Kristus Darzs Latvian Home Management Report to 2021 Annual General Meeting for January 2020 – March 2021 Executive Director: Lauma Stikuts

As of December 31, 2020, the average age of the residents was 89 and 48% of the residents were in the 91 to 100-year-old category. The youngest was 33 and four residents were 100 plus. The per centage of Latvian speaking residents fluctuated between 63 and 68% due the increasing number of crisis placements on the wait list. The crisis category takes priority over the ethnic priority category. The wait list averaged about 70 applicants with about 10 %of the applicants in the crisis category and 10% in the Latvian priority category. The average stay for residents was just over 3 years.

Quality

- **SWOT**

In January 2020 the management team went through a SWOT (strengths, weaknesses, opportunities, and threats) exercise to identify areas for growth and improvement. Staff attitudes, accountability and need for professional development were some of the issues to be explored over 2020.

- **QIP 2020**

Normally, the annual Quality Improvement Plan (QIP) is submitted by April 1. In 2020 many homes were in COVID outbreaks during March and the submission date was postponed to the end of May. KD's Quality committees (internal and Board) had completed a lot of the preliminary work and were able to submit the QIP by the April deadline.

To develop the indicators for this year's QIP the Quality Lead facilitated numerous consultations with staff, residents, physicians, and Board members. The Resident satisfaction survey results were key discussion points and highlighted areas for improve. The discussions crystalized into 2 main areas:

- **Staff professionalism**
  This would include exploring how to foster accountability, responsibility, improved accuracy in documentation and communication.
- **Resident well being**
  This area would explore noise levels in dining room, nursing stations, hallways as well fostering respect between staff resident and resident to resident communication.

Focus of operations: COVID prevention and containment

In February, the threat of COVID became increasingly evident and pandemic planning was underway. Staff were asked to identify if they worked at other health care facilities, isolation rooms were identified, PPE supplies orders were escalated, and screening was initiated. Increasingly, supplies of gowns, masks, wipes, and sanitizers were difficult to obtain. Staff who had travelled internationally were asked to stay home for 2 weeks prior to returning to work.

By March 17, 2020 the government issued an emergency order in response to the rapidly increasing number of COVID infections. The emergency orders included the first of many directives that were specific for long term care including:

- Employers had authority to supersede collective agreements
  long term care staff could one work for one health care facilities
- mandates were issued for universal masking, physical distancing, screening of staff and visitors for symptoms
- guidelines were issued for PPE use, visitors to long term care, admission, and readmission of residents

The Ministry identified several regulations that Homes could ease up on to be able to focus resources on developing contingency plans, recruiting, training staff and procuring supplies for infection control. Some initiatives such as the QIP were shelved, and annual care conferences were not scheduled.

The way business was conducted changed overnight and the need for additional laptops, computers, iPads and IT support increased dramatically. Meetings became virtual, physicians conducted virtual rounds, suppliers were asking for electronic payments and critical supplies were becoming too difficult to obtain. The decision was made that the Business Office would work remotely to reduce their risk for exposure.

Staffing

The staff roster fell from about 140 staff to 65 due to the "one employer" rule, childcare challenges and for a few employees, COVID anxiety.

Recruiting staff became a critical function and the use of dedicated agency staff a reality. Procurement, inventory control, data entry and reporting requirements increased significantly. Staff were redeployed to areas where there was a void. All staff were given at least full-time hours since the part-timers could not be employed elsewhere. Management Team meetings, information sessions with legislative bodies, other Homes and KD staff became daily occurrences.

Wave One Spring Outbreak

Total number of resident cases including presumptive COVID -31, resident deaths related to COVID-14.
Total number of staff cases 22, 0 deaths
An outbreak was declared April 9-June 6,2020.

The first few cases KD had were with symptoms (abdominal pain and gastric issues) that had not yet been associated with COVID. Test kits were difficult to obtain, and results came back 4 to 6 days later. Infection control practices in a long-term care home were never at the level of an acute health care facility. The mandate had always been to make the facility as home-like as possible and narrow hallways with hanging caddies outside of each door to store personal protective equipment (PPEs) was never the vision. Additional risk factors included that residents ate in a congregate dining room, shared bathrooms and common spaces and staff were not cohorted. All the risk factors needed to be addressed.

By the end of the spring outbreak, a total of 22 staff and 28 residents tested positive for COVID. There were 11 deaths related to COVID. Three residents, who had tested negative prior to death but did not have a COVID post-mortem swab, were counted in the number deaths related to COVID and the total count of resident cases.
Residents were isolated to their rooms for more than 60 days and during the first wave no visitors were permitted.

Once outbreak status was lifted, residents were able to enjoy the garden and families could resume indoor and outdoor visits in a very controlled manner. Isolation was difficult for residents and decline in mood and physical ability was evident. During the isolation period, program and nursing staff provided one-to one attention and used iPads to connect residents and families. Rev. Dr. Anita and Rev. Ivars. Gaide, M. Rundans and D. Zacs provided several outdoor church services during which the music streamed through open windows, soothing not only the residents but staff as well. To reduce the impact of isolation during wave 2 residents, residents could appoint essential (family) caregivers, who were permitted to visit without time restrictions even during an outbreak.

To cohort residents by floors, congregate space such as dining rooms and common areas needed to be separated. A third dining room was created in the basement level and the small programs kitchenette was outfitted with an industrial grade dishwasher and refrigerator.

When staff became infected, KD went into a critical and difficult stage of outbreak management. KD as a small stand-alone Home does not have the support of large corporation or municipal government. At the peak or KD's outbreak local hospitals openly stated they were unable to help KD because they were spread too thin assisting other Homes in outbreak. Two main issues that needed to be addressed were recruiting additional staff and ensuring that staff would trust that the PPEs will keep them safe if worn properly. With pressure on senior levels of the LHIN, Ministry and Hospitals, KD finally started getting support in the form of leads for staffing agencies and support for staff. Markham Stouffville Hospital sent 2 emergency RNs to work with our staff. That was a turning point for KD staff. Seeing nurses who had safely worked with COVID patients for weeks, wearing the same PPEs as they were being supplied gave them comfort and reassurance. Staff started trusting the PPEs and understood the need for tight infection control practices. They learned how to keep themselves, their families, and the residents safe.

On a daily basis, management reported to several legislative bodies and participated in virtual meetings with senior members of the Ministry, Central LHIN, Public Health and Mackenzie Health Hospital. "Boots on the ground" type of support was minimal but was present as information about potential resources for staff agencies PPE suppliers, training, and auditing. Staff and management worked long hours for days without a break. Everyone did whatever was needed to be done with the Residents' well being as the driving force.

By the second wave, reporting was streamlined but additional administrative support was needed to meet the increased amount of reporting and data collection required. The Central LHIN and AdvantAge (a lobby group representing not for-profit long-term care and housing providers) held regular information sessions to help facilitate the dissemination of information from the Ministry, Public Health and Ontario Health. When Directives were ambiguous or cumbersome, these organizations were able to address issues with the Ministry. Homes were partnered with hospitals and Infection Prevention and Control Measure (IPAC) Hubs which ensured that a small, stand alone, Homes like KD had external support and a voice at the senior level tables.

Summer Planning for Wave 2

During the summer months, Homes worked in conjunction with the Central LHIN and partner hospitals to review levels of preparedness. Ministry Directives about screening, isolation, cohorting, physical distancing testing and visitors permitted into the home were continually being modified. In the summer, supplies were easier to obtain and were being stock piled. A storage container was purchased to alleviate the shortage of space.
In June, staff were required to be tested for COVID 2 times a month. By the end of the summer the requirement for surveillance testing was increased to daily for staff and all visitors to the Home. The test was the deep nasal PCR test.

Wave 2 Fall Outbreak

2 staff test positive
An outbreak was declared October 28, -November 22, 2020.

The definition of an outbreak is 1 resident or 1 staff who has tested positive. During October KD went into outbreak because 2 staff members had tested positive. These were probably community transmissions and there was no spread within the Home.

Wave 2 Winter Outbreak

15 residents test positive, 2 resident deaths related to COVID
10 staff test positive, 0 deaths
An outbreak was declared from December 16, 2020- January 28, 2021

By the end of 2020, the Moderna and Pfizer vaccines were approved, and priority was to be given to long- term care residents and staff. Without notice, late New Year's Eve, management was requested to submit names of residents, staff and essential caregivers willing to be vaccinated. By January 3, the first group of residents received the vaccine. By February, 97% of the residents had received 2 doses of the Moderna vaccine.

The staff and essential caregiver vaccination program was not as straight forward. Initially, staff were to be vaccinated at the hospital with Pfizer and for a short time Moderna vaccines became available for staff and essential caregivers at the Home. When the province's supply of vaccines was limited Homes could no longer hold vaccination clinic on site. Public Health took over the program and currently the clinics are sporadic, and a vaccine online booking platform has been launched.

There has been some hesitancy among some staff to be vaccinated. Education and discussions with facility medical staff continue to reassure staff of the value and safety of the vaccine.

Preparations for Wave 3

The Ministry directed Homes to implement Rapid Antigen Testing by March 16th. KD began daily rapid testing of all staff, and visitors to the Home by mid-February. Although the Ministry Directives requires staff to be tested 2-3 time per week, KD tests all staff and visitors daily upon entry. This decision to increase the frequency of testing was made due to the prevalence of the COVID variant in the community. After March 16th, the deep nasal PCR swab will only be used as a diagnostic tool and not for surveillance.

Funding

The Ministry has been providing funds for COVID prevention and containment. These funds are used for implementation of infection control measures such as: plexi-glass barriers, adequate stockpiles of supplies, an increased supply of laptops and iPads needed for operations and communications. The funding also allows the Home to maintain a higher-than-normal staffing level to address increased workloads and ensure redundancy in case of absenteeism due to COVID exposure.

Funding allowed for 7 resident rooms to be taken out of the system without penalty, to have an isolation room, create cohorted break rooms, and ensure that the 2 smallest rooms (which normally house 2 residents) have a single occupant. In these small rooms the resident beds are less than 2 meters apart which does not meet physical distancing requirements. At the end of Wave 1 outbreak, there were 16 vacancies to fill. The Ministry funded and continues to fund the Home at 100%. occupancy. Normally, a Home would have to maintain at least 97% occupancy to receive full funding.

During Wave 1, the Ministry funded a $4.00 wage premium for all front-line staff. During Wave 2 a $3.00 wage premium was funded for Personal Support Workers (PSWs).

In addition to funding an Infection Control Lead position funds were available to be used for staff training in infection control and prevention measures.

Short Stay License

All short stay placements were placed on hold during Wave 1 to alleviate the pressure on hospital beds during the pandemic.
In March of 2020, KD's short stay license was renewed however, KD notified the Central LHIN that KD would not be applying for a short license in 2021. Even though this program has been a valuable service for the community, an additional private room would be an asset for KD and easily filled. There is a considerable amount of staff time and work that goes into each admission. The reservations are often cancelled with little notice and the stay can be as short as a week which negatively affects the case mix index- the basis for the nursing envelope funding.

COVID Class Action Suit

KD was named with 96 other Homes in a COVID related Class Action Suit. Our insurance company (Marsh) retained legal counsel, Deborah Berlach to represent they insure and are part of the lawsuit. According to the lawyer it may take years for this suit to get certified if it ever.

Insurance

Since outbreaks in many long-term care homes were devastating, most insurance companies were refusing coverage for long term care or renewing with an exclusion clause for infectious diseases. KD's renewal for December 2020 - December 2021 had an exclusion clause. In the spring of 2021, a couple of companies started to offer coverage with infectious disease coverage. Management is exploring the possibility of changing companies.

Compliance

- The Ministry of Labour conducted 3 inspections in 2020 and 1 in 2021 with no significant findings.
- Public Health conducts monthly inspections of the food service areas and there have been numerous Public Health inspections focused on infection control practices. Recommendations changed as directives were modified.
- MacKenzie Health IPAC assessments and audits were conducted several times a week during outbreak and continued less frequently post outbreak. Internal audits by KD staff are ongoing.
- York Region Fire Department conducted the annual fire inspection as well as the mandatory timed evacuation scenario(virtual). Several minor findings were left and addressed by staff immediately.

- Ministry of Long-Term Care inspectors followed up on 2 critical incident reports (2 written notifications, 1 voluntary plan of action) and 2 complaints. (3 written notifications).
  The written notifications and voluntary plan of action can be found online
  http://publicreporting.ltchomes.net/en-ca/default.aspx

Building

- During the spring of 2020, several staff cars were vandalized in the parking lot. A load of asphalt was dumped on the road which leads to the septic pumps at the back of the property. These actions were reported, and additional security cameras were installed which will pick up the license plates of cars entering the premises, day or night.
- The skylights in the atrium are leaking. Options for repair are being explored since the unique existing model is difficult to find. There is risk of damage to the painted ceiling unless the skylights are replaced.
- The smoke detectors have not been hooked into the fire panel. All projects have been moving very slowly during the pandemic often because parts are hard to get.
- The computer tracking for the septic pumps was upgraded giving the company providing oversight remote access.
- The company responsible for water quality and project upgrades was not meeting expectations and as of December 31, 2020 the contract for the oversight of the septic and the water system was awarded to Clearford. This company will continue with the upgrade project for the water quality system.

Collective Agreement – Interest Arbitration Award

Bill 124 capped compensation rates to 1% for a 3-year term. This Act was retroactive to June 2020 and included arbitrated awards. The award came in within the parameters of the Act.

Family Council

A Kristus Darzs Latvian Home Family Council was established December 2020.

Bill 175: Connecting People to Home and Community Care Act, 2020

On February 25, 2020, Minister Elliott introduced Bill 175, *Connecting People to Home and Community Care Act, 2020*, which will establish a new direction for community and home care in the province.
The Act will amend and repeal various Acts respecting home care and community services. The primary home and community care provisions would be included in the Connecting Care Act, 2019, the Act that formed Ontario Health and Ontario Health Teams (OHTs).

In a follow up to the announcement, the Ministry announced that the current LHIN structure is being maintained, with 14 corporations, though they will be renamed Home and Community Care Support Services and will only focus on home and community care, and LTC placement as well as transitioning to the new Ontario Health Teams (OHTs). While LTC placement will continue to be managed by these 14 entities, the MOH and MOLTC are working together to determine how best to manage LTC placement in the OHT model. The five Ontario Health regions previously introduced will continue to be maintained for planning and oversight purposes.
* Advantage Executive Report dated March 5, 2020

Ontario Health Teams and IPAC Hubs

At the 2019 Board Strategic Planning Session, the members explored what partnerships would be beneficial to allow Kristus Darzs Latvian Home to retain input and control over its direction and growth.
With COVID the partnerships developed out of necessity and survival. For the last year KD has become an integral member of the group of Homes supported by the local hospital and LHIN. These partnerships have not been formalized relation the to the Ontario Health Teams, but those discussions will no doubt be on the table post pandemic.

Admissions are restricted by regulations that provide priority to crisis placements. This regulation has diluted the percentage of Latvians within KD.
Currently, Homes with Campuses of Care, are lobbying for priority admission to the campus long term care from their campus housing component. They argue a certain percentage of the beds should be retained for the campus applicant.

Valda Berzins, KDLF Chair had reached out to other ethnic homes to see if they had interest in lobbying for similar protected status for members of their individual community applicants. Initially, the other ethnic Home Board Chairs did not show interest but recently the interest is slowly growing as the number of admissions from their communities diminish.

Community Partners

The 2 smallest, darkest rooms at KD in which the resident beds are not 2 meters apart were made brighter with colourful murals of the outdoors. These were made possible by a donation from Northern Birch Credit Union. After a few hiccups, the transition of KD's bank accounts to Northern Birch Credit Union is complete.
Throughout the year as more information and knowledge was gathered about the COVID virus modifications to protocols and procedures were implemented to keep residents and staff safe. After the shock of the first wave of outbreaks, the local networks of Homes, agencies, legislative bodies worked closely together, and the support enabled Homes to weather the 2nd wave with more success.

Federal Minister for Seniors, Honourable Deb Schulte and Provincial Minister of Education, Minister Stephen Lecce were strong supporters and were available when additional pressure was needed.

At the end of the first outbreak, staff and residents had the opportunity to participate in several post- outbreak surveys conducted by the Long-Term Commission, Ontario Health and Central LHIN. Having a voice was important and for some helped the healing process. Many staff experienced trauma and anxiety and the healing will be a slow journey. Rev. Ilze Kuplens hosted a very emotional ZOOM session for staff to share their experiences with each other.

During 2020 the challenges were immense, but support came from far and wide. Funds, kind words, supplies for sanitizing, disinfecting, food for feeding the bellies and kind words to replenish the soul were all very appreciated. In the whirl of survival, there is no doubt these kind acts were not acknowledged to the degree that the management would have wanted to. Every gesture, donation, gift was truly appreciated. The outbreaks were contained with the government funding, unwavering community support and the relentless commitment of the staff. Thank you.

Contracts over $20,000 in 2020:

Accela Staff Inc.	$ 73,150	Active Health Services Ltd.	$ 93,022
Arjo Huntleigh Canada	$ 25,364	Bayshore Home Health	$ 33,095
Bell Canada	$ 21,229	Brodeur Dennis	$ 22,600
CUPE	$ 50,854	Cardinal Health	$ 25,355
Closing the Gap Healthcare	$ 20,340	Diversey Canada Inc.	$ 24,582
Dr. Niedoba (Medical Director)	$ 21,261	Enbridge	$ 30.421
Envirosearch Operations Inc.	$ 42,035	Great West Life Assurance Co.	$ 21,291
Healthcare Accounting	$ 74,484	London Life Insurance Plan	$ 38,730
Marsh Canada Limited	$ 28,270	Medical Mart Supplies	$358,897
Michele Searl	$ 36,180	Motiontech Services Inc.	$ 41,804
Mr. Janitorial Supplies	$ 55,230	Naylor Building Partnerships Inc.	$ 38,861
NHRIPP	$123,708	Nutra Services Inc.	$1,250,409
Onyx-Fire Protection	$ 33,014	Plan A York	$ 22,561
Point Click Care Technologies Inc.	$ 33,875	Power Stream Inc.	$126,975
Pump System Interfacing	$ 39,875	RAH Caregiving Inc.	$ 25,024
Ryan Sapusak Snowplowing Inc.	$ 24,706	Saint Elizabeth	$ 22,127
Source Momentum Healthcare Solutions	$205,424	Staff Relief Health Care Services	$ 24,329
Sun Life Assurance Company of Canada	$269,734	Sunbright Linen Services Inc.	$108,284
Sygnet Systems Inc.	$ 49,511	Veritiv Canada Inc.	$ 35,173