

Chester Village Resident Council Minutes – March March 25th and April 1st 2024 2pm

Two Residents' Council focused meetings were held; March 25th had a speaker from the Ontario Association of Residents' Council - Melissa. Due to the presentation and discussion going long, the group decided to hold a second meeting to proceed with the monthly agenda items.

Minutes from the 2nd meeting on April 1st 2024

Attendees

Morgan Geast (Activation Manager)

Welcome

Members were welcomed and thanked for attending. The February minutes were read and reviewed. They were accepted by Jay and Charles.

Food Committee Report

- Food Committee meeting minutes from March were read and reviewed.
- Monthly specials were discussed. Fish and Chips and Bread pudding will be scheduled for the month of April.
- Next Food Committee meeting will be held Monday April 15th at 2:00 pm.

Concerns Report

- *Could the trees out front be trimmed as the branches are reaching the windows and making noises throughout the night?* Please see attached response.
- All departments were discussed no further concerns at this time.

Quality Report

- Communication letter from CEO regarding Results of Annual Resident/Family Experience Survey was read. The Progress Report and Workplan for 2024/2025 were reviewed with some discussion. (all reports attached)
- Ministry of Long-Term Care Inspection Report from an onsite inspection was read and reviewed. (report attached).
- The following Residents' Bill of Rights was read and discussed.
6. "Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference."

Recreation Report

- Events for April and May were highlighted; Trips, gardening and Mother's day.
- Residents expressed that they are enjoying the different entertainment.

Other Business

- Discussion was held about the presentation from the Ontario Association of Residents' Council and how to increase attendance. The Council decided that they would like to hold small sub committees on each floor, with representatives reporting to the Council. This will be trialed over the next three months and discussed at the June meeting.
- Residents would like to invite Gina Santos to the April Residents' Council Meeting and Cynthia Marinelli to the May meeting.

The meeting adjourned at 2:50 pm. The next meeting will be April 22nd at 2:00 pm.

Residents' Council Member



Monday April 8th 2024

CMarinelli, CEO
April 9/2024

CHESTER VILLAGE

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: Monday April 1 st 2024		Department of Concern: Environmental	
Concern Taken By: Morgan Geast, staff liaison		Resident Review and Approval: Signature: _____ Date: _____	
Explanation of Concern:			
Could the trees out front be trimmed as the branches are reaching the windows and making noises throughout the night.			
Response from department head (must be completed within 7 days)			
We will look at this over the next month and organize a tree trimming service if needed. The night in question was a particularly gusty night.			
Department Head Signature: <i>C. Marunelli</i>		Date: <i>April 4, 2024</i>	
*Forward to CEO by:			
CEO's Comments:			
Concern Resolved:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
CEO's Signature:		Date:	
Copies to:		<input type="checkbox"/> CEO	<input type="checkbox"/> Resident's Council Executive Date:



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March 25, 2024

RE: Results of the annual Resident/Family Experience Survey

Dear Residents & Family Members~

Chester Village would like to thank our residents and families for responding to our annual survey. The survey is designed to provide us with information on what our residents and families think is working well at Chester Village and what we need to improve life at our home and is just one way that we invite input from our community.

The final results of the survey are compared to a number of other not-for-profit long term care homes in the GTA so we are able to share best practices.

Once again, you have told us that we continue to meet and/or exceed expectations in the care and services we provide, the way you are treated with courtesy, respect and kindness and that the activities provided, including spiritual are well liked.

You have also told us that we could improve in some areas. Therefore, based on your feedback, we will focus on the following quality initiatives over the next year:

- Improving staff response time when a resident needs something
- Improving the quality of food and drink
- Improving the overall maintenance and cleanliness of the Home

Please find attached our 2024/25 Quality Improvement Plan (QIP) that was developed to begin improving the areas that were identified in the Survey. You will also find some other improvements listed that were not identified as a result of the survey but from our own internal discussions. I have also included our Progress Report for the quality initiatives from the previous year so you can see how we did.

If you have any questions or suggestions, please do not hesitate to contact any of the managers directly as we would love to hear from you.

Respectfully,

Cynthia Marinelli, CEO
Chester Village Long-Term Care

cc. Resident and Family Councils

Access and Flow | Efficient | Priority Indicator

Indicator #7	Last Year		This Year	
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Chester Village)	19.83	18.50	24.28	NA

Change Idea #1 Implemented Not Implemented

Revive the monthly high risk resident's rounds.

Process measure

- Number of high risk resident's rounds completed with the NLOT, palliative care specialist and NP present.

Target for process measure

- The NLOT and palliative care specialist is present 80% of the time and the in house NP is present 90% of the time.

Lessons Learned

The monthly high-risk rounds including the NP, NLOT and MGH Palliative care specialist started in July 2023 and are currently ongoing.

Change Idea #2 Implemented Not Implemented

Increase in house diagnostic equipment to assist in managing urgent care that can possibly be done in house.

Process measure

- Number of new diagnostic equipment purchased and actively in use to manage urgent care in house

Target for process measure

- There will be 4 additional diagnostic equipment that will be purchased or procured and actively in use to manage urgent care in house.

All Level 4 treatment guidance were reviewed with some changes made by residents/families. The rest of treatment guidance were reviewed according to significant changes with residents condition

Comment

Despite implementing all the changes ideas, the Home remains with higher ED transfers than provincial average. The Home has a lot of complex care residents with high acuity level. We will continue to implement all initiatives already in place.

Experience | Patient-centred | Custom Indicator

	Last Year	This Year	Target
Indicator #6	81	74	NA
Percentage of residents/family that respond positively to being aware of who to contact to initiate a concern/complaint (Chester Village)	Performance (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Review and revise complaint form and process to be more user-friendly

Process measure

- Number of residents that answer positively to being aware of who to contact to initiate a concern or complaint.

Target for process measure

- Minimum of 85% of residents responding positively to being aware of who to contact to initiate a concern or complaint.

Lessons Learned

The Customer Service Concern Form was reviewed and updated to be more user-friendly and provide clear and concise instructions to anyone who will need to fill out the form.

Comment

Please note that the percentage numbers have been reversed. Reworking the Customer Service Form and spending more time with staff on the form and the process allowed us to streamline the Customer Service Concern process. The forms and delivered to the CEO within a timely manner and updates are provided accordingly.

	Last Year	This Year
Indicator #4		
Percentage of residents that feel their Religious and Spiritual beliefs are supported. (Chester Village)	24 Performance (2023/24)	9 Performance (2024/25)
		NA Target (2024/25)

Change Idea #1 Implemented Not Implemented

Increase awareness of the different spiritual support services offered within the home.

Process measure

- Number of interested residents receiving pastoral support, through one to one or program attendance

Target for process measure

- 100% of residents interested in spiritual programs will have been informed.

Lessons Learned

Interested residents receiving one to one pastoral visits increased

Change Idea #2 Implemented Not Implemented

Increase number of spiritual groups that support the needs of the residents.

Process measure

Indicator #3

Percentage of residents and families responding "never/sometimes" to "the meal time is pleasurable." (Chester Village)

Last Year

22

Performance
(2023/24)

This Year

23

Performance
(2024/25)

15

Target
(2023/24)

NA

Target
(2024/25)

Change Idea #1 Implemented Not Implemented

Improve pleasurable dining services offered within the home

Process measure

- Percentage of staff, volunteers and students who completed the Pleasurable Dining Surge learning education to measure compliance

Target for process measure

- 100% of staff, volunteers and students completes education within the fiscal year

Lessons Learned

All staff, volunteers, and students trained on pleasurable dining through Surge learning program and some in person education.

Change Idea #2 Implemented Not Implemented

Increase satisfaction on pleasurable dining by playing music

Process measure

- Numbers of residents satisfied with the dining experience which will vary due to preferences but ongoing weekly pleasurable dining audits will be completed.

Target for process measure

- 80% of residents will be satisfied with the music choice for pleasurable dining experience

Lessons Learned

Indicator #5

Percentage of residents who respond positively to being able to express their opinion without fear of reprisal. (Chester Village)

Last Year

17Performance
(2023/24)

This Year

16Performance
(2024/25)**15**Target
(2023/24)**NA**Target
(2024/25)**Change Idea #1** Implemented Not Implemented

Increase awareness for residents on home retaliation policy and ways to express concerns.

Process measure

- Number of information sessions held each year

Target for process measure

- 2 sessions will be held in the year.

Lessons Learned

Completed education at resident council review whistle blower protection policy and resident bill of rights. Reviewed 2-3 bill of rights at each monthly meeting with residents and staff educator reviewed in person Whistle blower protection policy in Nov 15th meeting.

Change Idea #2 Implemented Not Implemented

Review and educate staff on ways to interact and support resident's concerns.

Process measure

- Number of staff who attend education sessions or Number of Education sessions held.

Target for process measure

- 100% staff will be receive training on resident fear of reprisal or 2 education session will be held for staff in the year.

Lessons Learned

Indicator #1

Number of staff recruited and retained to appropriately meet the resident care needs level (Chester Village)

Last Year

CBPerformance
(2023/24)**CB**Target
(2023/24)

This Year

86.70Performance
(2024/25)**NA**Target
(2024/25)**Change Idea #1** Implemented Not Implemented

Complete a staff satisfaction survey this year

Process measure

- Number of staff satisfaction survey completed

Target for process measure

- At least 30% of all active staff will participate in the staff satisfaction survey

Lessons Learned

A staff satisfaction survey was not completed this year but will be planned in the coming year.

Change Idea #2 Implemented Not Implemented

Constantly hire RNs, RPNs and PSWs from the pool of students in placement within the Home

Process measure

- Number of new hires. Number of resignations/retirements. % of full time and part time positions filled by our own staff versus agency

Target for process measure

- There are new hires to replace every resignation/retirement and every new full time and part time position available. 100% of full time positions and 75% of part time positions are filled by our own staff.

Lessons Learned

Indicator #2

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Chester Village)

Last Year

17.59Performance
(2023/24)**17.50**Target
(2023/24)

This Year

16.35Performance
(2024/25)**NA**Target
(2024/25)**Change Idea #1** Implemented Not Implemented

Review all new admission residents for use of antipsychotic medications.

Process measure

- Number of new admission residents reviewed for appropriate use of antipsychotic medications.

Target for process measure

- 100% of all new admission residents with antipsychotic medications will be reviewed for appropriate use.

Lessons Learned

All newly admitted residents reviewed for use of antipsychotics without the diagnosis of psychosis.

Change Idea #2 Implemented Not Implemented

Review all residents with an order for prn benzodiazepines prior to dental work.

Process measure

- Number of prn order for benzodiazepines prior to dental work that has been discontinued and replaced with single orders.

Target for process measure

- At least 90% of all prn order for benzodiazepines prior to dental work will be switched to single order.

Lessons Learned

All residents with an order for prn benzodiazepines prior to dental work reviewed. Some were discontinued and others kept as appropriate.

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of staff recruited and retained to appropriately meet the resident care needs level.	C	Number / Staff	Other / most recent consecutive 12-month period	CB	CB	Collecting baseline data	

Change Ideas

Change Idea #1 Provide new hires with routine check-in, support and mentorship

Methods

After general orientation, the PSW lead will provide routine check-in with all new hires and conduct a quarterly peer check in meeting for support.

Process measures

Number of staff that PSW lead met with after orientation for a check-in. Number of quarterly peer check in meeting conducted for support.

Target for process measure

100% of new hires will be supported and mentored with PSW lead check in after orientation and four new hire support meetings will be conducted in one year.

Comments

Change Idea #2 Explore and Implement government initiatives that supports recruitment and retention of staff

Methods

Continue to fully implement LTC PREP and explore partnership with Ontario Health Initiatives

Process measures

Number of new initiative implemented within one year to support recruitment and retention

Target for process measure

Implement 2 government initiatives within one year to support recruitment and retention

Comments

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.00	100.00	The target is that 100 percent of senior management and nursing administrative staff will complete relevant equity, diversity, inclusion, and anti-racism education in 2024.	

Change Ideas

Change Idea #1 Provide educational opportunities for all senior management and nursing administrative staff on Equity, Diversity, Inclusion (EDI) and Anti-Racism

Methods

CEO and Staff Educator to review EDI and Anti Racism frameworks, toolkits and available education and implement relevant education for Chester Village staff

Process measures
Percentage of senior management and nursing administration staff who attended training

Target for process measure
100 % of all senior management and nursing administrative staff will attend and complete EDI and Anti Racism education

Comments
Total LTCH Beds: 203

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents that respond positively to the maintenance, cleanliness, tidiness of the building.	C	% / LTC home residents	In-house survey / 10/1/2022-9/1/2023	70.00	80.00	The target is to get 80 percent of residents responding positively to the maintenance, cleanliness, tidiness of the building.	

Change Ideas

Change Idea #1 Increase awareness of resident's expectation on the Home's maintenance, cleanliness and tidiness.

Methods

ESM to attend Residents' Council to listen to concerns and answer questions. attended by ESM

Process measures
 Number of Resident Council meetings
 ESM to attend a minimum of 2 Residents' Council meetings in one year.

Target for process measure
 Comments

Change Idea #2 Review and improve staff awareness on resident's expected results

Methods

Update and review staff cleaning routine and expectations and implement staff signing off on routine list every after completion

Process measures
 Number of staff that review and sign off on routine list
 100 percent of housekeeping staff

Target for process measure
 Comments

Change Idea #3 Increase staff awareness of the Home maintenance computerized requisition System requests.

Methods

Staff to review request procedures in maintenancecare.com

Process measures
 Percentage of staff completing review.

Target for process measure
 100 percent of staff will complete review.

Comments

Change Idea #3 Staff education on communication and customer service.

Methods	Process measures	Target for process measure	Comments
Use role playing method and practice scenarios in attending to residents needs with supportive communication	PSW Lead and BSO Lead with the staff educator will create role playing and practice scenarios and educate all front line staff	At least 80% of staff will be educated on communication and customer service	

Change Idea #4 Increase check in of staff to residents throughout the shift

Methods	Process measures	Target for process measure	Comments
Implement proactive rounding and safety checks by using students and volunteers in between the staff's safety checks to attend to residents needs proactively.	Number of complaints related to unavailability of staff and unreasonable response time to needs	Less than 15% of complaints will be related to unavailability of staff and unreasonable response time to needs	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding, "never/sometimes" to overall quality of food and drinks is good.	C	% / LTC home residents	In house data, NHCAHPS survey / April 1, 2024-March 31, 2025	44.00	30.00	Current target has been reached in the past and should be attainable	

Change Ideas

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report	
Report Issue Date: March 7, 2024	
Inspection Number: 2024-1453-0001	
Inspection Type: Critical Incident	
Licensee: Broadview Foundation	
Long Term Care Home and City: Chester Village, Toronto	
Lead Inspector Irish Abecia (000710)	Inspector Digital Signature Irish J Abecia <small>Digitally signed by Irish J Abecia Date: 2024.03.11 15:49:43 -04'00'</small>
Additional Inspector(s)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): February 20-22, 26, 27, 29, 2024 and March 1, 2024</p> <p>The following intakes were inspected in this Critical Incident (CI) inspection:</p> <ul style="list-style-type: none"> • Intake: #00101578 [CI: 2970-000018-23] - related to the fall of a resident • Intake: #00105453 [CI: 2970-000001-24] - related to a disease outbreak • Intake: #00106073 [CI: 2970-000002-24] - related to an injury of unknown cause <p>The following intake was completed in this CI inspection:</p> <ul style="list-style-type: none"> • Intake: #00100764 [CI: 2970-000016-23] - related to a disease outbreak

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A Personal Support Worker (PSW) confirmed that they received only verbal directions regarding the care of the resident's device. The Assistant Director of Care (ADOC) acknowledged that the planned care for the resident's device was not in their written plan of care, and therefore staff who provided direct care to the resident were not made aware of the care specifications and discontinuation of the device.

Failure to ensure that the planned care for the resident's device was included in the written plan of care led to lack of staff awareness of the care specifications and discontinuation of the device.

Sources: Resident's clinical records; Interviews with a PSW, ADOC and other staff.

[000710]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

The licensee has failed to ensure that Additional Precautions were followed by staff

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September 2023. Specifically, residents were not assisted to perform hand hygiene before meals as required by Additional Requirement 10.2 (c) under the IPAC standard.

Rationale and Summary

ii) Staff on a resident home area assisted residents to their designated seats in the dining room for a meal service. Staff that were present in the dining room were observed not assisting several residents with performing hand hygiene prior to the meal service.

A Registered Practical Nurse (RPN) confirmed that residents were not assisted with hand hygiene when they were seated in the dining room. The IPAC Lead confirmed that staff are expected to offer or assist residents with hand hygiene before being served their drinks.

Failure to ensure that the residents are assisted to perform hand hygiene before meals can increase their risk of infection transmission.

Sources: Observations of a resident home area; interviews with the IPAC Lead and other staff.

[000710]