

The Corporation of the City of Kawartha Lakes

AGENDA

VICTORIA MANOR COMMITTEE OF MANAGEMENT

VMC2017-06

Tuesday, August 8, 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>	4 - 7
6.	<u>BUSINESS ARISING FROM PREVIOUS MEETINGS</u>	
7.	<u>CORRESPONDENCE</u>	
7.1	Letter from Sienna Senior Living - dated July 31, 2017	8 - 10
7.2	Public Inquiry News Article from the Ministry of the Attorney General dated August 1, 2017	11 - 12
8.	<u>REPORTS</u>	
8.1	Victoria Manor Operations Report to Committee of Management, June 2017	13 - 26
9.	<u>CLOSED SESSION</u>	
9.1	Closed Minutes, Victoria Manor Committee of Management, June 19 2017, Municipal Act, 2001 s.239(2)(b)(d)(g)	
9.2	Victoria Manor Confidential Operations Report to Committee of Management, June 2017, Municipal Act, 2001 s.239(2)(b)(d)(e)	
9.3	VMC2017-07 Privileged and Confidential Report - Management Contract Renewal	
	Municipal Act, Section 239(2)(f) advice that is subject to solicitor-client privilege; and Section 239(2)(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act. Municipal Freedom of Information and Protection of Privacy Act, Section 7 Advice or recommendations; and 10(1)(a)(c) Third party information.	
10.	<u>MATTERS FROM CLOSED SESSION</u>	
11.	<u>OTHER NEW BUSINESS</u>	

12. **NEXT MEETING**

September 18, 2017, Victoria Manor Boardroom, commencing at 9:30 a.m.

13. **ADJOURNMENT**

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

VMC2017-05
Monday, June 19, 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. CALL TO ORDER

Chair Elmslie called the meeting to order at 9:37 a.m. Councillors G. Jilesen, M. Martin, J. Pollard and K. Seymour-Fagan were in attendance.

Administrator Pamela Kulas, Director of Human Services Rod Sutherland, Executive Assistant Holly Russett and Sienna Senior Living VP Operations and Long Term Care Sanja Freeborn were also in attendance.

2. ADOPTION OF AGENDA

VMCM2017-047

Moved By Councillor Martin

Seconded By Councillor Jilesen

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

VMCM2017-048

Moved By Councillor Pollard

Seconded By Councillor Martin

RESOLVED THAT the minutes of the Victoria Manor Committee of Management meeting held on April 24, 2017, be adopted as circulated.

CARRIED

6. BUSINESS ARISING FROM PREVIOUS MEETINGS

None

7. CORRESPONDENCE

7.1 Memorandum - Closure of Internal Smoking Room - Vaga House

VMCM2017-049

Moved By Councillor Martin

Seconded By Councillor Jilesen

RESOLVED THAT the June 19, 2017 Memorandum from Pamela Kulas regarding Closure of Internal Smoking Room - Vaga House, be received.

CARRIED

7.2 Memorandum - Inspection Report - LTC Home Accommodation Charge Changes Effective July 1, 2017

VMCM2017-050

Moved By Councillor Jilesen

Seconded By Councillor Pollard

RESOLVED THAT the June 19, 2017 memorandum from Pamela Kulas, regarding Inspection Report - LTC Home Accommodation Charge Changes Effective July 1, 2017, be received.

CARRIED

8. REPORTS

8.1 Victoria Manor Operations Report to Committee of Management, April 2017 and May 2017

VMCM2017-051

Moved By Councillor Martin

Seconded By Councillor Pollard

RESOLVED THAT the Victoria Manor Operations Report to Committee of Management, April 2017 and May 2017, provided by Sienna Senior Living, be received for information.

CARRIED

9. CLOSED SESSION

VMCM2017-052

Moved By Councillor Jilesen

Seconded By Councillor Pollard

RESOLVED THAT the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Monday, June 19, 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

August 8, 2017 Victoria Manor Boardroom, commencing at 9:30 a.m.

13. ADJOURNMENT

VMCM2017-056

Moved By Councillor Seymour-Fagan

Seconded By Councillor Martin

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

CARRIED

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July 31, 2017

Victoria Manor
220 Angeline St. South
Lindsay, ON K9V 4R2
Delivered by Email

Dear Victoria Manor Team,

You were recently highlighted in the OLTCA Newsletter (dated July 25), for your work in Academic detailing for antipsychotic reduction. The Centre for Effective Practice released positive findings on how academic detailing can help to enhance resident care and outcomes in homes, based on their experience in 41 Ontario long-term care homes. As you are aware, this service encouraged providers to prescribe antipsychotics appropriately and review medication to prevent falls, and this process also increased provider confidence to incorporate best practices and improved team communication.

We were very proud to see Victoria Manor highlighted in the results summary statement shared as a Case Study, and greatly honour your efforts in bringing about a 16% reduction in the percentage of residents taking antipsychotic medication without a diagnosis of psychosis over 12 months – this is an incredible testament to your ongoing commitment to providing the best resident care and services.

Thank you so much for this, and for all that you do every day.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read "Joanne Dykeman".

Joanne Dykeman, RN, MA
Executive Vice President, Operations
Sienna Senior Living

cc: Sanja Freeborn, Vice President, Operations
Victoria Manor Committee of Management

Providers need an accurate, ongoing source of current best practices and evidence including comparative effectiveness, safety and cost of treatments. This information can be time consuming to assemble due to a continuous influx of research literature. By combining an interactive outreach approach with best evidence and experience, academic detailing can meet the individual needs of providers and their care teams.

From October 2015 to December 2016, the CEP delivered one of the largest Ontario academic detailing services in long-term care (LTC).¹ The CEP's service aimed to deliver providers with objective, balanced, evidence-informed information on best practices to optimize clinical care for LTC residents. This information was by delivered by trained health care professionals (pharmacists), tailored to each provider's expressed knowledge gaps, needs and care context, and delivered at a time and location that is convenient for the provider.

Impact and outcome highlights of the CEP's academic detailing service are listed below:

- This service was provided in 41 Ontario LTC homes, which service approximately 5,000 residents.
- The service addressed two important topics in LTC:
 - The appropriate prescribing of antipsychotic medications for residents living with behavioural and psychological symptoms of dementia (BPSD); and
 - The role of appropriate prescribing in falls prevention.
- There was widespread uptake and receptivity of the service among participating providers and staff, and participating providers and staff overwhelmingly reported a high level of satisfaction with the service.
- The service encouraged providers to appropriately prescribe antipsychotics and review medication to prevent falls, increased provider confidence to incorporate best practices, and increased team communication.
- The service engaged resident and family councils through educational presentations on the two topics.
- There was immense demand for the balanced, evidence-informed information developed as part of the service, with over 7,000 academic detailing discussions guides disseminated in-person to LTC providers and staff over and above the participating 41 LTC homes.

Overall, the impacts and outcomes of the CEP's academic detailing service were positive in LTC, and they support that academic detailing as an intervention can enhance patient/resident care and outcomes in the Ontario health care sector.

GOALS:

-  Positive outcomes for residents
-  Providers perceive detailers as influential
-  Bring providers valuable information
-  Providers are happy with their participation in the service visits
-  Cost and operationally efficient service

UPTAKE



97% of providers and staff said they would be interested in receiving another academic detailing visit.



CASE STUDY

VICTORIA MANOR

Academic detailing service Helps Victoria Manor Encourage Appropriate antipsychotic Use by Providing a "Common Language"

"The academic detailer's knowledge of medications provided me with an amazing foundation and education in how medications affect the elderly positively and negatively. [The detailer's] support was important for us to understand how to best serve our aging population using evidence-based, practical knowledge."

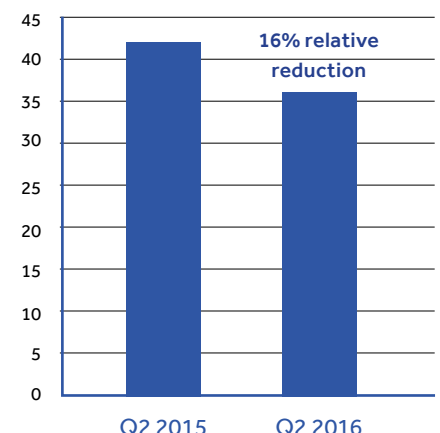
– Emily Leney, Behavioural Support Ontario, Registered Practical Nurse

The Home leadership reported that:

As a result of the academic detailing service, staff were less likely to ask for antipsychotic medications in cases where they would not be appropriate; providers felt more comfortable tapering antipsychotic medications and evaluating for benefits and harms; and patients, families and providers had a common language to discuss behaviours.

There was a 16% relative reduction in the percentage of residents taking antipsychotic medications without a diagnosis of psychosis over 12 months thanks to a series of initiatives. These included academic detailing and staff education.

Percentage of residents taking antipsychotics without a diagnosis of psychosis



[1] The academic detailing service was part of a larger initiative called the Appropriate Prescribing Demonstration Project conducted by the Ontario Ministry of Health and Long-Term Care and the Ontario Medical Association in partnership with the Centre for Effective Practice and Health Quality Ontario. The project involved academic detailing (educational outreach) and personalized practice reports supported through a community of practice. The purpose of this summary is to report on feedback from LTC homes involved in the project and reflect on the potential role of academic detailing in supporting appropriate prescribing. This project was one of many ongoing interventions in the LTC homes that may have played a role in quality improvement measure improvements, and it can be difficult to separate out the various contributions of each initiative. An independent third-party evaluation of the project is ongoing as part of a randomized controlled trial to evaluate the impact of this intervention.

ADVANTAGE

The CEP's academic detailing service provides the following advantages as compared to other Ontario supports.

	Is it tailored to the entire care team?	Is it tailored to patients/residents, family members and caregivers?	Is it delivered on-site?	Are providers receptive to it?	Does it address multiple topics?	Is it relevant across multiple sectors?	Is there evidence to support its effectiveness?	Is there evidence to support its return on investment?	Can it improve the uptake of other interventions?
CEP's academic detailing service	✓	✓	✓	✓	✓	✓	✓	✓	✓
MOHLTC's behavioural supports Ontario initiative	✓	✓	✓	?	x	✓	?	?	?
Health Quality Ontario's practice reports	✓	x	x	?	✓	✓	✓	?	?
College of Physicians and Surgeons of Ontario's and Ontario College of Family Physicians' continuing medical education	x	x	x	✓	✓	✓	✓	?	?
MOHLTC's Ontario LTC medication management demonstration project	✓	x	x	?	x	?	?	?	x
Order sets (e.g. Open Source Order Sets, Think Research's patient order sets)	✓	x	✓	?	✓	✓	✓	?	?
Health Quality Ontario's quality improvement plans and quality standards	✓	x	x	?	✓	✓	✓	?	?

IMPACTS & OUTCOMES

Upon internal evaluation of success against the service goals, the findings support that these goals were met and that overall the results were positive and encouraging for a demonstration project. Participating providers and staff overwhelmingly reported a high level of satisfaction with the academic detailing service. The service encouraged providers to appropriately prescribe antipsychotics and review medication to prevent falls, increased provider confidence to incorporate best practices, and increased team communication. Academic detailing as an intervention has the potential to enhance patient/resident care and outcomes in the Ontario health care sector.

Participants overwhelmingly reported:



Increased knowledge



Benefited prescribing practice



Improved communication



Satisfaction with the service

"I would describe my experience with academic detailing as very productive, helpful, and overall, exceptionally worthwhile. Thank you for the opportunity to participate."

– Dr. W. Scott Nash, Medical Director, Wentworth Lodge

"It encourages the team to look at strategies before resorting to medication. Many educational documents discuss taking residents off the antipsychotic, but don't provide the information on how to wean them for success."

– Cindy Brandt, Administrator, Caressant Care

"I learned a great deal about falls and felt that the overview of the topic was very well put together. I have attended many education events about falls and this was the most LTC focused of them."

– Physician, LTC home

"Resources for staff and family have been highly valued. It allows for interaction to determine needs and follow-up to assist in implementation of changes has been valuable"

– Dr. Lyla Graham, Medical Director, St. Patrick's Home of Ottawa

CASE STUDY

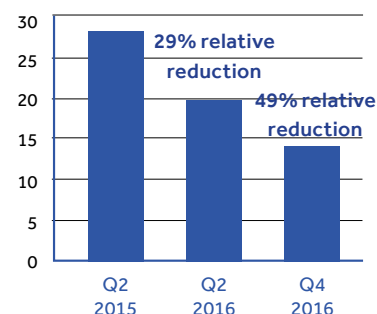
ARBOUR HEIGHTS

Academic detailing service Supports Arbour Heights in Cutting Antipsychotic Use Without a Diagnosis of Psychosis in Half.

The home states that the academic detailing service helped to facilitate dialogue between nursing and physicians, identify and document behaviours likely to respond to antipsychotics, and provide a "common language" for the team.

The Home leadership reported that:

The percentage of residents on an antipsychotic without a diagnosis of an antipsychotic decreased from 28.2% to 20.1% from Q2 2015 to Q2 2016, and continued to drop during 2016, reaching 14% in Q4 2016.



Ontario Launches Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System

Recommendations to Improve the Safety and Well-being of Seniors

August 1, 2017 9:00 A.M.

Ontario has appointed the Honourable Justice Eileen Gillese, an experienced judge of the Ontario Court of Appeal, to lead an independent public inquiry into the policies, procedures and oversight of long-term care homes.

In particular, Justice Gillese has been asked to inquire into the circumstances and systemic issues which may have contributed to the assault and death of residents who were under the care of Elizabeth Wettlaufer, a former registered nurse in long-term care homes in southwestern Ontario. The inquiry will help get answers to make sure a tragedy like this never happens again.

As part of her broad mandate, Justice Gillese will review the accountability measures in place to ensure they meet the objectives of the Long-Term Care Homes Act, and provide recommendations to improve the safety and well-being of residents.

The appointment of the commissioner takes effect today. A final report, including all recommendations, will be delivered to the Attorney General by July 31, 2019 and will be made available to the public.

Ontario's oversight system in long-term care specifically focuses on the safety and security of residents. Appointing Justice Gillese to lead the public inquiry into the oversight of long-term care homes is one of the many steps Ontario is taking to protect the safety and well-being of residents and ensure homes across the province are meeting the highest standards of care.

QUOTES

" What happened to the victims and their families in southwestern Ontario was a tragedy. This inquiry will help provide answers to those affected and ensure something like this never happens again. Our parents and grandparents deserve to live in comfort, with access to the best care possible and we want to assure the public that Ontario's 78,000 long-term care residents are safe in their homes. Justice Gillese's recommendations will help ensure that loved ones in long-term care homes continue to be safe and secure."

- Yasir Naqvi
Attorney General

" I want to reaffirm my deepest sympathies to the families affected by this tragic situation. The safety, quality of care and quality of life of Ontario's long-term care residents continues to be our government's priority. This inquiry will bring critical answers that will allow our government to further ensure the safety and security of long-term care residents."

- Dr. Eric Hoskins
Minister of Health and Long-Term Care

" I am honoured to have been chosen to head this very important Inquiry dealing with matters that affect the lives of all those in long-term care homes in Ontario. My team and I will do our utmost to determine how these events could occur and to make recommendations so that the tragedies of the past are not repeated in the future."

- Eileen Gillese
Commissioner of the Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System

QUICK FACTS

- Justice Gillese has been a sitting judge with the Ontario Court of Appeal since 2002. Previously she served as a trial judge of the Superior Court of Justice and was the Dean and Professor at Western University's Faculty of Law.
- The Gillese Inquiry will have a broader scope than the police investigation or prosecution – it will not only look at what occurred, but also look for any underlying issues that need to be addressed and make recommendations to ensure that the objectives of the Long-Term Care Homes Act are met.
- Justice Gillese has served as the chair of a number of organizations, including the Pension Commission of Ontario, the Financial Services Commission of Ontario and the Financial Services Tribunal of Ontario.
- Elizabeth Wettlaufer pled guilty to, and was convicted of, eight counts of first degree murder, four counts of attempted murder and two counts of aggravated assault. She has been sentenced to life in prison for these offences, which she committed while working as a registered nurse in southwestern Ontario.

LEARN MORE

- Proposed [changes](#) to quality and safety inspection programs of long-term care homes

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[Disponible en Français](#)



June 2017 Victoria Manor Operations Report to Committee of Management

Non-Confidential Report

Submission Date: August 8, 2017
Information for the Month of: June 2017

Financials

Executive Summary Statement of Earnings
May 2017

		Current Month					Year-to-Date				
		Actual	Actual PRD	Budget	Budget PRD	Variance	Actual	Actual PRD	Budget	Budget PRD	Variance
Resident Days		5,002		5,069		(67)	24,240		24,690		(450)
Occupancy %		97.20%		98.5%		-1.3%	96.7%		98.5%		(1.8%)
Nursing Envelope Funds		552,377	110.43	551,377	108.78	1,001	2,627,377	108.39	2,625,296	106.33	2,081
Nursing Expenses		605,060	120.96	596,318	117.64	(8,742)	2,774,736	114.47	2,859,258	115.81	84,522
Net Nursing Envelope		(52,683)	(10.53)	(44,942)	(8.87)	(7,741)	(147,359)	(6.08)	(233,962)	(9.48)	86,603
Program Envelope Funds		60,691	12.13	60,571	11.95	120	294,221	12.14	293,647	11.89	573
Program Expenses		57,706	11.54	57,289	11.30	(417)	279,300	11.52	279,107	11.30	(193)
Net Program Envelope		2,985	0.60	3,282	0.65	(297)	14,921	0.62	14,541	0.59	380
Food Envelope Funds		43,484	8.69	43,484	8.58	-	211,808	8.74	211,808	8.58	-
Food Expenses		49,522	9.90	43,484	8.58	(6,039)	218,846	9.03	211,808	8.58	(7,039)

Net Food Envelope	(6,039)	(1.21)	-	-	6,039	(7,039)	(0.29)	-	-	7,039
Accomodation Revenue	327,400	65.45	318,758	62.89	8,642	1,600,258	66.02	1,552,692	62.89	47,566
Accommodation Expenses										
Dietary Expenses	83,554	16.70	90,353	17.83	6,800	437,998	18.07	437,904	17.74	(94)
Housekeeping Expenses	36,960	7.39	38,758	7.65	1,798	194,733	8.03	186,290	7.55	(8,444)
Laundry Expenses	16,094	3.22	16,282	3.21	188	85,669	3.53	78,377	3.17	(7,292)
Maintenance Expenses	38,354	7.67	36,206	7.14	(2,148)	211,596	8.73	195,320	7.91	(16,275)
Administration Expenses	35,323	7.06	46,075	9.09	10,751	207,531	8.56	226,757	9.18	19,226
Facility Expenses	69,382	13.87	93,384	18.42	24,002	430,561	17.76	463,066	18.76	32,506
Accommodation Expenses	279,668	55.91	321,058	63.34	41,390	1,568,089	64.69	1,587,715	64.31	19,626
Other Accomodation - NOI	47,732	9.54	(2,299)	(0.45)	50,031	32,169	1.33	(35,023)	(1.42)	67,192
Over/Under Adjustment	(55,736)	(11.14)	(41,659)	(8.22)	-	(139,477)	(5.75)	(219,422)	(8.89)	-
Net Operating Income	(8,004)	(1.60)	(43,959)	(8.67)	35,955	(107,308)	(4.43)	(254,445)	(10.31)	147,137
Capital Reserve	(12,623)	(3)	(26,761)	(5)	14,138	(105,529)	(4)	(133,805)	(5)	28,276

Net Income (Loss)	(20,627)	(4.12)	(70,720)	(13.95)	50,093	(212,836)	(8.78)	(388,249)	(15.72)	175,413
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Variance Explanations
May 2017

	Current Month			Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
NURSING REVENUE	552,377	551,377	1,001	2,627,377	2,625,296	2,081
MTD Nursing Revenue is favorable (\$1K) due to high wage cost transition funding received not included in budget (\$2K), offset by lower BSO funding (\$1K). YTD Nursing Revenue is favorable (\$2K) due to monthly high wage cost transition funding received from MOH not included in budget (\$12K), offset by lower BSO funding (\$10K).						
NURSING EXPENSES - DIRECT	503,191	541,918	38,727	2,510,327	2,588,217	77,890
MTD Direct wages are favorable (\$39K) due to lower RN wages (\$9K), lower RPN wages (\$10K), lower RN and RPN Agency (\$8K), lower BSO wages (\$2K), and lower benefits (\$12K), offset by higher PSW wages (\$4K). YTD direct wages are favorable (\$78K) mainly due to lower RN wages (\$32K), lower RPN wages (\$11K), lower BSO wages (\$11K), lower MDS RAI wages (\$4K), lower benefits (\$26K), and lower RN and RPN Agency (\$40K), offset by higher PSW wages (\$48K).						
NURSING EXPENSES - ADMIN	101,869	54,400	(47,469)	264,409	271,042	6,632

MTD Nursing Admin expenses are unfavorable (\$47K) mainly due to higher incontinence supplies (\$22K), higher medical supplies (\$25K), higher wages and benefits (\$3K), offset by lower equipment expenses (\$1K), unused purchased services budget (\$2K).

YTD Nursing Admin expenses are favorable (\$7K) mainly due to lower incontinence supplies (\$4K), unused staff education budget (\$5K), unused travel budget (\$1K), and unused purchased services budget (\$8K), offset partly by higher medical supplies (\$1), equipment expenses (\$1K) and higher wages (\$7K) and higher benefits (\$2K).

PROGRAM REVENUE	60,691	60,571	120	294,221	293,647	573
Program revenue is in line with budget.						

PROGRAM EXPENSES	57,706	57,289	(417)	279,300	279,107	(193)
MTD Program expenses are in line with budget						
YTD Program expenses are in line with budget.						

FOOD REVENUE	43,484	43,484	-	211,808	211,808	-
Food revenue is in line with budget.						

FOOD EXPENSES	49,522	43,484	(6,039)	218,846	211,808	(7,039)
MTD Food expenses are unfavorable (\$6K).						
YTD Food expenses are overspending (\$7K).						

ACCOMMODATION REVENUE	327,400	318,758	8,642	1,600,258	1,552,692	47,566
MTD Accommodations Revenue is favorable (\$9K) mainly due to higher preferred private revenues (\$6K) and high wage cost transition funding received not budgeted (\$1K), and unbudgeted vendor rebates received (\$4K), offset partly by accreditation funding budgeted but not received (\$2K).						

YTD Accommodations Revenue is favorable (\$48K) mainly due to higher preferred private revenues (\$29K) and high wage cost transition funding received not budgeted (\$4K), unbudgeted vendor rebates (\$23K), offset partly by accreditation funding budgeted but not received (\$8K).

DIETARY EXPENSES	83,554	90,353	6,800	437,998	437,904	(94)
<p>MTD Dietary expenses are favorable (\$7K) due to lower wages and benefits (\$5K), and lower equipment expenses (\$2K).</p> <p>YTD Dietary expenses are in line with budget.</p>						

HOUSEKEEPING EXPENSES	36,960	38,758	1,798	194,733	186,290	(8,444)
<p>MTD Housekeeping expenses are favorable (\$2K), mainly due to lower wages and benefits (\$3K), offset by higher equipment expenses (\$1K).</p> <p>YTD Housekeeping expenses are unfavorable (\$8K) due to higher wages and benefits (\$5K) and higher chemical and cleaning supplies (\$3K).</p>						

LAUNDRY EXPENSES	16,094	16,282	188	85,669	78,377	(7,292)
<p>MTD Laundry expenses are in line with budget.</p> <p>YTD Laundry expenses are unfavorable (\$7K) due to higher wages and benefits (\$5K), higher bedding and linen (\$2K) and higher equipment expenses (\$1K).</p>						

MAINTENANCE EXPENSES	38,354	36,206	(2,148)	211,596	195,320	(16,275)
<p>MTD Maintenance expenses are unfavorable (\$2K), mainly due to higher equipment expenses (\$1K), higher HVAC expenses (\$3K), higher Plumbing expenses (\$2K) and higher Landscaping expenses (\$2K), offset by lower supplies expenses (\$2K), lower maintenance contract (\$3K), lower building repairs (\$1K).</p>						

YTD Maintenance expenses are unfavorable (\$16K) mainly due to higher wages and benefits (\$8K), plumbing repairs (\$25K), HVAC expenses (\$12K); generator expenses (\$1K); these are offset partly by lower building repairs (\$2K), lower elevator expenses (\$3K), lower equipment expenses (\$4K), lower landscaping expenses (\$6K), lower maintenance contracts (\$9K), and lower supplies expenses (\$5K).

ADMINISTRATION EXPENSES	35,323	46,075	10,751	207,531	226,757	19,226
<p>MTD Admin expenses are favorable (\$11K) due to unused wages-agency budget (\$3K), lower professional fees (\$2K), lower purchased services (\$2K), bad debts expenses recovery (\$4K).</p> <p>YTD Admin expenses are favorable (\$19K) mainly due to lower wages and benefits (\$2K), unused wages-agency budget (\$15K), unused association fees budget (\$2K), lower equipment expenses (\$12K), lower professional fees (\$6K), and unused promotion budget (\$2K); offset by Bad Debt expenses (\$5K), higher computer repairs (\$9K), higher purchased services (\$4K), and higher staff costs (\$2K).</p>						

FACILITY EXPENSES	69,382	93,384	24,002	430,561	463,066	32,506
<p>MTD Facility expenses are favorable (\$24K) mainly due to lower hydro expenses (\$22K) and lower gas expenses (\$3K), offset by higher management fees (\$1K).</p> <p>YTD facility expenses are favorable (\$33K), due to lower hydro (\$38K), lower water (\$4K), and lower waste removal (\$2K); offset by higher gas (\$11K).</p>						

CAPITAL PURCHASES				228,595	50,590	(178,005)
<p>Capital Purchases include:</p> <p>JAN 2017 - Flooring (\$9,616), Replacement of fridge condensing unit (\$8,243).</p> <p>FEB 2017 - Automatic door (\$4,020), Common area furniture (\$13,895).</p> <p>MAR 2017 - New tubs (\$3,358), Power supply to AC system for dining room (\$1,272), Screen blind for Elord living room (\$275).</p> <p>APR 2017 - Installation of HVAC system (\$133,942), Tub room phase 4 (\$27,423).</p> <p>MAY 2017 - Resident room furniture (\$4,377), Installation of two ductless condensing units (\$22,174).</p>						

Scorecard: Quality

1) Health Quality Ontario Quality Improvement Plan (QIP) 2017-18 signed and submitted March 31, 2017.

Indicator	Current Performance	Target
Reduce transfers to Emergency department	39.81	37.00
Improve Resident Satisfaction	89.00	89.00
Reduce Antipsychotic medications	25.43	24.00
Reduce stage 2-4 pressure ulcers	4.82	4.50
Reduce the number of falls	24.69	23.00
Reduce the number of restraints	3.15	3.10

2) LTC: MOH Compliance Orders / Inspection Findings Summary:

Date	Purpose of Visit	WN/ VPC/ CO	Findings Summary
May 23, 2017 to June 2, 2017	Follow Up Visit	Waiting on report	

Scorecard: People

1) Employee Engagement Survey

- Celebrated Team member Star Awards for all team members
 - Team members were recognized for 5 to 25 years of service awards
 - Taco bar was held with all team members. The leadership team participated on each shift
- Victoria Manor Long Term Care Quality Improvement Plan (QIP)
 - Action plan in place to improve onboarding
 - General Orientation – new general orientation program was provided to new team member. Positive feedback received
 - Department Specific Orientation – Action plan developed by the leadership team. Target for completion September 2017
 - Education to Educators – action plan will be developed in September. The goal is to provide education to all team members who will act as a mentor for new team members joining the organization

Sienna Support Services Updates

Sienna Partner Visits

- June 5th - Quality & Informatics Partner
- June 19th - VP Operations
- June 27th - Clinical Partner

Projects, Location Events and other

- Seniors Serving Seniors United Way fundraising event was held on June 1st. Event was a huge success. \$1,000 was raised and donated to the United Way. Many community members attended including the Mayor and CAO. The event was advertised on BOB FM, and local newspapers arrived to cover

the story.

- Annual car show and community event held June 16th. Media took pictures to capture the event.

Long Term Care Update

1. Occupancy (data since last report):

Occupancy Report	Private	Semi	Basic	Short Stay	TOTAL
Admissions (+)	0	4	2	9	15
Departures (-)	2	1	2	9	14
Discounted Private or Semi – Private Beds (under 60%)	2	0	0	0	2

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

Visitor	Date	Drivers and Actions
Public Health	June 6, 2017	Floor by steamer required cleaning. Resolved

3. Written & Verbal Complaints Summary:

Complaint	Date	Outcomes
Verbal - UTI urine sample not collected. Not receiving dessert in room when tray ordered. Missing clothing and hair spray. Call bells response time.	June 5, 2017	Ongoing
Verbal - POA feels that she is not being notified for changes in health status	June 1, 2017	Resolved

Written - Family member was upset about how a resident spoke with her.	June 15, 2017	Resolved
Verbal - Family member upset about a residents behavior	June 16, 2017	Resolved
Verbal – A resident incorrectly advised family that their loved one had a fall	June 8, 2017	Resolved
Verbal - Resident not positioned well in recliner chair. Family felt resident's incontinent product not applied correctly.	June 24, 2017	Resolved

4. Compliments Summary:

Compliment	Date	Outcomes
Received an email from Wally's Barber Shop who created a window display to support our upcoming Car Show and Community Event.	June 5, 2017	Picture posted in the home. Spot award sent to Wally
PSW was asked to participate in a coffee break with COKL leaders to talk about her growth on the BSO team.	June 23, 2017	Received an email from the coffee break facilitator to thank PSW and extend congratulations for a wonderful talk on her growth. PSW made a very positive impact on the team.

5. OH&S Issues (as applicable):

OH & S Issue	Date	Outcomes
Education was provided to team members on Accident/Incident Reporting and Investigating	June 6 and 7, 2017	All team members received a quiz. Positive feedback from participants. Education continues

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 & Family Council reviewed satisfaction questionnaire for input	June 8, 2017	Resident and Family Satisfaction Surveys to be completed September 6 th to September 22 nd

8. Employee engagement updates:

Update	Date	Outcomes
Department specific orientation WIG in progress.	June 1, 2017	Implementation set for October, 2017

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	10	10 PSW's hired to cover summer vacation
Building Services	0	0	0	0	All positions have been filled
Dietary Aide	0	1	0	1	Interviews booked
Life Enrichment	0	0	1	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
Nothing to report		

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
Nothing to report		

13. Capital Expenses:

Issue & date	Total Spent @ 05/31/17	Approved Budget
Heating & Cooling System 1 st floor dining rooms and serveries	\$31,687.49	\$ 22,500
HVAC Units	In progress	\$ 56,000
Ascom Telephone System	Project delayed. Target scheduled for August 15, 2017	\$ 55,000
MacMillan Common Area Furniture	\$13,591.00	\$ 15,000
Resident Café Area	Planning in progress	\$ 6,000
Resident Room Furniture	\$4,376.98	\$ 5,000
Dining Room Tables	Project on hold	\$ 2,500
Tub Rooms MacMillan/Elford	\$40,398	\$ 35,000

Automatic Door Openers – 1 st floor washrooms	\$4,019	\$ 3,000
Total 2017 Approved Capital		\$200,000
Total 2017 Remaining		\$133,750

14. WSIB updates:

Accidents	Incidents	Lost Time	Medical Attention	Outstanding WSIB for Month	Ongoing Outstanding WSIB Claims
2	10	0	2	0	

15. Environmental concerns & emergency preparedness:

Date	Code Practiced	Outcomes/ Barriers
June 30 th @ 11:07 am ; June 28 th @ 7:15 pm ; June 27 th @ 4:30 am	Code Red	
June 5 th @ 9:00 am to 4:45 pm	Code Grey	Unplanned fire panel repairs. Complete

- 100% of team members have completed Incident Management System education