

## **Initial Report of the Temporary Manager: Camilla Care Community**

April 22 - June 11, 2020

### **1.0 OUR ROLE AND WHAT IS INCLUDED IN THIS REPORT**

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COVID-19 has had a devastating impact on people living and working in a number of long-term care homes (LTCH) in the province, including Camilla Care Community (Camilla). This impact has also extended to the residents' families and loved ones. As a part of the provincial response to the COVID-19 pandemic in LTCHs, Trillium Health Partners (THP) was asked by the Ministry of Long-Term Care (MLTC) to act as temporary manager of the Camilla LTCH. On May 31, 2020, THP and Camilla's licensee, Vigour General Partner Inc. (the branded company name Sienna Senior Living, we will refer to as "Sienna" in this document), and the MLTC signed a Ministry management agreement.

THP's role at Camilla is to protect the health and safety of residents and staff and to create a plan with Sienna to ensure the home is meeting the standards set out in legislation and regulation. This report lays out our initial findings and observations. It also outlines the actions and improvements made since many of these observations were made, and sets out the next priority actions to continue the stabilization and recovery of the home.

Along with a number of hospitals across the province, THP has provided infection prevention and control (IPAC) support and other expertise to LTCHs during COVID-19. In total, THP has provided support to 19 LTCHs during this pandemic, in partnership with Ontario Health (OH), Peel and Toronto Public Health, Public Health Ontario, and other key stakeholders as needed. As part of this, THP provided expertise and support to Camilla starting in April 2020.

The initial findings included in this report are drawn from observations and information from THP physicians and staff who have been deployed into Camilla, as part of our early support work and now as direct manager. Interviews were held with THP physicians and staff and a review of documents was completed, including assessments conducted regionally, with public health, OH and MLTC officials.

We have organized our findings and observations into the following three key areas:

- **Safe, High Quality Care:** Ensuring the delivery of high quality care in a safe environment
- **Leadership, Staffing & Teamwork:** Improving leadership, staffing and teamwork to support a positive, high performing culture
- **Communication & Engagement:** Meaningful communication and engagement with residents, families and staff to support overall wellbeing

THP wishes to acknowledge that this report is focused specifically on issues and deficiencies observed at Camilla during COVID-19, in order to prioritize actions that are required to expeditiously return the home to a stable state of care and processes. We want to recognize the good work of the many Camilla staff who are committed to the care and well-being of residents. The home has made early progress on issues and deficiencies as outlined in this report. It is important to note that for the staff to be successful in caring for residents in a safe and sustainable environment, key workplace changes will need to take place, including cultural change.

As has been communicated publicly, there are separate investigations currently ongoing related to allegations of abuse. This includes but is not limited to investigations being led by the Peel Regional Police and a third party investigation led by Benard + Associates Inc. Information related to these investigations has not been included in this report. We will update residents and families in a separate communication, when the third party investigation is complete.

Finally, through daily operational oversight, THP will continue to revise the action plan according to the identified areas for improvement. In THP's new role of temporary manager and in the spirit of transparency, information will be shared openly with residents, families, and staff at Camilla, as well Sienna and the MLTC.

## 2.0 BACKGROUND

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Camilla was opened in 1970 and has 236 beds for residents requiring long-term care. The home is classified by the MLTC as a C bed home, which is one of six structural classifications used by the MLTC, based on when the home was built and the structural standards that were applied at that time. More information on the MLTC classification of homes can be found [here](#).

Camilla currently has approximately 145 residents, although 16 of these residents are currently inpatients at THP and will return to the home when appropriate. Camilla has seen one of the highest rates of COVID-19 in the province, with a total of 246 cases, of which 60 were staff and 186 were residents. Since April 6<sup>th</sup>, 68 residents have died who were confirmed to have been COVID-19 positive at the time of death. Below provides a high level summary of events related to the impact of the pandemic on the people of Camilla.

### Summary of events to-date

On March 16, 2020, as COVID-19 cases were increasing in Ontario, visitor restrictions were put in place at long-term care homes, including Camilla. The following day Ontario declared a state of emergency. On April 6, Camilla had its first lab-confirmed case of COVID-19 and an outbreak was declared in the home by Peel Public Health. In mid-April residents and staff were tested for COVID-19 by Peel paramedics at Camilla and at THP's Assessment Centres.

As part of the government's COVID-19 Action Plan for Protecting Long-Term Care Homes, and in collaboration with Ontario Health Central Region, on April 17, THP created a mobile assessment team to go into 19 LTCHs. This team aimed to support infection prevention and control (IPAC) and clinical assessments, educate LTCH staff about Personal Protective Equipment (PPE) and facilitate staff and resident COVID-19 testing as needed. On April 21, THP received a letter from the Sienna President & CEO requesting staffing support, citing significant staffing shortages. The next day THP deployed its mobile assessment team to Camilla to provide immediate support.

Following the assessment of Camilla on April 22, issues were escalated to the Camilla leadership team as well as Ontario Health Central Region. As a result, the home was classified as "High Risk" at the Peel Integrated Response Planning group, which provides COVID-19 response oversight of all congregate care settings in Peel, including long-term care. Public Health Ontario conducted its first IPAC assessment of Camilla and provided immediate action items for the home, while THP initiated the following supports to Camilla:

- Redeployed voluntary staff to support residents' basic care needs
- Deployed Personal Protective Equipment (PPE) coaches
- Provided additional ad-hoc physician support
- Facilitated the meal time assistance program, the "THP Supper Club"

From April 24, 2020 onward THP continued to support Camilla under the direction of Sienna leadership. Immediate actions and improvement were initiated. On May 15, Sienna established an Incident Management Structure with representation from Sienna, Ontario Health Central Region, Peel Public Health and THP. This structure included daily calls, seven days per week, to review the home's status, track performance on key metrics, and oversee actions. On May 27, 2020, the Government of Ontario announced the appointment of various hospitals to assume temporary management of a number of LTCHs, including assigning THP to manage Camilla. A voluntary Management Agreement between Sienna and THP became effective May 31, 2020.

On June 2 and 3, medical and well-being assessments of all Camilla residents were completed by THP clinicians. THP hosted a virtual town hall for families to review the actions already taken and to discuss future actions with THP leadership, Sienna leadership and government officials. On June 7, 2020, the outbreak at Camilla was declared over by Peel Public Health. Ongoing efforts to improve the home and prevent future outbreaks continue.

In total, since late April, THP has deployed over 20 staff, who have completed 287 shifts in April and May, and THP clinical leaders have volunteered at 132 meals, supporting meal tray delivery and helping staff feed the residents.

### 3.0 SAFE, HIGH QUALITY OF CARE

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#### 3.1 Resident Safety and Clinical Practices

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##### Key Observations:

###### Basic Care:

- Residents observed in wet incontinence briefs for extended periods and/or not being toileted consistently.
- Residents were not actively monitored for changes in their condition.
- Some residents were being put to bed at night with their day clothes on due to lack of staff available to change them into sleepwear.
- Poor management of residents with responsive behaviours associated with dementia. Some staff were observed getting upset and frustrated with residents, instead of using standard strategies such as Gentle Persuasive Approach.

###### Meals and Dietary:

- Forceful, rushed and/or aggressive feeding of residents was observed.
- Staff were unaware of diet changes and/or required modified diets for residents. Modified diets are prescribed to ensure residents can safely eat without choking or aspirating (i.e. inhaling into the lungs).
- Significant understaffing in the kitchen/dietary area; at times there were only 3 staff when they reported there would usually be 9.
- No Supervisor on site for food services/dietary, as this person usually works at two homes and had to select one work site as per COVID-19 restrictions.
- Cooking meals and meal tray delivery was disorganized and took long periods of time. Sometimes meal times took up to 3 hours.
- No changes were made to make meal preparation easier, such as simplified menus or pre-made foods.
- Residents who needed assistance for meal set up did not always receive assistance, or had to wait a long time.

###### End of Life Support:

- Many staff did not know about clinical standards for palliative care.
- Staff observed to be uncertain and stressed in managing end of life care for those with COVID-19, including not knowing what to do when residents were struggling to breathe.

###### Safety and Documentation:

- Contracted attending physicians, including the Medical Director, were not coming on site to support residents and staff. Physician support was provided via phone call only; video was not included as a virtual care option.
- When asked about the current status of residents, staff could not consistently locate up-to-date information in the resident record or provided information that conflicted with contents in the resident record.

##### Actions and/or Improvements to-date:

- THP physicians rounded and provided resident assessment in the home and were on-site April 23-24, April 27-29, May 1 and May 19-21. This team of THP physicians that provided support consisted of a Physician Leader (Chief and/or Division Head), Sub-Acute Hospitalists and Geriatricians.
- THP began making sandwiches for residents and mixing thickened fluids in the hospital kitchen to bring to Camilla. Starting April 23, THP staff began volunteering at Camilla to help with ongoing issues with meal preparation, meal tray delivery, and to assist residents with feeding.
- Sienna deployed a support person to Camilla to oversee environmental services, including kitchen/dietary and housekeeping. This provided coverage for the Supervisor gap, and resulted in significant improvements.
- By the third week of May, Camilla had initiated processes to make meal times more efficient and to ensure residents were getting the correct diets.
- Effective June 1, THP appointed an Acting Medical Director and began deploying THP physicians who are now on-site at Camilla to provide consultation, medication review and medical treatment of all residents.
- On June 2-3, an interprofessional group of THP clinicians, including physicians, nurses, and allied health (Occupational Therapist, Physiotherapist, Dietitian, Speech Language Pathologist) completed an individual

assessment of each Camilla resident present at the home (129 in total) to identify any needs. No residents were identified as requiring emergent medical care or transfer to the hospital. The following priorities were identified:

- Falls prevention
- Dementia support
- Consultation with a Physiotherapist, Occupational Therapist and Registered Dietitian, to address functional and nutritional care needs
- Communication of clinical assessment findings to residents and/or their Substitute Decision Makers is currently in progress

#### **Future State Action Plan:**

- Develop a medical coverage model and physician schedule that ensures regular in-person and virtual physician availability, including with key medical specialties to support resident care.
- Define and implement a training and education plan for staff to ensure they have the knowledge, skills, and abilities to meet the care needs of residents, and do so in a way that is person-centred.
- Audit to ensure clinical documentation is up to date and accurate.
- Training and education for staff on how to manage end-of-life residents, including management of symptom relief and working with families to support next steps for care planning.
- Implement practices to support staff with resiliency related to end-of-life care.
- Develop and implement a process for regular performance reviews for attending physicians.
- Implement regular discussions with residents, families and the Camilla team to review resident care goals and ensure individual resident files (or charts) are updated accordingly.

### **3.2 Infection Prevention and Control**

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#### **Key Observations:**

- THP's assessment team witnessed COVID-positive residents and COVID-negative residents sharing the same room.
- Lack of signage and/or inaccurate signage to clearly show which residents were COVID-positive versus negative, so staff did not know which precautions were required when caring for the residents.
- In conversations with Camilla leaders, they did not consistently know about contact tracing that had been completed when a COVID-positive test result was received for a resident, and were not consistently able to identify who had been exposed or who should be isolated to prevent spread of infection.
- Not all Camilla nursing staff were aware of how and when to swab residents for COVID-19 testing.
- Staff were not proficient in the use of personal protective equipment (PPE) including how to safely put on and take off (don and doff) equipment, required frequency to change PPE throughout a shift, or the need to change PPE when moving from a COVID-positive resident to a COVID-negative resident.
- PPE (i.e. masks, gloves, gowns etc.) was not consistently/properly used by all staff; some staff were not wearing masks while others were wearing double masks. Staff were seen caring for COVID-positive residents then going to the nursing station without removing PPE.
- Staff were initially observed wearing garbage bags over their clothing and on their feet as PPE, and keeping gloves on while washing their hands instead of changing gloves.
- On initial visit, there was a lack of adequate cleaning supplies on-site and the necessary enhanced cleaning was not taking place.
- Garbage cans were too small, and were overflowing with PPE, discarded food, and soiled incontinence briefs.
- Cockroaches were observed in the building on resident floors and in the kitchen.
- Some residents had respiratory symptoms documented in their records in December, January, and February. This is being reviewed to understand if proper processes were followed.

#### **Actions and/or Improvements to-date:**

- THP provided IPAC and PPE training materials and tools, including direct education and an environmental safety audit checklist related to COVID-19.
- Signage was placed throughout the home, including visuals for proper PPE usage and information about maintaining physical distance.

- PHO completed two assessments, on April 23 and May 7, in order to make further recommendations, specifically to aid with Camilla staff using visual cues to identify COVID-positive vs COVID-negative residents were implemented in mid-May.
- Sienna deployed 2 additional on-site leaders to Camilla (starting April 15), to implement IPAC processes and standards and provide targeted outbreak management. These supports were in place until the outbreak was declared over on June 7, 2020.
- As of May 13, THP deployed PPE Coaches into Camilla who trained 42 Camilla staff in-person on PPE usage and handy hygiene practices. They also continued to observe the home regularly and provide in the moment coaching to reinforce practices.
- Another IPAC assessment was conducted on May 21 by THP's Manager of IPAC, in order to further assess if the recommendations from PHO were implemented. All initial PHO and THP recommendations were completed.
- Camilla began completing daily PPE and hand hygiene audits as of May 19, and by end of May were achieving consistently higher compliance to standards (>90%).
- Camilla implemented IPAC quizzes for staff, to support ongoing training on IPAC best practices.
- Protocols for enhanced cleaning to ensure high-touch areas are cleaned more frequently were developed by Camilla. Starting June 3, Camilla also started daily logs and audits to ensure all cleaning is completed.
- The COVID-19 outbreak was declared over on June 7, 2020. There had been no new resident cases of COVID-19 for 20 days.
- Pest control spraying for cockroaches was completed on June 11, 2020.

#### **Future State Action Plan:**

- Review IPAC policies and protocols and revise if necessary, adhering to regional guidance and recommendations.
- Complete outstanding and required environmental and equipment repairs to be IPAC compliant.
- IPAC auditing, including regular reviews and recognition for areas where IPAC process are being followed.
- Enforce continued adherence to consistent PPE practices and ensure sufficient supplies are available
- Update environmental/ cleaning procedures and key performance indicators to monitor for areas of improvement.
- Ensure that any return to normal activities after outbreak, such as group dining, continues to follow all required IPAC standards, such as physical distancing.

### **3.3 Availability of Necessary Supplies and Equipment**

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#### **Key Observations:**

- Some residents were not receiving adequate oxygen supply at end of life and there were not enough supplies such as oxygen tanks, O2 concentrators, tubing and nasal prongs.
- Cleaning supplies, for example wipes for the staff to clean equipment, were reported as low or not readily available.
- Reported to have one week PPE supplies on hand, but no tracking system in place to support accuracy.
- Supplies, including PPE, were locked and not always accessible to staff when they required it based on their point-of-care risk assessment.
- Staff were using the same face shield for several weeks without clear direction as to whether they would be issued a new shield. Staff were also not cleaning the face shields using proper products.

#### **Actions and/or Improvements to-date:**

- THP provided oxygen tanks to the home on April 23 to assist residents requiring oxygen to be more comfortable.
- Camilla established a consistent and reliable system to monitor volume of PPE and cleaning supplies.
- Camilla staff are completing daily counts of PPE, to always know daily rate of usage and how many days of stock are left of each item. This allows for good ability to predict supply needs and order in advance, so supplies don't run low.
- Staff report that they have access to required PPE, including replacement face shields.
- Larger sized garbage bins are now in place, to assist with appropriate disposal of PPE.

**Future State Action Plan:**

- PPE conservation strategies in place with the ability to monitor usage and know how much PPE is being used on average. Appropriate reporting will allow the home to ensure PPE is being used properly and supply is always adequate.
- Appropriate access for all staff who require PPE.
- Disposal bins situated in appropriate areas for safe removal of PPE.

#### 4.0 LEADERSHIP, STAFFING AND TEAMWORK

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##### 4.1 Leadership and Teamwork

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**Key Observations:**

- Camilla leadership (Executive Director and Director of Care) were unable to provide clear answers to questions about the current status of the COVID-19 outbreak, staffing, IPAC processes.
- Observed a lack of visible leadership and rounding with staff to address concerns and communicate.
- Camilla leadership was observed to ignore staff's poor PPE and IPAC practices.
- Camilla leadership could not articulate what external help might be needed to manage the COVID-19 outbreak and the issues happening at Camilla as a result.
- IPAC recommendations received by Camilla leadership from PHO and THP were not fully or consistently implemented until mid-May.
- Staff reported that they were not supported or communicated with enough information about COVID-19 and there was no clear direction from the leadership team on how the home was managing the outbreak.
- Members of the leadership team were providing direct care to residents, such as feeding residents, due to staff shortages. This meant they were not always focused on providing important leadership functions such as setting and enforcing IPAC processes.

**Actions and/or Improvements to-date:**

- Recommendations and areas for improvement identified in PHO and THP assessments began being implemented in early May, supported by 2 additional leaders Sienna deployed to Camilla.
- THP appointed a temporary management team on June 1:
  - Stephanie Joyce, Vice-President, Patient Care Services is the THP executive now accountable for Camilla
  - Tracy Richardson is now the new Interim Executive Director for Camilla, reporting to Stephanie Joyce
  - Dr. Tamara Wallington, Program Chief and Medical Director, Primary Care, Rehab, CCC, Palliative Care, and Seniors Services is now the Acting Medical Director from THP for Camilla
  - Sylwia Klimek and Sheryl Papp are now the Interim Directors of Care who will provide direct day to day supervision of all team members
- On June 8, THP assigned two Clinical Directors and a Manager from the hospital to work at Camilla in order to support the Interim Executive Director (Tracy Richardson) to ensure staff are adhering to Sienna's extensive policies and procedures, to improve quality of care, and to help build leadership capacity at the home.

**Future State Action Plan:**

- Ensure Sienna appoints a permanent leadership team, including the Executive Director, Director(s) of Care and the Medical Director, who are able to effectively lead the Camilla team.
- Increased communication and engagement with staff, through regular leadership meetings held by the Interim Executive Director, staff huddles (with physical distancing), and written communication.
- Consistency in daily operations and a unified team across all 4 floors.
- Strong operational oversight, performance feedback to staff, and attention to Sienna's organizational policies and procedures, and in accordance with the legislation and regulations.
- Greater engagement in the development and support of staff.

## 4.2 Staffing

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### Key Observations:

- Many staff members were reported to be away due to illness, awaiting COVID-19 results or refused to work in roles such as nursing, dietary aides, cleaners and office administration.
- Out of the approximately 270 staff that work at Camilla, at the time of the initial assessment in April, 32 staff were off sick, 12 had results pending and 30 were refusing to work. With COVID-19 restrictions limiting staff to work at one site only, some staff opted to work at sites other than Camilla.
- Due to significant understaffing at times, staff reported they did not have the time to provide basic care to residents (toileting, feeding, and dressing), could not complete housekeeping tasks, and/or had difficulty getting meals prepared and delivered to residents
- Occupational health calls were not initially being made to staff who were off. This meant that some staff were not back at work as soon as they could be, which contributed to staffing shortages.
- Staff reported feeling tired and morale appeared low; staff were working overtime and double shifts.
- Staff were seen to speak disrespectfully to each other, including yelling and arguing.
- A staff member was heard yelling and speaking disrespectfully to a family member on the phone.

### Actions and/or Improvements to-date:

- Starting April 23, THP deployed ongoing staffing to support the home including:
  - 20 staff were deployed and completed 287 shifts in April and May. THP will continue to support the home with direct staffing until the staff numbers at Camilla are stabilized.
  - PPE coaching support was provided by THP across 28 shifts.
  - THP clinical leaders volunteered at 132 meals, assisting with meal tray delivery and helped Camilla staff feed residents.
- Camilla and THP provided occupational health phone calls to staff who were off work, and cleared several staff for immediate return to work. THP made 33 calls and cleared 7 staff for immediate return to work.
- Camilla brought in additional cleaners to help support the home and balance the number of housekeeping staff that were away.
- On June 1, THP began deploying a temporary management team to provide direction and oversight to staff.
- On June 4, the Interim Executive Director began delivering Elder Abuse education to all staff, reinforcing the policy of zero tolerance and ensuring staff understand what is considered abusive.

### Future State Action Plan:

- Provide wellness and resiliency support for staff experiencing grief, loss, trauma and/or burnout, due to the experience of COVID-19.
- Increased supports for staff including initiatives to boost morale and a sense of team.
- Outline clear roles and expectations for treating residents with dignity and respect, and manage staff performance against these expectations.
- Optimize the number of staff to align to LTC standards.
- Process in place for the support, supervision and direction of staff.
- Strict progressive discipline process.

## 5.0 COMMUNICATION & ENGAGEMENT

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### 5.1 Resident and Family Engagement

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#### Key Observations:

- Lack of standardized and regular communication approach with families and residents regarding resident care, outbreak status and general information.
- Families report phones not being answered, not receiving call backs, not receiving follow up on concerns they have raised.
- Over reliance on “robocalls” to provide information to families about COVID-19.
- Staff not sure who was connecting with families and were too busy looking after the residents to make these connections.

- Inconsistent documentation of resident and family concerns.
- Inconsistent process in place for communicating COVID-19 test results to families, resulting in some people not having results in a timely way.
- Infrequent care conversations with residents/families.
- Inadequate opportunities for residents to connect with their families during the outbreak, such as through “virtual visiting”.
- Only 40 family e-mail addresses were on file, which means electronic communication with families is not strong.

**Actions and/or Improvements to-date:**

- THP informed family members of the management transition and newly appointed leaders.
- THP hosted a Zoom-enabled Family Town Hall on June 3<sup>rd</sup>, 2020 to provide an update and answer questions. This was followed by a letter to families, that included resources such as the new [CamillaCareSupport@thp.ca](mailto:CamillaCareSupport@thp.ca) email address and Heart House Hospice’s contact information, for support with end of life conversations
- THP initiated collection of family member contact information to ensure all families are regularly connected with.

**Future State Action Plan:**

- Ensure Substitute Decision Makers (SDMs) are involved, informed, and up to date on the care of the residents.
- Implement processes to ensure families, not just the SDM is able to connect with their residents during a pandemic (i.e. virtual visits and/or socially distanced visits outside the home).
- Ensure families (not just SDMs) are kept aware of key high-level information, such as outbreak status, THP’s involvement and plans, and have opportunities to receive information in a variety of ways.
- Implement process for communicating COVID-19 test results in a timely way.
- Update process to document and track resident and family concerns.
- Support a process to have physically distanced in-person visits for residents and families.

## 5.2 Staff Engagement

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**Key Observations:**

- Staff reported they were not kept informed by their leaders of changes during the pandemic and said they relied on each other to try and understand what was going on.
- Some staff stated they felt that nobody in the system cared about what was happening.
- Staff frequently stated they were very concerned about resident’s safety as well as their own.

**Actions and/or Improvements to-date:**

- THP supported Camilla staff by deploying hospital staff to help with staffing level, making occupational health phone calls so that more staff could return to work, and providing PPE coaches to train staff on proper PPE usage.
- THP informed staff of the management transition and newly appointed leaders.
- Huddles with the staff have been taking place regularly with newly appointed leadership.
- THP continues to update staff with memos and seek their input and feedback in the changes that are taking place at Camilla.

**Future State Action Plan:**

- Staff are informed on all internal and provincial changes.
- Staff have the opportunity for two-way engagement, using councils, committees, associations, unions and other forums.
- Develop better ways for staff to engage and contribute meaningfully in the evolution of the home.



## **6.0 NEXT STEPS**

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The above represents a summary of key observations and findings along with the first priority actions THP has taken with the support of Sienna both locally and at the corporate head office. This report also sets out next steps in each key area of quality, leadership and communication in order to provide the families and residents with a framework of actions they can anticipate in the weeks ahead.

THP will continue to further assess operations at Camilla and initiate improvements in order to develop a foundation of stability at Camilla. Key Performance Indicators (KPIs) will be developed and tracked to assess progress and determine readiness for management to be returned to Sienna. Before fully transitioning the home back to Sienna, THP will develop a transition plan outlining actions and supports required to achieve continued stability. The transition plan will be submitted to the Ministry of Long-Term Care with the engagement of Sienna. THP will also share a final report with residents, families, staff, and government to be delivered upon completion of THP's management role at Camilla. At this time, we do not have a target for our completion of this work.

## **7.0 ACKNOWLEDGMENT**

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We want to acknowledge the families and residents who have written to us and participated in a number of ways to aid our work to-date.

We have more work to do in partnership with the people working at Camilla and Sienna to return this home to a stable operation and we will continue to ask everyone involved to work together to ensure the residents and staff have a safe, quality and caring environment, in which we can all have confidence.