

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2021-001

Meeting Date: January 18, 2021

Meeting Time: 1:00 PM

Meeting Place: Victoria Manor, 220 Angeline St. S., Lindsay (electronic participation only)

Subject: Short-Stay Respite Care Bed Survey and Application

Author Name and Title: Pamela Kulas, Executive Director

Recommendation(s):

Resolved That Report VMC2021-001, "Short-Stay Respite Care Bed Survey and Application", be received; and

That the Chair of the Committee of Management be authorized to sign the Short-Stay Respite Care Bed Survey and Application form, attached as Appendix A, for submission to the Local Health Integration Network.

Director

Other

Background:

Each year the City must apply to the Local Health Integration Network to participate in the Short-Stay Respite Care program.

Rationale:

The survey and application is required on an annual basis. Victoria Manor has two beds designated for Short-Stay beds. While they are not currently being used for this purpose during the pandemic, when circumstances permit they will be available.

Attachments:

Appendix A: Short-Stay Respite Care Bed Survey and Application

Financial Considerations:

With the approval of the application, the beds will be funded by the Ministry of Long Term Care. This funding is accounted for in the annual operating budget for the home.

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Appendix A

2021 SHORT-STAY RESPITE CARE BED APPLICATION AND SURVEY FORM

To: Central East LHIN

Attention: Trudy.Tan@lhins.on.ca

Due by: January 22, 2021

Note: This survey is the formal application process for 2021 Short-Stay Respite Care Beds. LTC Homes wishing to operate/continue operating their existing Short-Stay Respite Care Beds must formally apply/reapply each year.

Name of the LTC Home: ___Victoria Manor Home for the Aged_____

1a. Were you approved for short-stay respite care beds in 2020? Yes X No ☐

1b. If yes, how many respite beds were approved in 2020? ___2_____

1c. If yes, how many actual resident days did you have for these beds for the following 12-month period (broken down by quarter):

Q4 – 2019 October 1 to December 31, 2019: _____77_____

Q1 – 2020 January 1 to March 31, 2020: _____52_____

Q2 – 2020 April 1 to June 30, 2020: _____0_____

Q3 – 2020 July 1 to Sept 30, 2020: _____0_____

1d. If yes, how many admissions (each time an individual is admitted to the home for respite care it counts as a single admission) did you have during the following 12-month period (broken down by quarter):

Q4 – 2019 October 1 to December 31, 2019: _____20_____

Q1 – 2020 January 1 to March 31, 2020: _____8_____

Q2 – 2020 April 1 to June 30, 2020: _____0_____

Q3 – 2020 July 1 to Sept 30, 2020: _____0_____

1e. If yes, in 2020 how many admissions stayed for the following days:

1 - 2 days _____5_____

3 - 7 days _____4_____

8 - 21 days _____2_____

22 – 31 days _____0_____

32+ days _____0_____

- 1f. **If you were below the 50% occupancy rate on assigned short-stay respite care beds during the period January 1, 2020 to September 30, 2020, please briefly explain why:**
Due to the pandemic, admissions were temporarily put on hold. Once the admission were permitted, respite beds were allocated to temporarily create a cohorting wing within the home. We had inquiries for respite however no one utilized the respite beds.

2. **Do you wish to operate short-stay respite care beds in 2021? Yes X No ☐**

3. **How many short-stay respite care beds do you wish to operate in 2021? 2**

4a. **Is this number of beds an increase from your 2020 approval? Yes ☐ No X**

4b. **If yes, what are your reasons for requesting an increase?**

5. **Would you be able to implement these beds by January 1, 2021? If not, please explain:**

Yes

6. **Any comment you have on the Short-Stay Bed Respite Care Program is appreciated.**

Administrator Name: _____

Signature: 

Date: January 6, 2021

Board Chair/ President/ Owner Name: _____

Signature: _____

Date: _____

(Two signatures are necessary)