

The Corporation of the City of Kawartha Lakes

AGENDA

VICTORIA MANOR COMMITTEE OF MANAGEMENT

VMC2017-02

Monday, February 27, 2017

9:30 A.M.

Victoria Manor Boardroom

Victoria Manor, Second Floor

220 Angeline Street South, Lindsay, Ontario

MEMBERS:

Councillor Doug Elmslie

Councillor Gerard Jilesen

Councillor Mary Ann Martin

Councillor John Pollard

Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1.	<u>CALL TO ORDER</u>	
2.	<u>ADOPTION OF AGENDA</u>	
3.	<u>DISCLOSURES OF PECUNIARY INTEREST</u>	
4.	<u>DEPUTATIONS AND PRESENTATIONS</u>	
5.	<u>APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING</u>	3 - 7
6.	<u>BUSINESS ARISING FROM PREVIOUS MEETINGS</u>	
7.	<u>CORRESPONDENCE</u>	
7.1	Memorandum - Ministry of Health and Long Term Care Inspection Report	8 - 11
8.	<u>REPORTS</u>	
8.1	Victoria Manor Operations Report to Committee of Management, January 2107	12 - 21
8.2	VMC2017-04 Annual Case Mix Index Results 2016-2017	22 - 24
8.3	VMC2017-05 Long Term Care Service Accountability Agreement - Annual Declaration of Compliance	25 - 40
9.	<u>CLOSED SESSION</u>	
9.1	Closed Minutes, Victoria Manor Committee of Management, January 16, 2017, Municipal Act, 2001 s.239(2)(b)(d)(g)	
9.2	Victoria Manor Confidential Operations Report to Committee of Management, January 2017, Municipal Act, 2001 s.239(2)(b)(d)(e)	
9.3	Agreement Negotiations - Director Sutherland (verbal update), Municipal Act, 2001 s.239(2)(e)(g)	
10.	<u>MATTERS FROM CLOSED SESSION</u>	
11.	<u>OTHER NEW BUSINESS</u>	
12.	<u>NEXT MEETING</u>	
	March 20, 2017, Victoria Manor Boardroom, commencing at 9:30 a.m.	
13.	<u>ADJOURNMENT</u>	

The Corporation of the City of Kawartha Lakes
MINUTES
VICTORIA MANOR COMMITTEE OF MANAGEMENT

VMC2017-01
Monday, January 16, 2017
9:30 A.M.
Social Services Boardroom
Social Services
322 Kent Street, Lindsay, Ontario

MEMBERS:

Councillor Doug Elmslie
Councillor Gerard Jilesen
Councillor Mary Ann Martin
Councillor John Pollard
Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1. CALL TO ORDER

Chair Elmslie called the meeting to order at 9:36 a.m. Councillors G. Jilesen, J. Pollard and K. Seymour-Fagan were in attendance.

Director of Human Services Rod Sutherland and Manager of Resident and Family Services Holly Speedie were also in attendance.

2. ADOPTION OF AGENDA

VMCM2017-001

Moved By Councillor Jilesen

Seconded By Councillor Pollard

RESOLVED THAT the agenda be adopted as circulated.

CARRIED

3. DISCLOSURES OF PECUNIARY INTEREST

There were no declarations of pecuniary interest noted.

4. DEPUTATIONS AND PRESENTATIONS

None

5. APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING

VMCM2017-002

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT the minutes of the Victoria Manor Committee of Management meeting held on December 12, 2016 be adopted as circulated.

CARRIED

6. BUSINESS ARISING FROM PREVIOUS MEETINGS

None

7. CORRESPONDENCE

7.1 Memorandum - 2017 Short-Stay Respite Care Bed Program

VMCM2017-003

Moved By Councillor Jilesen

Seconded By Councillor Pollard

RESOLVED THAT the January 16, 2017 correspondence from Pamela Kulas, Administrator, regarding 2017 Short-Stay Respite Care Bed Program - Approval 2 Beds, be received.

CARRIED

8. REPORTS

8.1 Victoria Manor Operations Report to Committee of Management, December 2016

VMCM2017-004

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT the Victoria Manor Operations Report to Committee of Management, December 2016, provided by Sienna Senior Living, be received for information.

CARRIED

8.2 VMC2017-01 2016 Victoria Manor Employee Engagement Survey

VMCM2017-005

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT Report VMC2017-01, "2016 Employee Engagement Survey", be received for information.

CARRIED

8.3 VMC2017-02 2016 Victoria Manor Family Satisfaction Survey

VMCM2017-006

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT Report VMC2017-02, "2016 Family Satisfaction Survey", be received for information.

CARRIED

8.4 VMC2017-03 2016 Victoria Manor Resident Satisfaction Survey

VMCM2017-007

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT Report VMC2017-03, "2016 Resident Satisfaction Survey", be received for information.

CARRIED

9. CLOSED SESSION

VMCM2017-008

Moved By Councillor Pollard

Seconded By Councillor Jilesen

RESOLVED THAT the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Monday, January 16, 2017 Closed Session Agenda and that are permitted to be discussed in a session closed to the public pursuant to Section 239(2) of the Municipal Act, S.O. 2001. S.25

CARRIED

10. MATTERS FROM CLOSED SESSION

None

11. OTHER NEW BUSINESS

None

12. NEXT MEETING

February 27, 2017, Victoria Manor Boardroom, commencing at 9:30 a.m.

13. **ADJOURNMENT**

VMCM2017-012

Moved By Councillor Pollard

Seconded By Councillor Seymour-Fagan

RESOLVED THAT the Victoria Manor Committee of Management Meeting adjourn at 10:15 a.m.

CARRIED

THE CORPORATION OF THE CITY OF KAWARTHA LAKES

Health & Social Services Department MEMORANDUM

TO: Victoria Manor Committee of Management
FROM: Pamela Kulas, Administrator
DATE: February 27, 2017
RE: *Ministry of Health and Long Term Care Inspection Report*

A Ministry of Health Complaint Inspection was conducted on December 22 and 23, 2016. During the inspection the following inspection protocol was used: Responsive Behaviours.

During the course of the inspection non-compliance were not issued.



Inspection Report
2016_589641-0019 M



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 6, 2017	2016_589641_0019	034655-16	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF KAWARTHA LAKES
26 Francis Street LINDSAY ON K9V 5R8

Long-Term Care Home/Foyer de soins de longue durée

VICTORIA MANOR HOME FOR THE AGED
220 ANGELINE STREET SOUTH LINDSAY ON K9V 4R2

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

CATHI KERR (641)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 22 and 23, 2016

Log #034655-16 and Log #023575-16, Critical Incidents related to alleged resident to resident physical altercation with injury.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, and Residents. As well, the Inspector observed resident care, reviewed resident health care records and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Responsive Behaviours**

During the course of this inspection, Non-Compliances were not issued.

0 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

Issued on this 18th day of January, 2017

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.



January 2017 Victoria Manor Operations Report to Committee of Management

Non-Confidential Report

Submission Date: February 27, 2017

Information for the Month of: January 2017

Financials

Financials

VICTORIA MANOR

Variance Explanations
December 2016

	Current Month			Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
NURSING REVENUE	557,558	530,195	27,364	6,288,176	6,265,824	22,352
NURSING EXPENSES - DIRECT	512,393	546,299	33,907	6,165,170	6,143,035	(22,134)
NURSING EXPENSES - ADMIN	55,434	59,436	4,002	594,042	699,675	105,634
PROGRAM REVENUE	59,713	60,047	(334)	703,772	708,370	(4,599)

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PROGRAM EXPENSES	58,144	58,311	167	659,340	673,607	14,266

FOOD REVENUE	43,484	42,560	924	504,325	498,840	5,484

FOOD EXPENSES	42,295	42,560	265	509,835	498,840	(10,994)

ACCOMMODATION REVENUE	322,373	323,240	(868)	3,811,747	3,797,540	14,207

DIETARY EXPENSES	92,228	90,890	(1,338)	1,071,218	1,030,204	(41,014)

HOUSEKEEPING EXPENSES	60,055	41,052	(19,002)	492,108	461,556	(30,552)

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LAUNDRY EXPENSES	19,605	17,592	(2,012)	194,799	198,532	3,734

MAINTENANCE EXPENSES	48,960	36,319	(12,642)	458,299	433,046	(25,253)

ADMINSTRATION EXPENSES	45,171	41,678	(3,493)	468,518	489,481	20,963

FACILITY EXPENSES	89,107	101,545	12,438	1,006,021	1,071,710	65,689

CAPITAL PURCHASES	27,221	10,118	(17,103)	86,275	121,416	35,141

Scorecard: Quality

- 1) Health Quality Ontario Quality Improvement Plan (QIP) 2017-18 is being prepared for posting on April 1, 2017.
- 2) LTC: MOH Compliance Orders / Inspection Findings Summary:

Date	Purpose of Visit	WN/ VPC/ CO	Findings Summary
December 22-23, 2016	Critical Incident System Inspection	0	No areas of non-compliance issued

Scorecard: People

1) Employee Engagement Survey

- On January 27, 2017, 30 team members, leadership, resident, family and Sienna representatives participated in the homes Operational Planning Day. The focus of the day included: Values in action, 2016 home accomplishments, review of the progress of our Critical to Quality – Willed Future and strategies to address orientation and retention. Evaluations completed by all participants were extremely positive.
- In 2017, home specific quality improvements will include orientation, retention and the strengthening of the quality of worklife committee

Sienna Support Services Updates

Sienna Partner Visits

- January 27 – VP Operations

Projects, Location Events and other

- Home was selected by Schlegel Centre for Learning, Research and Innovation in Long Term Care to present on March 16th at the Culture Change Exchange. The presentation titled “Our Willed Future” focuses on the culture change initiatives occurring in the home.

Long Term Care Update

1. Occupancy (data since last report):

Occupancy Report	Private	Semi	Basic	Short Stay	TOTAL
Admissions (+)	0	5	0	1	6
Departures (-)	4	3	5	2	14
Discounted Private or Semi – Private Beds (under 60%)	1	0	0	0	1

2. Regulatory visits i.e. MOL, Public Health:

Visitor	Date	Drivers and Actions
Public Health	January 12, 2017	Respiratory Outbreak (from January 12-27, 2017)
Public Health	January 31, 2017	Quarterly Inspection – no areas of non-compliance identified

3. Written Complaints Summary:

Compliant	Date	Outcomes
Family member concerned about Mother's roommate	January 31, 2017	Resolved

4. Written Compliments Summary:

Compliment	Date	Outcomes
None this month		

5. OH&S Issues (as applicable):

OH & S Issue	Date	Outcomes
None this month		

6. Media Issues (as applicable):

Media Issues	Date	Outcomes
No issues noted		

7. Resident & Family Satisfaction Survey (as applicable):

Resident & Family Satisfaction Survey Scores	Date	Outcomes
Resident response rate 96%. Overall Resident satisfaction 89%	January 27, 2017	Information shared with residents and staff. Results were reviewed during operational planning January 27, 2017
Family response rate 42%. Overall Family satisfaction 82%	January 27, 2017	Information shared with residents and staff. Results were reviewed during operational planning January 27, 2017

8. Employee engagement updates:

Update	Date	Outcomes
Results reviewed during Operational Planning day	January 27, 2017	Action plans being developed utilizing solutions received

9. External vacancies and hires:

Position	PT External Vacancies	TPT External Vacancies	PT External Hires	TPT External Hires	Current Status
RN	0	0	0	0	All positions have been filled
RPN	0	0	0	0	All positions have been filled
PSW		3	0	0	Interviews in progress.
Building Services	0	0	0	0	All positions have been filled
Dietary Aide	0	0	0	0	All positions have been filled
Life Enrichment	0	0	0	0	All positions have been filled
Reception	0	0	0	0	All positions have been filled

10. Any updates re Resident/Family Councils:

Council	Date	Outcomes/ Comments
Family survey results were added to the Family Council's January 25 th meeting agenda	January 25, 2017	Due to the homes outbreak, meeting was postponed. Results to be reviewed during upcoming meeting.

11. Any contract updates i.e. Pharmacy Services / TENA / etc.:

Contracts	Date	Outcomes/ Comments
Nothing to report		

12. List all outstanding building, legal / insurance claims issues:

Council	Date	Outcomes/ Comments
Victoria Manor sign damaged by high winds	January 2017	Installation completed

13. Capital Expenses:

Issue & date	Total Spent @ 01/31/17	Approved Budget
Heating & Cooling System 1 st floor dining rooms and serveries		\$ 22,500
HVAC Units		\$ 56,000
Ascom Telephone System		\$ 55,000
MacMillan Common Area Furniture		\$ 15,000
Resident Café Area		\$ 6,000
Resident Room Furniture		\$ 5,000
Dining Room Tables		\$ 2,500
Tub Rooms MacMillan/Elford		\$ 35,000
Automatic Door Openers – 1 st floor washrooms		\$ 3,000
Total 2017 Approved Capital		\$200,000
Total 2017 Remaining		\$200,000

14. WSIB updates:

Accidents	Incidents	Lost Time	Medical Attention	Outstanding WSIB for Month	Ongoing Outstanding WSIB Claims
0	8	0	0	None at this time	

15. Environmental concerns & emergency preparedness:

Date	Code Practiced	Outcomes/ Barriers
January 21 @ 10:10 am	Code Red	
January 18 @ 4:10 pm	Code Red	
January 23 @ 5:00 am	Code Red	
January 17 @ 12:00 noon	Code Orange	

- New Emergency Manual will be implemented by March 31, 2017. Education for all staff planned.

THE CORPORATION OF THE CITY OF KAWARTHA LAKES

Report VMC2017-04

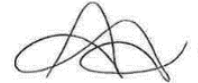
Victoria Manor Committee of Management

Meeting Date: Monday February, 27 2017
Meeting Time: 9:30 am
Meeting Place: Victoria Manor Board Room
220 Angeline St. S., Lindsay

Subject: Annual Case Mix Index Results 2016-2017

Author: Sanja Freeborn
Title: Vice President Operations
Sienna Senior Living

Signature:



RECOMMENDATION(S):

RESOLVED THAT Report VMC2017-04, "*Annual Case Mix Index Results 2016-17*", be received;

THAT Committee of Management approve the recommendation to maintain the current 2017 Victoria Manor Operating Budget as approved by Council; and

THAT staff provide an updated financial forecast when the annual acuity increase is announced by the Ministry of Health and Long Term Care and include a plan of action to ensure financial results as planned.



DIRECTOR

OTHER

BACKGROUND:

On an annual basis the acuity of the resident population in each long term care home in Ontario is assessed for annual funding to the Nursing and Personal Care funding envelope. This envelope varies year to year dependent on the outcome of the Case Mix Index (CMI). This index is a measure assigned based on the overall acuity of resident need in the province.

The Case Mix Index for April 2016 to March 31, 2017 is 0.9654, the table below indicates that the CMI for April 1, 2017 – March 31, 2018 will increase by 2.7% to 0.9915.

RATIONALE:

Since the inception of the management agreement with Sienna, management from Sienna and City of Kawartha Lakes have been overseeing a positive trend in financial performance of the home.

The CMI results were published with a hypothetical financial impact by home should the annual acuity increase be 1% increase. Should that scenario be realized, the home would have a positive funding impact of \$108,000.00 to the Nursing and Personal Care Envelopes. The 2017 operating budget has a planned increase of 2%.

RESULTS:

Home	LHIN	Class Beds	2016-17 Funded CMI	% Assessed Days in Special Rehab	%Change in Funded CMI (2017-18 minus 2016-17)	2017-18 Funded CMI	Estimated % funding impact change with 1% increment
Victoria Manor- City of Kawartha Lakes	CE	166	0.9654	4.3%	2.7%	0.9915	3.7%

FINANCIAL CONSIDERATIONS:

The announced CMI increase can be managed in the following ways:

1. Additional funds to be spent within the envelopes i.e. add additional staffing in nursing; purchase needed equipment such as lifts.
2. Rolling surplus of funds at year end to Victoria Manor's capital reserve.

It is recommended that Committee approve strategy #1

CONSULTATIONS:

Sienna Senior Living – Operations and Finance

ATTACHMENTS:

None

Phone: 705-324-9870 ext. 3206	Director: Rod Sutherland
E-Mail: rsutherland@city.kawarthalakes.on.ca	


THE CORPORATION OF THE CITY OF KAWARTHA LAKES

Report VMC2017-05

Victoria Manor Committee of Management

Meeting Date: Monday February 27, 2017
Meeting Time: 9:30 a.m.
Meeting Place: Victoria Manor Board Room
220 Angeline St. S., Lindsay

Subject: Long Term Care Service Accountability Agreement (LSAA) Annual Declaration of Compliance
Author: Sanja Freeborn
Title: Vice President Operations
Sienna Senior Living

Signature: 

RECOMMENDATION(S):

RESOLVED THAT Report VMC2016-05, "*Long Term Care Service Accountability Agreement (LSAA) Annual Declaration of Compliance*", be received; and

THAT the Chair of the Victoria Manor Committee of Management be authorized to sign said declaration as attached.



DIRECTOR

OTHER

BACKGROUND:

The Long-Term Care Service Accountability Agreement (LSAA) is the service accountability agreement between a long-term care home licensee and the Local Health Integration Network (LHIN) that is required by the *Local Health System Integration Act, 2006* (LHSIA).

The role of the LSAA is to clarify that the LTCH will be responsible for delivering not only performance, but also planning and integration towards the development of a health system.

The current LSAA is in place for the period April 1, 2016 to March 31, 2019. Noting, with the tabled proposed legislation (the *Patients First Act*) in the Legislative Assembly as of the fall, the LHINs have agreed to maintain the 2016/17 SAA provincial indicator slates for 2017/18. As such, no changes will be introduced to the provincial LSAA indicator slate for 2017/18. The 2016/17 LSAA indicator slate will be carried over into the 2017/18 LSAA Performance Schedule. However, LHINs reserve the right to amend LHIN-specific (i.e. at a local level) indicators / obligations and/or to make any changes as required by law, policy, statute or Ministry direction.

#	Indicator Name	Status	Data Source
<i>Quality and Resident Safety Indicators</i>			
1	Percent of Residents who had a Fall in the Last 30 Days	Explanatory	CIHI
2	Percent of Residents whose Pressure Ulcer Worsened	Explanatory	CIHI
3	Percent of Residents on Antipsychotics without a Diagnosis of Psychosis	Explanatory	CIHI
4	Percent of Residents in Daily Physical Restraints	Explanatory	CIHI
<i>Organizational Health and Financial Indicators</i>			
5	Total Margin	Performance	MOHLTC/LTC Homes
6	Debt Service Coverage Ratio	Performance	MOHLTC/LTC Homes
<i>Coordination, Access and Primary Care Indicators</i>			
7	Long-Stay Utilization	Explanatory	MOHLTC
8	Number of Resident Transfers to ER from LTC Homes Resulting in Inpatient Admissions per 1,000 LTC Home Residents*	Developmental	MOHLTC
9	Wait Time from CCAC Determination of Eligibility to LTCH Response	Explanatory	MOHLTC
10	Wait Time from LTCH Acceptance to Placement*	Developmental	MOHLTC
11	Long-Term Care Home Refusal Rate	Explanatory	MOHLTC

The LSAA Performance Schedule contains indicators, and the Schedule is eligible for a refresh on an annual basis.

For Central East LHIN, the additional indicators/ measures are:

1. BSO Indicators: All LTCH required to comply with reporting requirements established for provincial BSO Program.
2. Response Time to Applications: The LTCH will ensure the response time to application is within the legislated time frame in order to support efficient system flow & placement.
3. Cultural Competency: To better serve the increasing number of Franco-Ontarians, Indigenous people, and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest quality of care at the local level to any patient, regardless of race, ethnicity, culture, or language capacity. HSPs will be required to report back to the CE LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.
4. Health Link Communities: Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the CE LHIN.
5. HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and CE LHIN Health Links program).
6. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that: is developed with the patient and caregiver; involves two or more healthcare professionals, at least one of which is outside the organization; and contains an action plan for one or more of patient and/or caregiver identified health concerns.

RATIONALE:

Regular communication to both the Director, Human Services and the Victoria Manor Committee of Management have indicated that Victoria Manor is managed by Sienna Senior Living in accordance with the above criteria. There has been no communication with either the CCAC or CELHIN regarding "response time to applicant" or "resident transfers to hospital" that indicate any operational deficiencies. It is required that the home responds via CCAC to applicants within 5 days of receipt of the application. In regard to Accreditation, Victoria Manor was awarded their 3 year accreditation in November 2016.

FINANCIAL CONSIDERATIONS:

There are no financial considerations to this report

OTHER ALTERNATIVES CONSIDERED:

There are no alternative to this process

CONSULTATIONS:

Rod Sutherland, Director, Human Services
Pamela Kulas, Administrator Victoria Manor

ATTACHMENTS:

Attachment A: Schedules A to E – Form of Compliance Declaration



2017-18 LSAA
Schedules A-E Mun.

Phone: 705-324-9870 ext. 3206	Director: Rod Sutherland
E-Mail: rsutherland@city.kawarthalakes.on.ca	

Schedule A: Description of Home and Beds

A.1 General Information			
LTCH Legal Name / Licencee	The Corporation of the City of Kawartha Lakes		
LTCH Common Name	Victoria Manor		
LTCH Facility ID Number LTCH Facility (master number for RAI MDS)	H11897		
Address	220 Angeline Street South		
City	Lindsay	Postal Code	K9V 0J8
Geography served (catchment area)	City of Kawartha Lakes, Peterborough County, Region of Durham, Northumberland County		
Accreditation organization	Accreditation Canada; changing to CARF in 2016		
Date of Last Accreditation	December 2016	Year(s) Awarded	3 years

A.2 Licensed or Approved Beds & Classification / Bed Type							
Bed Types	Total # of Beds					Term of Licence	Comments/Additional Information
	A	B	C	D	New		
Regular Long Stay Beds		164				Beds are approved as per the Municipal Act 1990	
Convalescent Care Beds							
Respite Beds		2					Includes two respite: one for female, one for male
Beds in Abeyance							
ELDCAP Beds							
Interim Beds							
Veterans' Priority Access beds							
Other beds *							
Sub Total # all Bed Types		166					Total Beds include 1 infirm bed (not included in the licenced beds)
Total # all Bed Types	166						

*Other beds available under a Temporary Emergency Licence or Short-Term Authorization

A.3 Structural Information					
Type of Room <i>(this refers to structural layout rather than what is charged in accommodations)</i>					
Number of rooms with 1 bed	25	Number of rooms with 2 beds	71	Number of Floors	2
Number of rooms with 3 beds	0	Number of rooms with 4 beds	0	Total # Rooms	96
Original Construction Date (Year)					
1989					
Renovations: Please list year and details (unit/resident home area, design standards, # beds, reason for renovating)		1) 2) 3) 4)			
Number of Units/Resident Home Areas and Beds					
<i>Unit/Resident Home Area</i>				<i>Number of Beds</i>	
MacMillan House				41 (includes respite)	
Victoria House				41	
Vaga House				42	
Elford House				42 (includes respite)	

Schedule B

Additional Terms and Conditions Applicable to the Funding Model

1.0 Background. The LHINs provide subsidy funding to long-term care home health service providers pursuant to a funding model set by MOHLTC. The current model provides estimated per diem funding that is subsequently reconciled. The current funding model is under review and may change during the Term (as defined below). As a result, and for ease of amendment during the Term, this Agreement incorporates certain terms and conditions that relate to the funding model in this Schedule B.

2.0 Additional Definitions. Any terms not otherwise defined in this Schedule have the same meaning attributed to them in the main body of this Agreement. The following terms have the following meanings:

"Approved Funding" means the allowable subsidy for the Term determined by reconciling the Estimated Provincial Subsidy (as defined below) in accordance with Applicable Law and Applicable Policy

"Construction Funding Subsidy" or "CFS" means the funding that the MOHLTC agreed to provide, or to ensure the provision of, to the HSP, in an agreement for the construction, development, redevelopment, retrofitting or upgrading of beds (a **"Development Agreement"**).

"CFS Commitments" means

- (a) commitments of the HSP related to a Development Agreement, identified in Schedule A of the service agreement in respect of the Home, in effect between the HSP and the LHIN on June 30, 2010, and
- (b) commitments of the HSP identified in a Development Agreement in respect of beds that were developed or redeveloped and opened for occupancy after June 30, 2010, (including, without limitation, any commitments set out in the HSP's Application as defined in the Development Agreement, and any conditions agreed to in the Development Agreement in respect of any permitted variances from standard design standards.)

"Envelope" is a portion of the Estimated Provincial Subsidy that is designated for a specific use. There are four Envelopes in the Estimated Provincial Subsidy as follows:

- (a) the "Nursing and Personal Care" Envelope;
- (b) the "Program and Support Services" Envelope;
- (c) the "Raw Food" Envelope; and
- (d) the "Other Accommodation" Envelope.

"Estimated Provincial Subsidy" means the estimated provincial subsidy calculated in accordance with Applicable Policy.

"Reconciliation Reports" means the reports required by Applicable Policy including the Long-term Care Home Annual Report and, the In-Year Revenue/Occupancy Report.

"Term" means the term of this Agreement.

3.0 Provision of Funding.

3.1 In each Funding Year, the LHIN shall advise the HSP of the amount of its Estimated Provincial Subsidy. The amount of the Estimated Provincial Subsidy shall be calculated on both a monthly basis and an annual basis and will be allocated among the Envelopes and other funding streams applicable to the HSP, including the CFS.

3.2 The Estimated Provincial Subsidy shall be provided to the HSP on a monthly basis in accordance with the monthly calculation described in 3.1 and otherwise in accordance with this Agreement. Payments will be made to the HSP on or about the twenty-second (22nd) day of each month of the Term.

3.3 CFS will be provided as part of the Estimated Provincial Subsidy and in accordance with the terms of the Development Agreement and Applicable Policy. This obligation survives any termination of this Agreement.

4.0 Use of Funding.

4.1 Unless otherwise provided in this Schedule B, the HSP shall use All Funding allocated for a particular Envelope only for the use or uses set out in the Applicable Policy.

4.2 The HSP shall not transfer any portion of the Estimated Provincial Subsidy in the “Raw Food” Envelope to any other Envelope:

4.3 The HSP may transfer all or any of the part of the Estimated Provincial Subsidy for the Other Accommodation Envelope to any other Envelope without the prior written approval of the LHIN, provided that the HSP has complied with the standards and criteria for the “Other Accommodation” Envelope as set out in Applicable Policy.

4.4 The HSP may transfer any part of the Estimated Provincial Subsidy in the (a) Nursing and Personal Care” Envelope; or (b) the “Program and Support Services Envelope; to any Envelope other than the Other Accommodation Envelope without the prior written approval of the LHIN provided that the transfer is done in accordance with Applicable Policy.

4.5 In the event that a financial reduction is determined by the LHIN, the financial reduction will be applied against the portion of the Estimated Provincial Subsidy in the “Other Accommodation” Envelope.

5.0 Construction Funding Subsidies.

5.1 Subject to 5.2 and 5.3 the HSP is required to continue to fulfill all CFS Commitments, and the CFS Commitments are hereby incorporated into and deemed part of the Agreement.

5.2 The HSP is not required to continue to fulfill CFS Commitments that the MOHLTC has agreed in writing: (i) have been satisfactorily fulfilled; or (ii) are no longer required to be fulfilled; and the HSP is able to provide the LHIN with a copy of such written agreement.

5.3 Where this Agreement establishes or requires a service requirement that surpasses

the service commitment set out in the CFS Commitments, the HSP is required to comply with the service requirements in this Agreement.

5.4 MOHLTC is responsible for monitoring the HSP's on-going compliance with the CFS Commitments. Notwithstanding the foregoing, the HSP agrees to certify its compliance with the CFS Commitments when requested to do so by the LHIN.

6.0 Reconciliation.

6.1 The HSP shall complete the Reconciliation Reports and submit them to MOHLTC in accordance with Schedule C. The Reconciliation Reports shall be in such form and containing such information as required by Applicable Policy or as otherwise required by the LHIN pursuant this Agreement.

6.2 The Estimated Provincial Subsidy provided by the LHIN under section 3.0 of this Schedule shall be reconciled by the LHIN in accordance with Applicable Law and Applicable Policy to produce the Approved Funding.

6.3 In accordance with the Applicable Law and Applicable Policy, if the Estimated Provincial Subsidy paid to the HSP exceeds the Approved Funding for any period, the excess is a debt due and owing by the HSP to the Crown in right of Ontario which shall be paid by the HSP to the Crown in right of Ontario and, in addition to any other methods available to recover the debt, the LHIN may deduct the amount of the debt from any subsequent amounts to be provided by the LHIN to the HSP. If the Estimated Provincial Subsidy paid for any period is less than the Approved Funding, the LHIN shall provide the difference to the HSP.

Schedule C – Reporting Requirements

1. In-Year Revenue/Occupancy Report	
Reporting Period	Estimated Due Dates ¹
2016 – Jan 01-16 to Sept 30-16	By October 15, 2016
2017 – Jan 01-17 to Sept 30-17	By October 15, 2017
2018 – Jan 01-18 to Sept 30-18	By October 15, 2018
2. Long-Term Care Home Annual Report	
Reporting Period	Estimated Due Dates ¹
2016 – Jan 01-16 to Dec 31-16	By September 30, 2017
2017 – Jan 01-17 to Dec 31-17	By September 30, 2018
2018 – Jan 01-18 to Dec 31-18	By September 30, 2019
3. French Language Services Report	
Fiscal Year	Due Dates
2016-17 – Apr 01-16 to March 31-17	April 28, 2017
2017-18 – Apr 01-17 to March 31-18	April 30, 2018
2018-19 – Apr 01-18 to March 31-19	April 30, 2019
4. OHRs/MIS Trial Balance Submission	
2016-2017	Due Dates (Must pass 3c Edits)
Q2 – Apr 01-16- to Sept 30-16 (Fiscal Year)	October 31, 2016
Q2 – Jan 01-16 to Jun 30-16 (Calendar Year)	
Q3 – Apr 01-16- to Dec 31-16 (Fiscal Year)	January 31, 2017 – Optional Submission
Q3 – Jan 01-16 to Sept 30-16 (Calendar Year)	
Q4 – Apr 01-16- to March 31-17 (Fiscal Year)	May 31, 2017
Q4 – Jan 01-16 to Dec 31-16 (Calendar Year)	
2017-2018	Due Dates (Must pass 3c Edits)
Q2 – Apr 01-17 to Sept 30-17 (Fiscal Year)	October 31, 2017
Q2 – Jan 01-17 to June 30-17 (Calendar Year)	
Q3 – Apr 01-17 to Dec 31-17 (Fiscal Year)	January 31, 2018 – Optional Submission
Q3 – Jan 01-17 to Sept 30-17 (Calendar Year)	
Q4 – Apr 01-17 to March 31-18 (Fiscal Year)	May 31, 2018
Q4 – Jan 01-17 to Dec 31-17 (Calendar Year)	
2018-2019	Due Dates (Must pass 3c Edits)
Q2 – Apr 01-18 to Sept 30-18 (Fiscal Year)	October 31, 2018
Q2 – Jan 01-18 to June 20-18 (Calendar Year)	
Q3 – Apr 01-18 to Dec 31-18 (Fiscal Year)	January 31, 2019 – Optional Submission
Q3 – Jan 01-18 to Sep 30-18 (Calendar Year)	
Q4 – Apr 01-18 to March 31-19 (Fiscal Year)	May 31, 2019
Q4 – Jan 01-18 to Dec 31-18 (Calendar Year)	
5. Compliance Declaration	
Funding Year	Due Dates
January 1, 2016 – December 31, 2016	March 1, 2017
January 1, 2017 – December 31, 2017	March 1, 2018
January 1, 2018 – December 31, 2018	March 1, 2019

¹ These are estimated dates provided by the MOHLTC and are subject to change. If the due date falls on a weekend, reporting will be due the following business day.

Schedule C – Reporting Requirements Cont'd

6. Continuing Care Reporting System (CCRS)/RAI MDS	
Reporting Period	Estimated Final Due Dates¹
2016-2017 Q1	August 31, 2016
2016-2017 Q2	November 30, 2016
2016-2017 Q3	February 28, 2017
2016-2017 Q4	May 31, 2017
2017-2018 Q1	August 31, 2017
2017-2018 Q2	November 30, 2017
2017-2018 Q3	February 28, 2018
2017-2018 Q4	May 31, 2018
2018-2019 Q1	August 31, 2018
2018-2019 Q2	November 30, 2018
2018-2019 Q3	February 28, 2019
2018-2019 Q4	May 31, 2019
7. Staffing Report	
Reporting Period	Estimated Due Dates¹
January 1, 2016 – December 31, 2016	July 7, 2017
January 1, 2017 – December 31, 2017	July 6, 2018
January 1, 2018 – December 31, 2018	July 5, 2019
8. Quality Improvement Plan	
(submitted to Health Quality Ontario (HQA))	
Planning Period	Due Dates
April 1, 2016 – March 31, 2017	April 1, 2016
April 1, 2017 – March 31, 2018	April 1, 2017
April 1, 2018 – March 31, 2019	April 1, 2018

Schedule D – Performance (Municipal)

1.0 Performance Indicators

The HSP's delivery of the Services will be measured by the following Indicators, Targets and where applicable Performance Standards. In the following table:

n/a means 'not-applicable', that there is no defined Performance Standard for the indicator for the applicable year.

tbd means a Target, and a Performance Standard, if applicable, will be determined during the applicable year.

INDICATOR CATEGORY	INDICATOR P=Performance Indicator E=Explanatory Indicator	2017/18	
		Performance	
		Target	Standard
Organizational Health and Financial Indicators	Debt Service Coverage Ratio (P)	n/a	n/a
	Total Margin (P)	n/a	n/a
Coordination and Access Indicators	Average Long-Stay Occupancy / Average Long-Stay Utilization (E)	n/a	n/a
	Wait Time from CCAC Determination of Eligibility to LTC Home Response (E)	n/a	n/a
	Long-Term Care Home Refusal Rate (E)	n/a	n/a
Quality and Resident Safety Indicators	Percentage of Residents Who Fell in the Last 30 days (E)	n/a	n/a
	Percentage of Residents Whose Pressure Ulcer Worsened (E)	n/a	n/a
	Percentage of Residents on Antipsychotics Without a Diagnosis of Psychosis (E)	n/a	n/a
	Percentage of Residents in Daily Physical Restraints (E)	n/a	n/a

NOTES:

- *DSCR equal to or greater than one - Homes that report a DSCR of less than one for two consecutive periods will trigger a performance conversation with the Central East LHIN. Corporate homes may notify the Central East LHIN of intent to report DSCR at a corporate, rather than home level. Note: performance conversations may involve multiple LHINs.
- **Total Margin equal to or greater than zero – Homes that report a Total Margin of less than zero at LTCH's Q2 may trigger a performance discussion with the Central East LHIN. Homes reporting a Total Margin of less than zero at LTCH's fiscal year-end will trigger a performance conversation with the Central East LHIN. (It is the expectation that all LTCHs will end their fiscal year in a balanced position.)

Schedule D – Performance

2.0 LHIN-Specific Obligations

LHIN SPECIFIC PERFORMANCE OBLIGATIONS	PERFORMANCE STANDARD	DATA SOURCE	REPORTING RESPONSIBILITY
1. BSO Indicators: All LTCH are required to comply with the reporting requirements established for the provincial BSO program.	N/A	N/A	As required.
2. Response Time to Application: The LTCH will ensure that the response time to application is within the legislated time frame in order to support efficient system flow and placement.	162 (3) of Ontario Regulation 79/10 of the <i>Long-Term Care Homes Act, 2007</i> , the licensee will respond to a request for placement made by a Placement Coordinator within 5 business days.	CECCAC	CECCAC will review data with Central East LHIN quarterly. Chronic performance issues will be addressed with the LTCH.
3. Cultural Competency: To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.	N/A	N/A	HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives which demonstrate their commitment to this aim.
4. LHIN Sub-Region (Health Link Communities): Each HSP must be a signatory to the “Health Link Letter of Commitment” as provided by the Central East LHIN.	N/A	N/A	HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives which demonstrate their commitment to this aim.

LHIN SPECIFIC EXPLANATORY OBLIGATION	PERFORMANCE STANDARD	DATA SOURCE	REPORTING RESPONSIBILITY
<ul style="list-style-type: none"> HSP has a process developed for identification of complex vulnerable* patients. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable* patients that: <ul style="list-style-type: none"> Is developed with the patient and caregiver; Involves two or more health care professionals – at least one of which is from outside the organization and; Contains an action plan for one or more of patient and/or caregiver identified health concerns. <p>*Complex Vulnerable patients as defined by provincial and Central East LHIN Health Links program.</p>	N/A	N/A	HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives which demonstrate their commitment to this aim.

Schedule E – Form of Compliance Declaration

DECLARATION OF COMPLIANCE

Issued pursuant to the Long Term Care Service Accountability Agreement

To: The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the “LHIN”). Attn: Board Chair.

From: The Board of Directors (the “Board”) of the [insert name of License Holder] (the “HSP”)

For: [insert name of Home] (the “Home”)

Date: [insert date]

Re: [January 1, 201X – December 31, 201x] (the “Applicable Period”)

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the Home on a day to day basis, e.g. the Chief Executive Office or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the long-term care service accountability agreement (the “Agreement”) in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

- (i) it has complied with the provisions of the *Local Health System Integration Act, 2006* and with any compensation restraint legislation which applies to the HSP; and
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement;

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the LHIN and the HSP effective April 1, 2016.

[insert name of individual authorized by the Board to make the Declaration on the Board’s behalf],
[insert title]

Schedule E – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

[Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]