

Management Team

Date: October 11, 2012

Time: 9:30 a.m.

Place: Fairmount Boardroom

Members: Julie Shillington Mary Lake
 Deb Crawford Gail Williams
 Tom Mercer Rosemarie Christian Jones

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1. Welcome and Introductions
2. Adoption of Minutes of the Previous Meeting
 - a) Adoption of the minutes dated October 4, 2012
3. Additions to Agenda under Other Business
4. Delegations
5. Communications
6. Business Arising out of Minutes
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 - d) Medical Equipment - Policies, Auditing & Cleaning
 - e) Scent Awareness Policy
 - f) Care Carts with Doors
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 - h) Well Project Progress
 - i) Hot Cart Replacement
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6. Business Arising out of Minutes

- p) Nursing Equipment - Replacement Plan
- q) Cafe Cash Register
- r) Single Linen Carts
- s) Door Protection on Med Rooms
- t) Shredder
- u) Abuse Policy Updates
- v) Hot Weather Guidelines
- w) Replacement of Blue Sheets on 1N
- x) Emergency Plan Updates
- y) Policy on Employee Incident Reporting Investigation
- z) IP&C Nursing Audit Form
- aa) Rechargeable Batteries for Pagers
- ab) 1N Humidity RFP
- ac) Removal of Servery Hoods
- ad) Food Donations Policy
- ae) HyFIBRE Costs
- af) IP&C Program Goals
- ag) Canned Soup Usage
- ah) New Chart Rack
- ai) Review of Ethics Policy
- aj) Charge for Electrocardiograms
- ak) Centric Restorative Nursing Audit
- al) Resident Incident Reporting Codes
- am) Completion of Steam Diversion on New Steamer
- an) Delete Access to Care Care email
- ao) Montessorri Methods for Dementia
- ap) Restorative Care Policies
- aq) Flu Clinics for Staff
- ar) Foot Care Fee Changes
- as) Pathways Maintenance
- at) Detailing of Blue Van
- au) Budget Meeting
- av) Doors in Lounges
- aw) Schedule Bomb Threat & Missing Resident Exercises

6. Business Arising out of Minutes

- ax) Stock Checklist
- ay) Schedule Mandatory Training Days for Staff

7. New Business

a) Resident Care – Compliance, Accreditation, Classification

- i) Compliance
- ii) Accreditation
- iii) Residents' Council Update
- iv) High Intensity Needs Changes

b) Support Services

- i) Dietary Workflow
- ii) Landscaping - Old House

c) Treasury

d) Administration

- i) Concerns
- ii) Risk ID's
- iii) Work Plan

e) Human Resources

- i) Staffing

f) Health & Safety

- i) Monthly Fire Drill
- ii) Management Inspections

Schedule:

Tom – June 13, 2012, November 7, 2012

Rosemarie – February 8, 2012, July 11, 2012, December 12, 2012

Gail – March 7, 2012, August 8, 2012, January 11, 2013

Mary – April 11, 2012, September 12, 2012

Julie – May 9, 2012, October 10, 2012

g) Information Technology

h) Communications

i) Education Information Sharing (Staff Attendance at Conventions/Workshops)

- j) Quality Improvements/Audits
 - i) Hazard Analysis Report (Quarterly-November)
 - ii) Complaint Documentation Report (Quarterly-December)
 - iii) Symptoms Report (Monthly-October report due in November)
 - iv) Near Misses/Incident Reports (Quarterly-November)
 - v) Restraint Audits (Monthly – done the 3rd week, report the 4th week)
- 8. Other Business
- 9. Confirmation of time, date and location of next meeting
- 10. Adjournment

**Fairmount Home
Meeting Minutes**

Management Team

Date: October 4, 2012
Time: 9:30 AM.
Location: Fairmount Boardroom

Present: Julie Shilington
Rosemarie Christian Jones
Mary Lake
Deb Crawford
Tom Mercer
Gail Williams

1. Welcome and Introductions

Mary welcomed everyone to the meeting as Julie was attending a teleconference.

2. Adoption of Minutes of the Previous Meeting

The minutes from meeting dated September 27th, 2012 were approved as circulated.

3. Additions to Agenda under Other Business

4. Delegations

The OHN student made a presentation on resident hand hygiene in the dining room.

5. Communications

6. Business Arising out of Minutes

a) **“We Love Your Opinion” Book**

There was one record in the book. The lobby elevator walls and carpet require cleaning. We also need brighter lights.

Action: Tom to ensure lobby elevator cleaned.

b) Finger Food Policy

Action: To remain on the Agenda.

c) Ferno Chair Instruction Sheet

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Action: Tom will ask a Housekeeper to review the instructions step-by-step to ensure they are clear.

d) Medical Equipment-Policies/Auditing/Cleaning

Mary and the OHN have been reviewing the policies. The team discussed process for audits and indicators. Julie suggested that knowledge can be measured through asking staff, and observation. Mary advised that the new SPOT machines have arrived.

Action: Tom to provide the baskets which need to be affixed to the machines to hold the disinfectant.

e) Scent Awareness Policy

The policy is in review at the County.

Action: Julie to follow-up with the County to ensure working group has signed off.

f) Care Carts with Doors

Tom researched a new cart. The cost is approximately \$1,082.00 each. The team reviewed the specifications and looked at a picture of the cart. Mary advised we need to ensure the measurements are suitable and, if so, purchase one to trial. If the cart suits our needs then order three more.

Action: Tom to check the measurements and then order one cart if suitable.

g) Use of QUAT Cleaner in Norovirus Outbreak

Mary and Tom attended a session on September 26th entitled Changing Habits: Best Practices Using Chemicals to Battle Microbes. There were many good topics such as bed bugs, urine dips, however, the presentation on cleaners was very technical. Tom advised that his cleaning supplies supplier has suggested that they may be going back to bleach-based products.

Action: Tom will call the KFL&A Public Health Inspector to clarify the QUAT question during Norovirus outbreaks.

h) Well Project Progress

We are still awaiting pricing of the Genivar services. Julie and Tom have contacted Genivar.

Action: Julie to follow up with John at Genivar.

i) Hot Cart Replacement

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There was discussion as whether the hot cart was ordered.

Action: Tom will check to see if a hot cart was ordered. If not, he will order.

j) Fire Drill Scenarios

OHN will attend the next meeting with RNs to speak to fire drill scenarios.

Action: To remain on the Agenda.

k) County Eye Wash Signs

Action: Tom to obtain signs.

l) Snoozelen Policy

Gail has placed the policy in the draft policy folder for review.

Action: Julie and Mary will review.

m) Fire Plan Updates

Julie advised the Fire Inspector clarified our question concerning volunteers leaving the building or not during a fire alarm and its recorded in previous meeting minutes

Action: Deb to update the fire plan and advise Julie once complete.

n) Knee Height Tool

Mary has placed the policy in the draft policy folder.

Action: Julie to approve. **Mary** to take the draft policy to the next RN meeting for their feedback.

o) Emergency Call Back List

Action: Julie to advise the Administrative Clerk to monitor staff on the call back list and ensure it is kept up-to-date.

p) Replacement Plan - Nursing Equipment

Mary is working on the equipment replacement plan. She is meeting with the Rehab Assistant and OT to discuss as well.

Action: To remain on the Agenda.

q) Cafe Cash Register

Tom reported that he called Business Machines office but couldn't reach anyone.

Action: Tom to call once again.

r) Single Linen Carts

Maintenance staff advised they put two new carts together and took them to 1North. Mary reported that she feels two were thrown out but there might be one more around.

Action: Tom to ask Housekeepers to search for the missing cart.

s) Door Protection on Med Rooms

Tom will order from Cindy and have our maintenance staff install.

Action: Tom will follow-up with the supplier to order.

t) Manual Maintenance - P&P

This policy is complete.

u) Shredder

Action: To remain on the Agenda.

v) Abuse Policy Updates

Mary advised that she wishes to discuss the new abuse algorithm and incident reporting at the upcoming RN meeting.

Action: Deb to distribute the updated Abuse policy to manual, mandatory orientation package, resident orientation package and the glass case in lobby.

w) Hot Weather Guidelines

Mary placed the updated draft policy in the draft policy folder. She reviewed the updates with the team. She advised that the appendices can be printed from the Ministry website to attach to the final, approved policy. The hydration piece must also be reviewed.

Action: Managers to review the draft policy. **Rosemarie** to review the hydration piece and advise.

x) Orientation Evaluation

This form is complete.

- y) Replacement of Blue Sheets on 1North

Tom compiled pricing to order 64 top and 64 fitted sheets - cost is approximately \$1,371.00 plus tax. It was discussed that this order could wait now as the need isn't urgent to replace linen on 1North as it wasn't the sheets causing the rashes. As the order comes in the blue sheets will be removed from the unit.

Action: Tom will order one new set per bed for 1North in the future.

- z) Emergency Plan Updates

Action: Deb to make the updates to the emergency plan and advise Julie once complete.

- aa) Cheat Sheet for RNs-Support Service Call-Ins

This item is complete and can be removed from the Agenda.

- ab) Policy on Employee Incident Reporting Investigation

Action: Julie to review the employee incident reporting and investigation policies.

- ac) IP&C Nursing Audit Form

The audit form has been revamped and is in use. Mary reviewed the new form with the team. Discussion was held regarding adding a medical equipment cleaning section. It was decided to keep this audit in the IP&C section of the manual. Mary and Gail each reviewed an audit they conducted using this new form.

Action: Mary will update the title of the form, add an "action" column and then place in the DRAFT policy file.

- ad) Rechargeable Batteries for Pagers

Action: Tom to follow-up with maintenance staff to ensure new batteries are charged and ready to go.

- ae) Humidity RFP

Action: Julie will develop an RFP.

- af) Removal of Servery Hoods

Action: Tom will organize the removal of the servery hoods.

- ag) Food Donations Policy

Action: Tom to call KFL&A Public Health to obtain food donation guidelines.

- ah) Sturdy Poles-Radiant Heat Paneled Ceilings

No further issues of risk have been identified. Remove from the Agenda.

- ai) Equipment Inventory & Maintenance Policy Update

The policy is complete.

- aj) HyFIBRE Costs

Tom is reviewing the food budget to determine if the extra costs of the product are able to be absorbed.

Action: To remain on the Agenda.

- ak) Roof Leak

Upon speaking with the Lead Hand it has been determined that the rain only comes in when the wind is blowing a certain way. Hopes are that with the Auditorium rebuild this can be addressed at the same time.

- al) IP&C Program Goals

Mary reported she reviewed the goals and has kept the same ones, however, re-worded them. It was discussed about the possibility of offering a pre-survey and then a post survey to family members understanding of the food donation policy at the Family Information session. Could also ask staff in general if they are aware of the IP&C policies. Mary developed a daily shift checklist to be completed during an outbreak. She will add "no shift or floor trades during an outbreak".

Action: Mary to take this information to the next RN meeting and she will place it in the DRAFT section on company directory. **Julie** to schedule the next Family Information session.

- am) Canned Soup Usage

Action: Tom will speak with Dietary Aide to discontinue the trial and get the results.

- an) New Chart Rack

Mary gathered pricing from different suppliers. Two prices were \$1,000 and \$1,900.

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Action: Mary will obtain one more price.

- ao) Review of Ethics Policy

Julie reviewed the Long-Term ethics piece and tried to incorporate into our policy, however, she found it wasn't easy to use. She found a process from Trillium which speaks to ethics in plain language.

Action: Julie to provide the link.

- ap) PSW Conference

Mary found the PSNO website very convoluted and by the time she located the conference information it was too late to register.

- aq) Research Project on Responsive Behaviours

The Nurse Practitioner dialogued further with Queen's and clarified the project. Researchers will come into the Home to observe responsive behaviours. Mary advised we will participate in the project.

- ar) Charge for Electrocardiograms

Mary sent an email to staff asking if anyone had taken a call from Home Cardiographics regarding a charge for their service.

Action: Mary to follow-up with Amanda at Home Cardiographics to see who she spoke to.

- as) Centric Restorative Nursing Audit

Gail has asked the Centric representative for the audit parameters several times.

Action: Gail to follow up with Sarah from Centric to get the audit parameters.

- at) Resident Incident Reporting Codes

Action: Julie to update the codes.

- au) Resident Identifiers on Chart

Gail dialogued with the OT and provided her with our policy. The OT and Rehab Assistant have sorted out their signing protocols.

- av) Completion of Steam Diversion on New Steamer

Action: Tom will follow up to see when this will be complete.

- aw) Food Temperature Documentation/RD Updates in Diet Lists

All are up-to-date and Sodexo staff are monitoring every Friday to ensure it stays that way.

- ax) Access to Care Care Email Account to be Deleted

Julie sent a help desk work order asking access to this account be deleted from the unit computers.

Action: Julie to follow-up with IT.

- ay) Investigation re Deboning of Chicken and Detailing Shrimp

Tom spoke with the main Cook to inquire if they could de-bone the chicken for 1North only. She advised that she wouldn't have time to do this. Boneless chicken is an option, however, is it more expensive. It was decided that for the time being boneless chicken will be ordered for 1North only.

- az) Recruitment for Support Service Aides

Julie asked HR to place an ad in this weekend's paper.

- ba) Montessori Methods of Dementia

Gail met with the staff who attended the workshop to discuss procedure and evaluation of the program. They expressed their feelings that the two-day workshop needs to be provided to other staff in order for them to fully understand the method. Julie asked if we could have someone come in to educate staff.

Action: Gail will explore education options on the website

- bb) Nursing Restorative Team

Gail advised that ROM is at 75% on 1South and they are now shooting for 80%. Restorative policies needs to be developed/reviewed.

Action: The development/review of restorative care policies to be kept on the agenda.

- bc) Nursing Wound Care Team

The wound care team have determined that more, basic education is required for staff. Discussion was held regarding incorporating more training in the mandatory training days.

Action: Julie to schedule final mandatory training days for staff.

bd) Pleasurable Dining Committee

Gail reported the weekly meetings are progressing.

be) Staff Sick Note

Tom attempted to contact the Doctor's office to confirm the staff member indicated in the note however he was not successful reaching anyone. Julie advised him to write the staff member's name on the note as we know who brought it in.

7. New Business

a) Resident Care – Compliance, Accreditation, Classification

i) Compliance

100 staff members have been educated on pole entrapment. Julie addressed pole entrapment at the recent Residents' Council meeting. Mary shared our experience and education at the LTC Quarterly meeting.

ii) Accreditation

iii) Residents' Council Update

Julie attended the meeting where no issues were raised.

iv) Thank You

Mary shared a compliment from family concerning their private dining experience in the Family room. The room was set-up with tablecloths, plates and cutlery, etc. The family was very appreciative.

v) High Intensity Needs

Mary noted that the Vicopaste won't be covered anymore and that Stacey is looking at other options.

vi) Flu Vaccine

Mary advised the flu vaccine for staff has arrived without us knowing that it was coming. There has been no direction given from Public Health on when to immunize staff. Mary will book the staff clinics and advertise a draw for \$50 restaurant gift certificate for those who get immunized.

Action: Mary to book staff flu clinics.

vii) 2N Floor Meeting

Gail advised the staff are happy with the lifts. She reviewed the nursing goals and spoke to staff regarding the use of the single laundry carts.

viii) Foot Care

Gail advised that We Care has advised that there will be a change in the cost of foot care. Gail will call to ensure this does not take affect before November 15th. She will also find out who is receiving foot care as they will need to be provided with written notice.

Action: Gail to identify residents who are receiving foot care so they can be notified of the change in fees. **Julie** to put in the Gazette and inform Finance so the admission agreement can be amended.

ix) Coffee Break

Programming staff asked if the float PSW could come down to the ASK Coffee Break and help with the distribution of snacks and drinks given the number of residents with special diets. The team thought this was a good idea.

x) Falls Team

Gail reviewed the minutes of the last falls meeting. Julie suggested that she look at the Falls Inspection Protocol as some of the homes use this protocol when there is a fall.

b) Support Services

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i) Air Conditioner

A resident has an air conditioner that is taken from storage for the summer and then put back in storage for the winter. As long as it can be stored on the unit we can keep it here, however, we must ensure that if the resident storage is full is must only contain resident belongings, not Fairmount's.

ii) Stock Checklist

Tom provided a copy of the stock checklist for the serveries to be taken to the Pleasurable Dining meeting. He will take a copy to Dietary staff to see if anything is missing.

Action: Tom to take a copy of the stock checklist for the serveries to the dietary staff.

iii) Pathways

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Action: Tom will ensure the lids are on the garbage cans in the Pathways and that the preventative maintenance review is scheduled before winter.

iv) Microfit Program

Julie advised the County is looking at the possibility of putting solar panels on the roof at Fairmount. There are no concerns from the Ministry of Health and we are just waiting to see if this will be a Microfit (small) project or a Fit (large) project.

v) Doors in Resident Lounges

There was discussion around the need for the lounge doors to automatically close as staff are always propping them open for residents to have access.

Action: Tom to ensure the autoclosing hardware is removed from the lounge doors.

vi) Blue Van

Programming staff reported that there is a strange smell in the blue van and that it needs a good cleaning.

Action: Tom to ensure maintenance schedule the van for detailing.

c) Treasury

i) Budget

Julie has reviewed the budget but would like to meet with the team. She also is following up with Finance regarding some concerns with the August financial reports.

Action: Julie to set meeting to discuss final budget.

d) Administration

i) Concerns

ii) Risk ID's

iii) Work Plan-

Action: Team to schedule Missing Resident exercise for October and the Bomb Threat exercise for November.

e) Human Resources

- i) Staffing
- f) Health & Safety
 - i) Monthly Fire Drill

October drills have been scheduled.

- ii) Management Inspections

Schedule:

Tom – June 13, 2012, November 7, 2012

Rosemarie – February 8, 2012, July 11, 2012, December 12, 2012

Gail – March 7, 2012, August 8, 2012, January 11, 2013

Mary – April 11, 2012, September 12, 2012

Julie – May 9, 2012, October 10, 2012

Due to time constraints, September's management inspection will be reviewed at the next meeting. Julie will conduct the October inspection

- iii) Fire Systems Inspection

Tom advised the inspection is complete as are the identified deficiencies.

- g) Information Technology
- h) Communications
- i) Education Information Sharing (Staff Attendance at Conventions/Workshops)
- j) Quality Improvements/Audits
 - i) Hazard Analysis Report (Quarterly-Nov)

Action: The next quarterly report is due in November.

- ii) Complaint Documentation Report (Quarterly-Dec)

The quarterly report was reviewed by the team. There were twelve complaints in total - all verbal. It was identified that four "types" require changing. No trends were identified.

Action: The next quarterly report is due in December.

- iii) Symptoms Report (Monthly-October report due in Nov)

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The team reviewed the September symptom report. No trends were identified.

Action: The October report is due the first of November.

iv) Near Misses/Incident Reports (Quarterly-Nov)

Action: The next report is due in November. Deb to develop a spreadsheet.

v) Restraint Audits (Monthly – done the 3rd week, report the 4th week)

Action: To remain on the Agenda.

8. Other Business

9. Confirmation of time, date and location of next meeting

The next meeting will be held on Thursday, October 11th, 2012 at 9:30 a.m. in the Fairmount boardroom.

10. Adjournment

The meeting adjourned at 12:30 p.m.

**Ministry of Health
and Long-Term Care**

Assistant Deputy Minister
Health System Accountability
and Performance Division

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HLTC2980-2012-795

October 4, 2012

MEMORANDUM TO: Long-Term Care Home Licensees

FROM: Catherine Brown
Assistant Deputy Minister
Health System Accountability and Performance Division

SUBJECT: Funding Flexibilities for Long-Term Care Homes

I am writing to inform you about important policy changes to improve funding and managerial flexibilities in Ontario Long-Term Care Homes (LTCHs). Thank-you for providing advice to the ministry on this over the past several months. In the 2012/13 Ontario Budget, the government committed to providing LTCH operators with greater flexibility to pay for services from within their current funding structure. In addition, the government is moving forward to address one of the recommendations from the Market Sounding study of the LTCH sector, by improving business conditions in the sector through financial management policy changes providing LTCHs with greater autonomy to respond to local circumstances and resident needs.

Starting January 1, 2013, the ministry will implement policy changes to allow the following funding and managerial flexibilities in the LTCH sector:

- A. Ability to balance expenditures across the Nursing and Personal Care (NPC), Program Support Services (PSS), and Raw Food (RF) envelopes
- B. Removal of caps on medical directors fees and incontinence supplies
- C. Removal of pre-approvals and caps on equipment purchases
- D. High Intensity Needs Fund (HINF) will be administered largely through per diem funding to reduce administrative burden and improve focus on wound prevention

Please refer to the attached appendix for further details on how these funding flexibilities will be applied.

These policy changes are designed to make it easier for you to manage funding pressures in your unique home environment by enhancing your ability to utilize your current allocations, reduce administrative burden and improve focus on preventative efforts. These flexibilities also support the ongoing transition to a patient-centred and outcome-focused funding system in the LTCH sector. In addition, the ministry will continue to examine new opportunities to improve funding conditions and flexibility.

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Furthermore, to support the shift to an outcome-oriented system, the ministry will be focusing on indicators to support accountability within the sector. These indicators are being evaluated and established through the work on the next iteration of the Long-Term Care Home Accountability Agreement (L-SAA). This may include enhancements to the audit process to validate both clinical and financial data.

The ministry will be hosting a seminar with LTCH licensees in October 2012 to discuss the funding flexibilities outlined in this letter, how they will be applied, and address any questions regarding their implementation. If you have questions about any of changes announced in this letter, please contact Theresa Nowak at theresa.nowak@ontario.ca or at (416) 326-3294. For any questions regarding the HINF program, please contact the Central HINF Team at highintensityneeds@ontario.ca or 1-877-353-4463.

Thank you for your continued commitment to providing excellent quality of care for residents of Long-Term Care Homes.



Catherine Brown

Attachment

- c: LHIN Chief Executive Officers
 LHIN Senior Directors of Planning, Integration, and Community Engagement
 LHIN Senior Directors of Performance, Contracts, and Allocation
 Ontario Association of Non-Profit Homes and Services for Seniors
 Ontario Long-Term Care Association
 Rachel Kampus, Director, Performance Improvement and Compliance Branch
 Kathryn McCulloch, Director, LHIN Liaison Branch
 L. Miin Alikhan, Director, Health Quality Branch

Appendix 1 – Funding Flexibilities Starting on January 1 2013

(1) Balancing Across Envelopes

This flexibility allows unspent funds from the NPC or PSS envelope to be reallocated to offset pressures in the NPC, PSS, or RF envelopes subject to the current eligible expenditure criteria for each envelope. Please note:

- Expenses must first be applied to the respective envelopes according to the current eligibility criteria (i.e., NPC, PSS). Planned unspent funds would then be used to offset pressures in the other envelopes (i.e., NPC, PSS, RF).
- Unspent funds in the RF envelope may not be reallocated to manage pressures in other envelopes.
- In addition, funding may only be reallocated where there are unspent funds after all the care needs of the originating envelope have been met.

Key Steps to Determine Amounts to Reallocate:

- (a) Develop a spending plan based on the requirements identified in the residents' care plans
- (b) Identify spending thresholds to meet the care needs of residents in each envelope
- (c) Review the spending plan and previous years spending patterns in the NPC, PSS, and RF envelopes to determine the extent of pressures and under-spending in each envelope
- (d) Based on the spending plan and thresholds identified above, reallocate planned under spending to alleviate identified pressures

Example of how this flexibility works:

Home A has some funding pressures in the NPC envelope and some unused planned funding in the RF and PSS envelopes:

- *Home A may not reallocate funding from the RF envelope to any other envelope*
- *However, Home A may reallocate funding from the PSS (or NPC) envelope*
- *If based on historical patterns and current spending plan, Home A determines that it will not be able to fully utilize the funding available in the PSS envelope, then Home A may reallocate a portion or all of the unused spending towards eligible expenses in the NPC envelope.*

(2) Removal of Expenditure Caps

This flexibility removes the current expenditure caps on incontinence supplies and medical director fees from the NPC envelope.

A. Medical Director Fees

Currently, there is a cap of \$0.30 per resident per day on Medical Director Fees in the NPC envelope. Additional expenses over this cap may be funded through the OA envelope. Starting January 1, 2013, this cap will be lifted.

B. Incontinence Supplies

Currently, there is a cap of \$1.20 per resident day on Incontinence Supplies in the NPC envelope. Additional expenses over this cap may be funded through the OA envelope. Starting January 1, 2013, this cap will be lifted.

(3) Removal of Pre-approvals and Caps on Equipment Purchases

This flexibility waives the requirement for pre-approval of certain equipment purchases and removes the \$400/bed cap on equipment purchases.

Currently, licensees are required to obtain approval from their LHIN prior to purchasing any equipment with an individual value equal to or greater than \$3,000 from the NPC and PSS envelopes. In addition, total annual equipment purchases from the NPC and PSS envelopes cannot exceed the maximum limit of \$400 per bed.

Starting January 1 2013, licensees will not be required to obtain pre-approval for equipment purchases and may exceed the current maximum limit of \$400 per bed.

However, equipment purchases are still subject to the Guideline for Eligible Expenditures which, in addition to other eligibility criteria, require that:

- (i) the equipment purchased will provide a direct benefit to the provision of resident care and,
- (ii) the equipment is not a substitute for nursing care.

The ministry will continue monitoring through the compliance monitoring process and other outcome indicators such as those to be established through the current L-SAA process.

(4) Changes to the HINF Starting January 1, 2013

(1) HINF Per Diem Categories

A new per diem amount will be introduced to the NPC and RF funding envelopes for ten existing HINF categories, as outlined below.

LTCHs may use this funding to cover costs previously claimed through the HINF program or for other eligible expenditures under the NPC and RF envelopes. Per diem funding is intended to support a focus on prevention, including the prevention of wounds from occurring in the first place, and reduce administrative burden on LTCHs by largely eliminating claims applications.

- a) Nursing and Personal Care Envelope: \$0.63 per diem
 - a. Wound Care
 - b. Vital Pain Management
 - c. Treatment and Transfer
 - d. Staff Training
 - e. Ostomy Supplies
 - f. Oxygen Supplies
 - g. Assessments
- b) Raw Food Envelope: \$0.12 per diem
 - a. Oral Feeds
 - b. Enteral Nutrition
 - c. Total Parenteral Nutrition

(2) HINF Claims-Based Categories

The HINF claims-based structure will be retained for the four categories described below. The Ministry will share the cost of these claims-based categories with Long-Term Care Homes using a 95 to 5% ratio.

- (a) Supplementary Staffing
 - Residents who, as a result of mental health and/or severe behavioural response issues, may be at significant¹ risk of harming themselves or others and require short-term one-to-one staffing care and supervision for Preferred Accommodation

¹ "Significant Risk" will be defined using established Compliance Inspector criteria:

- Exposure to noticeable and not miniscule possibility of injury occurring

(b) Preferred Accommodation

- Residents with severe behavioural response issues who may be at significant risk of harming themselves or others
- Residents with extensive equipment needs such as ventilators
- Residents with a need for isolation related to infectious diseases or other cases as approved by the Director

(c) Transportation for Dialysis

- Residents who require transportation to and from treatment sites for dialysis
- This does not include staff accompanying the resident

(d) Exceptional Wound Care

- LTCH licensees may use the HINF per diem funding in conjunction with other initiatives, such as best practices developed through Residents First, to meet the wound care needs of residents
- However, in recognition that available funding may not meet the needs of all residents with chronic and intractable wounds, the ministry will fund, on a claims basis, wound care needs so long as they are verified by a physician or nurse practitioner

(3) Reporting

Reporting for the HINF per-diem categories will be captured in the annual report. Two new reporting lines will be created for the HINF per-diem under the NPC and Raw Food envelopes respectively.

A. The HINF line under the NPC envelope will capture expenditures for the following items :
(\$0.63 per diem)

- | | |
|---------------------------|---|
| a. Wound Care | e. Ostomy Supplies |
| b. Vital Pain Management | f. Oxygen Supplies |
| c. Treatment and Transfer | g. Assessments |
| d. Staff Training | h. Other costs relating to the LTC share of HINF claims |

B. The HINF line under the Raw Food envelope will capture expenditures for the following items: (\$0.12 per diem)

- i. Oral Feeds
- j. Enteral Nutrition
- k. Total Parenteral Nutrition

Reporting for the HINF claims-based categories will continue to be captured during the claims process. A revised HINF guideline will be issued to provide further details regarding the claims categories.

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- Circumstances that are causing concern for the safety, welfare or well-being of the person are present to a significant extent
 - Significant risks have a high level of probability of occurring

