

FAMILY ADVISORY COUNCIL MEETING

MINUTES

Monday, January 11, 2021

7:00 pm to 8:00 pm

- PRESENT:** Rebecca Egier (Co-chair); Shari Burrows (A2); Lisa Gold (A2); Rene Pardo (A2); Janice Maser (A3); Vladimir Radian (A4); Shari-Ann Rosenberg (A4); Frieda Schaffel (A4); Sharon Silberstein (A4); Harriet Horlick (A5); Fern Silver (A5); Anne Clavir (A7); Debbie Kessler (A7); Annie Papernick (A7); Sylvia Papernick (A7); Sholom Glouberman (Community); Gail Kaufman (Community); Francie Kendal (Community); Paul Litwack (Community); Jolanta Morowicz (Community); Bernard Rachlin (Community); Mark Schlossberg (Community); Eric Sobel (Community); Lea Teper (Community); Simon Akinsulie; Lori Socket
- REGRETS:** Rose Debow (3); Joel Maser (A3); Leora Holtzman (A4); Helen Scherer (A4); Clara Crispino (A5); Sarah Fishman (A5); Gloria Good Draper (A5); Ian Kert (A5); Gail Goldenberg (A7); Heather Nochomovitz (A7); Karen Rue (A7); Barry Tsur (A7); Shoshana Pellman (Community)
- GUESTS:** Scott Ovenden, Vice President Clinical Programs and Corporate Performance
Cyrelle Muskat, Director of Quality, Systems & Wellness

The FAC meeting was held via on-line zoom.

1. **APPROVAL OF MINUTES AND AGENDA**

Approval of Minutes of December 14, 2020

*It was duly **MOVED** and regularly **SECONDED** that the Minutes from the Family Advisory Council meeting on December 14, 2020 be approved. **MOTION CARRIED.***

Approval of Agenda of January 11, 2021

Addition: Process Gap

*It was duly **MOVED** and regularly **SECONDED** that the Agenda of the Family Advisory Council held on January 11, 2021, be approved with changes. **MOTION CARRIED.***

Therapeutic Recreation Update Cyrelle Muskat

Cyrelle provided an update on Therapeutic Recreation. The presentation was an overview of the annual review of the Therapeutic Recreation program for 2019, as well as changes resulting from the pandemic and lockdown. We have recently updated the Therapeutic Recreation manual which highlights the roles and responsibilities of the program, our evaluation, and program plans. We are continuously updating the manual to reflect the changing pandemic context. All our recreation programs have plans which include goals and objectives. In 2019, we had a schedule to audit all our programs. With covid, we made changes with regard to our admission process, onboarding the caregivers, leave of absence policy and changes made with regard to e-visits. Our group programs were cancelled due to covid, but we were able to offer e-

programs and more one to one activities and small group programs. We also had a schedule to take residents out on the balconies, and in June, we were able to book outdoor visits. The TR's were very involved in coordinating these visits.

Pre-covid, we had started some inter-generational programs. We worked with Bialik school. They created videos which were shown during Channukah. The students made individual cards which were hand delivered to each of our residents. We have a you-tube channel which is constantly being updated. Our channel 988 is being used to deliver new content. We acquired Amazon Echo Dots for each of our dining rooms. We have virtual pet therapy, virtual music therapy, trivia programs. During Channukah, the TR's went to each resident to deliver treats. Our garden is available for outdoor visits 3 days per week. We work with culture and arts to bring the art carts to the units.

Cyrelle shared data on our key indicators. In 2019, we were on the right track with our indicators, however since covid, we have had a decline in residents participating in meaningful activities.

During outbreaks, there is one recreation staff dedicated to each floor. There are no small group activities. The TV lounges are closed. One to one is our primary mode of program delivery. We are working hard to expand our activity booklets and to deliver new content to our residents each week. E-visits continue. We are constantly working to improve channel 988.

Cyrelle will work with her team to develop a way we can let families know of the work being done by the recreation team.

Cyrelle will send out a copy of the newsletter to the FAC team.

Apotex Update Simon Akinsulie
Vaccination Update

Around new year's day, we received notice that the Moderna vaccine was approved in Canada. We were notified that we would start vaccinating our residents early in the new year. Physicians starting calling POA's to get consent for vaccination, so we could start vaccinating our residents as soon as we received the vaccine. Scott was instrumental in allocating additional staff from other areas in Baycrest to assist us with administering the vaccine. Last Wednesday, we were able to vaccinate over 350 residents. An additional 10 were vaccinated in the subsequent days. Within 3 days, we were able to vaccinate 88% of our residents.

We continue to select caregivers to go to Sunnybrook to receive their vaccines. We are currently building on-campus capacity to vaccinate people at Baycrest.

Simon reviewed the procedure for tracking who has received the vaccine and ensuring that they receive their second dose within the appropriate time period. For our residents, this is tracked in PointClickCare. Our staff vaccinations are being tracked through the Covid Solutions program, which is managed by our occupational health department.

Staff and caregivers will still be required to wear a mask after they receive both doses of the vaccine. Caregivers will also need to continue to provide proof of negativity when entering Baycrest.

The caregivers vaccines are being assigned using the Provincial Ethics Framework. We identify areas of higher risk and we prioritize vaccination of those areas. Once we get to the point where we have people of the same level of risk, we then use a lottery to assign the vaccinations. This process is fully contingent on the availability of the vaccine.

Toronto Public Health and the Provincial Public Health continue to maintain a two dose strategy to ensure that everyone receives two doses.

Pharmacy Transition

On January 26, we will be transitioning from Rexall Pharmacy to Medisystems Pharmacy as the contract with Rexall has ended. We thank Rexall for their services. There should not be a change for our residents. Medisystem sent out a package to all POA's of our residents.

NEXT MEETING

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7:00 pm to 8:00 pm**

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- REGRETS:** Rene Pardo (A2); Rose Debow (3); Joel Maser (A3); Leora Holtzman (A4); Vladimir Radian (A4); Helen Scherer (A4); Clara Crispino (A5); Sarah Fishman (A5); Gloria Good Draper (A5); Ian Kert (A5); Gail Goldenberg (A7); Heather Nochomovitz (A7); Karen Rue (A7); Barry Tsur (A7); Shoshana Pellman (Community)
- GUESTS:** Scott Ovenden, Vice President Clinical Programs and Corporate Performance

The FAC meeting was held via on-line zoom.

1. **APPROVAL OF MINUTES AND AGENDA**

Approval of Minutes of January 11, 2021

*It was duly **MOVED** and regularly **SECONDED** that the Minutes from the Family Advisory Council meeting on January 11, 2021 be approved. **MOTION CARRIED.***

Approval of Agenda of February 8, 2021

Addition: Communication
Staffing

*It was duly **MOVED** and regularly **SECONDED** that the Agenda of the Family Advisory Council held on February 8, 2021, be approved with changes. **MOTION CARRIED.***

2. **STANDING BUSINESS**

2.1. **Vaccination Update**

We finished the first round of vaccinations for our residents in January. Last week we completed most of the second dose of vaccinations. We were able to vaccinate over 350 residents in one day. There are a few remaining to be vaccinated this week. The best response will occur after 2 weeks.

As of today, we have no positive cases in the Apotex.

2.2. Pharmacy Update

We have transitioned to our new pharmacy provider, Medisystem, which is a subsidiary of Shoppers Drug Mart. We have new equipment and medication carts for each unit.

2.3. Apotex Update

Staffing

We continue to hire new staff, both RPNs and PSWs. We have been training them last week and this week. Our staffing has been reasonable considering the challenges we face regarding staff positivity.

We continue to recruit feeding assistants. The program has been extended.

Also, there are about 15-20 staff volunteers who assist with feeding residents.

We continue to recruit for a Manager for Apotex 4.

Resident Newsletter

The Resident Newsletter is now available on-line. This is a monthly newsletter detailing resident activities. The link is: <https://www.baycrest.org/Baycrest/Living-at-Baycrest/Long-Term-Care-Home/Resident-Caregiver-Newsletter>

Rapid Testing

The Ministry of Long Term Care has communicated to all long term care homes that we must move to rapid testing for LTC homes staff and caregivers. Full time staff will need to be tested 3 times per week. Caregivers will need to be tested each day prior to going up to the floor to visit the residents.

Baycrest would have to perform about 2500 swabs per week on caregivers alone. Each rapid test would take about 25 minutes to complete. Wait times could be up to 60-90 minutes. Our primary concern is to implement a safe process and manage the transition very carefully. Right now, homes that are on outbreak are not required to use the rapid test. We are currently still on outbreak as there are staff who have tested positive and are currently on isolation. We will send out communications as we learn more from the ministry.

This will start 2-3 weeks after we come out of outbreak. We anticipate to start early March 2021. The intent is to transition from weekly PCR surveillance testing to using the Rapid Antigen Test. Should you test positive with the Rapid Antigen Test, you would have to have a PCR test.

2.4. Question & Answer

Rapid Testing

There is concern over having to wait up to 1½ hours every day before visit the residents. This will take away from time spent with the resident.

What is the accuracy of the rapid test? There are concerns at the Ministry level of the efficacy of the rapid test. The sensitivity is lower than the gold standard PCR test.

Will caregivers who have had their 2 vaccines still be required to do the Rapid testing?
The short answer is yes, everyone will need to do the testing regardless of having the vaccine.

Do essential visitors have to get tested?
Not at this time.

Variant Cases

We are concerned that there is a case of the variant in the Baycrest hospital and that it will transfer to the Apotex.

Early evidence indicates that the vaccine is effective against the UK variant of COVID.

Communication

The RPN mobile telephone isn't working on all the units. The replacement phones have not arrived yet. We have ordered additional phones.

There seems to be a communication issue between the clinic and our staff when the residents need to go to an appointment at the ATC clinic. The ATC clinic doesn't have the RPN phone numbers for the clinic.

Staff crossover from Baycrest Hospital to the Apotex

Is there still a practice where staff from the Hospital can pick up shifts in the Apotex?

We have a strict line between the business lines. We have done our best to keep the replacement staff from the Apotex. Our current practice is to overbook staff, especially on the weekends and evenings, so there are extra staff to pull in the case of sick calls.

In the hospital, we have a covid positive unit for any patients coming to Baycrest who have tested positive. This was created to reflect the number of covid positive cases in the community. We would never pull staff from this unit to come to the Apotex.

Our biggest risk is for the virus to come in to the Apotex from caregivers and staff.

Staff are still doing double shifts. How can we get to the point where this won't be as common as it is now?

When there was a positive case on a unit, we asked staff if they voluntarily wanted to staff for an additional 4 hours. The reason was that it kept the same staff in that neighbourhood. We also had to cover for staff who were off due to positivity. Our plan is to create a float pool to have additional staff on weekends and evenings.

Caregiver – 2nd vaccines

The email came from Sunnybrook that the 2nd vaccine for caregivers has been postponed. Is there any update?

There is no information to date as to when the province will be receiving the doses to vaccinate the caregivers waiting for their second dose. Toronto Public Health manages the vaccine distribution. Please continue to monitor your emails for updates.

What is the process for a caregiver who has a resolved case but still tests positive?

They have been told by Public Health that they do not need to test negative to go out in public. Clarification will be coming soon.

PPE

There is still a need for more education on the proper use of PPE, how to put on and take off PPE. Essential visitors have not had to take the IPAC training. The sign on the door is not clear.

Pharmacy Retail Store

Will there be a retail store on-site to purchase toiletries for the residents?

There will not be a drug store like we previously had. Once we move to a point in time where the campus is more open, we will look at a way to offer these supplies. We are currently compiling a list of commonly ordered items. Simon will update the FAC when further details are available.

There are some items, like vitamin D, which have to be purchased from Shoppers, but can be bought cheaper at another facility. This is still the case.

Newsletter

Can the newsletter be included in the weekly email sent out to families?

We will work with communications.

Visitor Policy

The visitor policy is not easily accessible on the website.

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- GUESTS:** William Reichman, President and Chief Executive Officer
Brian Mackie, Vice President Finance and Chief Financial Officer
Scott Ovenden, Vice President Clinical Programs and Corporate Performance

The FAC meeting was held via on-line zoom.

1. APPROVAL OF MINUTES AND AGENDA

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*It was duly MOVED and regularly SECONDED that the Minutes from the Family Advisory Council meeting on February 8, 2021 be approved. **MOTION CARRIED.***

Approval of Agenda of March 8, 2021

Addition: Communication
Staffing

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2. NEW BUSINESS

- 2.1. Financial Report William Reichman and Brian Mackie
Dr. William Reichman greeted the committee and gave a brief update on how the pandemic has affected Long Term Care homes. He thanked the families of the Apotex for their support of the Apotex.

Dr. Reichman presented the resource issues affecting Long Term Care.

a) How LTC is funded in Ontario

There are 4 pockets of funding from the government to LTC.

- Nursing and Personal Care (54%). This includes all direct care costs – RNs, RPNs, PSWs, Unit Managers and supplies. We receive \$22.5M from the government. Our current expenditures in this category are \$25.8M.
- Program and Support Services (6%). This includes programming costs – Recreation Therapists, Social Work, Physiotherapy, Dietitians. We receive \$2.6M from the government. Our current expenditures in this category are \$2.8M.
- Raw Food (4%). This is related to the purchase of raw foods including the materials we use to prepare meals, supplementary substances such as condiments and prepared therapeutic supplements that might be ordered by a physician. It excludes costs related to other programs, food preparation, and kosher food. We receive \$1.7M from the government. Our current expenditures in this category are \$3.0M.
- Other Accommodation (36%). This includes all other areas such as housekeeping, food preparation, serving costs, laundry, facility, depreciation and utilities. We receive \$15.19M from the government. Our current expenditures in this category are \$20M.
- We have a \$9.6M shortfall in revenues per year.
- Key investments that are not addressed by the existing LTC model:
 - o IPAC – we spend about \$200,000 more on infection protection and control than other long term care facilities.
 - o Kosher – our increase in meal spending for kosher meals is about \$1.5M.
 - o Private Rooms – we have all private rooms. The government only allows us to charge for 60% of the rooms at the private rate, and the other rooms are charged at the basic rate. The shortfall for this is about \$1.6M over what the government funds.
 - o Staff wages – our staff are paid at hospital wage rates. The benefit is that we have a stable workforce and we have the ability to recruit new staff as needed. This amounts to an underfunding of \$4.5M.
 - o Physician coverage – we pay about \$0.4M for physician coverage in the Apotex.
 - o Arts and Culture – we pay an additional \$1.3M for arts and cultural programs.
- We have been internally subsidizing this for years. About half of the subsidy comes from a special envelope of funding from our hospital. The balance comes from other sources: revenue from parking, foundation (restricted) funding, and foundation (unrestricted) funding.

b) Challenges and Opportunities

- We are receiving less restricted funds to be used only for the Apotex. Donors are now asking that their fund be used in other areas such as research.
- Our unrestricted fund balance has been received mainly from our reserves. In 2007 our fund balance was over \$25M. Today the balance is about \$5M.
- We are hoping to lobby the government to increase funding for the key areas not currently addressed by the existing LTC model, including IPAC, physician coverage, private rooms.

- The government has agreed that 2.7 hours of direct care is not enough and should be increased to 4 hours. If the government agrees to fund up to 4 hours of care, we will need to be paid at hospital wage rates.
- Optimization of the use of existing funding to provide the greatest value to the residents.
- Continued advocacy for the transformation of the LTC sector. This includes better funding for how long term care is provided today and what the future of long term care needs are in the future.
- We will need a plan for the capital needs for our building. We will need to spend about \$25M over the next 5 years to get the building back into the shape it needs to be in.

2.2. Question & Answer

4 hours of additional care

The 4 hours of care refers to direct care given to the resident. This is currently 2.7 hours of care. This includes the time spent by PSWs, RPNs and RNs and is average by the number of residents. The 4 hours of care will depend on the staff mix.

Additional funding

It was suggested that we looking into using our computer servers to mine Internet Bitcoins for additional funding. Brian will look into this possibility.

Feeding Assistants

Are Feeding Assistants included in the direct care model?

- Currently only PSWs, RPNs and RN are considered direct care. The feeding assistant is an incremental cost the organization is bearing this year. We hope that the government will recognize the use of feeding assistants and fund us accordingly in the new funding model.

Use of Volunteers

We hope to bring back volunteers when the pandemic is over. Volunteers can help in areas other than direct care. We will continue to use volunteers to supplement care.

Private Companions

When a resident has a private companion, does it free up time for the staff to give care to another resident?

Our staffing is consistent on all units regardless of how many residents have private companions. The role of staff and the role of private companions are different.

Covid Testing

Is testing before entering the building still planned?

Rapid testing will be happening. We are talking with the Ministry of Health as to how this will look at Baycrest. We will most likely have a combination of PCR testing along with the Rapid Antigen testing. We will communicate with the FAC when we have more information.

Outdoor visits

As the ministry changes their policy, we will make the arrangements for outdoor visits. Our indicators tell us that there will be a third wave of Covid.

Passover

Planning for Passover has started. We have developed our protocols to safely bring in the rabbis. Details will be sent to families.

Resident and staff Vaccinations

We have vaccinated 92% of our residents in the Apotex. Currently we have vaccinated 55% of our staff. We would like to encourage more of our staff to get tested. We are looking at incentives for the staff, such as possibly not requiring the Rapid Antigen Testing for those who are vaccinated.

Caregiver Badges

The caregiver badges expire on March 31st, what is the process to renew these? Simon will get back to FAC with information as we get it.

NEXT MEETING

The Family Advisory Council will next meet on Monday April 12, 2021 at 7:00 pm.