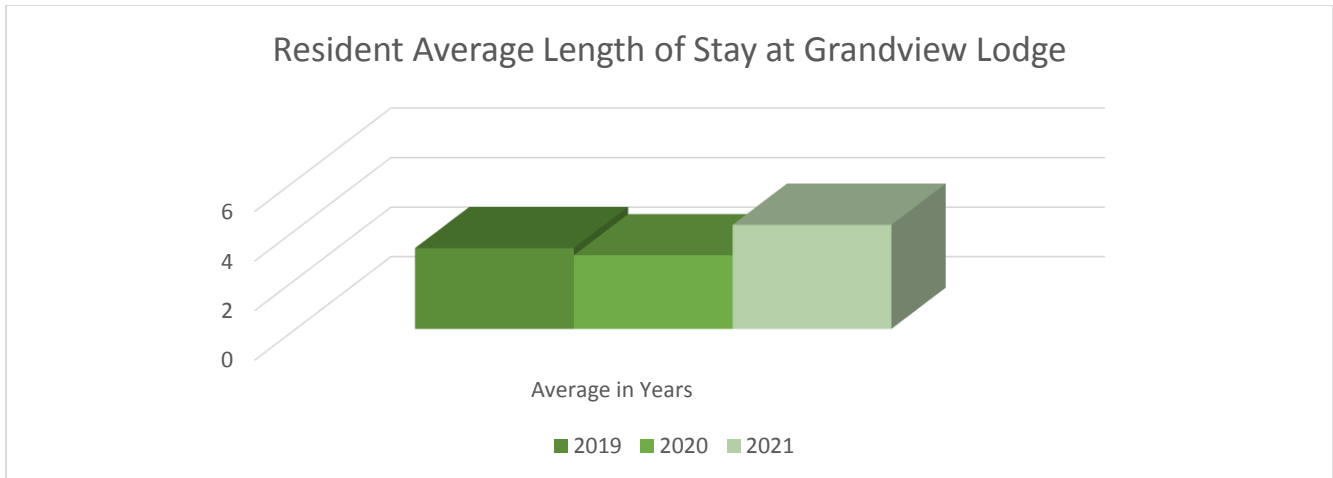
Resident turnover impacts staff in many ways including an increase in workload for all departments which consists of:

- 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

In addition, each time a Resident leaves the home it provides an opportunity for staff to:

- Deep Clean
- Repair/paint room

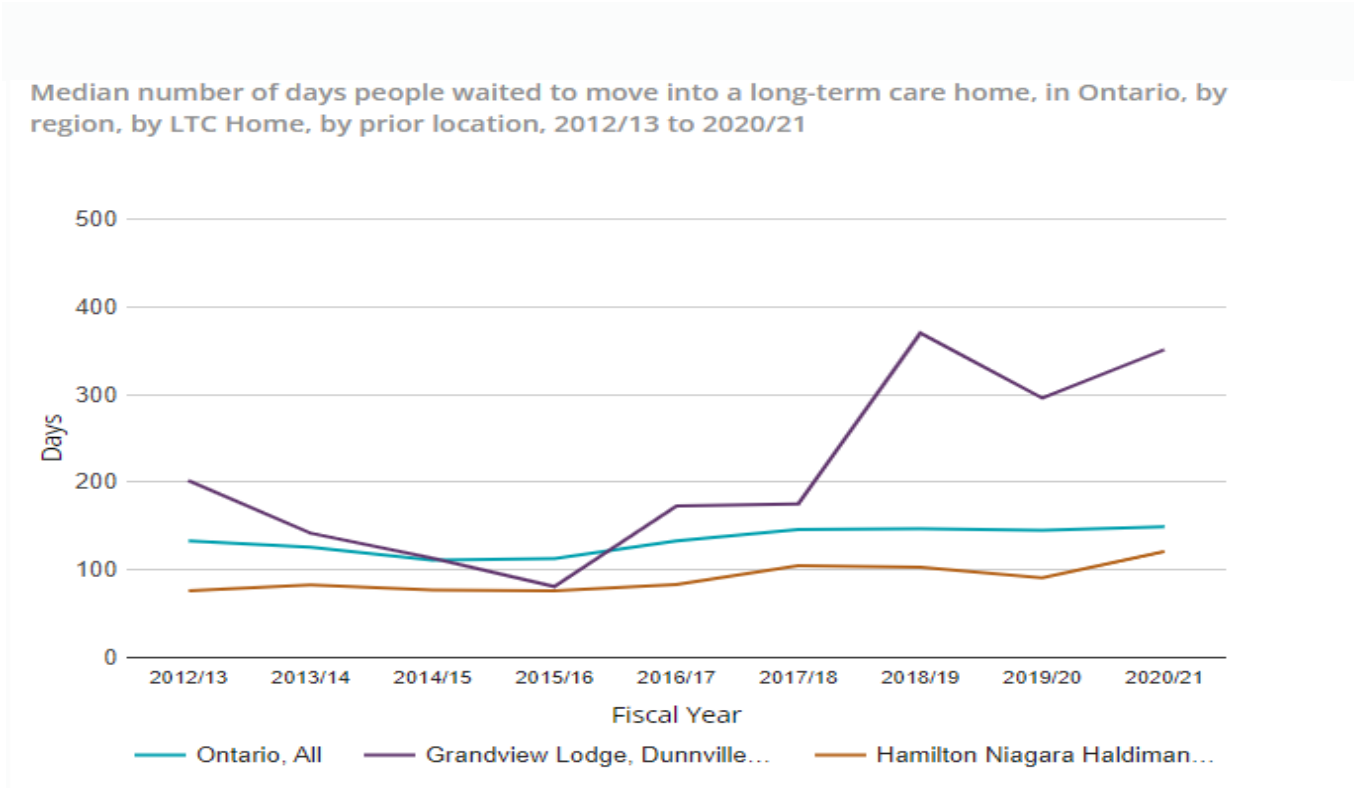
When reviewing the turnover for Resident population the next chart shows the average stay of Residents over the past three years.



Wait Times for Long-Term Care Homes

This indicator shows the median number of days people waited to move into a long-term care home in Ontario. A lower number of days is better. Delayed admission to a long-term care home can result in health complications for people waiting, as well as create stress for them, family members and other caregivers. If people are waiting in hospital when they could be in a long-term care home, it may affect the hospital's ability to provide services to other patients who require hospital care.

The Provincial Average Length of Stay is 18 months.



Infection Control

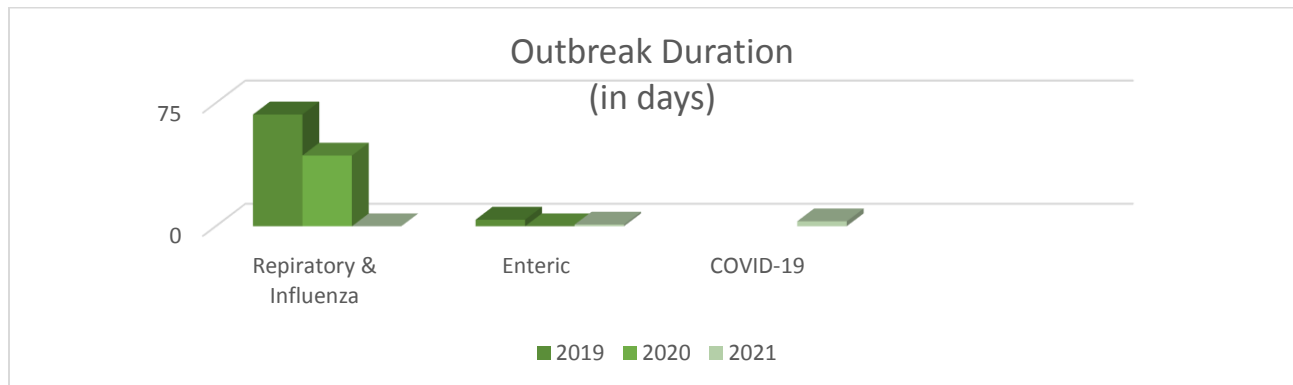
The following chart shows a three year review of the number of days that GVL found themselves in respiratory, influenza and/or enteric outbreaks.

Respiratory and Influenza

- 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]
- 2021 – total of 3 COVID-19 outbreaks for a total of 58 days

Enteric

- 2019 – 1 outbreak for a total of 4 days
- 2020 – 0 outbreaks
- 2021 – 1 outbreak for a total of 9 days



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

In 2021 long-term care homes received 261 Ministry of Long-term Care Communication Memos, the majority were related to the COVID-19 Coronavirus and the pandemic response.

The Ministry of Health also released COVID-19 related mandates in the form of Directives.

Our sector specific Directive is Directive #3 Long-Term Care Homes. This directive was revised or updated 19 times in 2021 and each change would require subsequent action to be taken or practices to be implemented.

Below are some examples of directed or mandated initiatives related to the pandemic response in 2021:

- | | | |
|--|--|-----------------------------------|
| • Managing staffing and COVID-19 related illnesses | • One-site orders | • Vaccination policies |
| • Rapid tests and third-party oversight | • Paid sick leave | • Booster shots |
| • Removal of consent – hospital transfers to LTC | • Occupancy funding relief | • Reporting requirements |
| | • Congregate dining | • Gradual lifting of restrictions |
| | • Screening | |
| | • Visitor policies and resident absences | |

In order to cover the many costs associated with implementing these initiatives provincial funding flowed to LTC homes through:

- Prevention and Containment Funding: testing and screening, reimbursement for lost revenue
- IPAC Personnel and Training Fund: IPAC staff and staff training
- PSW wage enhancement: additional \$3.00/hr for PSW staff
- IPAC Minor Capital Funding: equipment purchases to promote IPAC best practices

Grandview Lodge took a proactive approach in responding to the environmental factors within our Public Health district. The staff continued to work closely with the Haldimand and Norfolk Public Health Unit (HNPHU) for direction and support, and utilized resources that were made available through them. In September 2021 a new Medical Officer of Health, Dr. Matthew Strauss, was appointed to the HNPHU. The Administrator of Grandview Lodge provided a tour of the home to Dr. Strauss and discussed unique factors to the home such as access to private outdoor spaces, the environmental layout of the home, philosophy of care and the IPAC measures and mitigating factors currently in place as part of the home's pandemic response. The purpose of the meeting was to identify the need for an individualized approach to outbreak management within LTC homes and to ensure that the Medical Officer was in a position to offer informed recommendations or orders when working with the GVL team.

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 continued to receive training on IPAC practices and had adequate supplies of PPE for their use. The leadership team in the home remained confident that sufficient mitigating factors to the transmission of COVID-19 continued to be implemented and that staff remained fluent in protective measures. The leadership team, in consultation with resident and family council members, continued with a "least restrictive approach" to the pandemic management plan.

COVID-19 Vaccinations

On December 7, 2020, the province announced that LTC residents, staff and health care workers were amongst the key populations that would be receiving the COVID-19 vaccine. In January 2021, the MLTC advised homes to work with their local public health units to organize a vaccine distribution plan.

Grandview Lodge wasted no time developing a plan with HNPHU which included communication and education to residents, families and staff, obtaining physicians orders and resident consents, developing a detailed time sensitive administration plan for the day of vaccination, coordinating an emergency response plan and ensuring we had the staff on hand to follow through.



On January 14, 2021 a team of Grandview Lodge staff administered the first dose of the vaccine to all but 4 residents as well as several eager staff.

Subsequent second doses were administered in February 2021 as well as third dose boosters in September.

Pictured on the left is the President of GVL's Resident Council receiving the first dose of vaccine from the home's Medical Director, Dr. Ahmed Kamouna



Grandview Staff eagerly await their first dose of the COVID-19 vaccine

While province-wide vaccination rates in homes were high, we did see some variability at our home level, and a lower vaccination rate for staff in comparison to residents and essential caregivers.

Getting vaccinated is one of the most important things everyone in Ontario can do, including long-term care staff, to protect themselves and their families. In long-term care homes, high vaccination rates also directly protect residents and support the highest quality of life. GVL staff vaccination uptake was on par with many other LTC homes but well below the goal of 70%, which was required in order to allow residents to resume congregate social activities.

In recognition of vaccine hesitancy within our sector, a new Minister's Directive requiring all homes to have a COVID-19 immunization policy as an additional tool to promote high vaccine uptake was issued May 31, 2021.

At a minimum, the policy must require staff, student placements and volunteers to do one of three things:

1. Provide proof of vaccination against COVID-19; or
2. Provide a documented medical reason for not being vaccinated against COVID-19; or
3. Participate in an educational program approved by the licensee.

Grandview Lodge utilized provincial Containment Funding to hire a third party to develop a comprehensive educational program consisting of 6 modules and associated quizzes used to ensure the staff participating had an understanding of the information provided to assist them in making informed decisions related to COVID-19 Vaccines. Topics included an overview of the COVID-19 Pandemic, how vaccines work, COVID-19 safety, benefits, risks and side effects of the vaccines, common misinformation and finally vaccine confidence and the implications for LTC.

Subsequently, the County adopted a mandatory vaccination policy requiring all staff in long term care to receive two doses of an approved COVID vaccine. Two days following the adoption of this policy, the Ministry of Health followed suit by adopting a provincial wide requirement for long term care staff to become fully vaccinated.

Staff Vaccination Rates prior to the implementation of a vaccine policy - 63% (March 2021)

Staff Vaccination Rates after the implementation of the policy leaving vaccination optional with education - 79% (July 2021)

Staff vaccination rate after Council and Province mandated vaccination for all long term care staff - 92% (October 2021)

COVID-19 Outbreak 2021

Grandview Lodge had three COVID-19 outbreaks in 2021. Two of three outbreaks occurred on multi-level care home areas. The resident compliance with IPAC measures is typically higher on these home areas, and we believe this is a key factor in managing transmission of the virus along with the mobilization of all pandemic planning, training and interventions which proved to be effective in containing the outbreaks to one home area and in preventing transmission beyond the initial vector and immediate close contacts. Our third and final outbreak occurred on the DementiAbility home area. We anticipated a higher transmission rate during this outbreak due to the challenges our residents would have to comply with IPAC measures.

The first outbreak occurred in January and did not impact any residents although the whole home was placed in room isolation and visitations were limited to one (1) essential caregiver. During this period PH measures in outbreak management were quite restrictive. Unfortunately, the outbreak and restrictive measures continued for several weeks despite no evidence of the virus being in the home. Grandview Lodge with the support of our Medical Director, Attending Physician, General Manager and CAO; moved forward with ending Resident room isolation for the remainder of this outbreak. We did however, continue to operate under area isolation; meaning that Residents were able to move freely within their home area, but were not be able to leave the area. After careful consideration of all the factors, a review of best practice guidelines and a risk analysis that looked at the real or potential risk/benefit factors as they relate to the transmission of COVID-19 in the home; and the psychosocial impacts of prolonged room isolation, we determined that Residents were more likely to have, and in some cases actually had, negative health outcomes due to the ongoing room isolation. This information was communicated to residents and families along with the option for residents to choose to remain in room isolation without any interruption to their care. Not one resident chose the isolation option.

The second outbreak, February 18th to March 3rd, 2021 occurred on our DementiAbility home area. This secure home area has a high population of residents who wander and are often unable to comply with the procedures for effective IPAC measures. The staff on the home area worked under “reverse

precautions” to mitigate the added risk of transmission on this home area and the leadership team communicated an expected higher rate of transmission to all stakeholders.

The final outbreak occurred in April 2021. The vector was a visiting family member and transmission was limited to the resident associated with that visitor. PH direction during this outbreak was to only isolate the positive resident. No other residents were required to room isolate and the doors to home areas remained open. The outbreak was declared over within the minimum requirement of the two week isolation period.

Cumulative COVID-19 related Resident and Staff Deaths Ontario as of December 31, 2021		
	LTC Residents	LTC Staff
Ontario	3,834	13
Grandview Lodge	0	0

Staffing Focus & Updates

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

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		
	2019	2020	2021	2019	2020	2021
PSW	28	25	27	41	37	39
RPN	9	7	9	12	6	7
RN	3	2	2	6	3	5
Dietary Aide/Cook	6	6	6	14	13	10
Housekeeping/Laundry Aides	6	6	5	10	7	7
Maintenance	2	2	1	1	1	2
Recreationists	4	4	4	3	3	3
Administrative	9	10	9	3	3	3
Total Staff	67	62	63	90	73	76

In 2021 the following staff transitions took place:

- 50 new hires
 - 1 Supervisor
 - 1 Administrative (admin pool)
 - 2 Housekeeping/Laundry Aide
 - 5 Dietary Aide/Cooks
 - 2 Maintenance Workers (1 summer student)
 - 5 RN
 - 6 RPN
 - 20 PSWs
 - 8 Screeners
- 44 Exits
 - 10 Dietary Aide/Cooks
 - 3 Housekeeping/Laundry Aide
 - 17 PSWs
 - 2 RN
 - 6 RPN
 - 2 Supervisor
- 1 Retired
- 1 Death

Identified reasons for leaving employment at GVL

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

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 2021 there were 17 WSIB claims and 181.25 lost time hours (of which 52 hours were related to COVID-19). 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

2019	2020	2021
5 claims	16 *	8 **

** Of the 16 lost time injury claims in 2020 seven (7) were related to typical workplace injuries and nine (9) were claims related to COVID-19. Of the nine (9) claims none were hospitalized, there was no loss of life, and all staff had a full recovery.*

*** Of the eight (8) lost time injury claims in 2021 one (1) was related to COVID-19 and one (1) was related to the Enteric Outbreak.*

Modified Work Hours

2019	2020	2021
1147.75	537.5	630

Labour Relations

Grandview Lodge Management and Union Representatives for UFCW & ONA continue to have a strong working relationship and met virtually throughout the year to discuss issues and concerns. Noted in the following chart are the number of UFCW and ONA grievances for 2021.

Total Grievances 2021			
	COVID-19	Total	% Related to Covid
UFCW	9	24	38%
ONA	0	0	N/A

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 2021 was \$12,467,370 and the long-term debt charges were \$1,298,210. 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 2021 and the Home received the maximum revenue possible from the Accommodation envelope.

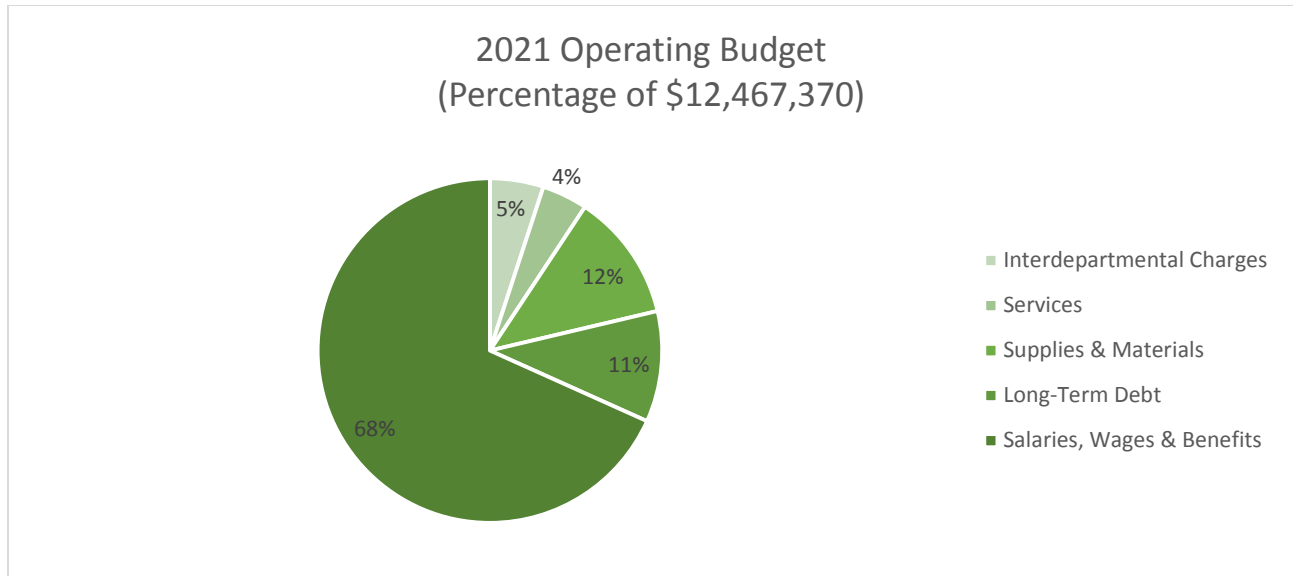
In order to effectively implement the pandemic plan Grandview Lodge had a significant increase in operating expenses. The majority of cost increases were directly related to new staffing positions and additional staffing hours above the approved complement as well as increased overtime costs to ensure we had adequate staff as often as possible. 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. The budget was also impacted by an increase in materials such as isolation gowns, gloves, masks, disinfectants, cleaning solutions, disposable food & beverage containers and paper supplies, to name a few.

These increases in the operational budget 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.

In 2021 the Ministry of Long Term Care introduced a plan to increase the direct hours of care per day per resident, affiliated care hours and focus on infection prevention and control. Funding will be flowed to the County over a four year period to cover the costs of additional staff in nursing, therapeutic recreation and infection prevention control. A phased in staffing plan was prepared and approved to meet these additional care requirements. Staff continue to work on implementing the new plan with new schedules being developed and an attraction and retention initiative to begin in 2022. The challenge in recruiting staff in fields where there are global workforce shortages is not lost on management, however we will continue to work with corporate supports available within the County to use creative methods of recruitment to Grandview Lodge.

Additionally, Grandview Lodge received funding under the Investing in Canada Infrastructure Program which helped to offset Capital Budget costs associated with projects identified for replacement or repair through the Facility Assessment that was completed in 2020.

Specific projects include: HVAC Infrastructure (ongoing), Security Infrastructure (completed), Plumbing Infrastructure (completed) and Roofing Infrastructure (ongoing).



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

2021 Envelope	Per Resident Per Day		
	Jan – Mar	Apr – Jul	Aug – Dec
Nursing & Personal Care	92.73	92.73	92.03
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)	4.50	7.27	7.27
Quality Attainment Premium	0.36	0.36	0.36

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 2021 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 has been captured under recoveries in the GVL 2021 Operational Budget.



Grandview Lodge residents benefitted from the commitment of our hair care service provider Bobbi Jo Biggley. Because Bobbi Jo committed to meeting the requirements of LTC staff such as vaccination recommendations, testing, screening and PPE use along with the fact that our home has a separate space designated as a hair salon, we were able to continue to provide hair services to our residents and meet the requirements for resident co-horting, social distancing and IPAC safety measures.

Bobbi Jo taking a resident to get their hair done for the Cinco De Mayo Fiesta!

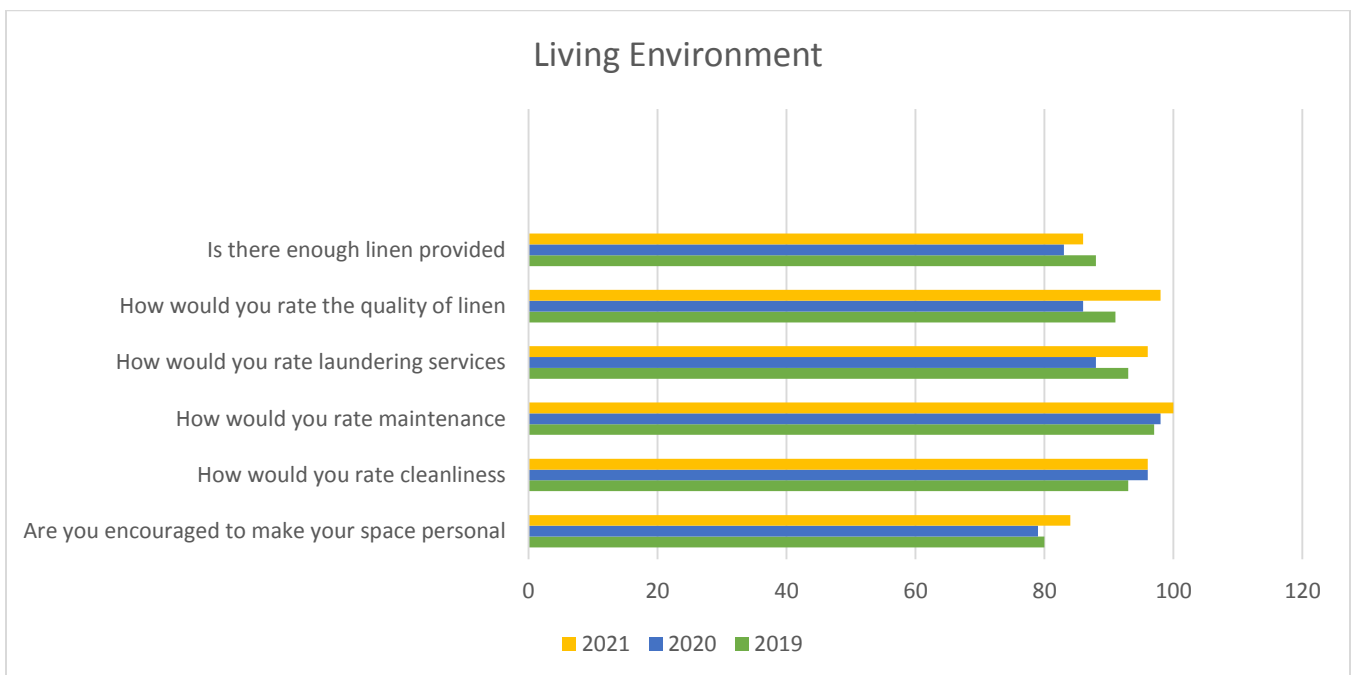
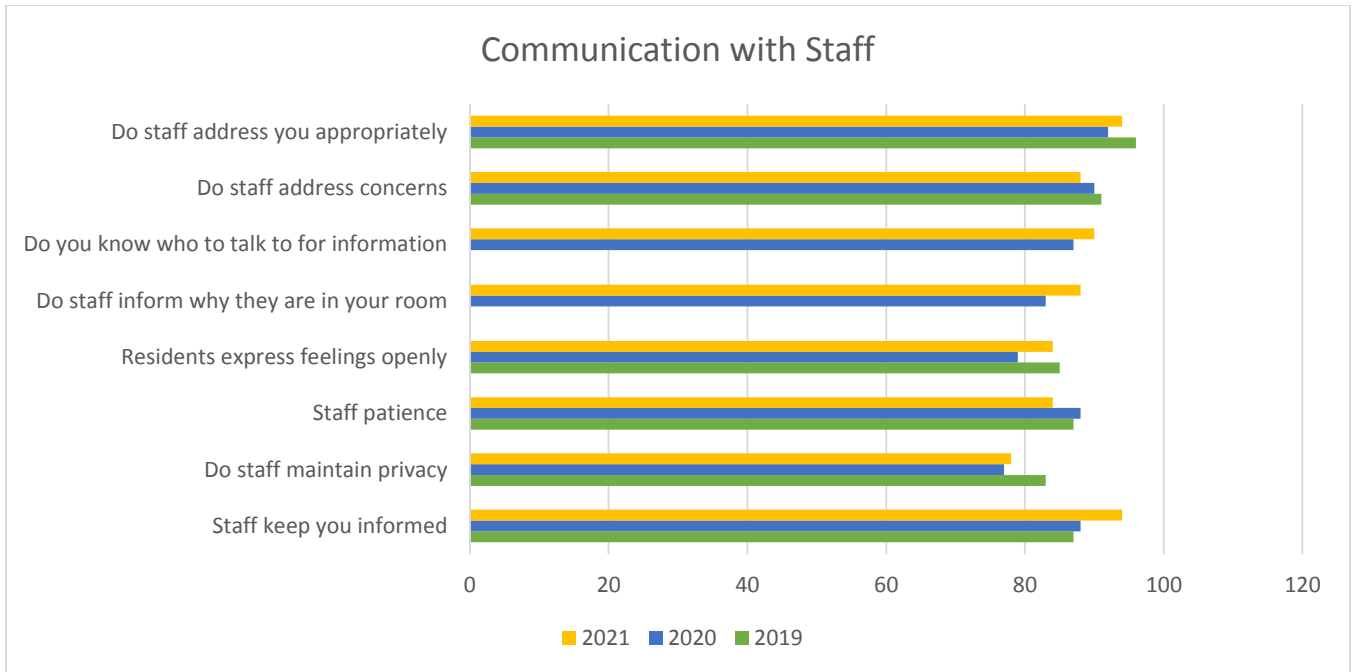
Resident/Family Satisfaction Survey Results – 2021 Compared to 2020 and 2019

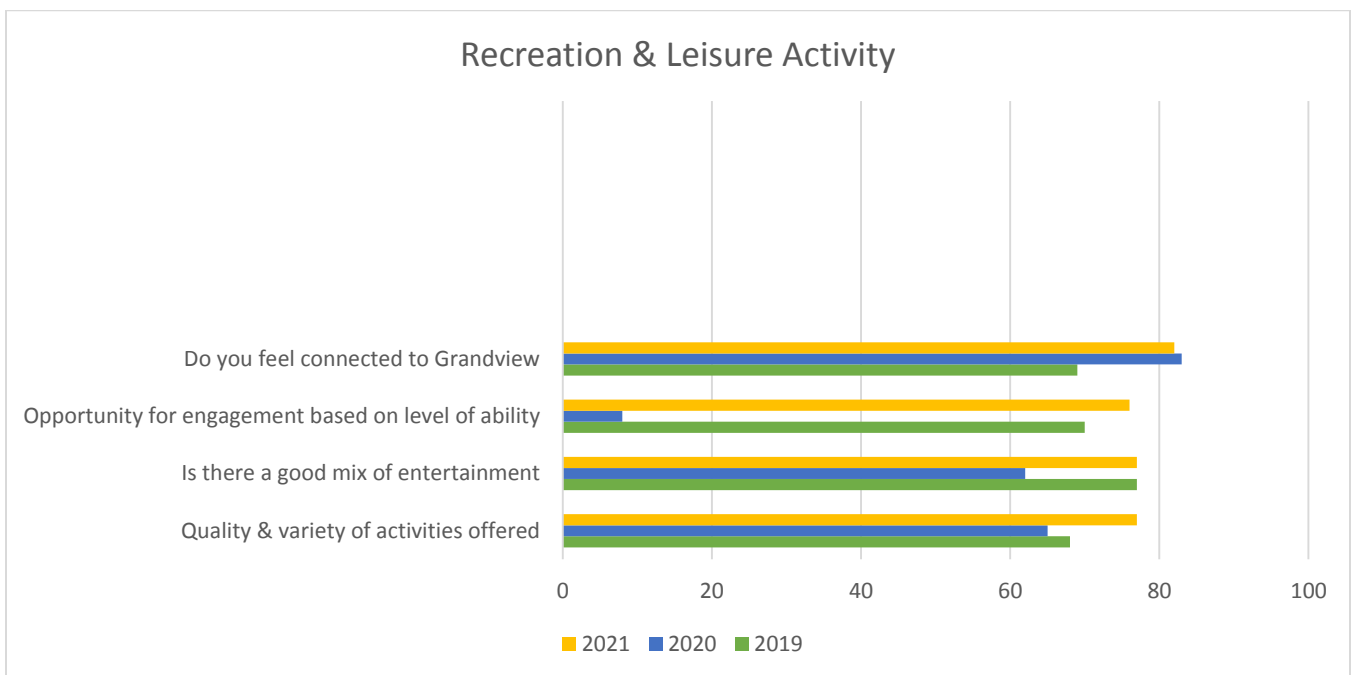
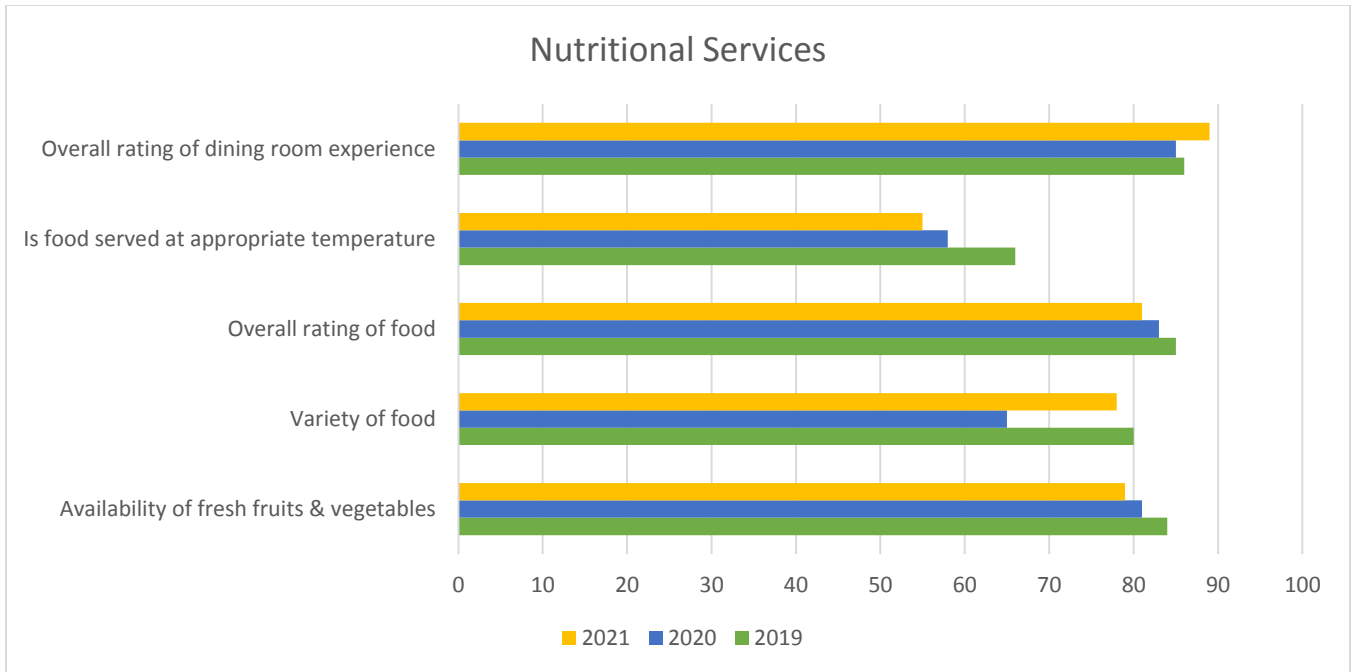
A quick year-to-year comparison of the Resident and Family Satisfaction Survey provides a clear picture of the residents lived experience throughout the COVID-19 pandemic. We have included pre-pandemic results from 2019, results from 2020 during the first wave of the COVID-19 pandemic and the 2021 results to highlight the importance and benefits of maintaining a social model of care.

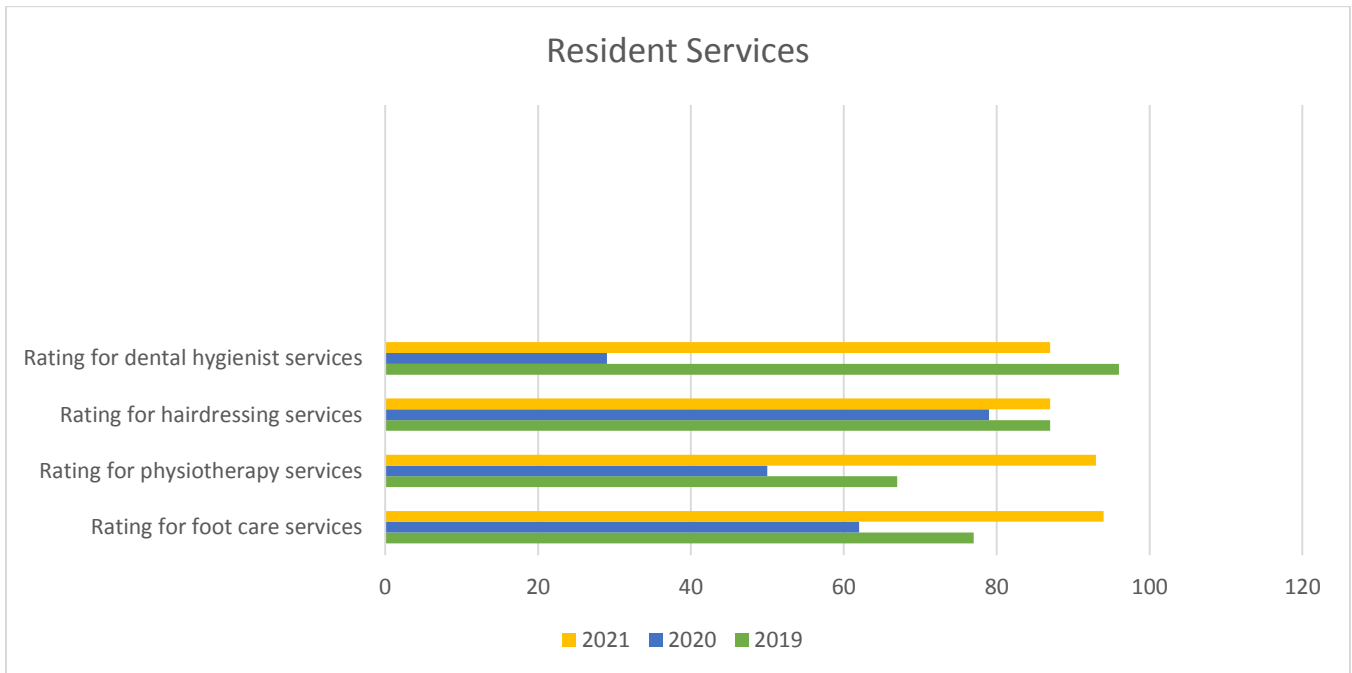
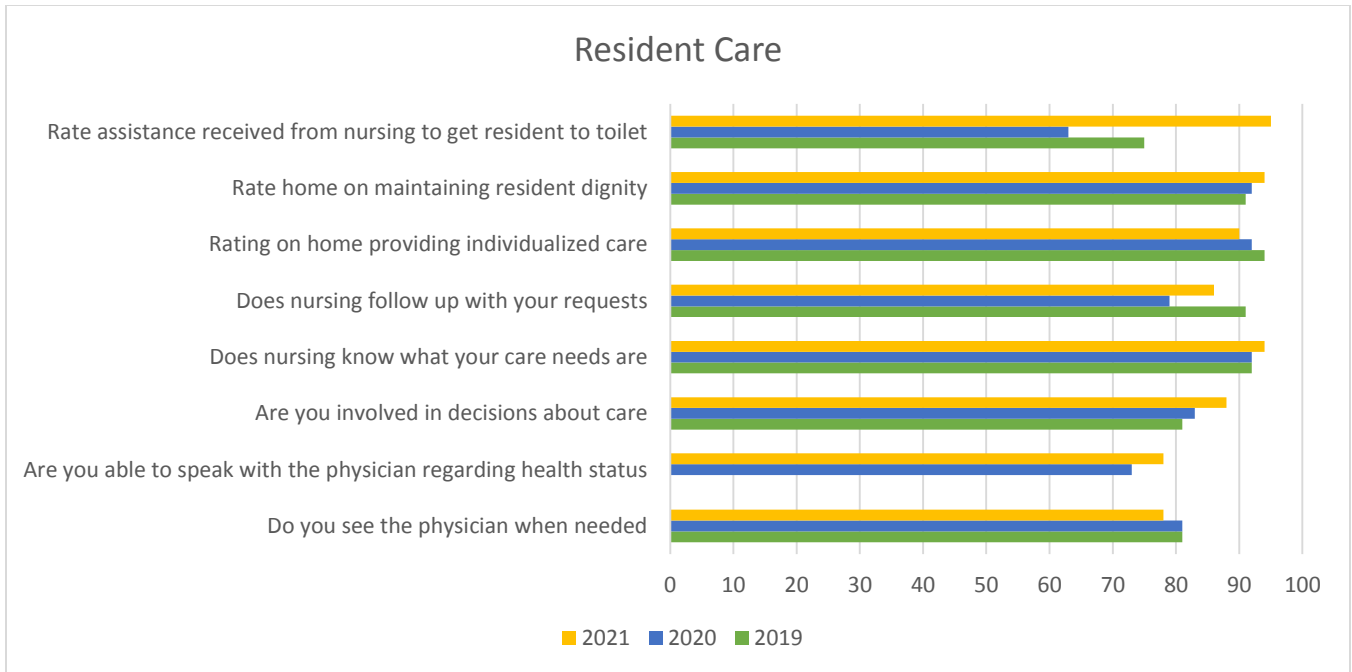
2021 Resident Satisfaction Survey results showed an improvement over the previous year's results in all categories. In 2020 we noted a decline in 73% of the categories. 2021 statistics show a significant improvement over the previous year. The resident and family overall rating for care and services satisfaction rate increased from 94% (2019), 95% (2020) to 98% in 2021 with 98% indicating they would recommend Grandview Lodge to a friend or family member.

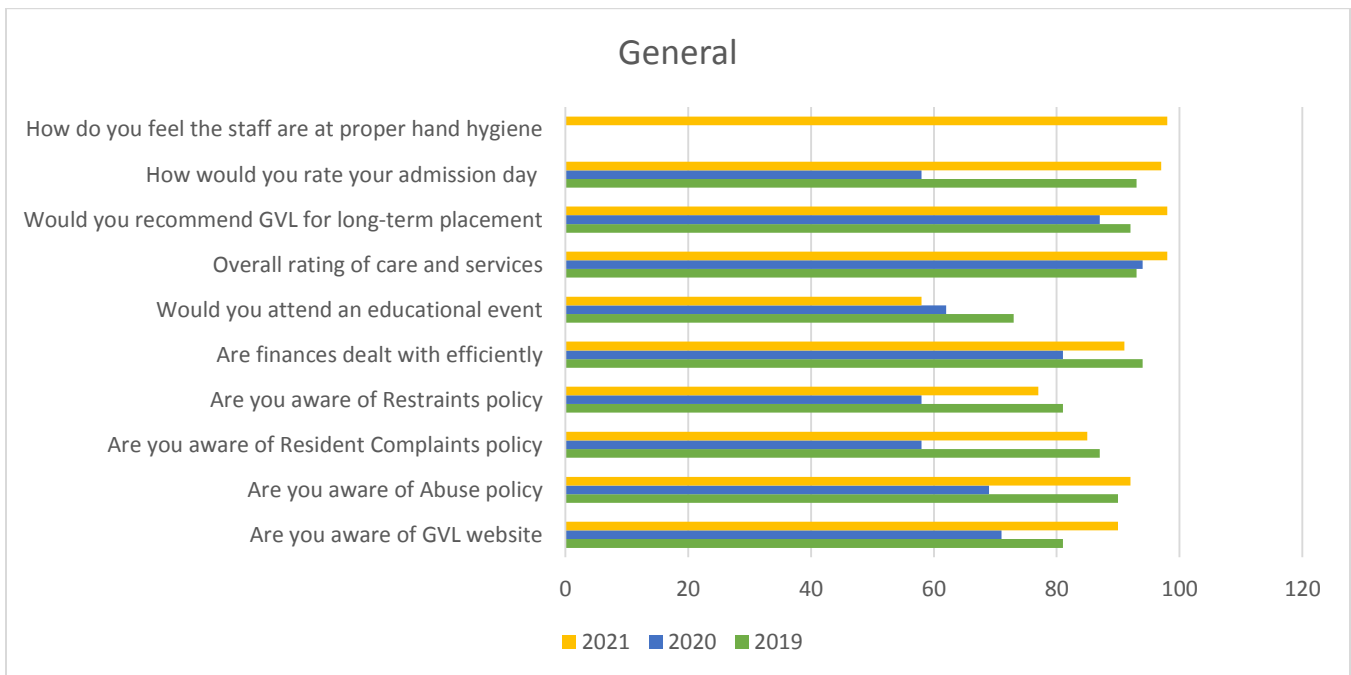
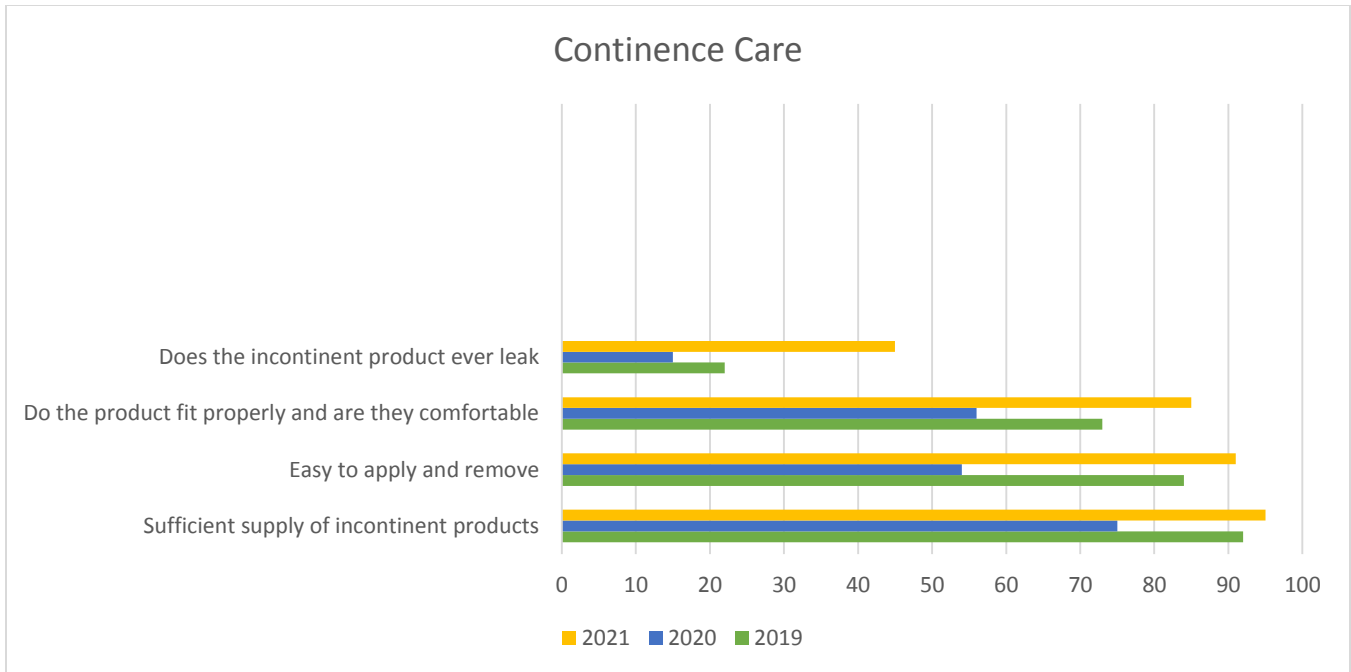
Where results do not show improvement or are not reflective of the benchmark acceptable to Grandview Lodge management, focus is given to these areas by the Continuous Quality Improvement (CQI) committee and the supervisor of each department ensures necessary changes are made. Likewise, where results are positive, they are shared and supervisors ensure their staff are aware of the encouraging responses.

The results of the 2021 satisfaction survey reflect an improvement in the residents lived experience that aligns with the home's transition back to a resident focused response to the pandemic and the re-engagement of the social model of care whenever it was deemed safe to do so. It is rewarding to see that the residents feel that their experiences at Grandview Lodge have almost returned to a pre-pandemic level of high satisfaction and in many instances residents are completely satisfied with the care and services offered in our home.









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 2021 the MLTC enacted Bill 37, *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*. If passed, the *Long-Term Care Homes Act, 2007* will be repealed and replaced with the *Fixing Long Term Care Act, 2021*. Under the proposed new legislation is also a new "proactive inspection process".

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 coordinator 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 2021 GVL reported three Critical Incidents that fall under the categories for mandatory reporting to the MoHLTC. Inspectors from the compliance branch of the MoHLTC visited GVL on three occasion to complete inspections related to:

- Critical Incidents
 - Fall resulting in injury – Non-compliances were not issued
 - Fall resulting in injury – Non-compliances were not issued
 - Resident abuse – one (1) Written Notification and one (1) Voluntary Plan of Correction were issued

- Anonymous Complaints
 - Accommodation Services – Housekeeping, Infection Prevention and Control, Nutrition and Hydration, Pain, Personal Support Services, Prevention of Abuse, Neglect and Retaliation, Safe and Secure Home, Skin and Wound Care: seven (7) Written Notifications and four (4) Voluntary Plans of Correction were issued with findings related to policy issues, resident hand hygiene, wheelchair cleaning, nutrition and hydration, and skin and wound.
 - Infection Prevention and Control, Nutrition and Hydration, Pain, Personal Support Services, Prevention of Abuse, Neglect and Retaliation, Safe and Secure Home, Skin and Wound Care: two (2) Written Notifications and one (1) Voluntary Plan of Correction related to skin and wound care, and resident plan of care
 - Bed Vacancies: one (1) Written Notification for failing to ensure that within 24 hours after a bed in the home was no longer occupied the appropriate placement co-ordinator was informed

Although there were several areas for improvement identified in 2021, the severity of most of the non-compliances was low as evidenced by the level of correction issued. Corrective action plans were developed and implemented. It is important to note that Infection Prevention and Control inspection protocols were a priority during the pandemic. There were no non-compliances identified with our outbreak management plans or pandemic response. The only non-compliance found related to IPAC measures during all three visits was related to a resident hand hygiene program.

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

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 2021 and some jobs typically assigned to volunteers were absorbed by staff into their own work routines.

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.

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 provides updated summaries of the changing Directives, advocates 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 continued to be on hold during 2021 due to the pandemic.

[Additional 2021 Highlights and Accomplishments](#)

- Theatre & Nature rooms completed
- Successful outdoor winter wonderland and Christmas Galas
- Effective management of pandemic protocols, IPAC best practices and outbreaks
- Successful immunization campaign for Residents, staff and external stakeholders
- **Balancing risk vs benefit for increasing visitors in the Home**

Summary

In the face of the unrelenting pressure and scrutiny brought on by COVID-19 and its aftermath, Grandview Lodge staff residents, and families have never stopped amazing us with their strength, resilience and deep desire to keep the residents healthy and safe and bring them joy and some normalcy during incredibly difficult times. It has not been easy — not by a long shot. We have heard the emotion in the voices of the people who make up the GVL Family but we have also seen the smiles, the look of relief and the supportive gestures to one another. In the year ahead we will embrace the progress that has been made through this pandemic and move forward knowing that we can do hard things. Grandview has been a beacon throughout this dark time in LTC history by lighting a path worth following and signalling hope that there is an end in sight. We will look back at this time and wonder how we did it but then we will look at each other and know the answer.

