

Summary of Final Management Report: Camilla Care Community December 15, 2020

Background

On May 27, 2020, the Government of Ontario announced that a number of hospitals would assume temporary management over certain long-term care (LTC) homes in the province. This action was taken in response to the COVID-19 pandemic, and focused on homes where risks to residents were thought to be the highest. Trillium Health Partners (THP) was asked to provide temporary management to Camilla Care Community (“Camilla”).

On May 31, THP signed an agreement with the home’s licensee, Vigour General Partner Inc. (the branded company name is Sienna Senior Living; referred to here as “Sienna”) and the Ministry of Long-Term Care (MLTC).

In its role as temporary manager, THP worked closely with Sienna to achieve two goals:

- 1) Stabilize Camilla and restore its operations to a level that meets standards set out in legislation and regulations; and
- 2) Support Camilla in meeting the ongoing expectations of residents, families, staff, and the community.

On June 10, 2020, THP submitted a plan to meet these goals to the MLTC. The plan focused on opportunities for improvement in the following three areas:

- **Safe, High Quality Care:** Ensuring the delivery of high-quality care in a safe environment;
- **Leadership and Human Resources:** Improving leadership, staffing and teamwork to support a positive, high-performing culture;
- **Communication and Engagement:** Enabling meaningful engagement with residents and families to support overall wellbeing and with staff to ensure a supportive environment.

This report summarizes the actions taken by THP in collaboration with Sienna and Camilla to achieve stabilization between May 31 and November 20, 2020. It builds on the actions laid out in the initial report released by THP on June 15, 2020.

THP’s role in providing direct oversight of Camilla was complete on December 7, 2020. THP and Sienna have worked together to create a plan that, if followed, will allow Sienna to continue to build on and sustain the improvements achieved to date at Camilla.

A sustainability plan was submitted to the MLTC the week of November 10th, and includes short- and long-term recommendations to ensure ongoing stability at Camilla as THP transitions out of the Home. THP and the MLTC will continue to monitor key metrics and progress against the plan through February 2021, to support Camilla and to ensure that progress is sustained.

1. Safe, High-Quality Care

1.1. Resident Safety and Clinical Practices

Our Goals

- Ensure care for current residents is high-quality—timely, resident-centred, safe, effective, efficient, and equitable.
- Review care quality in detail and develop a plan to improve important LTC care areas (skin/wound, falls, responsive behaviours, pain, continence).
- Provide training and education to staff to ensure they have the knowledge, skill, and ability to meet the care needs of residents in a way that is person-centred.
- Ensure that a plan is in place to bring the Home into compliance with MLTC and Ministry of Labour (MOL) requirements and address the immediate safety of the building.
- Improve the use of policies and procedures and ensure consistency in daily operations.

Outcomes: Resident Care

- Assessments were completed for all 129 residents in the Home in June, 2020 by a team that included nurses, physicians, dietitians, and others; specialist consults, mental health supports, spiritual care, and personal care services were arranged to ensure holistic care is being provided.
- A comprehensive review of the quality of care and clinical practices was completed; a detailed plan was developed and areas for immediate action were prioritized.
- Based on this plan and other observations of quality in the Home, opportunities for staff education were identified; over 1300 hours of in-person education were provided to Camilla nurses and personal support workers on standards of practice (e.g. falls prevention, continence care, skin and wound care, diabetes management, nutrition, documentation and recognizing and responding to changes in resident status).
- Certification training was also provided to clinical staff on approaches to support residents who display responsive behaviours (verbal or physical actions that can be disruptive, distressing, or challenging).
- Audits of essential personal care activities were implemented (e.g. showering, feeding) to ensure that standards were being met.
- Clinical supervision was implemented during the evenings, nights and weekends to provide provided 24/7 oversight.
- A Structured Quality Review was completed to examine the care provided between December 1, 2019 and May 31, 2020, to identify opportunities to improve resident care (see report summarizing this review for more details).
- Resident care resources and tools were updated for skin and wound care, laboratory processes and communication between nurses and physicians.
- Resources and equipment related to life-saving activities were reviewed and standardized (e.g. emergency carts).
Virtual care technology was launched in the Home to improve access to care; 50 medical specialist consultations were completed using this tool (i.e. video conferencing) between June 29 and October 31.

Outcomes: Resident Nutrition

- All residents' nutritional needs were assessed and any gaps were addressed with the support of dietitians.
- New initiatives were implemented to improve residents' experience of meals and their nutritional outcomes, including snack carts and physically distanced group dining (when not in outbreak).
- Standards and procedures for moving between group dining and tray service were developed as part of outbreak preparedness.
- A permanent Food Services Supervisor was recruited to provide ongoing on-site leadership for dietary services through future waves of the pandemic.

Outcomes: Infrastructure and Compliance

- THP worked closely with Sienna to ensure that a repairs plan that addressed immediate resident safety issues and short-term needs was developed and implemented; the work was scheduled to be completed by December 8, 2020.
- Pest control is now occurring twice weekly, with a plan in place to ensure this continues in the event of future outbreaks.
- Several past resident safety and quality of care issues were identified, investigated, and addressed. Immediate reporting of any issues identified has continued throughout the temporary management periods.
- A plan is in place to ensure compliance with all findings from MLTC and MOL inspection reports received to date; any required actions with a direct impact on resident care have been completed. Work to address remaining findings related to building repairs is underway.
- Education was provided to Camilla leaders and staff on their accountability to identify and report safety concerns; where previous gaps in reporting were identified, action has been taken.
- Gaps in the storage of administrative records and personal health records have been addressed.

Going Forward

- Camilla should ensure that contracts with providers for essential services (e.g. foot care, dental services) remain up-to-date and include coverage even during periods of outbreak.
- Camilla should focus on opportunities to improve involvement of substitute decision-makers (SDM), including making sure they are part of upcoming annual care conferences (this is in progress).
- Camilla should maintain an ongoing focus on reporting safety concerns and continue to promote an open and transparent environment and culture where this type of reporting and accountability are required.
- Outstanding actions in the compliance plan should be completed and Sienna should continue to educate staff/physicians and monitor action to ensure sure that the Home maintains compliance.

1.2 Infection Prevention and Control

Our Goals

- Infection Prevention and Control (IPAC) practices are consistent in the Home and strategies are in place to stay aligned to evolving evidence, recommendations, and directives.
- Protocols and clear signage are established related to precautions, physical distancing, and Personal Protective Equipment (PPE).

- Staff, residents, and visitors are tested for COVID-19 according to provincial policies and procedures; strategies are in place to ensure that exposures are appropriately traced, reported, and managed.
- The Home has a clear and comprehensive plan to guide how it addresses new suspected or confirmed COVID-19 cases and manages outbreaks.

Outcomes: Infection Prevention and Control

- Clear leadership and accountability for IPAC was established, including recruiting a full-time IPAC Lead who has been in place since July. This team member's responsibilities include monitoring IPAC practices, providing education to team members, and implementing important updates from public health.
- Active screening of staff, physicians, and visitors is in place and clear signage has been established, including posters related to handwashing, PPE donning and doffing, physical distancing, and precautions required when residents are in isolation.
- Cleaning and housekeeping procedures were updated to ensure timely and consistent cleaning of rooms and high-touch surfaces.
- Daily audits were established to ensure that cleaning standards are met in resident care, common, and kitchen areas.
- Leaders now conduct 15 audits per day focused on hand hygiene, PPE practices, and kitchen sanitation.
- Clear processes were established to manage symptomatic residents and staff and active monitoring was put in place to ensure staff adhere to requirements. Through summer and late fall, staff have consistently demonstrated appropriate outbreak management responses.
- Staff surveillance testing was implemented twice monthly, according to provincial direction at the time; 12 rounds of testing were completed from June through November.
- A recognition program was implemented for staff to reward good IPAC practices; performance and progressive discipline were also instituted where practices did not improve.
- A COVID-19 Wave Two Preparedness Plan was developed and rolled out in the organization (see section on Emergency Preparedness for more detail).

Going Forward

- Camilla should continue coaching, regular surveillance, and auditing of IPAC practices and maintain the dedicated leadership is in place to oversee these activities.
- Camilla should ensure regular re-training, robust orientation, coaching, and performance management is in place for staff/physicians to continue reinforcing these practices.

1.2. Supplies and Equipment

Our Goals

- All PPE and supplies meet quality standards and staff and visitors have access to adequate PPE to protect themselves and others.
- Practices related to PPE are consistently monitored.
- Strategies are in place to manage supplies of PPE and other products that are necessary for preventing infection (e.g. cleaning); inventory and usage can be easily monitored and tracked.
- Other equipment is sufficient and there are no gaps that could impact resident safety.

Outcomes

- Staff were provided important education on PPE use, including techniques for donning and doffing.
- PPE conservation strategies were established to ensure the availability of supplies that meet standards on an ongoing basis.
- Improved inventory management processes were put in place to ensure that a 14-day supply of PPE and other key supplies is available at all times.
- N95 mask fit testing was completed for 100% of active employees. Staff were provided education on cleaning standards to ensure that supplies are being used appropriately (e.g. contact time for disinfectants depending on infectious agent).
- THP worked with Sienna to repair, purchase and replace important equipment as required.

Going Forward

- Ensure that there is a clear process in place for managing supplies, as well as any supply access issues that may arise in future, including N95 masks.
- THP has committed to providing emergency support if immediate shortages of PPE should arise.

1.3. Emergency Preparedness

Our Goals

- Ensure leadership, staff, and physicians are prepared to address future waves of the ongoing COVID-19 pandemic.
- Update emergency preparedness plans and supplies and ensure staff are capable of addressing emergencies as they arise.

Outcomes

- A plan to support the Home through future waves of the COVID-19 pandemic was developed and implemented with Camilla leaders. The plan provides detailed guidance and direction to leaders, staff, and physicians in the following areas: resident care, IPAC, environmental services, dietary services, human resources, supplies and logistics, communications, and resident and family engagement.
- A local evacuation plan was developed and implemented; key emergency supplies were ordered and distributed across the Home. During the course of THP's management agreement, Camilla experienced a fire code and staff were able to successfully activate this plan.

Going Forward

- Camilla should continue to raise awareness of the COVID-19 Wave Two Preparedness Plan with staff, ensuring that others on the team are trained to fill important emergency management roles if key leaders are unavailable.
- Both emergency preparedness plans will need to be reviewed and updated by Camilla regularly based on evolving direction and best practices.

2. Leadership, Staffing, and Teamwork

2.1. Leadership and Teamwork

Our Goals

- Ensure a strong Executive Director (ED), Medical Director, and Director of Care (DOC) are in place, with a succession plan for future leadership.
- Improve cohesion and collaboration of the team across the Home.
- Introduce a physician model that ensures high-quality, consistent medical care for residents.
- Use virtual care to help residents to connect with specialists.

Outcomes

- A strong Interim ED was brought into the Home and provided leadership through the period of the management agreement. A permanent ED was recruited and will begin on December 14, 2020 to allow an overlap in leaders and a smooth transition in oversight.
- An Interim Medical Director was brought on to provide oversight and guidance to physicians in the Home. A permanent Medical Director began on December 1, 2020 and there was a transition between the outgoing and incoming Medical Directors.
- An interim DOC is in place and a permanent DOC has been recruited and is scheduled to start at Camilla at the end of December.
- Six THP physicians were put in place on a contract basis to provide care while THP was the temporary manager; Sienna recruited five physicians who started at Camilla on December 1, 2020. There has been overlap between the incoming and outgoing physicians to ensure resident safety.
- Key leadership roles were recruited, including the Food Services Supervisor, Director of Resident Programs, and IPAC Lead. Clear roles, responsibilities, and performance expectations were set out for the Camilla leadership team; coaching and performance management were provided.

Going Forward

- Sienna should continue to implement strategies to ensure ongoing success of the Camilla leadership team, including providing education, orientation, and coaching to new leaders as they join.
- The Home will need to continue to build a culture of reporting, accountability, and transparency.

2.2 Staffing

Our Goals

- Ensure that staffing levels enable the Home to deliver high-quality care for residents, while also maintaining alignment with legislation, regulations, and standards.
- Ensure that there are no important staffing vacancies and that a strong recruitment strategy is in place to fill any gaps.
- Update staffing policies, procedures, and guidance to ensure consistency and establish clear expectations related to supporting, supervising, and directing staff.

- Support staff in receiving accommodations and returning to work when they have been off due to illness or injury.
- Improve documentation processes so human resource activities can be carried out appropriately.
- Ensure staff have access to a variety of resiliency and mental health supports.

Outcomes

- The staffing model for any future outbreaks includes roles to support screening, visitation, enhanced cleaning and support of resident care tasks.
- A nursing department master schedule was developed to address requirements for pandemic and non-pandemic scenarios. This schedule was built in alignment with requirements set out in legislation, regulations, and collective agreements.
- Based on this schedule, recruitment needs for the nursing department were identified and interviews were carried out; a number of candidates have been hired. Clear roles and expectations are in place for all staff; coaching was provided and where performance did not improve other strategies were put in place.
- Documentation and protocols for important human resource activities were established (e.g. return to work) to ensure clarity and consistency and improve the experience for staff.
- A standard orientation schedule for new employees was developed to improve consistency.
- To address staff wellbeing and mental health, THP's Employee Health and Wellness Team provided direct, on-site support. This included debriefing and healing sessions, one-on-one sessions, and guidance on meditation exercises and stress management.

Going Forward

- Camilla and Sienna should continue to closely monitor staffing needs to ensure there are no staffing shortages across the Home.
- Sienna should ensure that the Home has ongoing support for important human resource activities, including supporting onboarding and return to work processes.
- Sienna is urged to consider enhanced corporate programming for stress and resilience, as well as creating a formal opportunity for staff to grieve.

3. Engagement and Communication

Our Goals

- Substitute decision-makers are involved, informed, and up to date on the care of residents.
- Families are kept aware of important high-level updates, including outbreak status, and have opportunities to receive information in a variety of ways.
- Processes are in place to document and track resident and family concerns.
- Residents and families are provided opportunities to connect in a variety of ways and processes are in place to ensure that residents are protected.
- Staff are kept informed of important internal updates and provincial changes.
- Staff have an opportunity to engage in improving the Home and can provide feedback through a variety of forums.

Outcomes: Resident/Family Communications and Engagement

- THP implemented a number of tools and forums to improve communications, including:
 - Building on and maintaining a database of contact information for family members;
 - Sharing key contacts on the Camilla team with family members;
 - Setting up an e-mail address by which THP could be reached directly related to Camilla and responding to inquiries in a timely manner;
 - Establishing a newsletter for residents and families, released every two weeks, with key updates related to the Home;
 - Organizing monthly virtual family town halls to provide updates and offer opportunities to ask questions and raise concerns directly with Camilla, Sienna, and THP executive leaders;
 - Sending updates with key information (e.g. outbreaks) including by emails and phone calls.
- A clear process was established to document, track, and manage resident and family concerns and complaints. The Family Council was reestablished in October and has met several times to discuss its Terms of Reference and leadership.
- The Residents' Council was reestablished in October; the former president is continuing in the role and the Council will continue to meet monthly.

Outcomes: Visitation

- The visitation policy at Camilla shifted throughout the management agreement in response to both changing provincial/regional direction and as a result of suspected and declared outbreaks in the Home. THP worked with the Camilla team to keep families and residents informed of changes via regular communications.
- An online visitation booking tool was launched on August 12, 2020.
- THP worked closely with the Camilla team to implement consistent processes for virtual and window visits. Since July, more than 500 virtual visits have occurred.
- THP worked closely with the Camilla team to implement both outdoor and indoor visits when provincial direction and Sienna policy allowed.
- The first essential visitors were welcomed to Camilla as of September 22, 2020 with education and training provided on IPAC best practices and PPE. As of the beginning of November, 21 residents had designated caregivers, which ensures residents have at least one visitor even during times of outbreak.

Outcomes: Staff Engagement and Communications

- Bi-weekly Staff Town Halls were established and regular memos were distributed to staff to ensure awareness of important updates.
- Nursing Practice Meetings, Circle of Care Meetings (for personal support workers), the Resident Safety Committee, and the Joint Health and Safety Committee all restarted in the Home.
- A number of initiatives were implemented to improve staff morale and donations were distributed to staff in recognition of their work.

Going Forward

- Camilla should sustain and build upon the established communication channels with residents and families and commit to consistent, ongoing communications, including bi-weekly newsletters and family town halls.
- Camilla should ensure that family contacts are maintained and updated regularly.

- Resident and Family Councils should continue to meet and receive support from the Camilla team.
- Camilla should also continue daily huddles, monthly staff town halls, and regular distribution of memos to ensure staff and physicians aware of important updates and regularly engaged in discussions affecting the Home.

4. Acknowledgments

It has been a tremendous privilege for THP to have had this opportunity to serve the residents, families and staff of Camilla. THP will continue to be a supportive neighbour to Camilla, as we are committed to building a stronger, more connected system of health care in our community.