Continuous Quality Improvement & Risk Management Report 2023

January 01, 2023
to
December 31, 2023

ODD FELLOWS AND REBEKAHS
SERVING ONTARIO SENIORS
IOOF
SENIORS HOMES INC.


Odd Fellow & Rebekah
Home


Heritage Place
HERITAGE
PLACE
20 Brooks Street

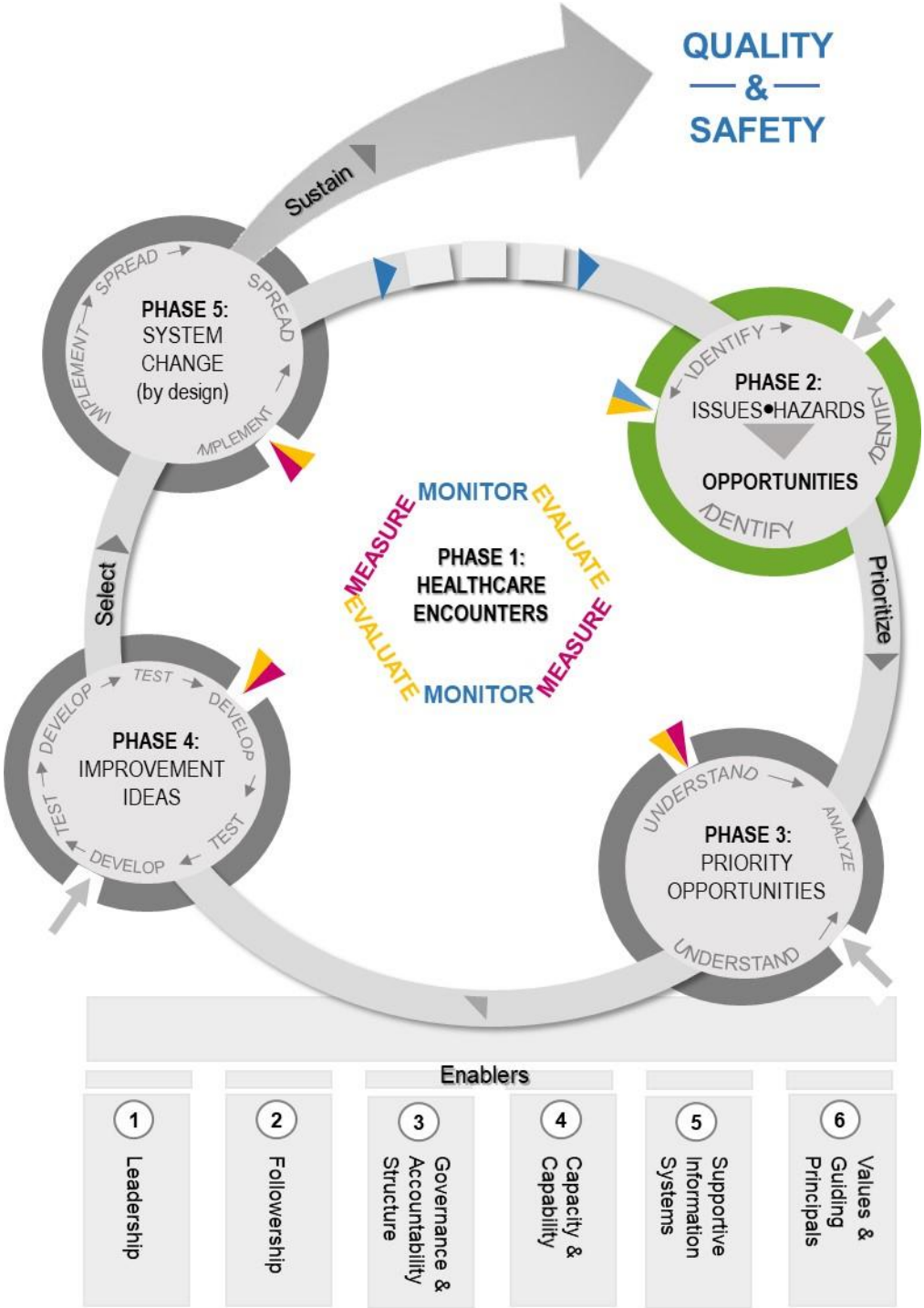

Odd Fellow & Rebekah
Manor
10A Brooks Street


THE TERRACES AT
HERITAGE SQUARE

Table of Content

QUALITY FRAMEWORK

The IOOF Seniors Homes Inc. (Corporation) is committed to providing an environment that promotes and delivers quality of care, quality of life, and continuous quality improvement throughout our continuum of care. This framework which was enacted in the fall of 2022 continues to guide the home's quality program.

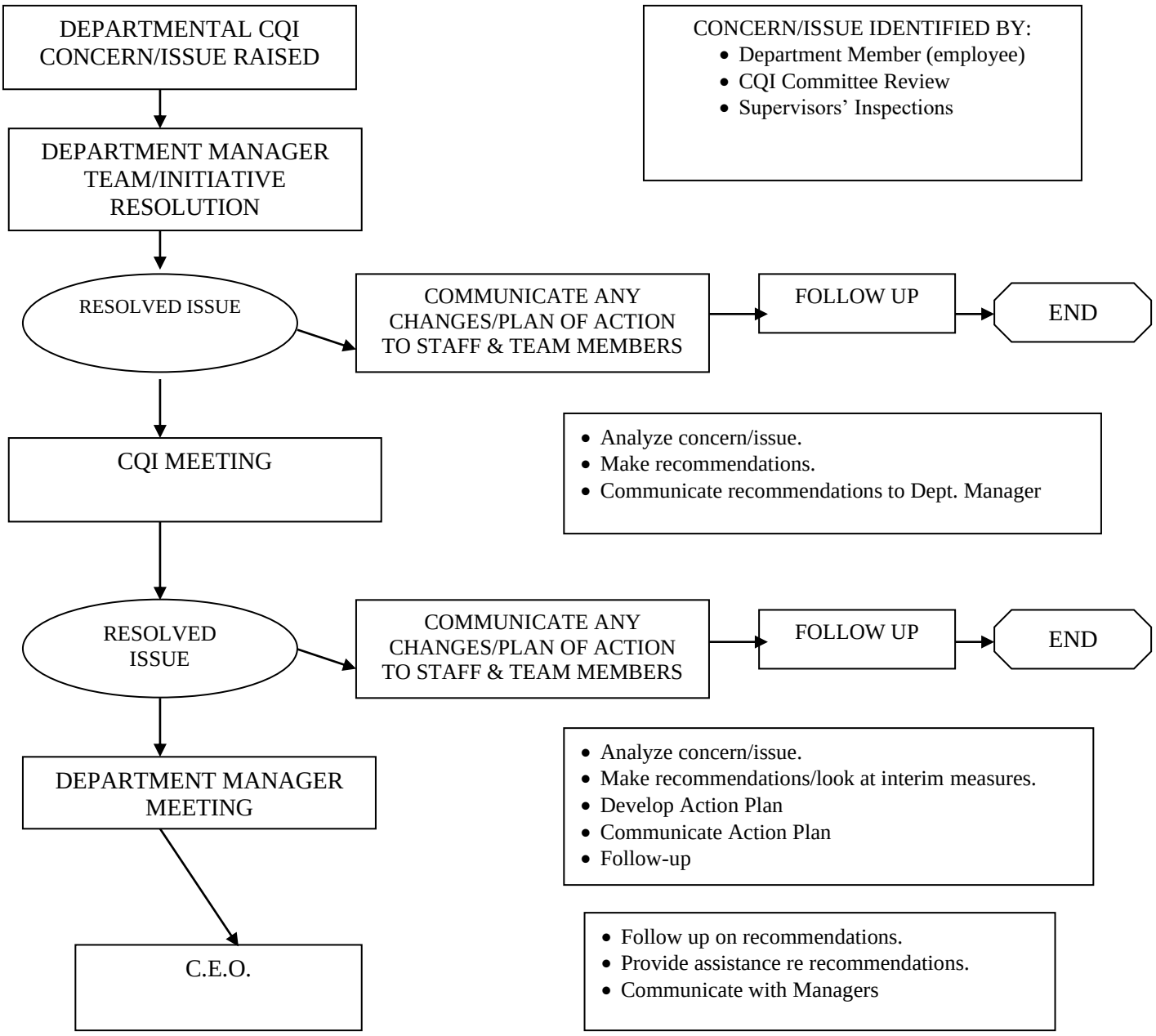


We recognize CQI as an integral part of our day-to-day work and the provision of care and service for Residents and clients. The responsibility for ensuring quality lies with every person, from every area of our Corporation. This cohesiveness unites us in a common cause and facilitates a culture of quality that guides our ongoing journey of continuous quality improvement.

The IOOF strives to reach our goals of providing an environment of caring, dedication, integrity, quality and safety through a skilled care team and being a supportive, proactive organization. Specifically, we strive to meet and exceed expectations by continuously improving Resident and Client care, programs, services, buildings, learning and workforce experiences.

An evaluation of required and departmental programs is completed annually, goals and objectives are set for the upcoming year.

REPORTING STRUCTURE FOR CONTINUOUS QUALITY IMPROVEMENT



Executive Summary

This report is a detailed outline of a number of Continuous Quality Improvement and Risk Management indicators/statistics that have been collected throughout the Corporation for the period of January 1, 2023, to December 31, 2023.

Indicators/statistics are reviewed at monthly Continuous Quality Improvement Committee meetings. These discussions allow us the opportunity to determine whether or not action is required on items that are trending internally and within the industry, as well as to ensure we are meeting legislative requirements and financial goals.

This report was prepared in collaboration with:

Garry C. Hopkins	Chief Executive Officer
Cathie Foley	Executive Administrative Assistant
Kelly Young	Administrative Assistant
Myles Keeble	Director of Finance & IT
Bonnie Gowanlock	Resident Accounts Administrator
Veron Ash	Director of Resident Care
Peggy Sauve	Assistant Director of Resident Care
Joanne Trainor	Assistant Director of Resident Care
Shean Wadham	Director of Facilities & Environment
Lisete Da Silva	Manager of Environment
Elvis Pohl	Property Manager, Terraces
Mary MacDougall	Director of Housing Accommodations
Irene Delisle	Administrative Assistant, Housing Accommodations
Darlene Lee	Director of Food Services
Gaja Damas	Director of Quality, Risk and Program
Cara Chimienti	Manager of Program Support and Volunteer Services
Valerie Bennett	Director of Human Resources
Barb Scott	HR Payroll & Benefits Administrator
Deanna Risi	HR Assistant
Jillian Sliter	Graphic Artist – Revenue Development Assistant

Financial Management

Home Vacancy / Rate Information Long Term Care Home

Total # of Admissions	Total # Vacant Days (Based on 161 Beds)	Vacancy Rate (Based on 161 Beds)	Preferred Accommodation Occupancy Rate **Private** (Based on # Beds)	Preferred Accommodation Occupancy Rate **Semi - Private** (Based on # Beds)	# of Residents Paying Less than Minimum Basic Accommodation Fee (In Semi – Private Rooms)	# of Residents Accounts Receivable in Arrears (Based on 162 Beds)	Total Amount of Arrears at End of 12 Month Reporting Period
63	**1606**	**2.7**	**75.6**	**42.2**	**29**	**5**	**$5,876**
# Respite Bed Admissions	Total # Vacant Days Respite Bed	Vacancy Rate Respite Bed	Discharges- Respite Bed	Respite Occupancy Rate Required for Full Funding	Occupancy Rate		
29	**87**	**23.8**	**29**	**50%**	**49.3**		

Elston Unit Convalescent Care

Total # of Admissions	Total # of Vacant Days (Based on # beds)	Vacancy Rate (Based on 20 beds)
5	2664	

The high vacancy rate is related to the fact that the Unit did not reopen until October 26, 2022. At the direction of the Ministry of Long-Term Care, the fill rate would be gradual until full occupancy could be reached by March 31, 2023.

LTC Home Wait List Numbers:	2023	2022
Basic	410	428
Semi-Private	82	94
Private	300	224
Total Wait List		

The total number of clients on the waitlist is 686

Please note some Residents are on the waitlist for more than one choice, e.g., basic and semiprivate, private, therefore the numbers will not total up to a total wait list of 686.

There are 55 clients on our Priority One list – for crisis placements.

LTC Home Agreements	2023	2022
Number of Annual Agreement reviews prepared:	160	160
Number of Annual Agreements received back:	91	75
Number removed by discharge/death:	33	16
Number of Annual Agreement Reviews Outstanding: (Reminder letters are always sent to the ones outstanding)	36	69

LTC Home Satisfaction Surveys

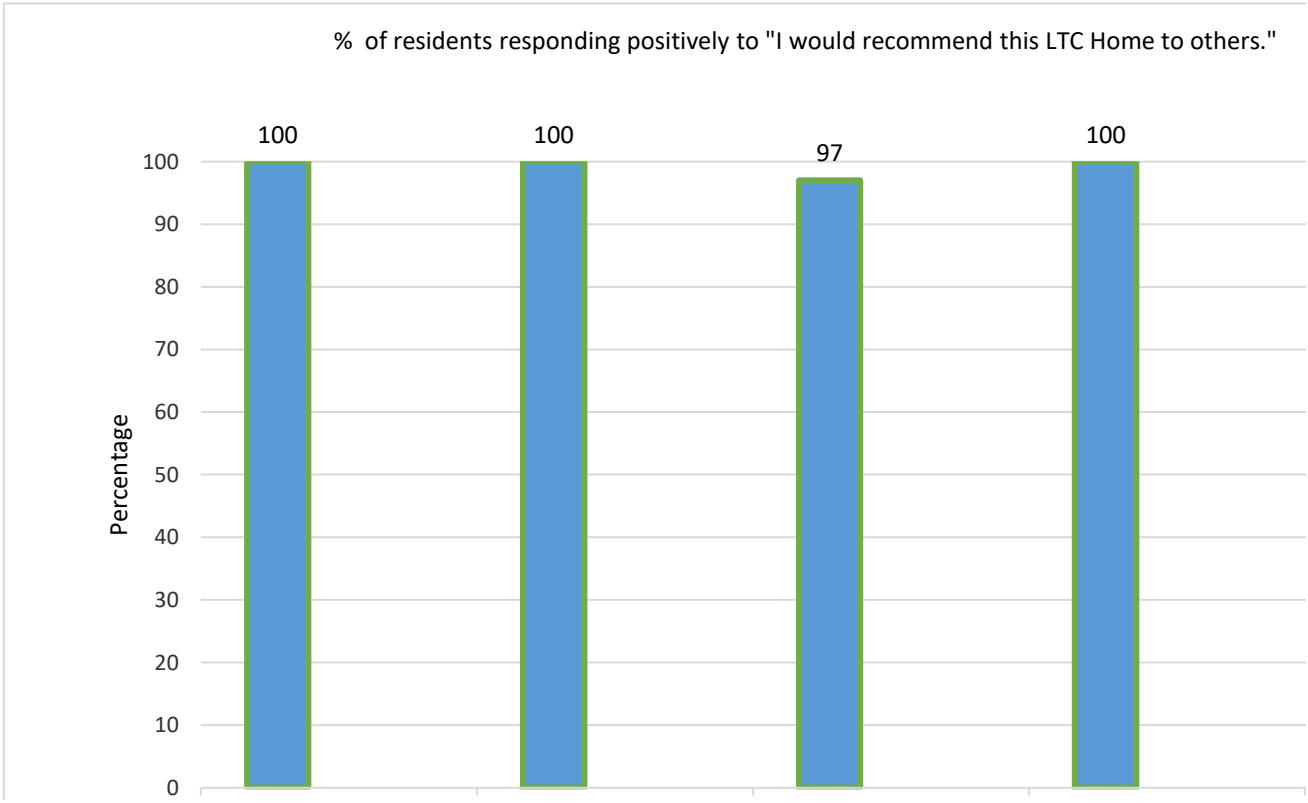
	2023	2022	2021
Resident Satisfaction Surveys distributed:	156	155	152
Resident Satisfaction Surveys received back:	13	34	21
Response rate:	9%	21.9%	13.8%

Key areas where expectations *were exceeded* as noted in the Satisfaction Survey:

- The Staff are friendly and welcoming to visitors and always appear friendly to the residents.
- The people at the home are truly a group of caring individuals.
- Overall, the staff are extremely friendly and professional.
- Love the outside gardens.

Areas of improvement as recommended in the Satisfaction Survey:

- Review Recreation Programs
- Keeping Residents engaged.
- Physical Plant – Allandale and Simcoe Lodge



The Value of Volunteers in Long-Term Care

Volunteers play a crucial role in enhancing the quality of life for residents in long-term care facilities. Their presence helps bridge the gap between the clinical aspects of care and the human need for companionship and emotional support. Through various activities, such as social visits, facilitating group activities, or simply lending an ear, volunteers contribute to a more dynamic and compassionate environment. This human connection fosters a sense of community and belonging among residents, potentially leading to improved mood and better overall well-being. Furthermore, volunteers often bring fresh perspectives and energy into the facility, invigorating the lives of both residents and staff.

Volunteering in long-term care facilities also benefits the volunteers themselves. Many volunteers report feeling a sense of purpose and fulfillment from their service, as they connect with others and make a positive impact on their lives. This is especially true for older adults who may have retired or are looking for ways to give back to their community. By volunteering in long-term care, they can continue to stay active, engaged and develop new skills. It can also provide a sense of structure and routine in their lives, which is especially beneficial for those who may be experiencing loneliness or isolation.

Volunteer Services

Number of Active Volunteers in 2023: 147
Number of Volunteer Hours in 2023: 19, 343

Through the Pandemic and in recovery, we continue to see a significant impact on Volunteer Services. We are grateful to the Housing Resident Volunteers that continue to serve. We began our rebuilding campaign in 2023 and increased recruitment and retention strategies for community-based volunteers. High School Coop Students have returned to complete placements and volunteer hours effective September 2023.

Human Resources

New Hires - 2023

Department/Position	
Management – ADOC	1
Non-union – Canada Summer Jobs temporary positions, Casual students, IPAC Lead	6
Resident Care – CSA	8
Resident Care – PSW	47
Resident Care – RPN	7
Resident Care – NP, RN	10
Food Services – Cook, FSA, FSW	23
Environmental Services – ESW	15
Housing Accommodations – SSW	2
Program Support – Rec. Aide & Rec. Facilitator	6
Total New Hires for 2023	125

Terminations 2023 (includes retirements)

Department	
Management & Non-Union	9
Resident Care	76
Food Services	19
Environmental Services	9
Housing Accommodations	4
Program Support	3
Total Terminations 2023	**120**

Number of Employees as of December 31, 2023

Department/Position	Full Time	Part Time	Casual
Management/Administration	27	2	2
Environmental Services	19	10	8
Food Services	10	8	12
Housing Accommodations	6	4	5
Program Support	9	4	6
Resident Care	92	18	42
Non-Union (CSAs laid off)	3	0	4
Total Number of Employees	**166**	**46**	**79**
Total Number of Employees on December 31, 2023			**291**

Inclusion & Belonging

The Inaugural Pride Flag was raised on June 6th, 2023.

In honour of **National Day for Truth and Reconciliation & Orange Shirt Day**, we acknowledged our Indigenous staff, residents, and volunteers who are affected by the history of systemic racism and commemorated the tragic legacy of residential schools. On September 29th, 2023, the inaugural Every Child Matters flag was raised at the IOOF.

This year's symbolic icons include visual elements representing Indigenous cultures:

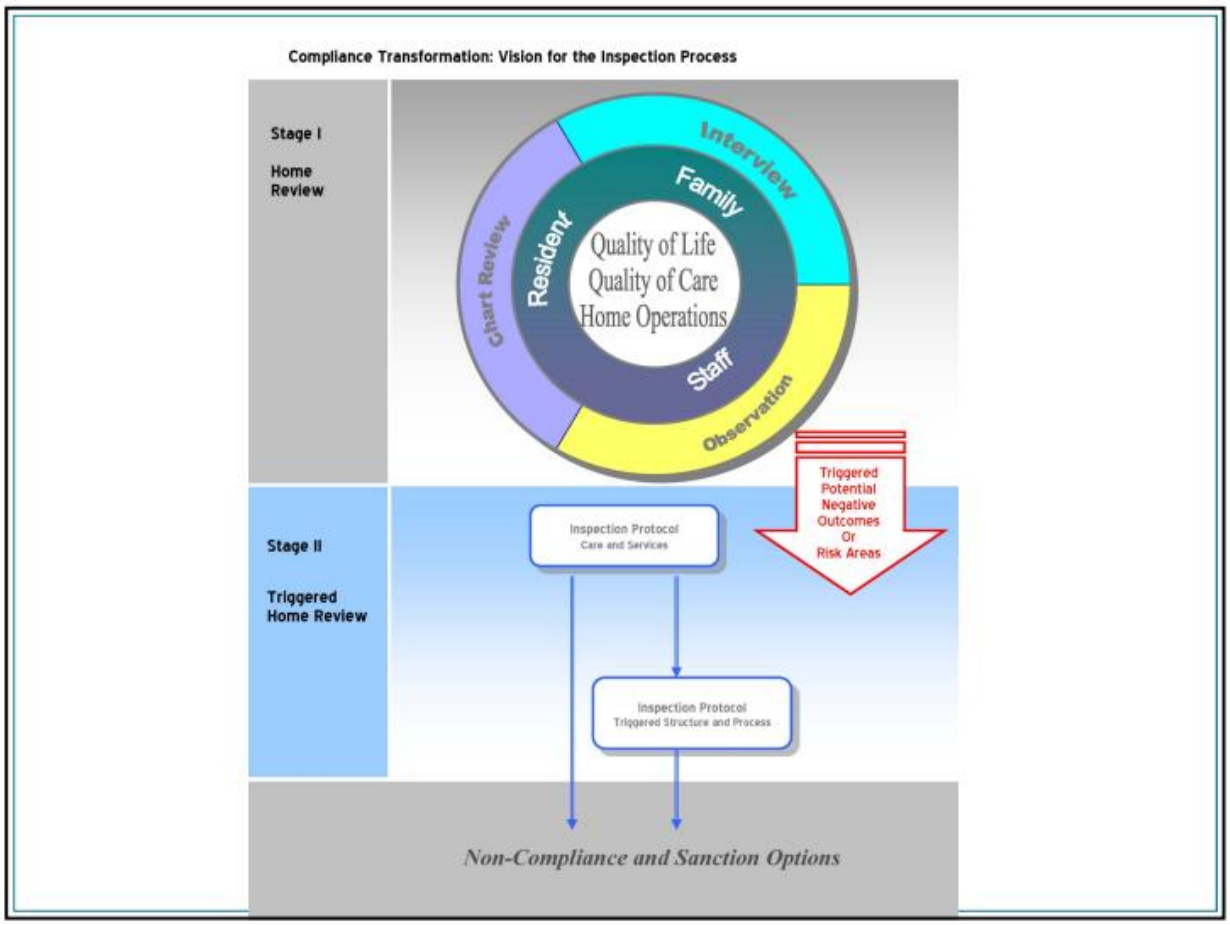
- The eagle to represent First Nations
- The narwhal to represent Inuit.
- The beaded flower to represent Métis.

Inclusion & Belonging Committee was established and meets quarterly. Committee members include management and frontline staff.

Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Inspection Process



INSPECTION SUMMARY

The inspection occurred onsite on the following dates: July 7, 10-13, 17-18, 2023.

The following intakes were completed in this Critical Incident (CI) Inspection:

- Intake #00019280 related to an altercation between residents.
- Intake #00020836 related to safe transferring.
- Intake #00083932 related to a fall resulting in injuries.
- Intake #00089659 related to alleged staff to resident's improper treatment.

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services

Infection Prevention and Control

Responsive Behaviours

Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Implementation of Plan of Care

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee failed to ensure that all falls prevention interventions for a resident were implemented.

Rationale and Summary

A resident, who was at risk for falls had interventions identified in their plan of care.

The resident sustained a fall and one of the identified falls interventions was not in place as required.

Failure to ensure that the falls interventions were in place at the time of the fall could have resulted in injuries to the resident.

Sources: Residents' clinical health records; Interview with CSA (Care Support Assistant), DOC (Director of are) and ADOC's (Assistant Director of Care).

Simcoe Muskoka District Health Unit (SMDHU)

Food Services:

- The Kitchen facilities at the Terraces at Heritage Square were not inspected during 2023.
- The Kitchen facilities at Heritage Place and the LTC Home were inspected on three (3) occasions; April 2, August 11, and November 24.
- The inspections of the IOOF Seniors Homes Inc. facilities included all areas involved with the production and distribution of food, including the Last-Minute Store, the Auditorium kitchens, food storage areas at Heritage Place, as well as food storage areas and serveries in the LTC Home and the Mapleview/RVH unit.
- All inspections by Public Health were random and not the result of a complaint.

Findings noted during Public Health Inspections

IOOF Seniors Homes received GREEN status by the Simcoe Muskoka District Health Unit (SMDHU).

April 6, 2023

Item	Deficiency/Non-Compliance	Action Taken
1	Multi-service articles and food contact surfaces cleaned and sanitized after each use and NO following operations where contamination may have occurred. **Quaternary ammonium sanitizer concentration in spray bottles at between 0-100ppm.** Ensure frequent changing of sanitizer in spray bottles to maintain quaternary ammonium concentration of at least 200ppm. - Fail to clean and sanitize food contact surfaces or equipment after each use and as often as necessary	The operator corrected the issue during inspection. Have taken the following steps as extra precautions. 1. Immediately reached out to Alpine Chemical Rep to see about having a sanitizer dispenser placed in the HP kitchen so that staff don't have to access from the LTC kitchen. 2. DoFS spoke with FT cook at HP and informed her that staff should be utilizing sanitizing buckets and not spray bottles as the strength of the quat dissipates when left in a spray bottle. Staff should be using test strips to check that quaternary is 200ppm.

August 11, 2023

Item	Deficiency/Non-Compliance	Action Taken
1. Main Kitchen	**Cleaning and Sanitizing** Utensils sanitized mechanically as prescribed in the regulation. Follow up by 14-Aug-2023 Kitchen mechanical dishwasher chlorine sanitizer concentration at 0ppm. **Acceptable temporary measure in place: operator will use other dishwashers available in the facility**	-DOFS placed a call to Alpine chemical. -Technician came in within an hour and had to replace a part on the chemical hookup to the dish washer. -DOFS replaced chlorine sanitizer test strips at machine as they weren't reading appropriately. PHI followed up on August 17th.

	until dishwasher can be repaired. The dishwasher technician attended on-site during inspection; repairs estimated to be completed by this afternoon. Fail to ensure mechanical equipment sanitize with chlorine solution at 100 parts per million at 24° Celsius for at least 45 seconds	CLOSED
2. Kempenfelt Court	Operation and Maintenance Equipment, utensils, multi-service articles and all food contact surfaces must be properly constructed and maintained. 1. Freezer door gasket/seal in poor repair, causing ice build-up. **Ensure to repair**. - Fail to maintain equipment, utensils and or multi-service articles in good repair and or safe condition	-DoFS completed a maintenance work order to have these seals replaced as soon as possible. All seals on this unit have been replaced. CLOSED
3. Georgian Way	Operation and Maintenance Equipment, utensils, multi-service articles and all food contact surfaces must be properly constructed and maintained. 1. Freezer door gasket/seal in poor repair, causing ice build-up. **Ensure to repair**. - Fail to maintain equipment, utensils and or multi-service articles in good repair and or safe condition	-DoFS completed a maintenance work order to have these seals replaced as soon as possible. All seals on this unit have been replaced. CLOSED

November 24,2023

There were zero (0) findings during the November Inspection.

Food Handler Certification 2023

Regulation Change/Amendment came into effect April 11, 2023.

- The licensee shall ensure that during every hour in which a food service area is operating, there is at least one cook, food service worker or nutrition manager in the area who has completed the food handler training.
- Food service area will be defined in the Regulation to mean the parts of the Home where meals or meal portions are prepared.

As of December 31, 2023

Full Time: 14/15 staff=93% **Part Time:** 8/8 staff = 100% **Casual:** 7/11 staff = 64%

*29/34=85% overall

***Please note that numbers do not include new hires in the department or staff on LOA's.**

Alcohol & Gaming Commission of Ontario (AGCO):

- No Inspection in 2023
- Current license is in effect until December 2024.
- Changes to the Smart Serve Certification Process came into effect. All staff currently certified will require re-certification prior to July 2023 and re-certify every 5 years. 5 staff were certified during July-December.

Canadian Food Inspection Agency (CFIA):

- No inspections in 2023

Ontario
MINISTRY OF LABOUR

INSPECTIONS

There were (3) inspections in 2023.

The Ministry of Labour (MOL) inspected the workplace for Occupational Health & Safety Compliance on three (3) occasions with the focus being primarily pandemic preparedness, infection prevention and control, implemented safety measures as a result of Covid-19 and the prevention of musculoskeletal injuries.

July 25, 2023

The MOL visited for a general proactive inspection regarding Musculoskeletal Disorder prevention on July 25 which included an exterior and interior walkthrough of our home area, lift and sling inspection, Policy reviews, dry storage in the kitchen, maintenance shop, laundry and receiving and chemical storage areas.

Two inspectors were on site conducting the field visit and policy review. Although most policies were recently reviewed there was one that needed to be on an annual review as per OHSA and beyond the requirements of the FLTCA.

We did receive a total of eight orders, one of which was acted on forthwith and the others generated from five areas of non-compliance some of which resulted in multiple orders issued. These included a sling missing a label and removed from circulation, shelving needing to be additionally secured and a PPE storage container needing to be replaced.

October 3, 2023

As per requirements, the Home did advise the MOL of a potential Occupational Illness due to Covid-19 positive staff members during a Covid-19 outbreak as declared by Public Health. As a result, a staff line list was initiated. The MOL Inspector focused on IPAC measures and procedures implemented for the protection of workers for Covid-19 prevention and management.

Two orders were issued related to outdated policy which were complied with immediately and reposted.
Six orders related to hand sanitizer and oxivir being outdated past expiry date - complied with forthwith by removing and replacing throughout the six areas of the Home. Of note most items related to pandemic PPE surplus have been given a 6-month extension to expiry dates including masks and rapid tests, however, the manufacturers of hand sanitizer are not willing to issue the same statement despite evidence that the concentration of alcohol remains the same if not more due to the evaporation of only water over time. Expired sanitizer and wipes are being audited and discarded regularly. There was no additional action required.

November 14, 2023

The MOL was onsite on November 14, 2023, to conduct a follow up inspection regarding the Covid 19 outbreak and staff line list. There were three orders issued which were all complied with forthwith.

There was a need to provide additional clean masks and garbage receptacles in the new break areas established during outbreak for staff cohorting. No further action required.

The corporation continues to focus on and foster a culture of Occupational Health & Safety in readiness for potential inspections.

As required, the MOL has been informed when there is an infectious outbreak in the Home if exposed Staff are sick and line listed in consultation with public health.

LTC Home Resident Care & Services 2023

Improving Care by Public Reporting of Quality Indicators

The Canadian Institute for Health Information (CIHI) provides comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada. CIHI is responsible for supporting the use of the RAI MDS 2.0 assessment systems. CIHI public indicators uses the health system data collected from Health Quality Ontario (HQO) to display the 9 indicators in the long-term care (LTC) sector that are publicly reported at the facility, regional, and provincial levels and across Canada. These indicators are part of CIHI's Continuing Care Reporting System (CCRS) and focus on safety, appropriateness and effectiveness of care, and improved health status. Their vision is to "provide better data, better decisions, healthier Canadians: powered by a shared sense of purpose, the highest standards of excellence and trust." The Institute for Healthcare Improvement's Triple Aim framework has 3 objectives:

1. To improve the patient experience of care.

2. To improve the health of populations; and

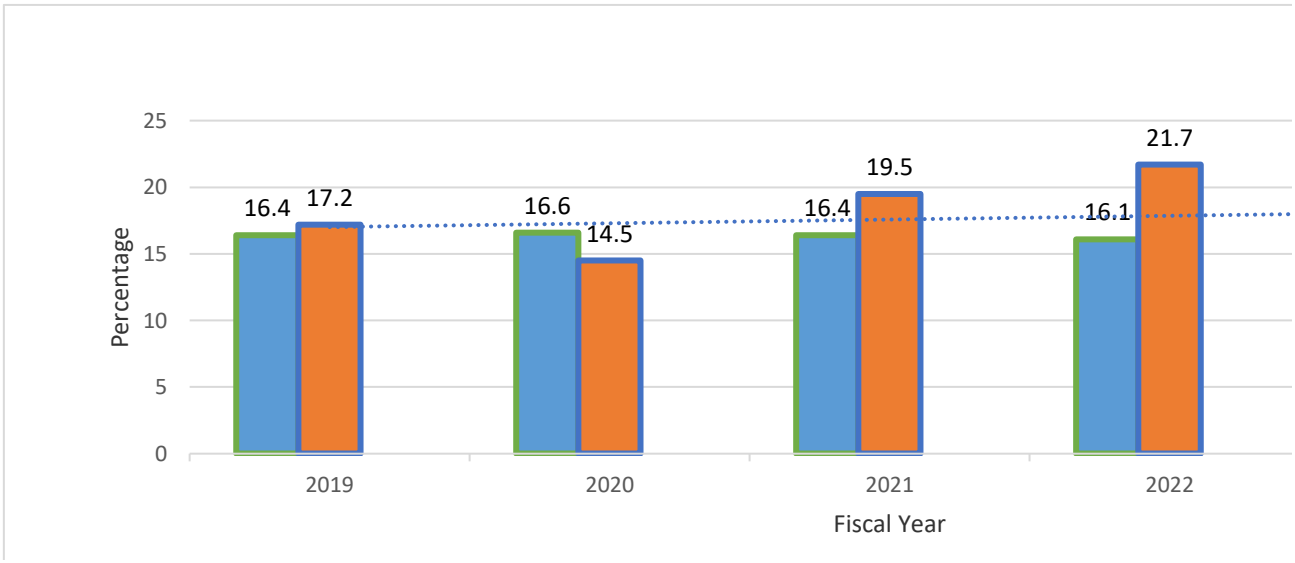
3. To reduce the per capita cost of health care.

Our Home acknowledges that in order to deliver on the Triple Aim objectives we need to move beyond using only clinical and administrative data to evaluate quality of care and outcomes and include patient perspectives when assessing health system performance. Patient-centered measurement has become a key priority In Canada. We place emphasis on providing patient-centered care to better respond to the needs of Residents and to improve the quality of care.

RELIAS

In healthcare, positive outcomes are the ultimate indicators of success. That's why we follow the Relias learning paths to help our organization get results that will improve outcomes, mitigate risk and reduce costs. A competency evaluation is required at least annually for each Nursing Staff member who completes the RAI-MDS 2.0 assessment. This test was formally known as the AIS platform. The Relias Assessment measures and evaluates competency for new and experienced assessors. In order to maintain proficiency, an assessor must complete a minimum of 10 RAI MDS assessments per year. We are pleased to share that 100% of our nursing staff have completed their learning in November 2023.

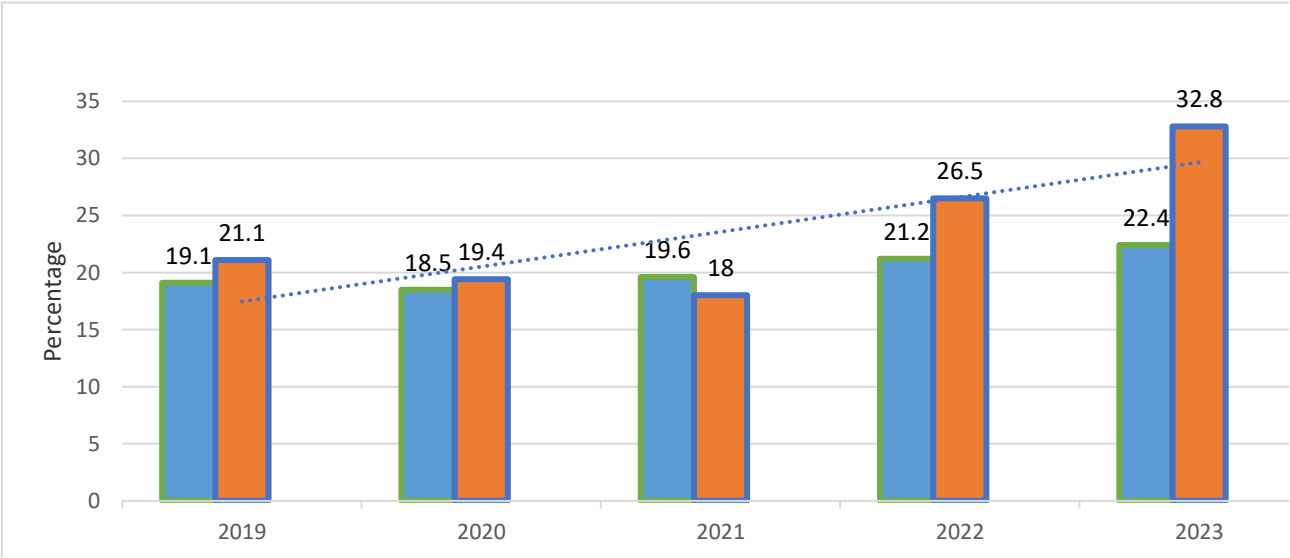
Percentage of Residents who fell.



Year	ON	IOOF
2019	16.4	17.2
2020	16.6	14.5
2021	16.4	19.5
2022	16.1	21.7
2023	16.4	15

This indicator shows the percentage of residents in the home who fell during a 30-day period. The lower the number the better.
The home continues to keep this indicator as a goal for each year as we implement new strategies and interventions with the physiotherapy, restorative and the nursing team. The home continues to use extra funding provided by the Ministry of Health and Long-Term Care for fall prevention equipment in the home. The home continued to purchase new high low beds and more fall prevention mattresses, floor mats, alarms, non-slip socks and hip protectors for the residents in 2023. It is noteworthy that falls are below the Ontario average.

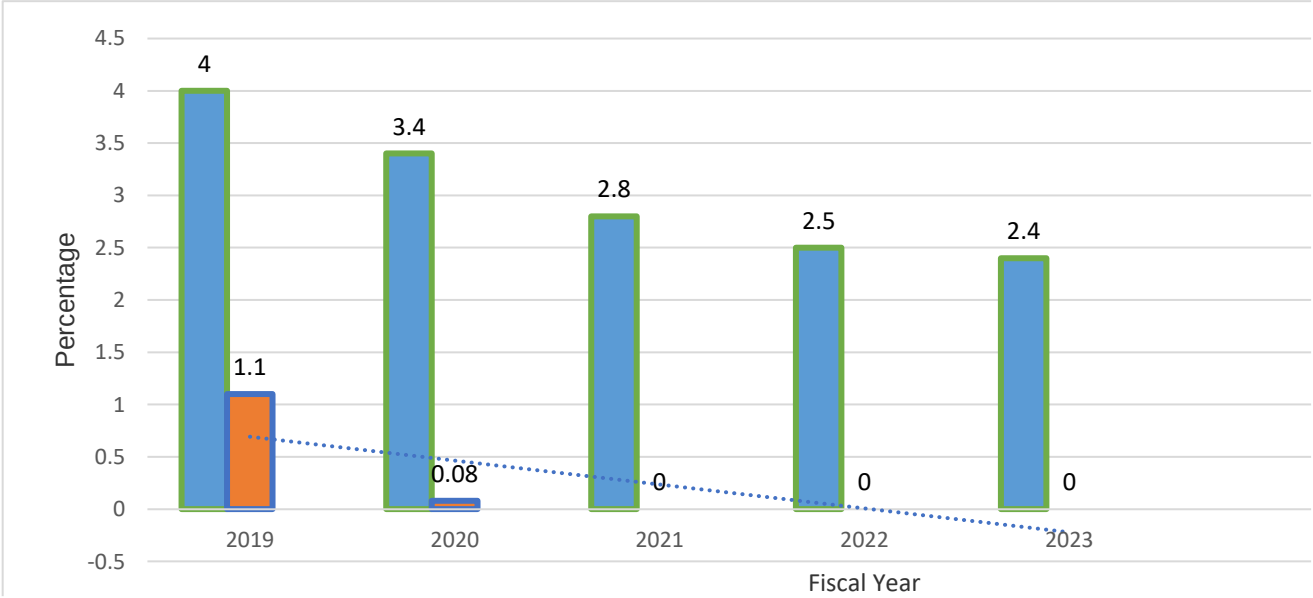
Percentage of Residents not living with psychosis who were given antipsychotic medications.



Year	ON	IOOF	
2019	19.1	21.1	
2020	18.5	19.4	
2021	19.6	18	
2022	21.2	26.5	
2023	21.4	32.8	

This indicator shows the percentage of long-term care home residents in Ontario and in the home who are given antipsychotic medications without a diagnosis of psychosis. A lower percentage is better. The home has worked on this indicator throughout 2023 and both the provincial average and the Home have seen this indicator increase over the last year. The medical team at the IOOF work closely with the pharmacist to review the use of antipsychotic medications and at times an antipsychotic is used to improve a resident's quality of life. Throughout the Pandemic, with resident having to be isolated to their rooms, limited visitors, and limited activities have taken a toll on their physical, emotional, social and mental well-being. We are seeing an increase in residents being admitted with mental health diagnosis and/or responsive behaviours. We continue to receive support from the NSM Geriatric Mental Health Team in strategizing non-pharmacological interventions for responsive behaviours. It is worth noting that the Ontario average has increased every year for the last three years. There may be a correlation with COVID outbreaks.

Residents who were physically restrained on a daily basis.



Year	ON	IOOF
2019	4	1.1
2020	3.4	0.08
2021	2.8	0
2022	2.5	0
2023	2.4	0

This indicator shows the percentage of long term-care home residents in Ontario and in the home who were physically restrained. The lower percentage is better. The goal for the home was to continue to have no restraints in 2022 and the team achieved the goal – there were no restraints in the home for the year. The Ministry of Health and Long-Term Care has encouraged homes to stop using restraints for the past few years as restraints often cause more responsive behaviors and also more injuries from falls.

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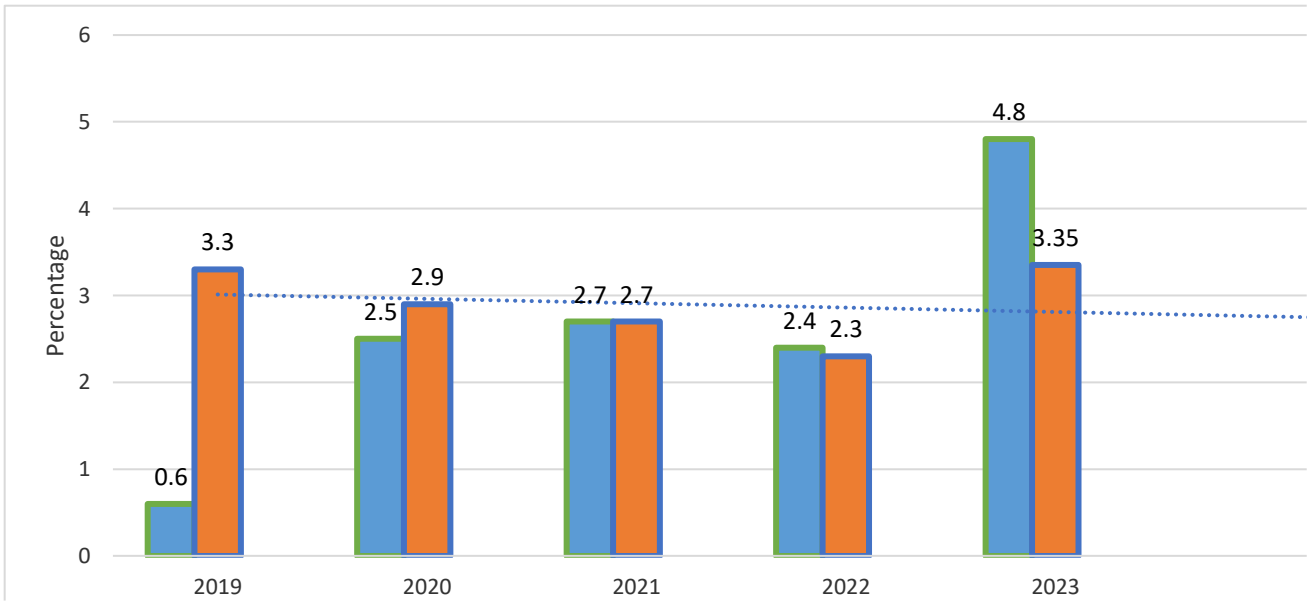
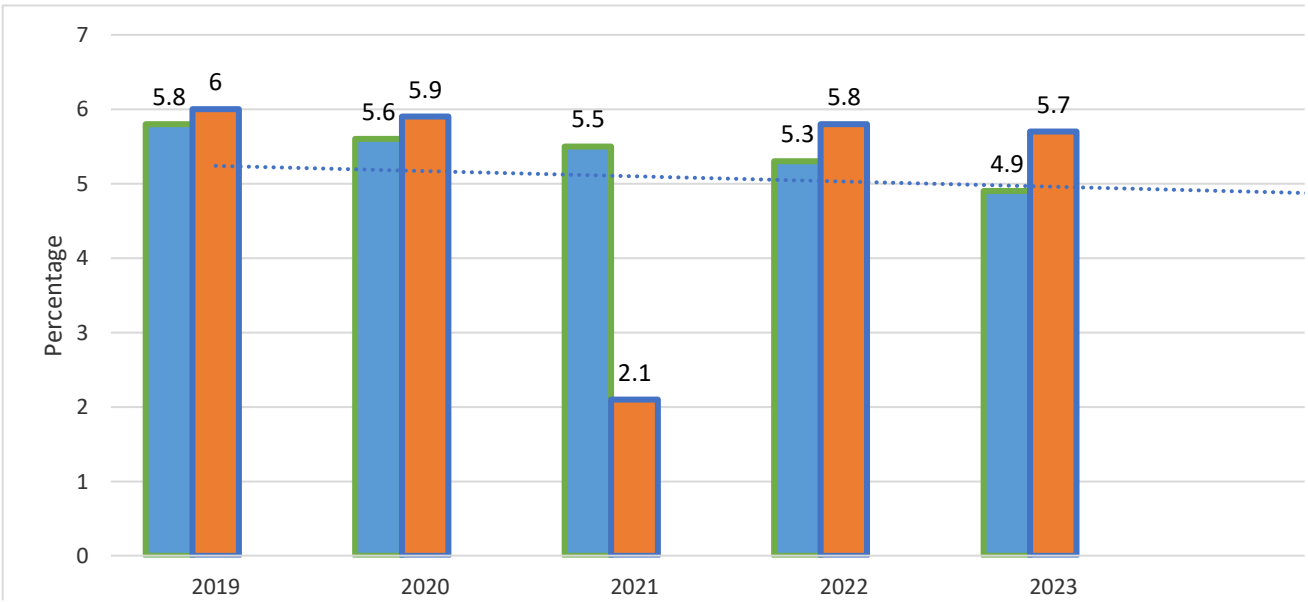
Percentage of Residents with stage 2-4 pressure ulcer



Year	ON	IOOF
2019	0.6	3.3
2020	2.5	2.9
2021	2.7	2.7
2022	2.4	2.3
2023	4.8	3.35

This indicator shows the percentage of long term-care home residents in Ontario and the home who had a new pressure injury or a worsening pressure injury since their previous assessment by a health care professional. The home has seen a decrease of wounds in 2022 and are slightly below the provincial average. The home has an interdisciplinary team that works together to promote skin integrity, prevent the development of wounds and pressure ulcers and provide effective skin and wound care intervention. We implemented the use of the Skin and Wound Care App in Point Click Care to track and assess all wounds in the Home. Staff are able to take a picture of a wound and the App completes the wound measurements consistently each time. The home is partnering with the RVH NP Wound Care team to assist with the more difficult wounds.

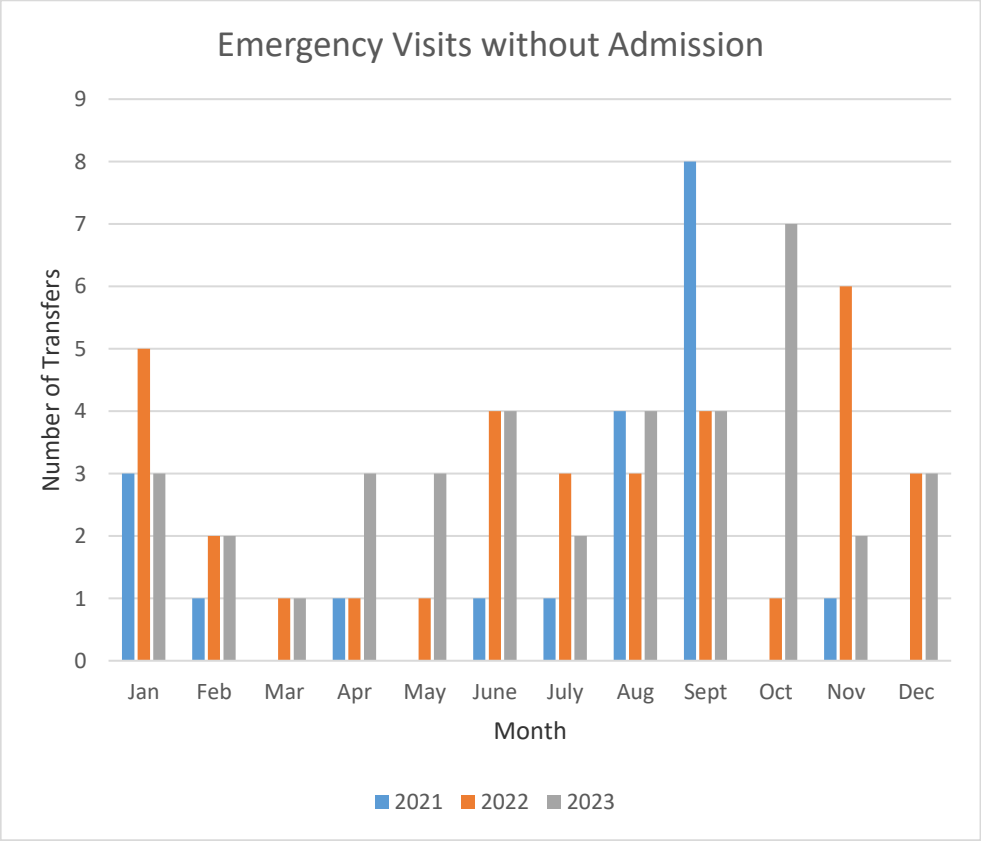
Residents Experiencing Pain



Year	ON	IOOF
2019	5.8	6
2020	5.6	5.9
2021	5.5	2.1
2022	5.3	5.8
2023	4.9	5.7

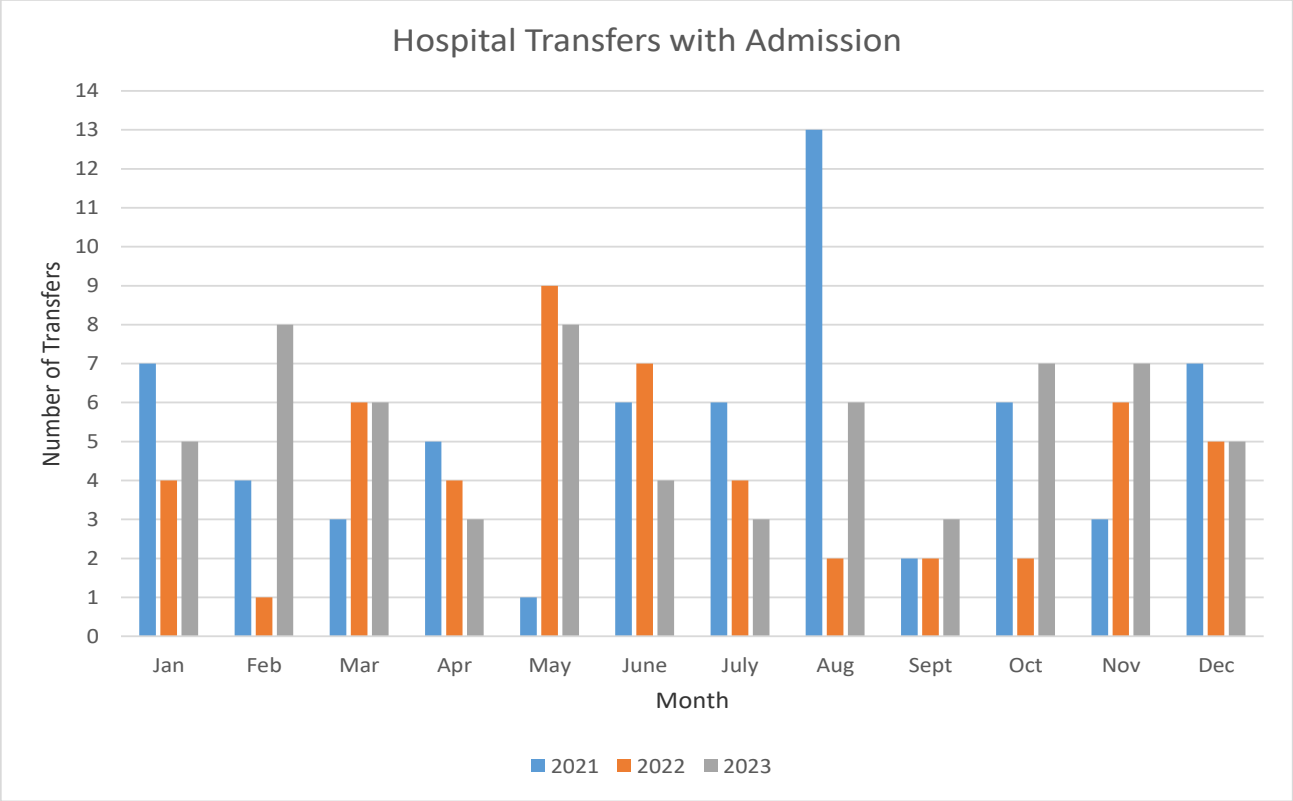
Percentage of long-term care home residents who experienced moderate pain daily, or any severe pain, during the seven days before being assessed by a health care professional. A lower percentage is better.
The home receives in-house education from the NSMPCN (North Simcoe Palliative Care Network) on Palliation and End-of-Life Care. The home's Palliative Team meets monthly and reviews and implements new protocols around end-of –life Care as deemed appropriate.

Emergency Visits without Admission



The Physicians, Nurse Practitioner and Nursing Team review resident needs with the aim of preventing unnecessary hospital transfer by closely monitoring the changes with our residents and putting measures in place so that they can stay in the home.

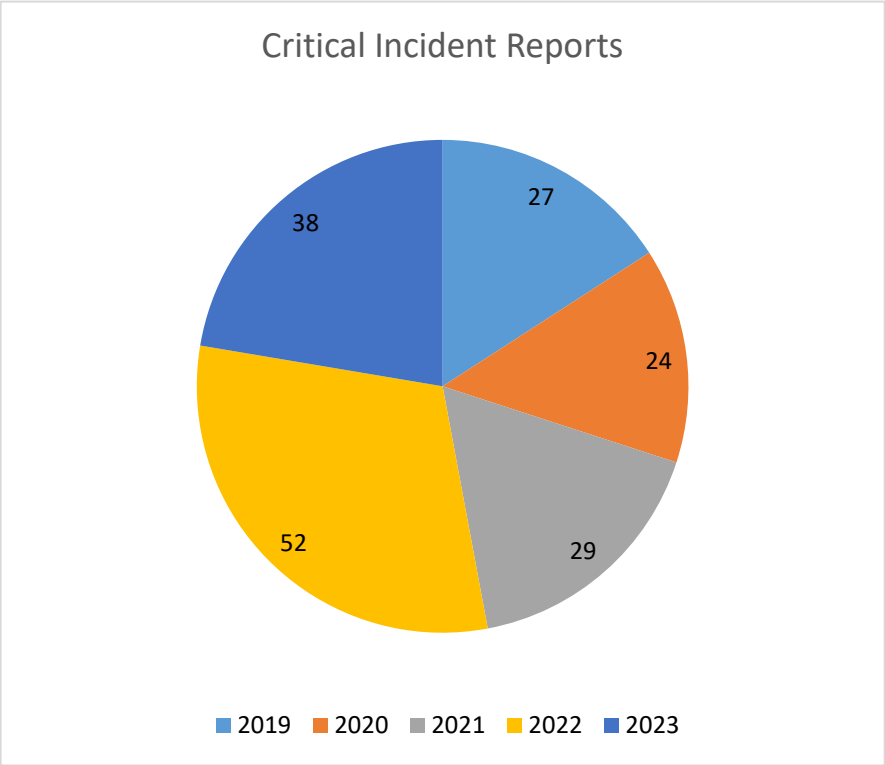
Hospital Transfers with Admissions – Long Term Care



The Home' has concentrated on reducing potentially avoidable emergency department visits that result in admissions to hospital. Registered Staff, in collaboration with POA/NP/MD, are attempting to limit any non-essential transfers to hospital by using in-house interventions/treatments where possible. Often transfers are initiated at the insistence of POAs.

Critical Incident Reports

There was a total of 38 Critical Incidents reported to the Ministry of Health and Long-Term Care for 2023. This indicator is down from the previous year, contributing factors include hiring of a full time IPAC Nurse and on the spot education regarding infection control and use of PPE. Falls have decreased since the implementation of purposeful rounding and weekly fall meetings.

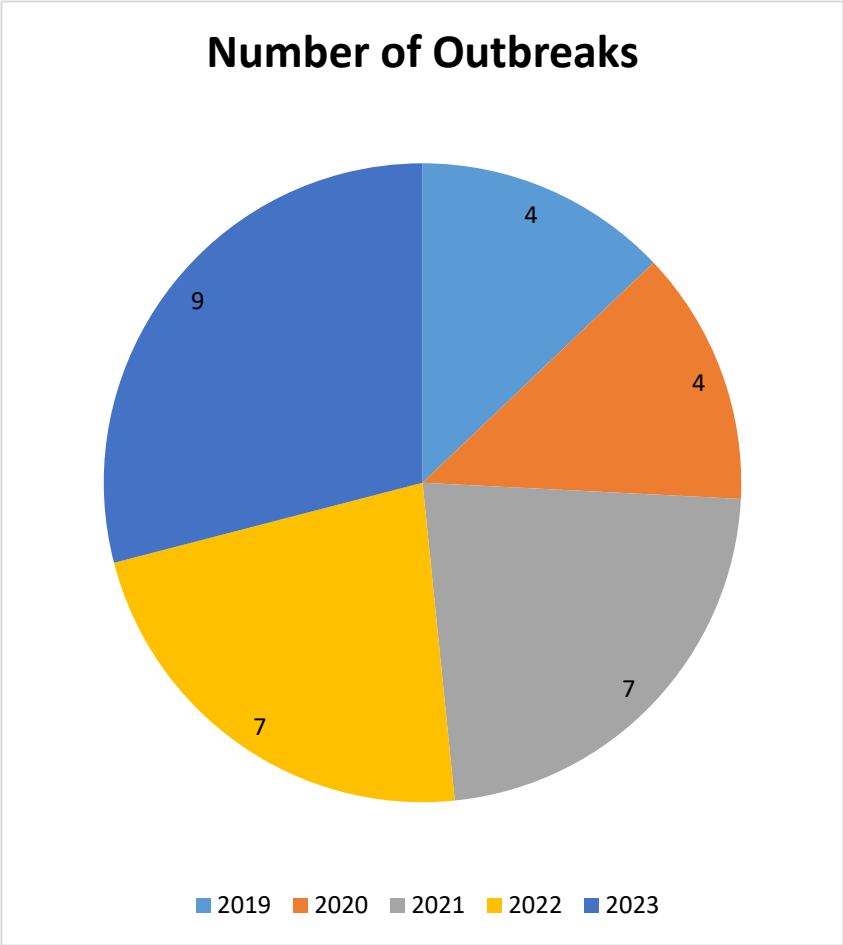


Ongoing CIS education for all staff including education and training on:

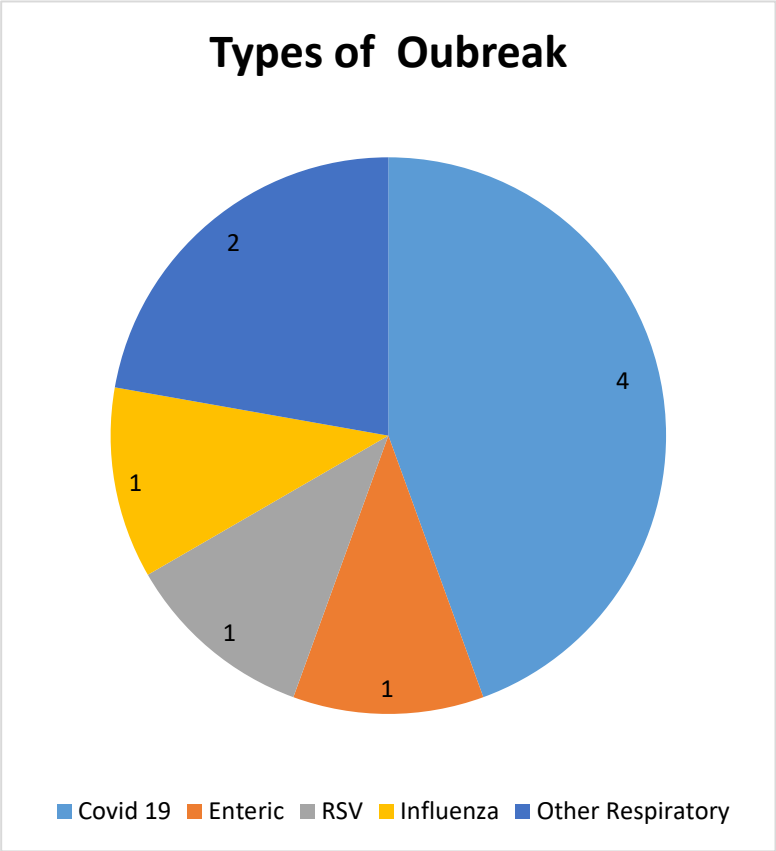
- Abuse and Neglect with review of the decision trees developed and provided by the MOHLTC.
- Fall prevention, identifying why residents are falling and assessing, implementing and evaluating fall prevention interventions. Implementing purposeful rounding, which has decreased falls in the home since initiation.

Ongoing monthly Education and unit huddles on Responsive Behaviours

Outbreak Management: Yearly



Types of Outbreaks 2023



Infection Prevention and Control (IPAC)

The Infection Prevention and Control Practices (IPAC) at the IOOF Seniors Homes Inc continued to be a focus for everyone working and visiting in the LTC home. The Ministry of Long-Term Care (MOLTC) directives provided us with many practices to implement and follow. These directives are implemented upon receipt.

The Pandemic has taught us many lessons on how to better protect the residents in the home who continued to be a vulnerable population. Masks are still worn at all times and eye protection is required when in outbreak. The team at home is very diligent in these practices.

During 2023, the team continued to participate in frequent assessments by the Local Health Integration Network, Royal Victoria Hospital IPAC team and Public Health. Overall, the team has done very well during the assessments and continues to review the items that are assessed to ensure adherence to all the interventions. The home continued to be guided by our infection prevention and control nurse and a Pandemic Team who meet every other month or more frequently if required. The home has been very well stocked for PPE supplies and managed to procure all necessary supplies including N95 masks.

Our IPAC Lead, Public Health and the RVH IPAC continue to partner in order to enhance the Home's to enhance IPAC measures to ensure that quality of care given to the residents is maximized.

Influenza/COVID Vaccinations

RESIDENTS	Number In Home	Percentage 2023	Percentage 2022	Percentage 2021	Percentage 2020
LTC Residents Flu Vaccine	162	84%	98%	97%	97%
LTC Residents COVID	162	97%	98%	98%	
HP Residents Flu Vaccine	90	93%	96%	96%	93%
HP Residents Covid	90	87%	91%		
LTC Staff (eligible)	300	57%	83%	73%	97%

There were 63 residents vaccinated for the flu at Terraces by the Nurse practitioner. We do not have data for vaccinations that may have happened off site (e.g., Doctors' Clinics, Pharmacies, etc.).

LTC Home Nutrition & Food Services

Quality Improvement Statistics

Quality Indicator	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Average
# of Annual RAI assessments	8	12	12	6	3	8	21	15	8	6	11	5	**9.5**
# of RAI assessments	40	36	40	36	51	51	31	39	38	49	41	45	**45**
# of Residents receiving Supplements	48	65	67	67	67	66	66	68	68	68	68	61	**65**
# of New Admissions requiring assessments	1	11	8	5	4	6	5	9	8	2	6	5	**6**
# of Residents receiving Therapeutic Diets	39	38	38	42	41	46	46	45	48	48	49	46	**44**
# of Residents receiving Thickened Fluids	23	19	20	23	22	21	23	23	22	23	24	22	**22**
# of Residents receiving Texture Modified Foods	68	75	69	71	72	71	71	73	77	83	87	81	**76**
# of Residents at High Nutritional Risk	72	78	84	88	88	88	92	92	92	90	89	87	**87**
# of Residents at Low/Moderate Nutritional Risk	69	73	74	72	72	72	69	69	69	70	71	69	**71**
# of Visits by Speech Language Pathologists	0	3	1	5	1	2	0	3	2	8	0	8	**3**
# of Referrals to Registered Dietitian related to unplanned weight loss.	11	13	8	6	7	9	12	8	9	20	20	27	**12.5***
# of Referrals to Registered Dietitian related to unplanned weight gain.	4	3	5	4	3	2	5	6	9	3	2	3	**4****

12.5* Referrals received not actual number of residents experiencing wt. loss
4** Referrals received not actual number of residents experiencing wt. gain

Residents Requiring Assistance with Meals:

-Highly complex Residents being admitted in the Home with risk of compromised nutritional intake.
-Increase in acuity levels of Residents overall, requiring a greater need for therapeutic diets and/or texture modification.

	Total Care	Constant Assist and/or Encouragement	Intermittent Assist and/or Encouragement	Supervision, Assistance and/or Set Up	Self	Tube Feed	Total
Allandale Village	7	4	5	28			**44**
Simcoe Lodge	6	1	3	9			**19**
Baldwin Lane	5	3	2	19			**29**
Georgian Way	4	6	6	15			**31**
Kempenfelt Court	6	5	4	16			**31**
Total 2023	**28**	**19**	**20**	**87**			**154**
Total 2022	**21**	**11**	**18**	**83**			**133**

Corporate Risk Management & Projects 2023

2023	Days	Evenings	Nights
Number of LTC Home Fire Drills	12	12	12
Number of Heritage Place Fire Drills	2		
Number of Terraces Fire Drills	2		

- Number of Occ. Health & Safety Meetings held: 6.
- Number of CQI meetings held: 18.
- Number of Pandemic Planning Committee Meetings held: 8.
- Number of Workplace Safety inspections: 36 (12 each per building Home, Terraces & Heritage Place/Manor)

ANNUAL INSPECTIONS	Total	Manor	HOME	Heritage Place	Terraces
Workplace Safety – IOOF	36	N/A	12	12	12
Fire Safety – Evergreen Fire & Safety	4	1	1	1	1
Elevators – Schindler / Otis / Elevator1	132	12	48	24	48
Pest Control – Abell Pest Control	48	12	12	12	12
Roof Anchors – Pro-Bell	4	1	1	1	1
Backflow Protection – Dalton Plumbing	4	1	1	1	1
Emergency Generators – Sommers	6	N/A	4	2	1
HVAC Systems – Barrie Mechanical	14	4	4	4	2
Water Treatment – CSP Water	36	N/A	12	12	12

Lift Inspections

Manufacture's recommended daily inspections and monthly tests were conducted. All found and encountered problems are corrected by the maintenance department or service providers.

Inspection completed in January 2024

Sling Integrity Inspections

Sling inspections are done prior to each use as well as through a quarterly audit by the PSW Lead in accordance with the Home's policy. Slings are inspected for damage to the body of the sling and for the integrity of the sling attachment loops and results are recorded for each sling. Any sling failing the inspection is removed from service and replaced with a new sling. Reports are kept in the nursing department.

Bed Entrapment Audit

Annual bed entrapment audits were completed by Joerns and internal maintenance staff. All beds and features including locations are documented and tracked when changes are made. Maintenance staff do entrapment testing on a bed whenever a new admission is made to the home.

Due to Outbreaks, the inspections were done February 23, 2024

Maintenance Care Software

The following are the tasks that were inputted in the Maintenance Care system during 2021. These tasks were assigned to the maintenance and building services staff:

	2023	2022
Heritage Place/Manor:	1849	3427
LTC Home:	5132	4778
RHV Mapleview:	466	452

HVAC – LTC

- Regular preventative maintenance performed by Barrie Mechanical.

Heritage Place

- Regular preventative maintenance performed by Barrie Mechanical

Emergency Generators

- Inspected semi-annually by Sommers Generators Inc. The inspections in 2024 took place in February and September

LTC Painting

- Main office area upgraded with new flooring and paint
- On-going touch ups of resident rooms and common areas

HERITAGE PLACE

- Replacement of fifty-four fridges due to age. This was a government funded energy efficiency project. No cost to the home.

THE TERRACES AT HERITAGE SQUARE

- New floors laid in the multipurpose room and surrounding areas at 90 and 94 Dean.
- A new recirculation pump installed at 94 Dean.
- Water softener replaced at 90 Dean.

Key Occupational Health & Safety Projects in 2023

- Mask Fit Compatibility Testing and Ministry Funded Testing for 3M 1870+ N95s.
- Monthly Mask Fit Testing at Corporate Orientation
- Pandemic Planning Committee rejoined as a subcommittee of the Joint Occupational Health & Safety Committee – review directives and implementation plan, screening tool, organizational risk assessment, HR implications and staff contingency plans, Housing measures, IPAC measures, PPE procurement and burn rate, communications, and employee stress management.
- Pandemic Risk Assessment
- Infection, Prevention and Control (IPAC) assessment and checklist
- Violence and Harassment Prevention Program
- Environmental Risk Assessment
- Injury trend analysis
- Joint Occupational Health & Safety Committee Full Membership
- The Working Mind – Mental Health Awareness, Building Resiliency and Support multiyear training of instructors with roll out in 2024 and beyond as part of the Mental Health Commission of Canada and Canadian Association for Long Term Care response to the pandemic.

Rebates:

- Dunk and Associates NONE in 2023

Number of unresolved Occ. H & Safety issues: 0 unresolved; ongoing progress is continuing in all of the above areas.

HOUSING

Heritage Place: 80 units – 94 Residents

- Apartment Turnovers: 19
- Transition to LTC at IOOF: 3
- Transition to other LTC Homes: 6
- Deaths: 10
- Transfers to Hospice: 0
- Account Standings: No Outstanding Accounts
- Insurance Verification: Complete

Heritage Place Resident Satisfaction Surveys

- 80 Distributed
- 42 Returned
- 53% Response Rate

Key areas of improvement noted in Heritage Place Resident Satisfaction Surveys

- Nothing significant noted in the Heritage Place survey.

Terraces at Heritage Square: 161 suites

Re-sales in 2023:

- 90 Dean Avenue: 6 Suites
- 94 Dean Avenue: 8 Suites
- Account Standings: All in good standing.
- Insurance Verification: Complete

Terraces Resident Satisfaction Survey:

- 161 Distributed
- 73 Returned
- 45.5 % Response Rate

Key areas of improvement noted in the Terraces Resident Satisfaction Survey:

- Nothing significant was noted in the Terraces' surveys.