



Continuous Quality Improvement & Risk Management Report 2022

**January 01, 2022
to
December 31, 2022**





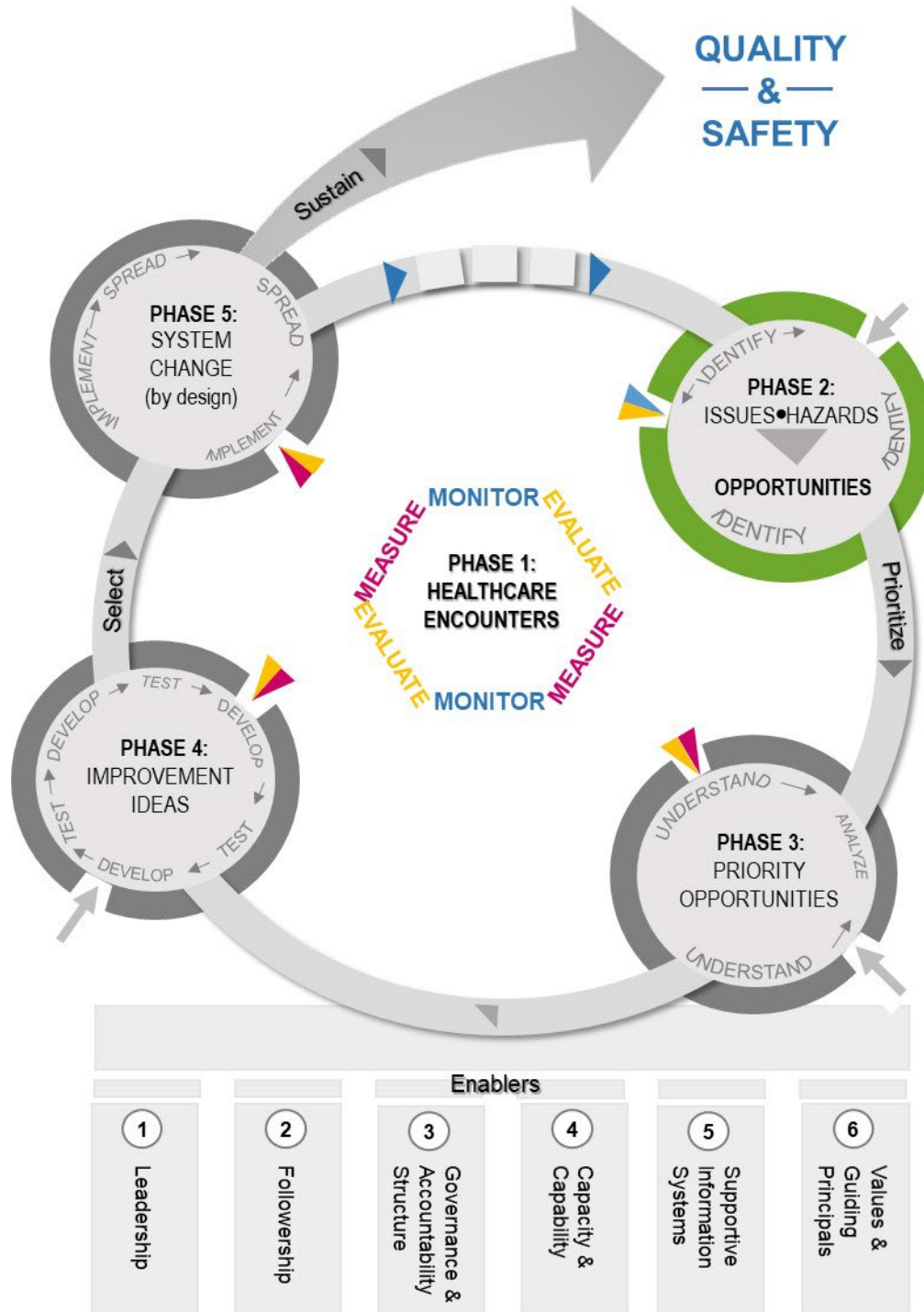


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QUALITY FRAMEWORK

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 new framework was enacted in the fall of 2022.

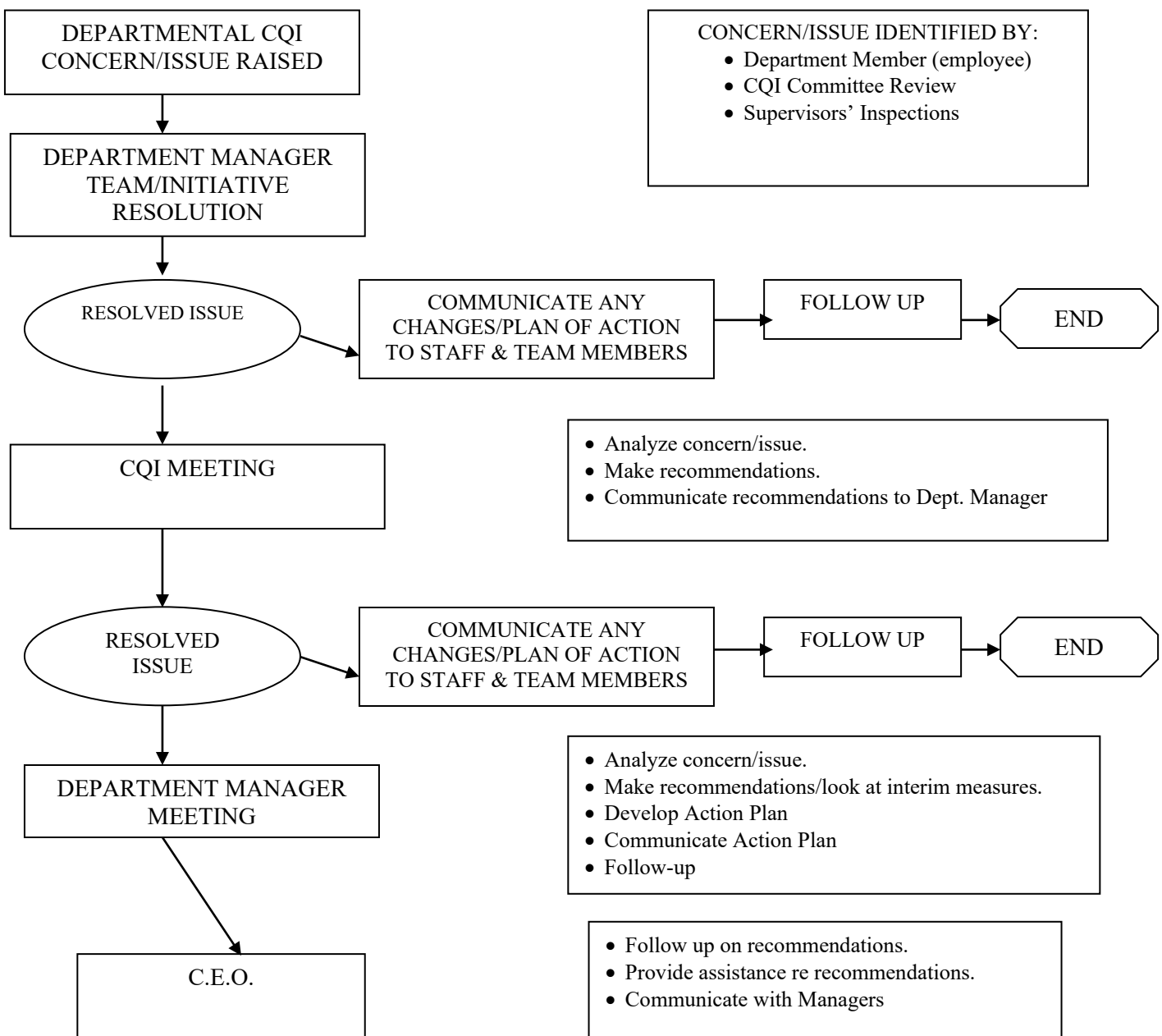


We recognize CQI as an integral part of our day-to-day work and the provision of care and service for Residents and clients. The responsibility for ensuring quality lies with every person, from every area of our Corporation. This cohesiveness unites us in a common cause and facilitates a culture of quality 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, 2022, to December 31, 2022.

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 to ensure we are meeting legislative requirements and financial goals.

This report was prepared in collaboration with:

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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
64	1855	3.8	76.0	46.1	32	5	\$11,635
# Respite Bed Admissions	Total # Vacant Days Respite Bed	Vacancy Rate Respite Bed	Discharges- Respite Bed	Respite Occupancy Rate Required for Full Funding	Occupancy Rate		
4	35	50.7	4	50%	49.3		


Elston Unit Convalescent Care

Total # of Admissions	Total # of Vacant Days (Based on # beds)	Vacancy Rate (Based on 20 beds)
5	1041	77.7

Unit reopened on October 26, 2022 – only 5 beds utilized until the end of 2022.

It should be noted that these numbers have been significantly impacted negatively by COVID - 19

LTC Home Wait List Numbers:

-  **Basic – 428**
-  **Semi-Private - 94**
-  **Private - 225**
-  **Total Wait List – 630**

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 630.

LTC Home Agreements

	2022	2021	2020
Number of Annual Agreement reviews prepared:	160	53	51
Number of Annual Agreements received back:	75	34	30
Number removed by discharge/death:	16	3	20
Number of Annual Agreement Reviews Outstanding:	69	16	21

(Reminder letters are always sent to the ones outstanding)

LTC Home Satisfaction Surveys

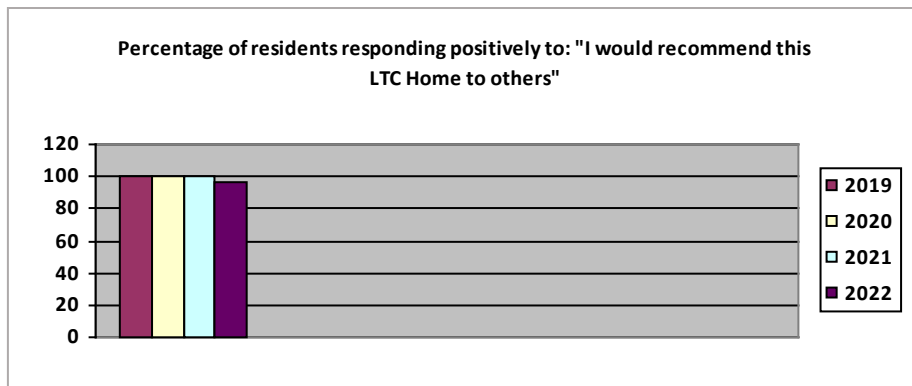
	2022	2021
Resident Satisfaction Surveys distributed:	155	152
Resident Satisfaction Surveys received back:	34	21
Response rate:	21.9%	13.8%

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

- The Staff are amazing!
- We love how time after time you have done your best to update us every step of the way – well done!
- Appreciate that all staff, front line and administration are so kind and always willing to help.
- All of the staff are outstanding. The caring aspect for all residents; It has been a blessing for my aunt, myself & wife for having the IOOF be the true ' Home'. Thank you!

Areas of improvement as recommended in the Satisfaction Survey:

- This form should be an email instead of paper.
- Repairing room walls.
- Laundry and missing clothes



Volunteer Services

Number of Active Volunteers in 2022: 138
 Number of Volunteer Hours in 2022: 17, 543

The Pandemic with volunteer restrictions has had a significant impact on Volunteer Services. We are grateful to the Housing Resident Volunteers that continue to serve. 2023 will see a rebuilding of recruitment and retention of the community-based volunteers.





Human Resources

Workplace Safety Insurance Board (WSIB)				
	2022	2021	2020	2019
Number of potential WSIB claims reported	128	88	73	94
Number of actual WSIB claims approved	81	29	5	27
Number of lost time incidents	81	12	11	14
Average length of time off work due to lost time.	4-5	2-3	2-3	2-3

Corporate New Hires - 2022

Department/Position	Full Time	Part Time	Casual
Management - DRC, Manager Facilities	0	1	0
Administration – Medical Administrator (Terraces)			
Resident Care – PSW	6	9	19
Resident Care – RPN	0	7	7
Care Support Aide (CSA)	4	3	6
Resident Care – NP, RN	3	2	4
Non-Union – Screener	0	0	4
Food Services – Cook, FSW/FSA	0	5	14
Environmental Services – ESW, MSA	1	8	7

Housing Accommodations	1	1	5
Program Support – Recreation Aide	0	2	2
Total New Hires for 2020	15	38	68

Terminations 2022 (includes retirements, resignations,)

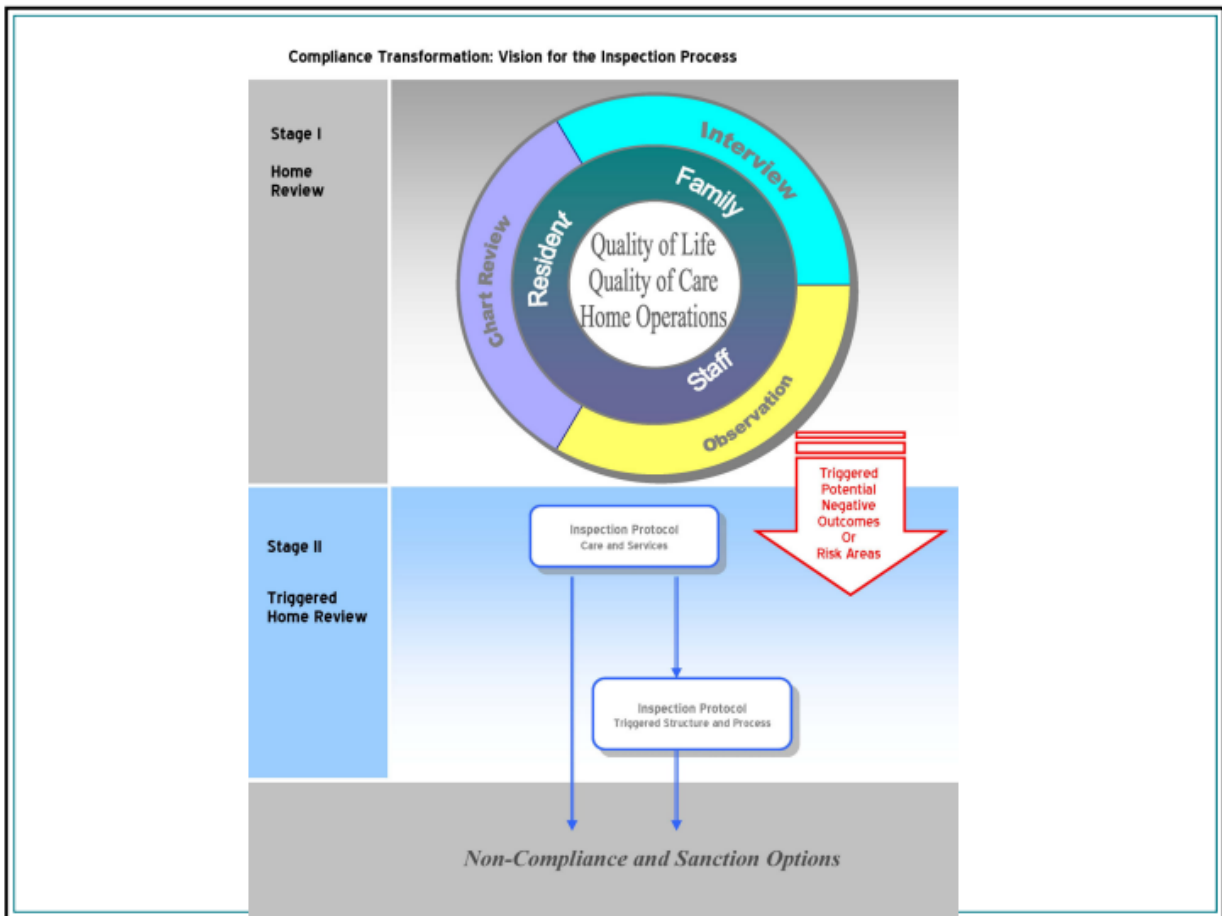
Department/Position	Full Time	Part Time	Casual
Management & Non-Union (includes screeners and swabbers)	3		7
Resident Care	19	18	56
Food Services	3	3	11
Environmental Services	2	4	7
Housing Accommodations	3		3
Program Support – Recreation Aide		1	5
Total Terminations 2022	30	26	89

NOTE: The area of terminations has been accentuated by COVID. Individuals show up for orientation where they are hired as FT, PT or Casual employees. Many resign before their first shift while others do not give their availability and have to be removed. There are others who are leaving the LTC sector for other employment health care sectors.

Number of Employees Employed at the IOOF on December 31, 2022

Department/Position	Full Time	Part Time	Casual
Management/Administration	26	1	
Environmental Services	14	12	5
Food Services	13	9	12
Housing Accommodations	6	6	6
Program Support	10	4	3
Resident Care	92	30	49
Non-Union (Screeners & swabbers)	2		12
Total Number of Employees	163	62	87
Total Number of Employees on December 31, 2022			312

Inspection Process



October 3rd to 5th, 2023

The MOLTC conducted an inspection at the Home during the period October 3rd to 5th, 2022. This inspection was precipitated by an incident to a resident that resulted in a significant change in status... Three Inspection Protocols were used during this visit:

Safe and Secure Home – No findings
Infection prevention and Control – No findings
Responsive Behaviours – One written order which required a written plan of action.

The written order was issued in relation to a resident removing tree metal bars from the railings of the balcony on Georgian Way and then jumped from the second floor to the ground below which resulted in a significant change in his health status.

The Home completed the following in response to the finding:

1. Completed a document review of the resident interventions to manage exhibited responsive behaviours and the effectiveness of the intervention(s)
2. Developed and implemented an auditing process to ensure that the interventions are implemented as per the resident plan of care. Documents of the auditing process is maintained, and audits continue for at least one month post the issuing of the finding (October 21, 2022)
3. Implement and evaluate all corrective actions required to address any deficiencies that might be found during the audits. All processes and audits are documented.

December 5th to 8th, 2022

The Ministry of Long-Term Care (Inspections Branch) visited the Home December 5-8, 2022, to follow up on the inspection that had taken place October 3rd to 5th, 2022. The inspector conducted 18 intake (CI - Critical Incidents) inspections as well as the Order that was issued during the October visit.

The order that was issued in October was closed.

There were no findings of non-compliance found in the intake (CI) inspections.

Simcoe Muskoka District Health Unit (SMDHU)

Food Services:

- ✚ The Kitchen facilities at the Terraces at Heritage Square were inspected once during 2022 on January 21, 2022. There were two infractions identified during the inspection.
- ✚ The Kitchen facilities at Heritage Place and the LTC Home were only inspected on one (1) occasion; December 12, 2022. There were five infractions identified during the inspection. Please note that 2/5 were corrected during Inspection.
- ✚ The inspection 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).

Item	Deficiency/Non Compliance	Action Taken
1	<p>Cleaning and Sanitizing</p> <p>Testing reagent used to determine concentration of sanitizer.</p> <p>Observed quaternary ammonium sanitizer bottle at too high of a concentration, the bottle was adjusted to 400 ppm during the inspection. Sanitizer concentrate is expired, please ensure a new bottle is obtained.</p> <p>Ensure sanitizer is non-expired and sanitizer bottle is tested regularly to ensure it is between 200-400 ppm.</p> <p><i>- Fail to use or provide test reagent to determine concentration of sanitizer.</i></p>	<p>Ron Wilson informed Director of Food Services. Director of Food Services suggested ordering smaller quantities from Food Supplier, so that product doesn't expire.</p> <p>Director of Food Services waiting for response from Custom Catering.</p> <p>Ron Wilson was able to purchase smaller quantities through our Supplier.</p> <p>CLOSED</p>
2	<p>Utensils sanitized mechanically as prescribed in the regulation. NO</p> <p>Follow up by 26-Jan-2022</p> <p>During the inspection observed rinse temperatures of 82 C, wash temperature thermometer would not move.</p> <p>Operator will have a technician in to fix the thermometer on the wash cycle.</p> <p>Ensure the thermometer on the wash cycle is easily readable and accurate.</p> <p><i>- Fail to provide an easily readable thermometer for the dishwashing and sanitizing temperatures</i></p> <p>Readings Taken: Rinse: 82°C.</p>	<p>Ron Wilson informed Director of Food Services. Property Manager at Terraces to reach out to OFS for service call.</p> <p>Upon inspection by OFS technician, it was discovered that a rodent had eaten some wiring and had caused two wires to cross.</p> <p>OFS is to come in Feb 4/22 with part to repair. Once completed PHI will be notified to conduct a follow-up inspection. PHI scheduled to come in week of Feb 7/22.</p> <p>CLOSED</p>

December 12, 2022, Long Term Care Home, Heritage Place and IOOF/RVH Unit

Item	Deficiency/Non Compliance	Action Taken
1.	<p>Furniture, equipment and appliances in food handling and storage rooms clean and in a</p>	<p>A staff member was designated to clean the underside of the shelving units.</p>

Main Kitchen	sanitary manner. Inspector observed mold growth on underside of the shelves in produce/dairy walk in cooler.	Unfortunately, due to the time of year, the shelving units couldn't be removed and cleaned outside. Each shelf was cleaned individually. CLOSED
2. Main Kitchen	Internal temperature of potentially hazardous food maintained at inappropriate temperature. Inspector observed salsa sitting out at room temperature.	Salsa is not usually considered a hazardous food therefore not usually chilled or heated, however this Inspector believes it is and wrote us up for infraction. Corrected During Inspection.
3. HP	Three infractions noted around service to HP residents during an In House Dining Program offered by Program Department. Inspector observed that Program staff did not: -sanitize equipment, dishes appropriately -failed to sanitize utensils appropriately -failed to sanitize food contact surfaces	Darlene Lee, DOFS met with Gaja Damas, DPVS, to discuss the In House Meal Programs and staff food handling requirements. 2/3 infractions were corrected during Inspection
4. KC	Equipment, utensils, multi-service articles and all food contact surfaces must be properly constructed and maintained. Inspector noted cutting board in poor condition.	Cutting board was discarded during inspection. Replacement will be purchased. Corrected during Inspection.
5. HP 4 th Floor Dining Room	General Housekeeping. Failure to provide adequate lighting for food preparation and cleaning. Inspector noted that light bulb was out in one of the stand-up freezers	DOFS and Director of ES have discussed, and Director of ES will follow up. CLOSED

Alcohol & Gaming Commission of Ontario (AGCO):

- ✚ No Inspection in 2022
- ✚ Current license is in effect until September 2023.
- ✚ 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.

Canadian Food Inspection Agency (CFIA):

- ✚ No inspections in 2022
- ✚ February 4/2022- food recall on frozen diced onions- IOOF not affected by this recall.



INSPECTIONS

There were (3) inspections in 2022.

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

Jan 11, 2022

As per requirements, the Home did advise the MOL of a potential Occupational Illness due to Covid-19 positive staff members during the Omicron Wave that resulted in the declaration by Public Health of a Covid-19 outbreak and that a staff line list was initiated. MOL Inspector focused on Covid-19 Preparedness and the measures and procedures implemented for the protection of workers for Covid-19 prevention and management. Further review of Covid Directives, Communication to Workers of Covid-19 Information, Joint Health & Safety Committee participation, Screening, Social/Physical Distancing measures, Hand Hygiene, Personal Protective Equipment (PPE) supply and fit testing for N95 Masks, Aerosol Generating Medical Procedures (AGMP) and Environmental Cleaning & Disinfection. The inspector also reviewed changes implemented since the previous inspections in 2021 including changes in Directive 5 associated with N95 Mask deployment, visiting protocols, enhanced screening, and plexi-glass partitions in dining areas for Residents and in staff break areas along with surveillance testing procedures with both PCR and Rapid Antigen tests.

The inspector gave accolades for the team effort and collaboration as to how well we have managed to contain Covid-19. Further she said that she uses our LTC Home (without specifically naming us for confidentiality) as the example of putting the right timely measures in place and consistently communicating them to staff and visitors.

A Field Visit report with NO orders was issued.

July 28, 2022

The MOL investigating an injury of an RVH employee on the rented RVH Mapleview – Satellite Unit. The IOOF Homes Management team along with a JOH&SC Worker Member cooperated with the inspector to provide information as required.

There were no findings or orders issued.

Oct 27, 2022

The MOL inspected the workplace as a result of an outbreak notification and overall review of our Covid 19 Pandemic Preparedness and Outbreak Protocols.

There were NO orders issued requiring further compliance but there was a forthwith order issued and complied with at the time of inspection as some portable hand sanitizer pumps were found to be beyond the expiry date. These were immediately changed out and placed in the audit cycle. Another recommendation was made to reach out to the supplier and get a letter stating how many months the product is effective past expiry. Hand sanitizer becomes potentially more concentrated with time and not less with the required minimum of 70% Alcohol retained, however, must not reach the 90% threshold efficacy for skin safety.

Outbreak requirements have been met and preventative strategies are in place.

An observation was made to have masks readily available in all break areas and there were none inside/outside of the main staff room, but they were readily available down the hall. This has been rectified to ensure clean masks are available at all exit points as well as break areas.

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.



LTC Home Resident Care & Services 2021

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 (HQP) 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:



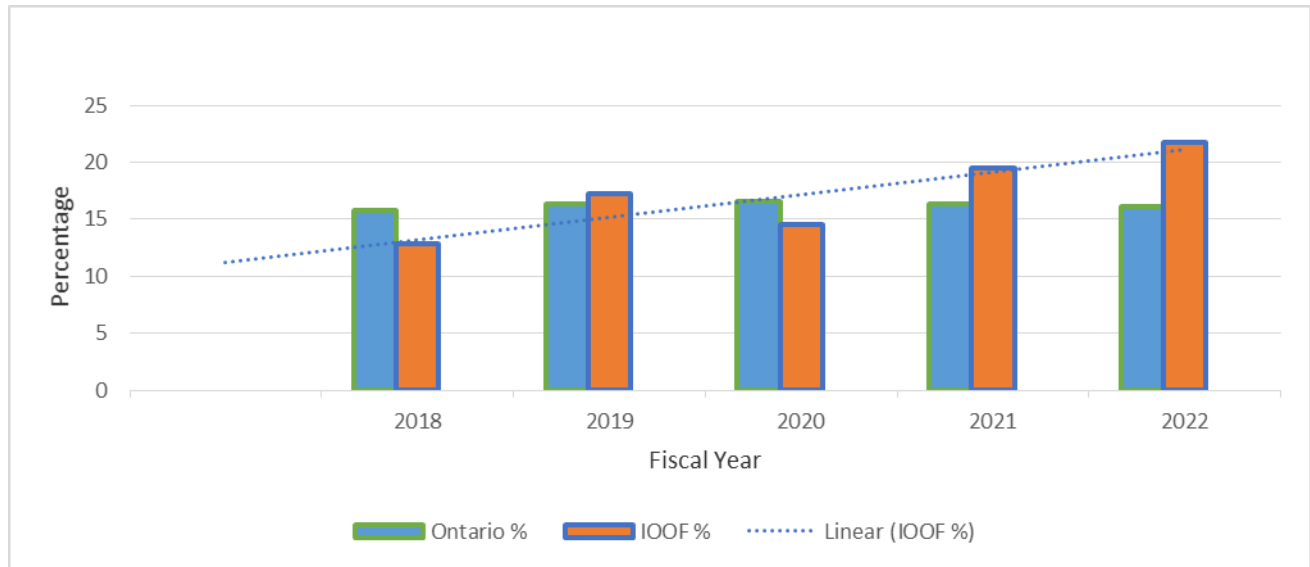
1. To improve the patient experience of care.
2. To improve the health of populations; and
3. To reduce the per capita cost of health care.

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 2022.

Percentage of Residents who fell.

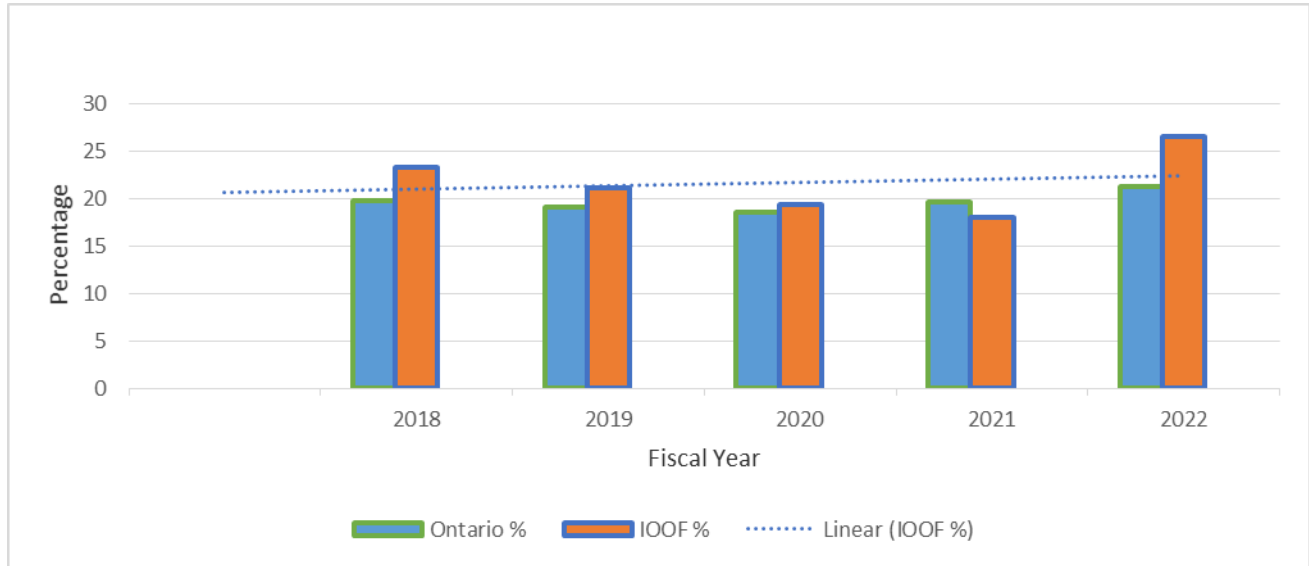


Year	ON	IOOF
2018	15.8	12.9
2019	16.4	17.2
2020	16.6	14.5
2021	16.4	19.5
2022	16.1	21.7

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 was able to purchase new high low beds and more fall prevention mattresses, floor mats, alarms, non-slip socks and hip protectors for the residents in 2022. We did identify a correlation between residents ill with respiratory infections and increased falls.

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

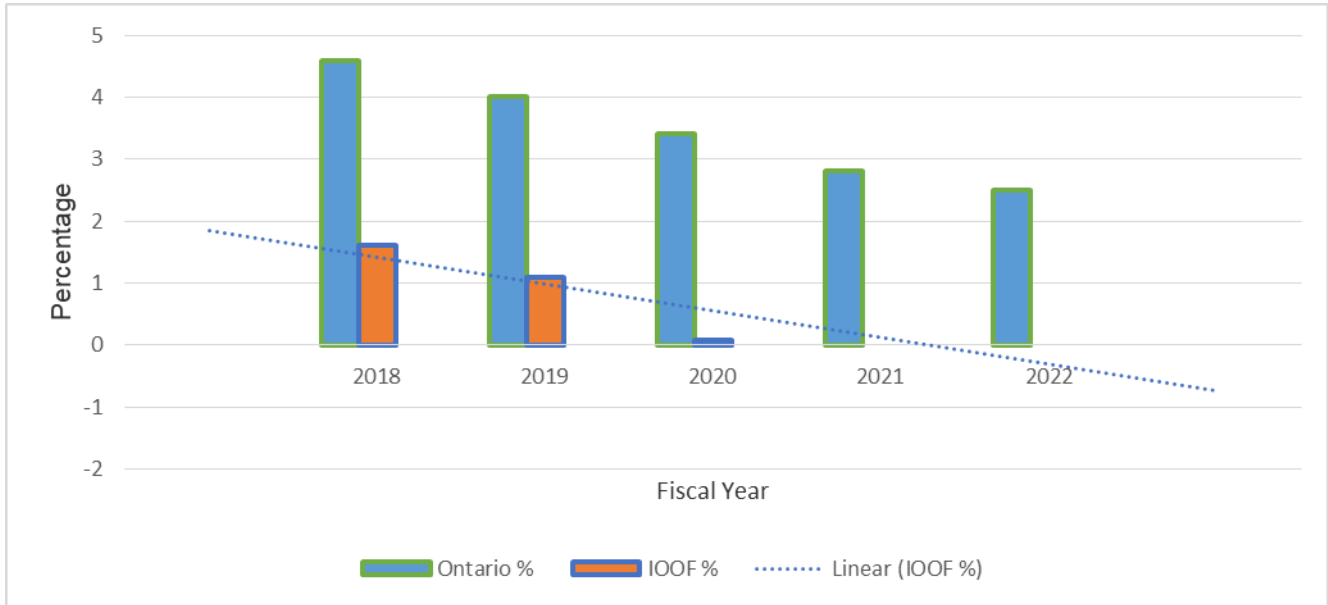


Year	ON	IOOF	
2018	19.8	23.2	
2019	19.1	21.1	
2020	18.5	19.4	
2021	19.6	18	
2022	21.2	26.5	

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 2022 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 has 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.

Residents who were physically restrained on a daily basis.

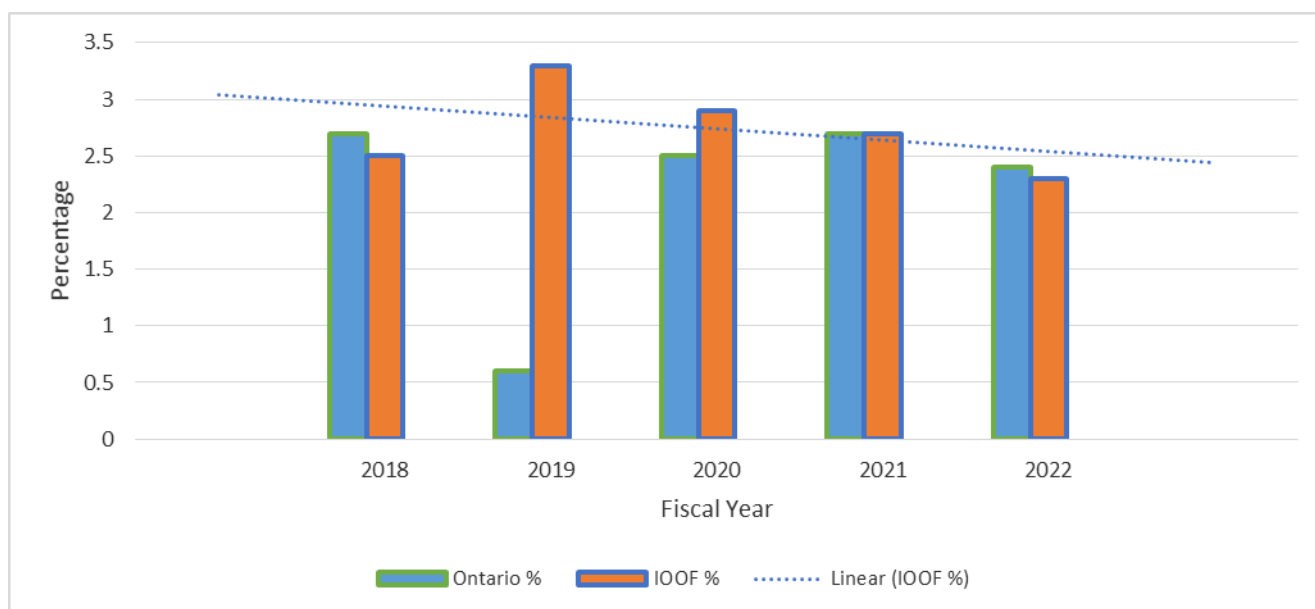


Year	ON	IOOF
2018	4.6	1.6
2019	4	1.1
2020	3.4	0.08
2021	2.8	0
2022	2.5	0

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.

The provincial benchmark is 3%

Percentage of Residents who developed new or worsened pressure injuries.

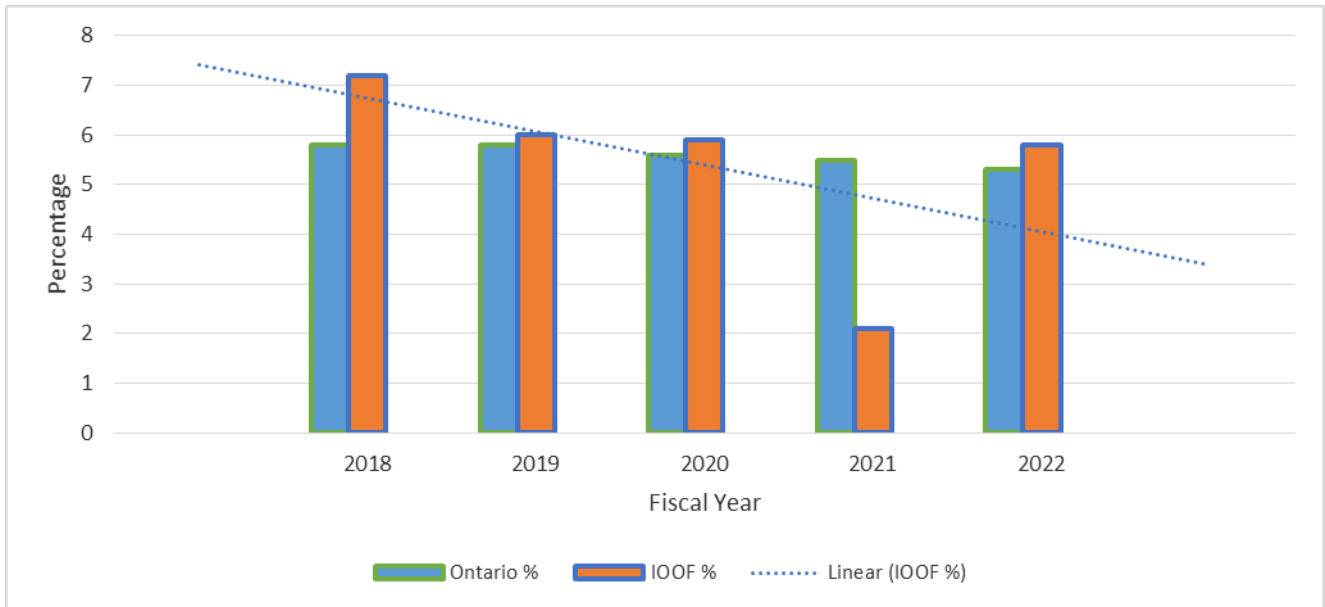


Year	ON	IOOF
2018	2.7	2.5
2019	0.6	3.3
2020	2.5	2.9
2021	2.7	2.7
2022	2.4	2.3

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 work 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 provincial benchmark is 1%

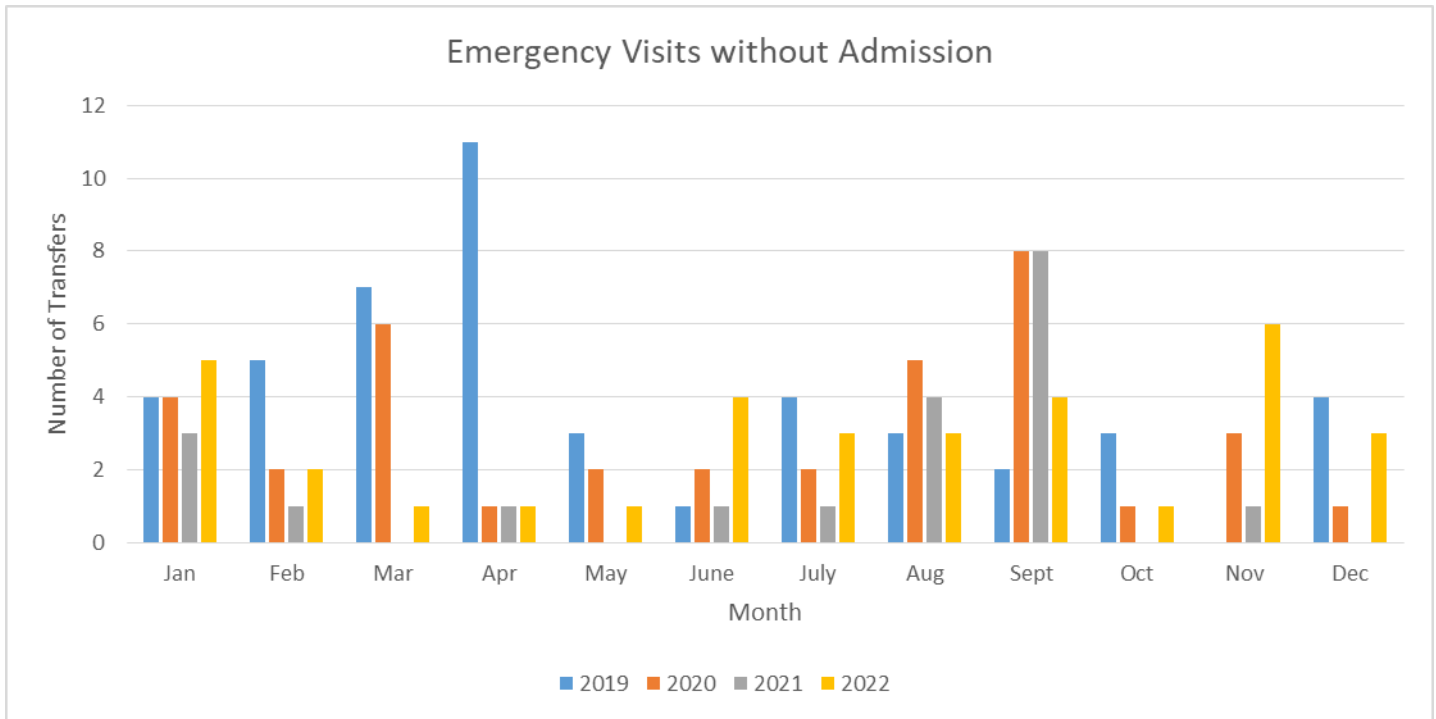
Residents Experiencing Pain



Year	ON	IOOF
2018	5.8	7.2
2019	5.8	6
2020	5.6	5.9
2021	5.5	2.1
2022	5.3	5.8

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. This is an indicator that we are working on improving this year as we revise and update our Pain & Palliative Care Programs.

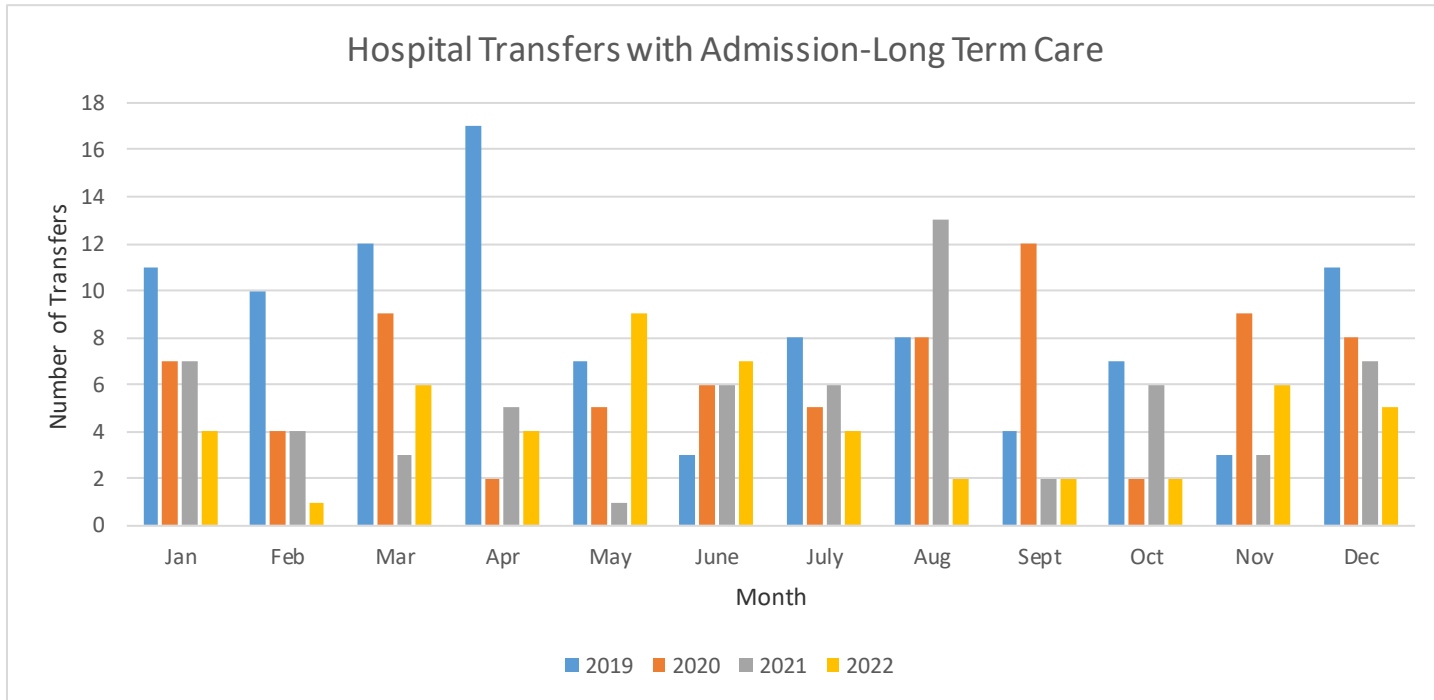
Emergency Visits without Admission



	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
2019	4	5	7	11	3	1	4	3	2	3	0	4	47
2020	4	2	6	1	2	2	2	5	8	1	3	1	37
2021	3	1	0	1	0	1	1	4	8	0	1	0	20
2022	5	2	1	1	1	4	3	3	4	1	6	3	34

The Physicians, Nurse Practitioners and Nursing Team review resident needs with the aim to prevent 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

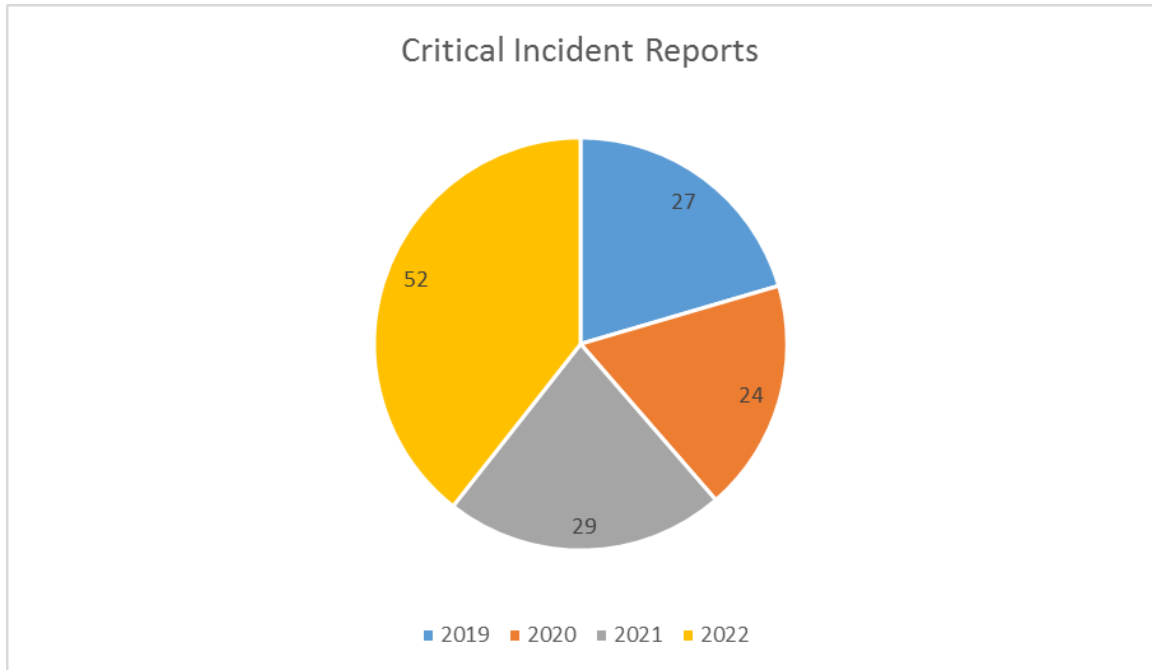


	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
2019	11	10	12	17	7	3	8	8	4	7	3	11	101
2020	7	4	9	2	5	6	5	8	12	2	9	8	77
2021	7	4	3	5	1	6	6	13	2	6	3	7	63
2022	4	1	6	4	9	7	4	2	2	2	6	5	52

The Home' has concentrated on reducing potentially avoidable emergency department visits that result in admissions to hospital. There has been a steady decline since 2019. With increased COVID-19 cases and outbreaks within the community will discuss with Registered Staff about attempting to limit any non-essential transfers to hospital by using in house interventions/treatments where possible in collaboration with POA/NP/MD.

Critical Incident Reports

There was a total of 52 Critical Incidents reported to the Ministry of Health and Long-Term Care for 2022. This indicator is up from the previous year, contributing factors include increased outbreaks/heightened surveillance, increased in responsive behaviours, Falls resulting in injury/change in condition.

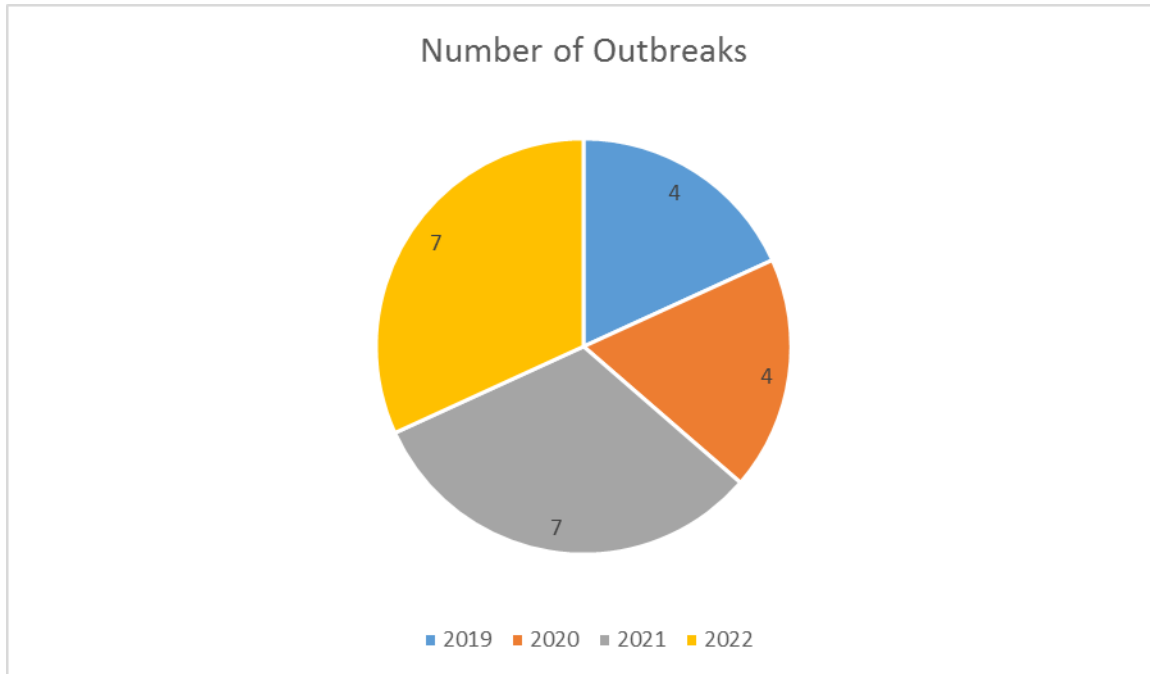


Year	2019	2020	2021	2022
	27	24	29	52

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.
- Ongoing monthly Education and unit huddles on Responsive Behaviours

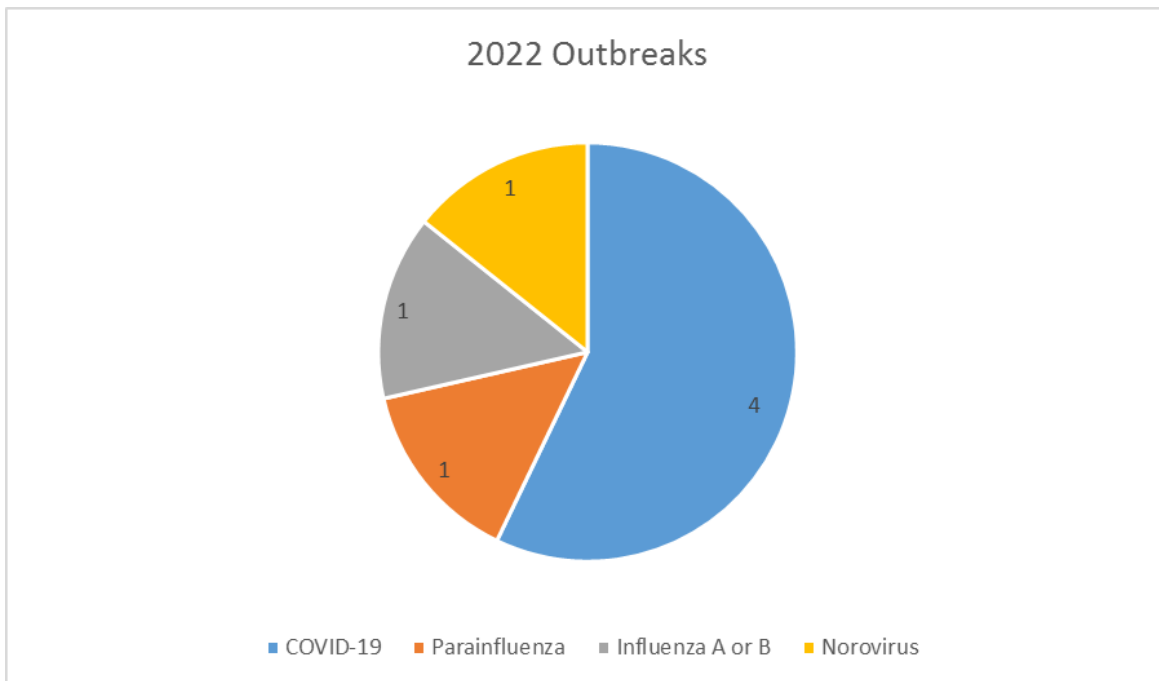
Outbreak Management: Number of Outbreaks in the Year



Year	2019	2020	2021	2022
	4	4	7	7

In 2022, the home experienced 7 outbreaks that were reportable to both the Ministry of Health and Long Term Care and Public Health. The Home saw a variety of respiratory infections (COVID-19, Parainfluenza & influenza) as well as one Norovirus. Public Health also placed the home in enhanced surveillance on 7 occasions related to respiratory infections. During 2022 our IPAC Lead, Public Health and the RVH IPAC team has guided the Home to enhance IPAC measures, auditing PPE and Hand Hygiene and constant education to our staff.

Types of Outbreaks





During 2022, the Infection Prevention and Control Practices 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. Staff have been swabbing anywhere from twice a week to daily (before providing direct care to any resident) depending on what is happening in the Home and the Community.

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 the home is very diligent in these practices.

During 2022, 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. We also had a new provider OHSPS Inc. (funded by the Ministry) come in and complete mask fit testing on many of our staff.

Late last year, as per the ministry Directive we moved from Active Screening for all staff to Passive Screening. Active screening and Daily Rapid Antigen Testing upon entry continues for all visitors.

Influenza Vaccinations

RESIDENTS	Number In Home	Percentage 2022	Percentage 2021	Percentage 2020	Percentage 2019
LTC Residents Immunized	162	98%	97%	97%	98%
LTC Residents COVID/Bivalent	162	98%	98%		
HP Residents Immunized	93	96%	96%	93%	83%
HP Residents Covid/Bivalent	93	91%			
LTC Staff (eligible)	343	83%	73%	97%	88%
Housing Staff Vaccinated	21	96%	88%	97%	96%

After the vaccine fatigue that appeared to impact the 2021 immunization rates, there was a significant increase in vaccination rates for 2022.



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	5	4	2	32			45
Simcoe Lodge	2	3	0	6			18
Baldwin Lane	6	3	4	14			31
Georgian Way	2	0	5	19			31
Kempenfelt Court	6	1	7	12			31
Total 2022	21	11	18	83			156
Total 2021	36	21	17	81			155



Corporate Risk Management & Projects 2022

2021	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: 10.
- ✚ Number of Pandemic Planning Committee Meetings held: 10.
- ✚ 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

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

Inspections, due to Outbreaks were done January 24, 2023

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 are 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 2, 2023

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:

Heritage Place/Manor:	3427
LTC Home:	4778
RHV Maplevue:	452

HVAC – LTC

- ✚ Regular preventative maintenance performed by Barrie Mechanical.

Heritage Place

- ✚ Regular preventative maintenance performed by Barrie Mechanical

Emergency Generators

- ✚ Inspected and tested semi-annually by Sommers Generators Inc.

Transformer Switch

- ✚ The transformer switch was replaced on the transformer by Wilson High Voltage on December 9th, 2022.

LTC Painting

- ✚ The walls of the hallways and serveries on Simcoe Lodge were patched and painted.

BALCONY RAILINGS

- ✚ The reinforcement of the patio rails on all the balconies above the first level were made to ensure the safety of the home. This was done while maintaining a “home like” environment for our residents.

HERITAGE PLACE PATIOS

- ✚ Replacement of the 4th and 5th floor patio decks were completed to allow our residents to enjoy the outdoor space again. These areas were previously not in use due to unsafe conditions.

THE TERRACES AT HERITAGE SQUARE

- ✚ Section of Garage roof was repaired at the expansion joint.
- ✚ Two Hot Water tanks 1x 94 and 1x 90 were replaced.
- ✚ 9x dead Ash trees were replaced with new Maple Trees.
- ✚ New asphalt around the perimeter walkway of 90 Dean and section of 94 was replaced.
- ✚ 6x Brick Piers and 2x brick walls were replaced with man made stone.



- ✚ Mask Fit Compatibility Testing and Ministry Funded Testing for 3M 1870+ N95s.
- ✚ Monthly Mask Fit Testing at Corporate Orientation
- ✚ Pandemic Planning 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
- ✚ Violence and Harassment Prevention Program
- ✚ Environmental Risk Assessment
- ✚ Injury trend analysis
- ✚ Joint Occupational Health & Safety Committee Full Membership

Rebates:

- ✚ Dunk and Associates NONE in 2022

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: 15
- ✚ Transition to LTC at IOOF: 2
- ✚ Transition to other LTC Homes: 8
- ✚ Deaths: 4
- ✚ Transfers to Hospice: 1
- ✚ Account Standings: No Outstanding Accounts
- ✚ Insurance Verification: Complete

Heritage Place Resident Satisfaction Surveys

- ✚ 78 Distributed
- ✚ 47 Returned
- ✚ 61% 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 2022:

- ✚ 90 Dean Avenue: 4 Suites
- ✚ 94 Dean Avenue: 6 Suites
- ✚ Account Standings: All in good standing
- ✚ Insurance Verification: Complete

Terraces Resident Satisfaction Survey:

- ✚ 161 Distributed
- ✚ 78 Returned
- ✚ 48.4% Response Rate

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

- ✚ Nothing significant noted in the Terraces' surveys.