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**Subject:** Seniors Services Quality Improvement Report – April to June 2020

**Report to:** Public Health and Social Services Committee

**Report date:** Tuesday, September 8, 2020

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## Recommendations

1. That this report **BE RECEIVED** for information.

## Key Facts

- The purpose of this report is to provide Committee and Council with highlights of quality initiatives and outcomes for the second quarter of 2020 for Seniors Services. Areas of focus in this quality report include updates on:
  - COVID -19 Seniors Services – Long-Term Care
  - COVID –19 Seniors Services – Community Programs

## Financial Considerations

The Ministry of Long-Term Care (MLTC) and Ontario Health West are the primary sources of funding for the Seniors Services division. Other funding sources include user fees and levy. The activities referenced in this report are expected to exceed the originally approved 2020 operating budget. Additional funding from the province has supported these initiatives however critical incremental costs, above current ministry funding, have exceeded the budget. This shortfall is actively being presented to the Ministry and without further funding from the province the shortfall is expected to be \$6,343,541.

## Analysis

Public Health guidance to ensure effective infection prevention and control measures and outbreak management, Provincial directives and emergency orders intended to mitigate risk and manage the transmission of COVID-19 within the long-term care home sector, have required significant operational changes to enable implementation. This report is intended to provide an update on Seniors Services responsiveness to the COVID-19 pandemic.

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## **COVID - 19 Seniors Services – Long-Term Care**

Seniors Services continues to implement risk mitigation measures to manage the pandemic and aggressively focus on preparation and prevention measures. There have been many measures that have been implemented in order to operationalize Ministry guidance, directives and emergency orders. This long-term care update will include updates to:

- Visiting procedures
- Infection Control Measures
- Onboarding of Staff
- Community Support

### **Visiting Procedures**

In March 2020 the Ministry of Long Term Care provided direction to the homes in Ontario that only essential visitors were allowed to visit residents in the home. Only essential visitors were allowed for those that had a palliative or dying family member. On June 18, 2020 the MLTC allowed families and loved ones to start visiting again in an outside area of the home. Visitors were required to obtain and attest that they had a negative COVID-19 swab. The visitor and resident were required to maintain social distancing and wear facemasks. With the introduction of outdoor visits, the homes have continued to support families and residents, with alternatives if needed, through window and online visits.

### **Infection Control Measures**

In COM 13-2020, a comprehensive list of measures were listed to show the various processes that were put in place to prevent the spread of COVID-19. The homes continue to complete active screening<sup>1</sup> of staff at the beginning and end of their shift to ensure they do not have any symptoms. This screening process has largely been supported by the efforts of redeployed staff. Staff redeployed from various departments in the organization provide support from hours 0530 to 2330 seven days a week to ensure active screening and documentation is completed. Additionally, all staff working in long-term care homes are tested twice monthly as per Ministry guidelines. The

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<sup>1</sup> Active screening – This includes verbally answering a list of questions detailed in the COVID-19 screening tool and completing a temperature check when coming into the building and again when leaving the building. All responses are recorded on a document that is signed off by staff. All documents are audited and are filed as per MOHLTC direction.

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swabbing of all staff is completed through testing clinics facilitated by LTC staff on-site in the homes.

Enhanced cleaning, resident screening and monitoring, and physical distancing continues. Staffing has been enhanced in housekeeping and nursing to support the additional duties and tasks that are required to meet MLTC and Public Health directions. Isolation is required for all new admissions and re-admissions, as well as for suspect or confirmed cases of COVID-19. There are significant care and PPE considerations for residents in isolation. During isolation, or when a resident is under Droplet and Contact Precautions, staff must put on a gown, a mask, a shield and gloves when entering the room and remove them immediately upon leaving the room. Staff enter resident rooms to clean and to disinfect high touch surfaces, deliver laundry, pick up laundry, collect garbage and provide personal care (i.e. toileting support, assistance getting in and out of bed, assistance getting dressed, assistance with meals, assistance taking medications, twice daily COVID-19 assessments, to facilitate virtual visits with family, to help with personal requests, etc.).

The total number of days that residents were in isolation in 2019 vs. 2020 during the same timeframe was 350 days vs. 7,000 days. This increase in volume has required the need for additional staffing and purchasing costs. The cost of PPE through the duration of the pandemic has increased in line with market demand. Furthermore, the volume of usage has significantly increased given the high volume of residents who trigger isolation requirements under Directive 3.

### **Onboarding Staff**

In March 2020, when direction was provided by the MLTC that staff who work in congregate settings could not work in more than one facility, staff were required to choose which employer with whom they would continue to work. Approximately 80 staff decided to work with their other employer (quite often Niagara Health). These staff were placed on leaves of absence. In addition to this, summer was also approaching and one of the yearly tasks is to hire temporary staff for the peak summer vacation period. With the pandemic restrictions in place and physician's offices closed, the team had to look at how to onboard staff differently. The Human Resources team was engaged and a plan, mindful of all of the new pandemic restrictions, was developed. The Occupational Health Nurses (OHN) in collaboration with Seniors Services staff and the Public Health Vaccine team, additionally took on new responsibilities to provide tuberculosis testing clinics to new hires and redeployed staff. This testing requirement is a mandate of the *Long-Term Care Homes Act*. New hires and redeployed staff were otherwise unable to

complete the required tests due to physician offices and clinics being closed because of the pandemic.

Online learning was also created for the new and redeployed staff. Prior to the pandemic this would have been done in person. Seniors Services staff helped remotely to ensure the success of the employees.

## **Community Support**

The community has shown their support to the long-term care homes during the pandemic. Brock University, Niagara College and Ryerson University have provided over 2,000 face shields free of charge for the homes to use as part of staff personal protective equipment (PPE). The homes have also received donations of ear protectors from various groups in the community to support staff who must wear a mask for their entire shift. In addition to these acts of kindness, our homes have received many donations of drinks and food for the residents and staff to help them get through this difficult time.

## **COVID – 19 Seniors Services – Community Programs**

To support the clients of Community Programs during the pandemic, the team created a program to track client needs. The clients started to identify the need for supports related to the limitations they were facing due to the pandemic.

Common issues identified included:

- clients reporting feelings of isolation and the benefit of weekly telephone wellness checks
- clients experiencing difficulty in obtaining food or other resources
- clients experiencing difficulty in obtaining transportation to essential appointments.

Existing Adult Day, Healthy Safe and Strong and Respite clients were contacted to identify if they had any of these risk factors and whether they would be interested in telephone wellness checks or needed help with food/transportation.

The barriers that many of the clients faced were due to the loss of support from friends or family who were self-isolating, clients in isolation themselves, reduced access to transportation, changes to food banks (where only pick up is available), and the inability to use on-line shopping and services.

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Clients who had one or more of these risk factors, were entered into the COVID program in addition to their regular program. Clients who required more assistance than just basic wellness checks were enrolled in the outreach program and assigned a Community Worker.

From April to June Community Programs supported 266 individuals with these additional supports. Seventy percent of clients in the COVID program were existing Seniors Community Program clients and thirty percent were referred through the Gatekeeper phone line, self-referral, family referral or other community partners (e.g. Niagara Regional Housing).

### **Alternatives Reviewed**

Not applicable.

### **Relationship to Council Strategic Priorities**

Healthy and Vibrant Community – supporting the delivery of quality care to Niagara's Senior population.

### **Other Pertinent Reports**

- COM 13-2020 Seniors Services Quality Improvement Report – January to March 2020

Community Services

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## **Appendices**

Appendix 1                      Seniors Services Report Card 2020

## Appendix 1

## Seniors Services Report Card 2020

## Seniors Long Term Care Home Metrics

Measures	Definition	2019 Q3	2019 Q4	2020 Q1	2020 Q2
<b>Resident Satisfaction Survey</b>	This metric provides a measure of resident perception of services and overall rating of a great place to live. The survey is issued annually. In 2019 the average for the eight Niagara Region LTC Homes was 95%. The 2019 MBN average for upper-tier municipalities was 93%.				94
<b>Pressure Ulcers</b>	This is a measure of the number of residents with worsened stage 2-4 pressure ulcers. (provincial average: 2.6%).	3.25	2.96	2.91	2.71
<b>Outbreaks</b>	The resident home area may be declared in outbreak by Public Health if two or more residents residing in the same resident home area have two or more consistent infectious symptoms (in 2019 the total number of outbreaks was 16). <sup>i</sup>	4	3	6	3
<b>% of Residents who have fallen in the last 30 days</b>	This is a measure of the percent of residents who sustained a fall in the last 30 days. (provincial avg: 16.40%)	17.0	16.65	17.01	17.15
<b>% of Residents with New Fractures</b>	This is a measure of the percent of residents who sustained a fracture during this quarter. (provincial avg: 1.4%)	1.64	1.075	1.36	1.13

## Seniors Community Programs

Measures	Definition	2019 Q3	2019 Q4	2020 Q1	2020 Q2
<b>Number of unique individuals served in 2019-2020</b>	Individual is counted once in a calendar year regardless of the number of services one individual may be accessing.	1748	1614	1611	1247
<b>% satisfied with overall services</b>	Average across all Seniors Community Programs.				98
<b># of complex case consultations</b>	Multi-agency collaboration is required to support the diverse needs of the individual in developing a community plan of support/care.	23	4	11	2

<sup>i</sup> In the event of COVID-19, Public Health will declare an outbreak if a single resident or staff test positive for COVID-19. One of the six outbreaks in Q1 was a COVID-19 outbreak. One employee developed symptoms and tested positive for COVID-19. There was no spread of the virus to residents or staff in the home.