Scarborough Health Network's Interim Report on the Management of Altamont Care Community

"I have to be completely honest. My family, we've all appreciated everything that the staff has done for our mom who's currently at Altamont during this crazy unprecedented time, but I have to admit we still do have concerns. We appreciate all the changes, processes and procedures that you're implementing. But how can we feel confident that things won't go back to the way things were prior to all of this? I'm going to talk about the elephant in the room, it's prior to military report coming out. There were a lot of things in the report that we were concerned about. How can we be confident that things will not go back to the way they were?"

-Question of concerned family member at the town hall event of June 17, 2020

Introduction

Scarborough Health Network (SHN) and its medical community sincerely express our condolences to the families who lost their loved ones at Altamont Care Community (Altamont) during the COVID-19 outbreak of 2020. We extend this especially to the family of Marie Christine Mandegarian, the second Ontario health care worker who lost her life to COVID-19 on April 15, 2020. SHN also recognizes the efforts of the heroic workforce that tirelessly provided care to those residents affected with COVID-19. The Government of Ontario reported that as of June 12, 2020, there were*1,776* residents of long-term care (LTC) homes who had succumbed to COVID-19.

This report is intended to provide early insights into the systemic issues that prevailed at many LTC homes during the current pandemic, and more specifically, at Altamont. This report provides recommendations directed toward opportunities to improve the quality and safety of resident care at Altamont. Nothing in the report will replace the sense of loss for those so deeply involved in the tragic events that occurred. This report is not to assign blame, rather, it will dispassionately and without bias report objectively what SHN observed upon our accepting a voluntary management contract for Altamont, and conducting our initial Situational Analysis effective June 3, 2020.

SHN comments and recommendations intend to serve as a foundation for a new and enduring future with Altamont, and other LTC homes in Scarborough. We envision a sustainable future in which health care system resilience is built for the 632,000 residents of Scarborough across the continuum of care, whether residents are in hospitals, LTC homes, retirement homes, assisted living, or in their own homes.

A Brief History of Altamont Care Community

Altamont borders the Rouge Valley Conservation area in East Scarborough. This 159-bed LTC community opened in 1968. The address is *92 Island Road, Scarborough*. Ontario Health East (Central East Local Health Integration Network) controls admissions to Altamont.

Altamont states that residents have access to restorative care, physiotherapy, palliative care programs, 24-hour nursing and personal care, and access to a doctor and other health professionals. It supplies bedding and furniture, laundry and housekeeping, meals, personal hygiene supplies, medical supplies and equipment (such as catheters, ostomy bags, or wound care supplies), assistance with medication, recreation and daily-living activities, and social programs. The structure is one level with two units. Each unit has two wings. There are shared common areas and dining rooms for all units. At the time of the outbreak, there were 153 residents and 164 staff. Altamont is classified by the Ministry of Health & Long-Term Care (MOHLTC) as a *C-Bed Home*. It has some rooms with four residents and others with two residents using shared washrooms. This type of facility is less than ideal to prevent the spread of infection between residents.

When the Outbreak Began and When it Ended

On March 21, 2020, a staff member who was also working at another LTC home in Scarborough, reported that she was ill. On March 25, 2020, an outbreak was declared at Altamont. By April 3, 2020, multiple staff and residents were becoming COVID-19 positive each day.

The outbreak was declared over on June 11, 2020. By that time, 53 residents had died from the outbreak. Another eight had died of other non-COVID-19 related illness. Seventy-eight had recovered from their COVID-19 infection. Sixty-six staff had acquired the infection and one had died. When the outbreak was declared over by Toronto Public Health, only seven residents at Altamont had not acquired the infection.

SHN and Altamont Care Community: Early Interactions

On April 16, 2020, the former president and CEO of Sienna Senior Living reached out to SHN for assistance with staffing. A meeting was convened and attended by Toronto Public Health, Ontario Health East, and leaders from SHN, as well as Sienna Senior Living's CEO. SHN was told that in the absence of staffing support, Altamont would have to send their residents to the emergency department.

The CEO's request, at that time was solely for staffing. SHN determined that mass prevalence screening was necessary at Altamont, and this was performed on April 18, 2020. In addition, an infection prevention and control (IPAC) assessment was done. It was repeated on April 22, 2020, utilizing Public Health Ontario's checklist and guidance. Recommendations were issued and a report was provided for follow-up. Environmental services from SHN were mobilized to provide terminal cleaning of Altamont on April 24 and 25, 2020. At that time, Altamont staff were challenged to deliver best practices for personal protective equipment (PPE) and physical distancing. After the cleaning, SHN's Environmental services team left Altamont on April 26, 2020.

Over the ensuing weeks, SHN's teams provided and completed environmental assessments and issued a report with recommendations. They also:

- Completed terminal cleaning;
- Provided staffing support, including registered nurses (RN), registered practical nurses (RPN), and personal support workers (PSW);
- Completed a workplace health and safety review;
- Delivered education pertaining to proper use of PPE, including donning and doffing; and,
- Provided education to Altamont staff on how to provide care to COVID-19 positive and negative patients.

Much of this was done on more than one occasion. The Canadian Armed Forces (CAF) were deployed to Altamont on April 27, 2020 to assist with persistent staffing shortages.

The Ministry of Long-Term Care (MLTC) requested SHN's oversight for Altamont to ensure the outbreak was brought under control, and to also ensure a sustainability plan for the future. SHN's clinical team arrived June 3, 2020. On June 4, 2020, SHN's infectious disease physician lead came and reviewed Altamont. At that time, cohorting of patients had not been completed. SHN developed a detailed cohorting plan that was completed June 15 and 16, 2020. The implementation was delayed pending another terminal cleaning effort.

SHN's Work with LTC Homes from April to June

Since April, SHN has provided many services to Altamont and the 19 other LTC homes of Scarborough, including:

- IPAC consultations and inspections utilizing Public Health Ontario guidance with reports and recommendations issued;
- Follow up visits for IPAC compliance and practices;
- Environmental services consultation, inspection and reports with recommendations issued;

- Secondment of SHN's environmental services team to perform terminal cleaning of entire LTC homes;
- COVID-19 testing for residents and staff of LTC homes;
- Education for staff on mode of disease transmission, proper use of PPE, how to care for both COVID-19 positive and COVID-19 negative residents simultaneously;
- Soliciting SHN staff to volunteer for placement in LTC homes including RNs, RPNs, PSWs, and environmental service workers;
- Workplace Health and Safety reviews of LTC homes prior to the placement of SHN staff in these homes;
- Occupational health and safety nurses to assist LTC homes in contacting their staff to assist with their timely return to work;
- 24/7 access for LTC primary care practitioners to speak with SHN's general internal medicine staff and palliative medicine staff;
- Access to geriatric psychiatry for the management of wandering patients who were COVID-19 positive;
- SHN attended meetings called by Ontario Health East and the MLTC to provide updates as to the status of COVID-19 in Scarborough LTC homes; and
- Calling each LTC home Monday, Wednesday and Friday to determine who is in outbreak, how many residents and staff are currently infected, how many staff they require and the types of staff, and constructing a reporting dashboard of the data.

In response to the evolving need for better communication and a coordinated effort for the management of the pandemic in LTC homes, SHN created the Long-Term Care Home Incident Management System (LTCH IMS). This group includes five key partners, meets weekly, and discusses issues germane to managing outbreaks in LTC homes. All Scarborough LTC homes are invited, as are the MOHLTC, Toronto Public Health, and Ontario Health East.

The Report of the Canadian Armed Forces (CAF)

CAF was deployed to Altamont on April 27, 2020 with an assessment team. Their deployment ended June 19, 2020. A publicly released report noted a number of quality of patient care issues that are summarized as follows:

1. Inadequate nutrition — residents were not receiving three meals per day.
2. Fifteen residents with advanced stage pressure ulcers were noted.
3. Visiting wound care nurses were not always available on a weekly basis, and therefore wound-dressing orders were not adhered to or updated.
4. Some residents had been bed bound for weeks and not properly washed.

5. Agency staff[1] lacked sufficient skills or knowledge to continue practicing safely.
6. There was insufficient wound care and supplies available.
7. Altamont had no nominal roll as to resident room and bed locations.
8. Medications reported as being given were not in fact provided.
9. Staffing was a significant concern with PSW ratios of 1:40 residents.
10. Staffing ratios only allowed for the most basic daily care.
11. Military personnel were left to do the shrouding and post mortem work.
12. Arguments with derogatory language was observed between staff members by members of the CAF.
13. No administrator was present on evening and night shifts.
14. No system was used for follow-up of incident reports.
15. Regular staff were noted to be rushing patients and making degrading remarks to residents.
16. Kitchen staff did not attend the snack cart and nursing staff were forbidden from entering the kitchen. Altamont staff were supplementing residents from personal food supplies.

CAF conducted a teleconference with Altamont leadership on May 8, 2020 to bring their observations and concerns to light. The "facility staff advised that they will address the deficiencies."

Sienna Senior Living Promises a New Future

*"MARKHAM, Ontario, May 26, 2020 (GLOBE NEWSWIRE) -- Sienna Senior Living Inc. ("**Sienna**" or the "**Company**") (TSX: SIA) today issued the following statement with respect to a report by the Canadian Forces.*

*Today, we received a copy of a report by the Canadian Forces listing observations from Altamont Care Community ("**Altamont**"), where it has been working alongside our team since April 27, 2020. We continue to be deeply saddened by the impact the pandemic is having on long-term care homes. Our commitment to our residents, their families and our team members is to work with government to make sure the concerns identified by the Canadian Forces are addressed.*

With the support of the Canadian Forces, Altamont has continuously evaluated and implemented additional measures, processes, and protocols in line with provincial and public health directives and requirements, to care for and protect our residents and staff during this crisis. As the report notes, we are already working to increase staffing levels and bend the infection curve."

[1] Agency staff is not regular staff for the LTC homes, but rather, staff hired to come to the home from a private placement agency to provide services when a LTC home is short of staff. Typically, these are RNs, RPNs and PSWs.

The New Scope of SHN's Work at Altamont Care Community

A temporary Management Services Contract ("The Contract") was executed between Altamont's Licensee Vigour General Partners Inc. (the branded company name Sienna Senior Living) and SHN on June 8, 2020. The MLTC requested this voluntary agreement. It came in the aftermath of the report of the CAF, which had been seconded to aid at several LTC homes in Ontario in April 2020. Prior to the signing of the agreement, SHN had no formal role or powers to act in the interest of the residents of Altamont. For clarity, no Scarborough LTC home was under any obligation to accept any recommendations or to partake of any service offerings that SHN was willing to provide.

The fundamental nature of the relationship arising from the contract is cooperative and crafted in the interests of quality and safe resident care. SHN has the authority with full support of Altamont to supervise and provide direction to staff, provide education and training on policies and practices, and implement a continuous quality improvement program. Altamont leadership is required to form the cooperative bond mentioned, and this has occurred.

SHN and Altamont are mutually to perform several functions:

1. SHN is required to develop a **Management Plan**. This has been completed and sent to the MLTC. It is in the form of a **Project Charter**.
2. SHN is required to perform a **Situational Analysis**. SHN teams that have been deployed to Altamont have completed this.
3. The **Situational Analysis** has resulted in the development of recommendations, which SHN and Altamont will work to implement.
4. Key performance indicators will be developed to measure progress against the recommendations, as well as measuring for resident and staff safety and quality of care.
5. The recommendations arising from the **Situational Analysis** will, in part, form the **Altamont Quality Improvement Program.**
6. SHN and Altamont will create the **Transition Plan** that will ensure sustainability for Altamont addressing potential future events including the anticipated Wave 2 of the COVID-19 pandemic.

SHN's Team is Deployed to Altamont Care Community

On June 3, 2020, a team from SHN went to Altamont. It consisted of the vice-president of patient care and chief nursing executive, and the following disciplines:

- Director of Mental Health and Addictions, Oncology and Palliative Medicine
- Manager of a transitional care unit
- Clinical practice leader

- Clinical nurse specialist for skin and wound care
- Two geriatric nurse practitioners
- IPAC professional

The SHN team arrived with a mandate to conduct a situational analysis, provide recommendations, and engage with Altamont to implement the recommendations to create the Quality Improvement Program. To ensure that in the future, residents and their families, staff, their local leadership team, the public and other interested parties including the MOHLTC could have confidence in Altamont as a provider of safe, quality care for its residents, the following areas were considered:

1. Leadership, Professional Practice and Education
2. IPAC
3. Support Services
    a. Environmental services
    b. PPE availability
    c. Nutrition and food services
    d. Data management and metric tracking
4. Human Resource Management/Workplace Health and Safety
    a. Staff
    b. Primary care practitioners
5. Quality of Patient Care and Patient Safety
6. Communications and External Partner Management

On June 4, 2020, the medical director of IPAC, antimicrobial stewardship and an infectious diseases specialist from SHN came to Altamont and reviewed the IPAC practices. She issued a report with recommendations that have been implemented. She continues to actively monitor and provide IPAC advice on evolving policy and practice. In the following days, other disciplines such as environmental services went to Altamont for the purposes of ensuring application of industry standard cleaning processes to eradicate the COVID-19 virus from Altamont.

SHN's Patient Care Focus

The Report of the CAF was a disturbing document for residents, families, and care providers alike. When SHN arrived June 4, 2020, the vast majority of the issues identified in the CAF report had been dealt with. Given the severity of the issues identified, a careful review of quality of patient care was undertaken. The team systemically began reviewing all of the residents. The detailed medical assessments included many items. For example, every single resident had their skin care carefully examined. The team undertook the following activities:

- Outcomes-based review of residents' Care Delivery Plans, with the following areas of focus (but not limited to):
    - Goals of care
    - Responsive behaviour management
    - Wound care
    - Personal care management
    - Medication management;
- The Medical Care Model was assessed and opportunities to enhance quality of patient care identified;
- An assessment and confirmation of the ability of Altamont to meet the care needs of all residents was undertaken;
- An assessment and confirmation of the ability to provide palliative care within Altamont was examined and addressed;
- Ensuring resident and family feedback was incorporated into program design and operations of Altamont; and,
- An assessment of the quality management structure was conducted, which included:
    - Incident management/reporting processes;
    - Complaint management/reporting processes; and
    - Existing quality assurance/improvement structures.

Recommendations

SHN leadership noted that leaders and staff at Altamont appeared despondent, and at times, were in tears. The tragedy of what occurred at Altamont is still fresh for many; the loss of life of the residents they cared for and developed relationships with and the death of one of their colleagues is still very much in the present for Altamont staff. There is an immediate need to address grief and crisis recovery for staff and leaders at Altamont.[2]

The following recommendations are made in the context of promoting rapid change and preparing for the potential second wave of the pandemic. The rationale for the recommendations will follow in the final report, which will be available in September 2020.

Leadership

1. Sienna Senior Living Inc. should consider adding a health care professional to its Board of Directors.

[2] This may include initiatives to promote healing such as a memorial services; initiatives to recognize the contributions of staff during the pandemic; sharing of resources on resilience and well-being; promotion of Employee Assistance Program (EAP) and monitoring of EAP utilization.

2. Sienna Senior Living Inc. should develop and implement a Leadership Strategy aligned with an evidenced-based capability framework, e.g., the LEADS in a Caring Environment Capability Framework, which includes onboarding, opportunities for leadership skill practice, individual development planning, mentoring/coaching, and a formal and objective annual performance review process.

3. In recruiting its next generation of leaders, Altamont should intentionally recruit leaders with bona fide leadership experience in health care and a demonstrated skill set to work and seek collaboration in an integrated health care system. SHN looks forward to this collaboration.

Infection Prevention and Control (IPAC)

4. The Board of Directors of Sienna Senior Living Inc. should consider reading the Public Health Ontario guidance document*, Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes, June 2020.*

5. The President and Senior Leadership Team of Sienna Senior Living Inc. and the Leadership Team of Altamont should read and be familiar with the Public Health Ontario guidance document *Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes, June 2020*.

6. Altamont should complete an IPAC organizational risk assessment immediately, and in August each year for the coming influenza season.

7. Altamont should establish a cohorting bed management plan with clear PPE expectations, staffing assignments, resident and family communication, proper signage and staff engagement.

8. Altamont should establish clear resident prevalence screening processes when in outbreak, including timelines consistent with Public Health and Ontario Health guidance documents. This should include reporting and escalation processes and communication plans.

9. Altamont should dedicate a full time IPAC specialist duly trained and certified in IPAC Canada-endorsed courses. This education should include IPAC Canada's:

- Novice Infection Prevention and Control Course; and
- Basic Infection Prevention and Control Program at Centennial College in Toronto or Queen's University in Kingston.

This could ultimately lead to Certification in Infection Control (CIC).

10. To enhance educational opportunities for training and mentorship, SHN will provide a period of arranged internship for the Altamont IPAC specialist with our IPAC and infectious disease teams in our Scarborough hospitals.

11. Altamont's dedicated IPAC specialist should, during outbreaks, connect with Sienna Senior Living Inc.'s IPAC consultant on a weekly basis for advice, and for the provision of educational, coaching and training materials for Altamont staff.

12. Altamont's IPAC specialist should identify and train staff champions amongst frontline staff, ensure staff compliance with IPAC best practices, conduct education for staff including safety huddles, and perform PPE, hand hygiene, and screening compliance audits.

Support Services

Environmental Services

13. The environmental services team at Altamont, whether direct employees or via third party should require all its members to review the *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition, April 2018.*

14. The Altamont environmental services team should:

- Have regular quarterly meetings with SHN environmental services professionals to review policies, procedures and best practices related to cleaning;
- Build a standard work portfolio and ensure all cleaning staff are trained on the performance of this standard work, using these standard work routines for occupied rooms, terminal cleans, 30-day cleans, and isolation cleaning;
- Develop a robust auditing program including visual audits, observation audits, and environmental marking audits for quality;
- Remove all clutter in hallways and fabric-containing furniture, and develop new standards for purchasing furniture to reflect the need for ease of cleaning during outbreak;
- Revise its disinfectant program to include a disinfectant with a five-minute kill time or less, which all housekeeping staff can apply;
- Use daily staff huddles to plan for necessary daily work, share information, and reinforce best practices; and
- Ensure that there are both dedicated clean and soiled utility storage rooms on site.

PPE Availability

15. Altamont should develop an internal tracking system to ensure that inventories of PPE on hand are counted and clear triggers exist to escalate where shortages appear imminent.

Nutrition and Food Services

16. Altamont should ensure the kitchen is commercially cleaned for pest control (ants), and all equipment should undergo deep cleaning.

Human Resource Management/Workplace Health and Safety

Staff

17. Altamont should:

- Develop, implement and evaluate a staff wellness strategy that is based on best practices including the National Standard for Psychological Health and Safety;
- Prioritize staff engagement activities as a foundational driver for the delivery of quality care ("The Quadruple Aim") including shared decision-making models, scheduled communication huddles, performance monitoring boards, and recognition. This includes support for ongoing staff town halls and daily huddles;
- Develop a **workforce planning strategy** in order to assess current state and identify future staffing needs
- Review the **current recruitment strategy**, incorporating best practices and building relationships with external partners including partnering with local PSW training programs to create direct access to new recruits; and
- Evaluate current **onboarding, orientation, "Buddy" mentoring and education plans for staff** and any other staffing resources such as agency staff. This evaluation should consider mission, culture, person-centred philosophy and staffing models.

18. Sienna Senior Living should retain occupational health nurses who should use established standards of practice to support staff in their return to work.

Primary Care Practitioners

19. Altamont should consider revamping its medical care model to ensure that there are on-site primary care practitioners, even in outbreak if necessary. This could involve nurse practitioners. An opportunity for formal mentorship with SHN can be provided for expert clinical practice development for the nurse practitioners.

20. Standard work should be evolved to ensure up-to-date care plans, goals of care, medication lists, physical exams of residents including weight assessments, and communication by the primary care provider with families. This may necessitate changes to funding, oversight, and policy to achieve.

21. Consideration should be given to asking primary care practitioners to obtain IPAC education through an accredited source.

Professional Practice and Education

22. Altamont should develop a clinical practice lead for professional practice support and staff education. An opportunity for formal mentorship with SHN can be provided for expert clinical practice development.

23. Altamont should clearly map out clinical assessment and escalation workflow processes. These include specific role descriptions, documentation of accountabilities, clear escalation triggers/timelines, family/resident inclusion, communication tools, escalation including physician involvement and access to external specialized consultation.

24. ACC should ensure clear assessments and medication workflow processes including knowledge translation for the current nurse practitioner and staff on:

- Therapeutic drug monitoring;
- Use of specific order sets;
- Routine consultation with a pharmacist;
- Use of stool charts; and
- Awareness of specific policies such as high-alert medication processes.

25. Altamont should establish a schedule and education plan for nursing staff on acute, acute on chronic and chronic pain tools, assessment and pain management. An expedited communication plan within the team to ensure timely acute assessment for the treatment of pain should be developed.

26. Altamont should establish a schedule for a Goals of Care Case Conferences with residents, families and the team. This may, at times, include a virtual appointment with a palliative care team.

27. Altamont should coordinate an education plan with a schedule and knowledge translation competency review for specialized care courses including Learning Essentials Approaches to Palliative Care (LEAP Course), to enhance palliative and end-of-life care.

28. Altamont should implement an early delirium-screening tool to assess acute confusion and use an evidence-based order set to support standardized assessment and management plans. The order set would support access to external specialized geriatric and psychiatry consultation for residents with complex needs. All staff should be oriented and routinely educated on these practices and processes.

Quality of Patient Care and Patient Safety

29. Altamont should develop a process for the reporting, reviewing, analysis, and creation of action plans for all incident reports. All staff and leaders with associated accountabilities should be involved.

30. Altamont should ensure a process is in place to routinely weigh residents each month, documenting weights and identifying clear triggers for referral to a dietitian for timely review, action, and monitoring of residents. Auditing and reporting processes must be established to ensure consistent application of the process to lead to better clinical outcomes.

31. Altamont should establish a standardized falls prevention process with clear role accountabilities, timelines, and action plans to ensure falls risk is identified for every resident. This should include simplified and consistent signage, well-documented mitigating strategies, and a clear system for ongoing monitoring and family communication.

Communications

32. Altamont should:

- Create a communications plan for residents, staff, families, and the public;
- Ensure that the organizational communication structures are created with staff and provided through multiple avenues with input from staff (i.e. emails, huddles, etc.); and
- Consider adopting virtual town hall events for staff and families on a regular basis to keep them informed.

Concluding Remarks

Many improvements have occurred. Altamont continues to work with SHN towards the implementation of the recommendations outlined in this report. Perhaps the best way we can honour those that have gone before us, is to ensure, as the family member asked in the opening town hall, to make sure that things do not go “back to the way they were.”

SHN and Altamont are preparing together for the future. Altamont is out of outbreak. Staff have returned to work. On June 22, 2020 family visits were restored and physicians are back on site.

The COVID-19 pandemic appears over in its transmission at Altamont. Tragically, it remains in the palpable sorrow that one feels from those still there who cared for the 53 residents and one staff who lost their lives. It is real phenomena and now is the time for healing.