



2022 Golden Manor Annual Report

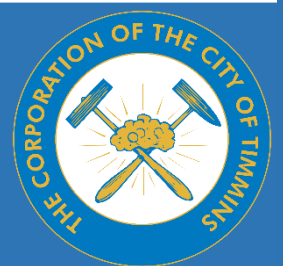


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A MESSAGE FROM THE COMMITTEE CHAIR AND ADMINISTRATOR



Mayor Michelle Boileau



Lia Fontana, Administrator

Despite the numerous challenges the COVID-19 pandemic continued to present throughout the past year, the focus at the Golden Manor remained on ensuring the safety of our residents, staff, families and caregivers. As we continue to adjust and normalize the provision of care in a COVID-19 environment, the leadership and staff of the Golden Manor remain committed to advancing the four strategic priorities identified in the 2020-2024 strategic plan.

Ensuring that the Golden Manor is an exceptional place for our residents to live and our staff to work remains our top priority. Much work has gone into planning and designing a new home that will be responsive to the needs of the residents, families, staff and volunteers. A renewed focus has been placed on staff engagement and satisfaction strategies to safeguard retention of staff and to attract much needed new staff to the long-term care sector.

As we continue to build our future workforce and work to support the optimization of resident care, our commitment to financial stability and sustainability remains a priority.

We want to take this opportunity to thank the community, residents and families for their continued support and the staff for their tireless work and commitment to the residents of the Golden Manor Home for the Aged.

A MESSAGE FROM THE MEDICAL DIRECTOR



Dr. Julie Auger, Medical Director

As the Medical Director of the Golden Manor, I oversee the provision of medical services within the home. I am happy to report that the provision of clinical care for the residents of the Golden Manor remains seamless and of high quality.

The day to day medical needs of residents is provided in great part by our nurse practitioner Debby Kapias who works collaboratively with a group of 4 family physicians. The provision of assessment and care in a timely manner by Debby helps detect and treat medical issues early. This keeps our frail resident population at the Manor when early treatment is available and avoids the Emergency Department visit and the upheaval of admission to hospital. Our transfer to hospital rates remain below the provincial average as a result of timely assessment and excellent primary care.

The Pandemic has brought significant changes to the LTC sector along with significant losses of human health resources. Fortunately, we maintain a robust complement of NP/Physician providers. The Manor Residents and nursing staff also benefit from having access to a Physician 24/7/365. We have a dedicated group of 8 physicians, all with decades of experience in long term care, that provides seamless after hours and weekend coverage of medical issues.

As Medical Director I participate in the Clinical Quality Improvement initiatives in place at the Golden Manor. We strive to always improve, as better has no limits. Our quality indicators demonstrate that we are better or equal to our Ontario peers in most indicator categories and continue to strive to improve where needed. We continue to work to have better integration of medical information in the electronic medical record.

We strive to provide resident centered care in a way that respects their Goals of Care. We have embarked on a new program of Advanced Care Planning to formally explore Residents' values and priorities as it relates to their illness trajectory and medical management while they remain in our care. These values-based discussions focus on ensuring an accurate understanding of both their illness and treatment options so the person or their decision maker has the information they need to give or refuse consent to treatment when it is required. Good communication that includes goals of care discussions is linked with better resident outcomes and improved resident and family satisfaction with care. It is linked with reductions in hospital utilization and aggressiveness of care at end of life, increased use of hospice services and decreased family conflict. The Advanced Care Planning Program has been very well received by Residents and their families at the Golden Manor.

Respectfully submitted

Dr Julie Auger, MD, CCFP, FCFPC, Care of the Elderly

OUR TEAM AT A GLANCE

COMMITTEE OF MANAGEMENT



Mayor Michelle Boileau



Councillor Cory Robin



Councillor Rock Whissell



Councillor Lorne Feldman



CAO, Dave Landers



Director of Finance, Treasurer, Natalie Moore



Administrator, Lia Fontana

LEADERSHIP TEAM



Tiffany Rock
IPAC Coordinator



Julie Mavrinac-Nikoruk
Director of Care



Alison Stewart
Assistant Director of Care



Amy Gravel, Dietitian
Dietary Supervisor



Karine Faubert
Nutrition Services
Coordinator



Adam Shortt
Facilities Supervisor



Sue Walton
Resident Services
Supervisor



Amy Beaven
Quality, Risk, and Resident
Experience Coordinator

RESIDENTS' COUNCIL

The Residents' Council's purpose is to improve resident safety and quality of care for all residents by promoting a collaborative partnership between residents, those important to the residents and the Golden Manor.

Key Highlights of the 2022 Residents' Council

- Welcoming Frances Ironside as the new Chair of the Residents' Council.
- Provided input throughout the implementation of key improvement ideas for the CI palliative process including: Advance Care Plan meeting process, hospice/end-of-life resources, education/information packages.
- Review of resident satisfaction survey results to garner feedback and assist in creating actions plans.
- A Food Council has been established to increase resident involvement with menu production and other functions in the Dietary Department. Food Council has seen high engagement from residents throughout the home along with staff and family.



Frances Ironside, Chair of Residents' Council

FAMILY COUNCIL

The Council's objective is to improve the quality of life and care for all residents by promoting an atmosphere of sensitivity, caring and support among the friends and family members of the residents and the staff of The Golden Manor.

Key Highlights the 2022 Family Council

- Consultation on changes in following
 - Skin and wound care products
 - Incontinence products
- Provided input throughout the implementation of key improvement ideas for the CI palliative process including: Advance Care Plan meeting process, hospice/end-of-life resources, education/information packages.
- Review and provided feedback on COVID-19 related policies and precautionary measures.
- Support in making Wi-Fi more accessible throughout the building to improve ability for residents to video call with loved ones.



Debbie Cecconi, Chair of Family Council



Claude Martel, Vice-Chair of Family Council

OUR MISSION, VISION AND VALUES

MISSION

Small community, warm heart, exceptional care

VISION

Golden Manor Home for the Aged will be the leading Community of Care for the overall well-being and diversity of individuals and cultures in our community

VALUES

R espect	We respect and value the uniqueness of each individual
E ncouragement	We encourage collaboration between our staff, volunteers, residents and family to achieve engagement
S triving	We strive always to improve the physical, emotional, mental and spiritual health of our residents in their home
P romoting Dignity	We promote an environment of dignity and well-being
E xcellence	We pursue excellence in everything that we do
C ommunity	We are a community of care
T eamwork	We demonstrate teamwork by trusting each other

OUR STRATEGIC PRIORITIES

To ensure that the Golden Manor is an exceptional place to live

Plan for and design a new LTC building that will be responsive to the needs of our residents, families, staff and volunteers.

- Redevelopment work continued throughout 2022 and is ongoing
- Ellis Don awarded contract as construction manager
- Additional construction funding announced by Ministry for eligible homes
- Golden Manor qualifies for above funding to assist with redevelopment costs

Plan for the conversion of the existing facility into a Campus of Care

- Delayed due to approval and construction delays

To ensure that the Golden Manor is an exception place to work

Establish Golden Manor as the Employer of Choice because of our inspired teamwork and healthy and safe workplace.

- Staff appreciation pop up events
- Improved onboarding program
- Staff wellness committee events to boost staff morale
- Internal retirement 'send-offs'
- Regular staff meetings to keep staff engaged, involved and informed

Identify and pilot new pathways and models of care to recruit and retain more staff for the Golden Manor.

Recruitment efforts continued with:

- Continued involvement with the local colleges for clinical placements and preceptorships
- Job Fairs
- Return of Service/Incentive Programs

- Supervised Practice Experience Program
- Rural Northern Immigration Program

To ensure that our physical assets meet the needs of our residents, families and staff and that we remain financially sustainable

Optimize the delivery of services through effective financial management and creative leadership.

- Maximized the use of additional funding envelopes from the Ministry of Long-Term Care which assisted us in meeting continued requirements such as active screening, COVID rapid testing and PSW wage enhancements
- Occupancy targets re-established to offset discontinuation of occupancy reduction protection
- Short stay/respite bed re-opened on November 1st
 - Meet community need for care giver relief
 - Revenue generating
- Some capital purchases deferred as we continue to plan for redevelopment

Design our new facility to be safe, environmentally friendly and efficient to operate.

- Energy efficiency and environmental stewardship have been at the forefront of planning and design of the new build
- Infection prevention and control (IPAC) compliant design elements such as private washrooms and easy to clean, non-porous surfaces maintained throughout design of the home

To sustain our ability to change and improve

Expand and enhance relationships with community partners and stakeholders.

- This work is continuous and ongoing.
 - We continue to connect with residents and families through the councils

- We continue our work as a community signing partner in seeking final approval to become an Ontario Health Team

Plan for the future while maintaining and improving our Home for our residents of today.

- Continued and renewed focus on Continuous Improvement philosophy and strategies in the home
- In-depth review of accreditation results and findings undertaken
- Work on the next accreditation cycle began

OCCUPANCY, DEMOGRAPHIC and WAITLIST DATA

Admissions

56

Discharges

54

Overall Occupancy

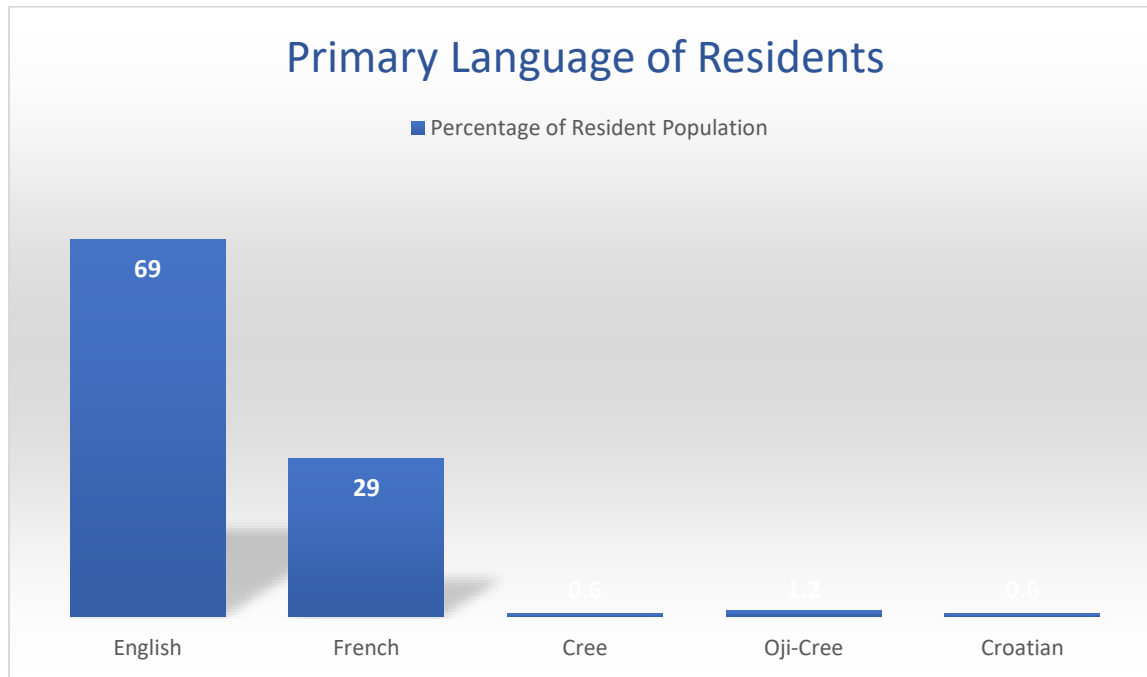
88%

Current Resident Age and Gender Data

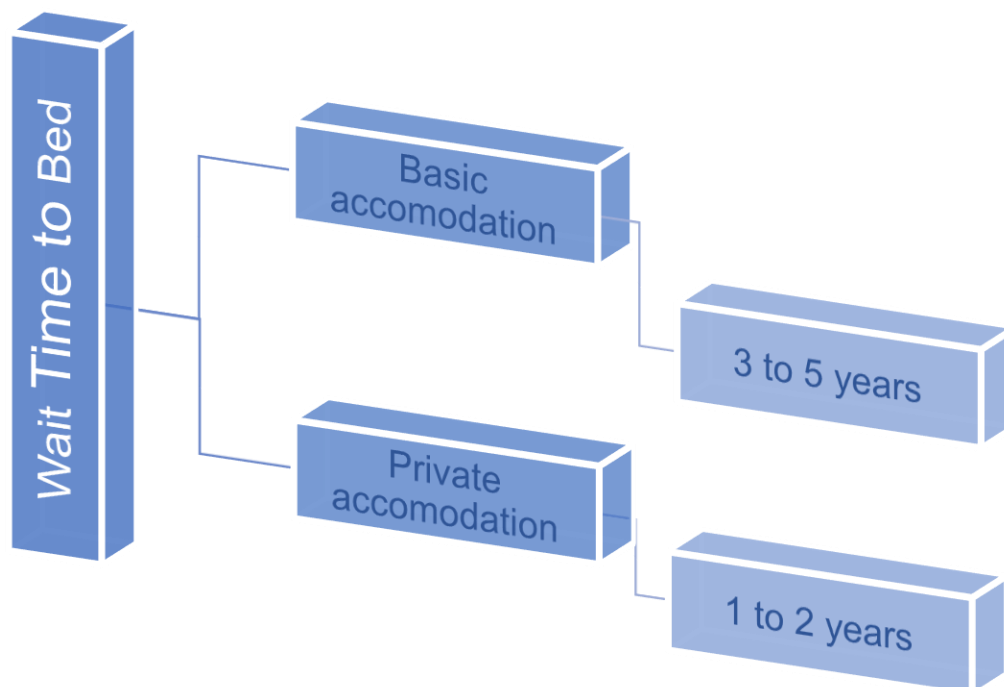
Age Range	# Male	# Female	Total per age group	Average Age within Group
0 to 50	1	5	6	47
51 to 60	3	4	7	56
61 to 70	3	20	23	67
71 to 80	15	32	47	76
81 to 90	12	45	57	86
91 to 100	5	23	28	93
Totals	39	129	n/a	79

- there is currently 1 resident aged 100 years
- 77% of our current population is female
- Average female age is 79 and average male age is 78

Primary Language Data



Current Wait time data



The wait time for admission to the Golden Manor has increased over the past 3 years. The pandemic created many bed pressures in hospitals which

prompted a Crisis 1A designation of all hospital patients who were deemed to be ALC (alternate level of care) and waiting for long-term care (LTC). This crisis designation prioritized those patients waiting in hospital as priority for placement.

- as of November 2022, there are 279 people on the wait list for the Golden Manor
- Golden Manor has the 4th longest waitlist in the Northeast (out of 20 homes)
- The longest applicant, still waiting, has been on the list since 2017.

HUMAN RESOURCE PROFILE AT A GLANCE

Workforce (as of December 2022)

238 employees

120.7 Full time equivalents

Recruitment and Retention

Area of Work	# staff hired 2022	# staff left (retirement, resignation) 2022
Administration	2	5
Dietary	2	6
Housekeeping	3	6
Maintenance	2	4
Personal Support Workers	19	29
Resident Support/Activities	2	11
Registered Practical Nurse (RPN)	2	3
Registered Nurse	0	1
Resident Support Associate (RSA)	1	3
TOTAL	33	68

ABSENTEEISM RATES

City of Timmins Corporate Absenteeism Rate = 13.70 days

Golden Manor Absenteeism Rate = 14 days

INFECTION PREVENTION & CONTROL/COVID-19 RESPONSE

OUTBREAK TABLE			
Dates of Outbreak	Type of Outbreak	Area Affected	# of Residents/Staff Affected
Dec 21/21 to Jan 13/22	Gastro	West 2	22 residents 6 staff
January 2022	COVID-19	West 1	Investigation only
Feb. 12 to March 3	Seasonal Coronavirus	East 3	9 residents 6 staff
Feb. 22 to March 23	COVID-19	East 2	9 residents 1 staff
April 18 to May 17	COVID-19	East 3	16 residents 4 staff
June 26 to August 9	COVID-19	East 1, West 1, West 2, Special Care	95 residents 42 staff
September 19 to 25	Rhinovirus	West 2	2 residents
October 9 to 27	COVID-19	East 2	3 residents
November 8 to Dec 12	COVID-19	East 2 East 3	9 residents

VACCINATION RATES			
	COVID primary	COVID Booster	Flu
Staff	100%	35%	92%
Residents	100%	98%	98%

HAND HYGIENE COMPLIANCE	
RATES	COMMENTS
60 to 70% compliance before contact	<p>Handwashing is proven to decrease the spread of disease. Improved compliance remains to be an ongoing quality improvement initiative with the initial goal being an 85% compliance rate before contact with residents and their environments. This initiative involves:</p> <ul style="list-style-type: none"> • Staff and resident education • Increased auditing • On-the-spot feedback/coaching • Increased awareness of importance through targeted activities

Other important IPAC Highlights

- Through additional Ministry funding, Jozie Lyrette, RPN, joined the IPAC team to support the Home's nursing and infection control programs
- Antibiotic resistance continues to be a growing concern; we continue to care for residents with the following antibiotic resistant organisms
 - MRSA
 - ESBL
 - CPE (this one requires close environmental testing and monitoring)
- On average, 500 point of care tests for COVID-19 were performed each week throughout 2022
- Other precautions that remained throughout the year were:
 - Active, asymptomatic screening
 - Social distancing
 - Masking
 - Enhanced resident surveillance for illness

IPAC Goals for 2023

1. Improve hand hygiene compliance rates (target is 85% by end of 2023)
2. Less outbreaks
3. Focus on education for front line staff, residents and families.

QUALITY AT A GLANCE

Each year, the Golden Manor demonstrates its commitment to quality improvement through the submission of a Quality Improvement Plan (QIP) to Health Quality Ontario (HQO).

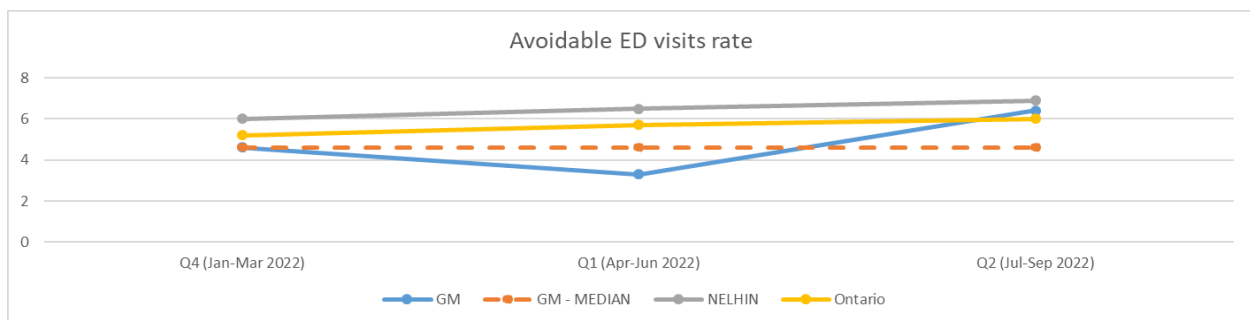
The long-term care priority indicators as established through Ontario Health and HQO for 2022/2023 were:

1. Timely and efficient transitions with the measure being:
 - a. Percentage of potentially avoidable emergency department visits for long term care residents

2. Resident Experience with the measures being:
 - a. Do residents feel they have a voice and are listened to by staff
 - b. Do residents feel they can speak up without fear of consequence
3. Safe and Effective Care with the measure being:
 - a. Percentage of long-term care residents not living with psychosis who were given antipsychotic medications.

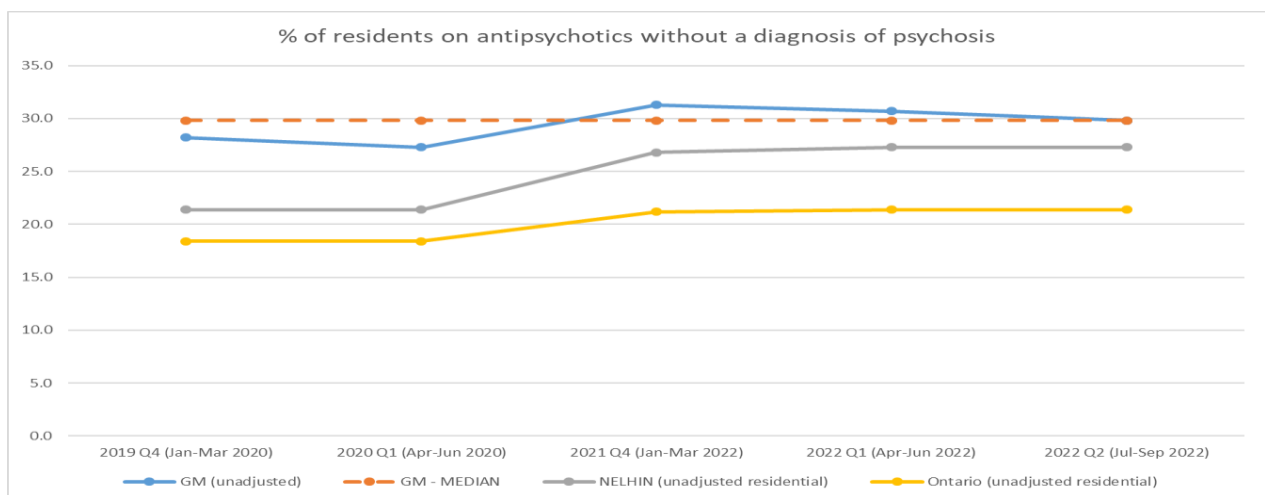
Summary of 2022-23 Performance Golden Manor QIP

1. Number of potentially avoidable ED Visits



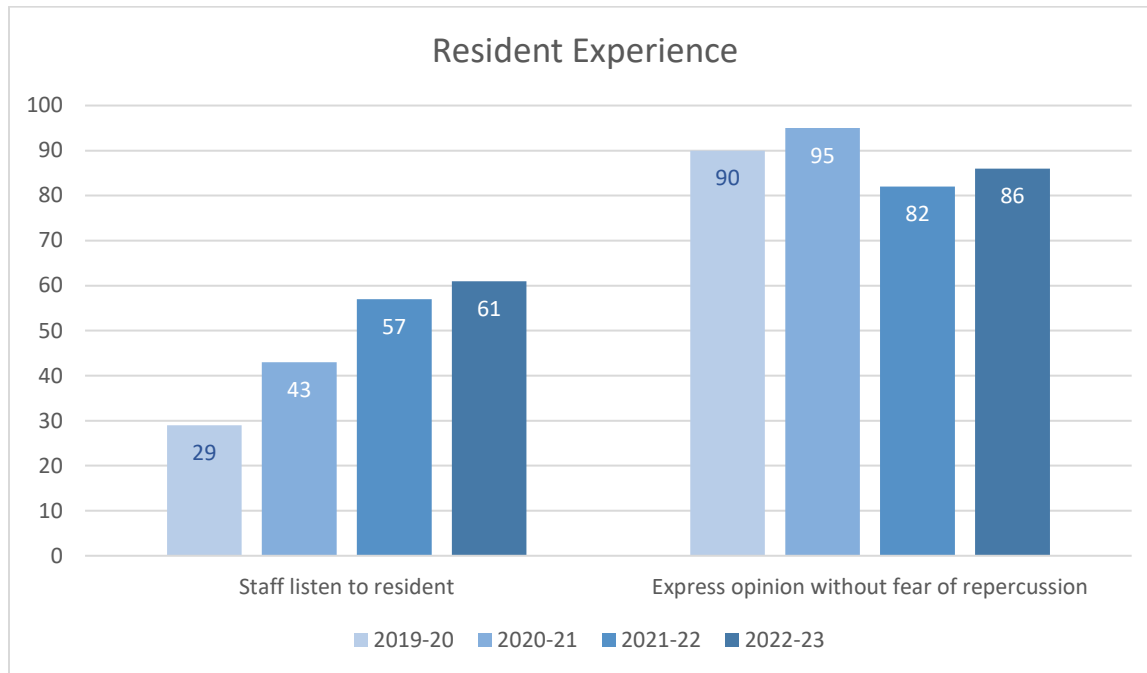
Target justification: to be at or below the LHIN and Ontario Averages

2. Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment



First step target justification: To align our performance with the NELHIN average

3. Percentage of residents responding positively to:
- "What number would you use to rate how well the staff listen to you?"
 - "I can express my opinion without fear of repercussion."



THE ACCREDITATION JOURNEY

In April of 2018, we completed the first step towards achieving Accreditation standing when we were awarded the Primer. We were very proud of the hard work from all staff involved as we achieved the status with 100% compliance in all standards.

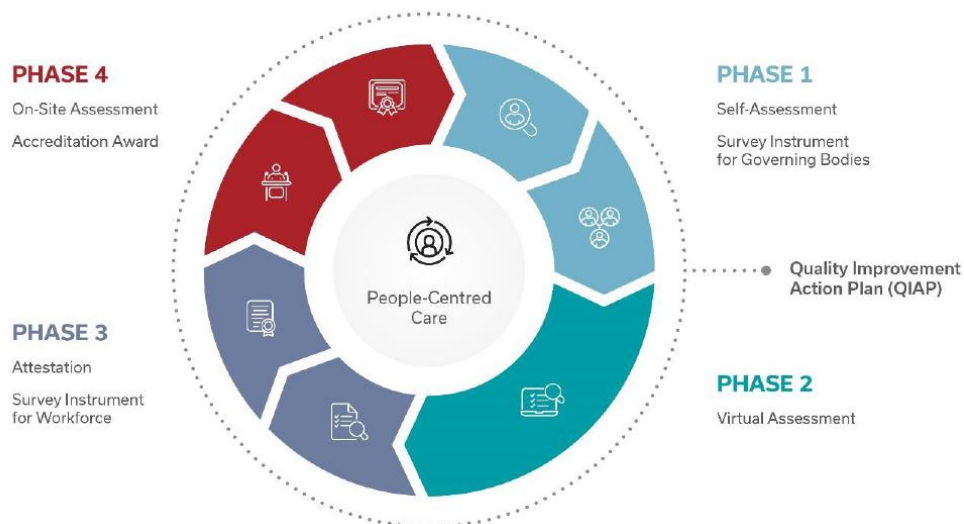
Our full Accreditation onsite survey was to have taken place in October 2020. Unfortunately, due to the pandemic, surveys had to be cancelled and rescheduled. We were finally able to complete our survey in a non-traditional “hybrid” format in 2021. Phase 1 was completed virtually in June 2021, and Phase 2, with one onsite surveyor, in September 2021. Although we were still in the midst of a very busy time with the pandemic, our team pulled together with the strength of our “We Got This” mantra.

In November 2021, we received our Accreditation Report. The Golden Manor was Accredited with Exemplary Standing with a score of 99.1%. We attained a 4-year award, signifying the highest level of performance, and achieving excellence in meeting the requirements of the Accreditation program. The findings presented in the Report validate that our Team's ongoing efforts and commitment to the provision of high-quality care have been successful.



As Accreditation Canada has launched the new Qmentum Long-Term Care program, we look forward to the new process that reduces peaks of intense pressure in one year and spreads assessment activities over the course of a four-year cycle, establishing a continuous quality improvement approach to accreditation. We have begun phase 1 of the continuous Accreditation cycle by completing the self-assessments and will be completing the Governance Functioning Tool (GFT) survey instrument once available, we will use the results from the self-assessments and GFT to create the Quality Improvement Action Plan (QIAP).

Qmentum® Long-Term Care Continuous Accreditation Cycle



CONTINUOUS IMPROVEMENT AT THE GOLDEN MANOR

The Continuous Improvement (CI) process is designed to improve processes throughout the Corporation of the City of Timmins' ecosystem – its internal processes and the processes that touch its residents, suppliers and many partners. The Golden Manor CI vision to be recognized as the “Home of Choice” by delivering resident-centered care and demonstrating value and appreciation of our employees, drives the home's CI project focus.

We have sustained the CI focus with a number of additional employees trained and new improvement projects identified.

The Quality, Risk and Resident Experience Coordinator has been involved in advanced CI training with a handful of other staff from City of Timmins departments. The goal will be proficiency in the CI process, ability to support CI projects, and train additional City of Timmins employees in the CI process. In 2022, five additional staff from the Golden Manor have received CI training. With advanced knowledge and additional Golden Manor staff trained in CI we will have the tools to promote a culture of continuous improvement.

We continue to monitor and evaluate improvements from past CI projects: Admission Process, Staff Onboarding Process, and Palliative Process. Most recently, efforts have been made by the Palliative Process CI team to meet best practices in advance care planning and improve the quality of the palliative process for residents, families, and staff. In 2023, we will be focusing on CI projects for Resident Recreation and Staff Scheduling.



Continuous
Improvement Program

FINANCIAL OVERVIEW

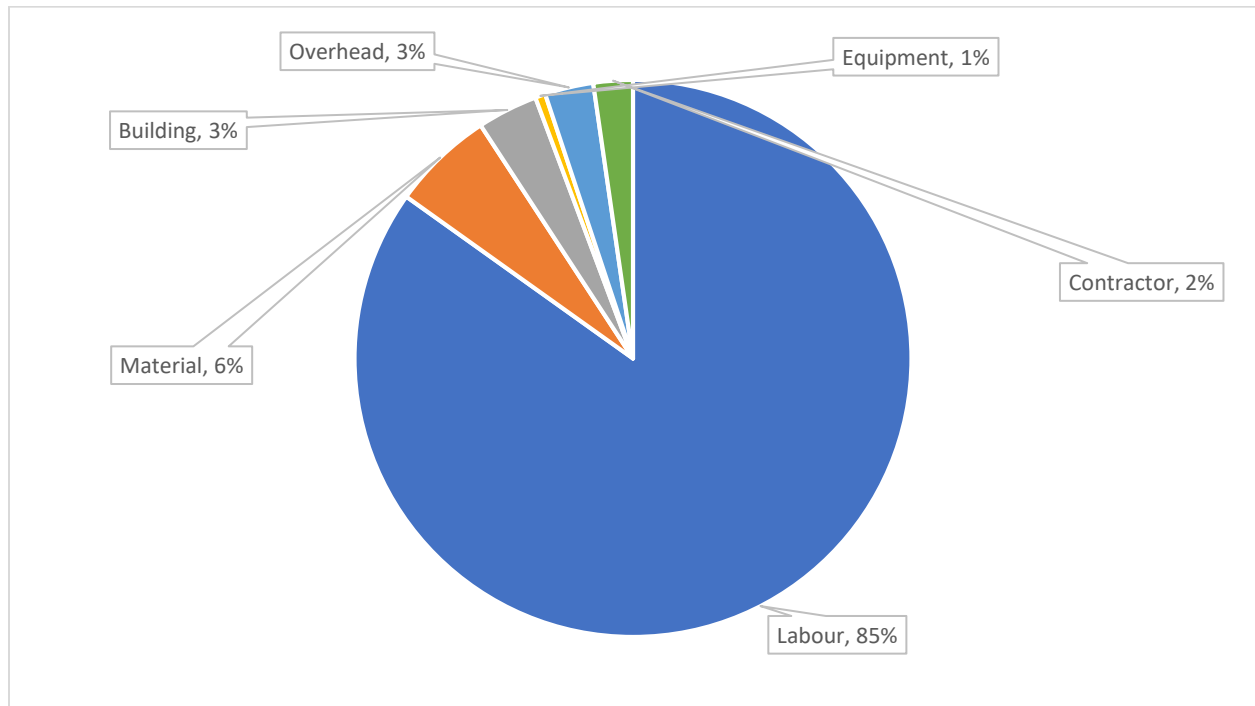
OVERVIEW OF REVENUE, EXPENSES, MUNICIPAL CONTRIBUTION

	2018	2019	2020 *	2021 *	2022 **
Operating Revenue	(12,443,000)	(12,946,393)	(14,710,791)	(15,162,888)	(12,717,431)
Operating Expense	15,381,481	15,608,053	16,797,170	17,509,650	16,280,795
Total Operating Costs (A)	2,938,481	2,661,660	2,086,379	2,346,762	3,503,614
Capital Revenue	(446,508)	(161,508)	(190,633)	(409,767)	(112,837)
Capital Expense	593,868	368,822	593,465	2,281,268	190,000
Total Capital Costs (B)	147,360	207,314	402,832	1,871,501	77,163
Total Annual Cost to Municipality (A + B)	3,085,841	2,868,974	2,489,211	4,218,263	3,580,777
% Municipal Contribution to operating costs	19%	17%	12%	13%	21%
Municipal Contribution as % of Total Costs	19%	18%	14%	21%	22%

* Increased Revenue from additional COVID funding envelopes to offset costs of additional precautions and requirements

** Values for 2022 are the budgeted, not actual values. Actual values not available at the time of report.

2022 Operating Budget by Cost Segment



ADDITIONAL COVID FUNDING ENVELOPES

Throughout the pandemic the Ministry of Long-Term care made available additional funds to assist homes in meeting COVID requirements.

Funding Envelope	Eligible Expenses/Conditions
Covid-19 Prevention and Containment Funding	Expense must be incremental and to support activities such as active screening, point of care testing, additional staff, virtual care support and services, vaccine administration
IPAC Minor Capital	Capital Expenditures to support renovations for social distancing, furnishings/small equipment, repairs or assessment of building, water or HVAC systems that would enhance IPAC measures
IPAC Personnel	Salary and wages for IPAC professionals. Costs associated with and direct supports to enable delivery of IPAC services

THANK YOU FOR YOUR CONTINUED SUPPORT

