

Management Team

Date: February 28, 2013

Time: 9:30 a.m.

Place: Fairmount Boardroom

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

Page

1. Welcome and Introductions
2. Adoption of Minutes of the Previous Meeting
3. Additions to Agenda under Other Business
4. Delegations
5. Communications
6. Business Arising out of Minutes
 - a) **"We Love Your Opinion" Book**
 - b) Dietary Workflow Team
 - c) Scent Awareness Policy
 - d) 1North Care Carts (locking doors and curtains)
 - e) Update of Fire Drill Report
 - f) Snoozelen Policy
 - g) Fire Plan Approval
 - h) Approval of Updated Emergency Callback List
 - i) Update of Emergency Plan (external evacuation sites)
 - j) 1North Humidity
 - k) Garbage Receptacle Lids for Pathways
 - l) Bomb Threat Exercise
 - m) Missing Resident Info Package for RN Quick Reference Books
 - n) Spare Doors for Resident Wall Units
 - o) Scabies Policy/Checklist
 - p) Locking Door for Documentation Room

6. Business Arising out of Minutes

- q) Storage Unit
- r) Notification to Families during Power/Phone Outages
- s) Lift/Repositioning Policy Drafts
- t) Performance Appraisal Trial
- u) Staff Survey
- v) Swipe Verification Form Update
- w) 11-7 Duty List Policy (weights)
- x) Diet Order Policies
- y) Batteries/1North Door Cylinder
- z) 2014 Budget - Allocation of Applesauce/Fruit Rite
- aa) Paid Sitter/Companion Agreement
- ab) Website Content
- ac) Laundry Labels
- ad) Printer/Scanner for Receptionist
- ae) Ontario LTC Homes Policy and Procedure Management (set-up meeting)
- af) Restorative Care Policies
- ag) Specimen Labels (Email to RNs)
- ah) Removal of Smoking Hut/Recycle Bins
- ai) ESA Service
- aj) Eye Wash Spouts and Caps
- ak) Basic Room Lettering
- al) Hand Hygiene
- am) RFP for Nursing Software
- an) Communication on Lock Installation (2nd floor servery)
- ao) LED Light Bulb Trial
- ap) Confined Space Ruling (Bio Disc)
- aq) Push Plates for Med Room Doors
- ar) 2South Fan
- as) De-Icing Costs
- at) Snow Clearing by RN
- au) Euchre Table/Chairs in Veteran's Area
- av) POAs not Notified of Order Changes
- aw) Restorative Care Measures (include on statistical report?)
- ax) Electrical Checklist (policy)

6. Business Arising out of Minutes

- ay) Lobby Elevator Update
- az) HAACP Training (remaining staff)
- aaa) Summer Students

7. New Business

a) Resident Care – Compliance, Accreditation, Classification

- i) Compliance
- ii) Accreditation
- iii) Residents' Council Update
- iv) Physician On Call Policy (draft)
- v) 2011 OANHSS Benchmarking Comparative Report (municipal homes)
- vi) Workplace Pulse Staff Survey

b) Support Services

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:

Julie – June 13, 2013, November 7, 2013

Tom – February 8, 2013, July 11, 2013, December 12, 2013

Rosemarie – March 7, 2013, August 8, 2013, January 11, 2014

Gail – January 11, 2013, April 11, 2013, September 12, 2013

Mary – May 9, 2013, October 10, 2013

- iii) Planned Power Outage - March 3/13

g) Information Technology

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- h) Communications
- i) Education Information Sharing (Staff Attendance at Conventions/Workshops)
- j) Quality Improvements/Audits
 - i) Hazard Analysis Report (Quarterly-Feb)
 - ii) Complaint Documentation Report (Quarterly-March)
 - iii) Symptoms Report (Monthly-February report due in March)
 - iv) Near Misses/Incident Reports (Quarterly-Feb)
 - 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



Policy & Procedure Manual

Revision Date:

Program: Medical Services

Index Number: MS-07

Policy: Physician On-call

Page 1 of 2

Approved:

Effective: July 1, 2011

Policy: Funding for physician on-call services is provided by the Ministry of Health & Long-Term Care. Remuneration for physicians providing on-call services to residents of Fairmount Home will be paid in accordance with the current Ministry of Health & Long-Term Care Physician On-Call (POC) Program Guidelines (Appendix I).

Objective: To provide on-call medical services to residents.

To provide remuneration to physicians providing on-call services at Fairmount.

Procedure: The Medical Director shall advise the Administrator, in writing, the names of those physicians who are eligible to receive payment for after-hours on-call services under the POC Program at Fairmount.

Upon receipt of the names the Administrator will provide a copy of the Application and Consent form (Form #xx) to the eligible physicians.

If the eligible physician wishes to receive on-call payment, he/she must sign and return the Application and Consent form to the Administrator.

The Medical Director must ensure an on-call schedule is made available to the Home which indicates the physicians' names and times for after-hours on-call services.

The Medical Director, in collaboration with the Administrator and based on the on-call schedule of duties will determine the distribution of the payments to the on-call physicians.

Should a physician not be satisfied with the home's assessment of the payment to which the physician is entitled under the POC program, he/she shall submit the concerns to the Administrator, in writing, within five working days of receipt of payment.

The Administrator, in conjunction with the Medical Director, shall review the concern and respond within 10 working days of receipt.

Should the parties be unable to resolve the issue through discussion, at the request of a party, the issue can be submitted to arbitration pursuant to the Arbitration Act, 1991 and the decision of the arbitrator or, if more than one, the decision of the majority shall be final and binding on the parties. The arbitrator(s) will not have any power to alter or change any provisions of the POC program guidelines or to substitute any new provisions for any existing provisions or to give any decision inconsistent with the terms and provisions of the program. Each party shall pay its own costs of the arbitration and shall share equally the costs of the arbitrator(s).



Policy & Procedure Manual

Revision Date:

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Page 2 of 2

Approved:

Effective: July 1, 2011

Physician On-Call (POC)

Application & Consent

To: Corporation of the County of Frontenac, in respect of Fairmount Home (the "**Home**")

And to: Ministry of Health & Long-Term Care (the "**Ministry**")

The Home has entered into an agreement with the Ministry effective as of the 1st day of July, 2010 (the "**Agreement**") under which the Home may receive funding by way of the Physician On-Call (POC) Program to assist the Home to provide payment to physicians who are providing after-hours on-call availability and services, or to a Medicine Professional Corporation (Physician Corporation) providing such availability and services through one or more Designated Physicians, as those terms are defined under the Physician On-Call (POC) Program Guidelines, (the "**Guidelines**") of which this Schedule is part.

Check one of the following as applicable:

- I am a Physician providing after-hours on-call availability and services at the Home and hereby apply to receive payments from the Home in connection with the Program.
- I/we are Designated Physicians who have the authority to make this application and provide this consent on behalf of the Medicine Professional Corporation (the "**Corporation**") and on behalf of the Corporation I/we hereby apply to receive payments from the Home in connection with the Program and provide the following consent on behalf of ourselves and the Corporation.

To enable the Home to calculate the payments in connection with this application under the Program, and for other purposes in connection with the administration of the Program and as otherwise required or permitted by law, I/we hereby authorize the Home to disclose the following information (the "**Information**") to the Ministry and the Ministry to collect, disclose and use the Information:

- (a) The amount and dates of any and all payments by the Home in connection with the Program and this application including individual payments to me/us,
- (b) The number of days I/we provided on-call services in connection with the Program,
- (c) A copy of this form and any documentation in respect of my/our provision of after-hours on-call availability and services at the Home, excluding any personal health information.

I/we acknowledge that the Home has provided me/us with a copy of its review process for physicians (including for these purposes a Medicine Professional Corporation) that

are not satisfied with the Home's assessment of the amount of payments to which the physician is entitled in connection with the Program.

I/we agree that this Application and Consent shall survive the termination of the Agreement and the termination of any agreement between the Home and me/us.

I understand that if I have any questions about why the Ministry is collecting and using the Information, I may contact the Health Services Branch, Ministry of Health & Long-Term Care at (613) 536-3010.

Date:

Name of Applicant:
[Individual Physician or Medicine Professional Corporation, as applicable]

OHIP Number of Applicant:
[Billing Number]

College Registration Number of Applicant:
[if applicable]

Signature of Individual Applicant:
[Leave blank if Applicant is Medicine Professional Corporation]

Name of Witness:

Signature of Witness:

Note: The Information and Signatures below are only completed if the Applicant is a Medicine Professional Corporation/Physician Corporation

Name of Designated Physician #1 (Signing on behalf of Applicant Medicine Professional Corporation/Physician Corporation):

Signature of Designated Physician #1:
(I/we have authority to bind the Corporation)

Date of above signature:

Name of witness:

Signature of witness:

Name of Designated Physician #2 (Signing on behalf of Applicant Medicine Professional Corporation/Physician Corporation):

Signature of Designated Physician #2:
(I/we have authority to bind the Corporation)

Date of above signature:

Name of witness:

Signature of witness:

PHYSICIAN ON-CALL (POC) PROGRAM – GUIDELINES

1.0 PURPOSE OF FUNDING

- 1.1 Funding is provided under the Physician On-Call Program (the “Program”) to Long-Term Care Homes (“LTCH”) for remuneration of physicians providing after-hours on-call availability and services (which for the purposes of these Guidelines includes the remuneration of a Medicine Professional Corporation for having one or more Designated Physicians provide Physician On Call Services on behalf of the Medicine Professional Corporation in accordance with section 4.3 below). For the purpose of these Guidelines, “after-hours” means the time period from 1700 hrs to 0700 hrs Monday to Friday, and 24 hour coverage on Saturdays, Sundays and holidays as defined in s. 1 of the *Long-Term Care Homes Act, 2007* (the “Act”).

2.0 PROVISION OF FUNDING

- 2.1 Funding provided under the Program shall be deemed to fall within and form part of the Nursing and Personal Care Envelope. The funding to each LTCH under the Program is based on the number of licenced/approved beds in operation at the Home as of January 1 of each funding year. Any in-year changes to bed counts, approved under the Act, may result in prorated funding adjustments as determined by the Ministry of Health and Long-Term Care (the “ministry”).
- 2.2 For the period ending March 31, 2011, the funding to the Home will be determined based on \$100 per bed annually subject to a per-home minimum of \$10,000 annually and a per-home maximum of \$30,000 annually.

Funding for the period April 1, 2011 to December 31, 2011 will be calculated with the annual formula set out below and prorated for the 9 month period. Annual funding thereafter will be based on the following:

- (i) \$12,500 annually for homes with 29 beds or less;
 - (ii) \$15,000 annually for homes with more than 29 beds and less than 150 beds, or
 - (iii) \$100 per bed annually for homes with 150 beds or more.
- 2.3 The annual allocation will be determined based on the weighted average of the licenced/approved beds in operation for the period reconciled, where the weighted average of licenced/approved beds in operation equals:
- (a) The sum of the maximum resident days (as defined in the LTCH Occupancy Targets Policy, July 1, 2010 the “Policy”) starting from later of January 1 or operational start date to earlier of December 31 or end date, divided by the lesser of 365 days (366 days if leap year) or the number of
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days during which beds were operational during January 1 to December 31,

plus

- (b) The sum of the maximum Convalescent Care resident days (as defined in the Policy) starting from later of January 1 or operational start date to earlier of December 31 or end date, divided by the lesser of 365 days (366 days if leap year) or the number of days during which beds were operational during January 1 to December 31,

plus

- (c) The sum of the maximum Interim Short-Stay resident days (as defined in the Policy) starting from later of January 1 or operational start date to earlier of December 31 or end date, divided by the lesser of 365 days (366 days if leap year) or the number of days during which beds were operational during January 1 to December 31.

- 2.4 Where the operations of a Home commence after January 1st, or end before December 31st, the annual allocation will be pro-rated to reflect the period in which the beds are in operation.
- 2.5 The Home's actual costs for the remuneration of physicians providing after-hours on-call availability and services to the Home will be reconciled against the Home's annual allocation under the Program and any unused funding shall be recovered by the ministry. Costs incurred for the remuneration of physicians for providing after-hours on-call availability and services that are in excess of the allocation under these Guidelines must be reported under the Other Accommodation Envelope.

3.0 PAYMENT OF FUNDING

- 3.1 The ministry shall release the funds due under section 2.0 on or about the twenty-second (22nd) day of the month following which the ministry determines the amount of funding payable.

4.0 USE OF AND ACCOUNTABILITY FOR FUNDING

- 4.1 The Operator will:
 - (a) Identify, through its Medical Directors(s), physicians (which for the purposes of this section includes Medicine Professional Corporations as defined in s. 4.3), who are eligible to receive payment under the Program;
 - (b) Develop and make available an On-Call Schedule (a monthly chart indicating physician names (including Designated Physician names as defined in s. 4.3 where applicable) and times for after-hours on-call
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service provision) at the Home which is to be retained for seven (7) years and provided to the HOCC Administration or other ministry representative upon request;

- (c) Provide an annual statement, signed by it's Chief Executive Officer and the Chief Financial Officer, or the equivalent, indicating:
 - (i) confirmation of the number of beds in operation in the Home as of December 31st of each funding year;
 - (ii) details of any change in the number of licensed/approved beds in the Home from the previous funding year;
 - (iii) the total amount of Program funding received from the ministry during the funding year;
 - (iv) the total number of physicians paid under the Program for the funding year;
 - (v) the total amount paid to each physician under the Program for the funding year; and
 - (vi) the total amount of Program funding distributed by the Operator in respect of the Home during the funding year.
- (d) Require that each physician who wishes to be eligible to receive payment under the Program complete an Application and Consent in the form appended to these Guidelines.
- (e) Establish a review process to enable a physician who is not satisfied with the Home's assessment of the payment to which the physician is entitled in connection with the Program, to have the assessment reviewed by the Home;
- (f) Ensure that the review process includes a mechanism to allow for arbitration by an outside party of any decision made by the Home under the review process;
- (g) Ensure that all physicians providing on-call services to the Home are aware of the availability of this review process; and
- (h) In collaboration with the Home's Medical Director, and based on the on-call schedule of duties, distribute the funding by way of payments to physicians who provide on-call services in accordance with these Guidelines which shall be reported as costs under the Nursing and Personal Care envelope.

4.2 Physician Eligibility: Where a physician is a natural person and applies to receive payments under the Program, the Home shall ensure that, for the period of time during which the physician provides on-call services, the physician:

- (a) is a member in good standing of the College of Physicians and Surgeons of Ontario (CPSO), holds an acceptable certificate of registration to practice medicine issued by the CPSO under the *Medicine Act*, and is not enrolled in a post-graduate training program; and
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- (b) provides on-call coverage for to the LTCH after-hours by:
 - (i) being available by phone during the on-call period;
 - (ii) being available to attend, in person, to the Home in a timely manner when, in the reasonable professional opinion of the physician, medically necessary; and
 - (iii) responding, in a timely manner, to the Home when providing coverage to more than one home.

4.3 (a) In section 4.3 the following definitions apply:

“Designated Physician” means a physician who meets the requirements in section 4.2 and who is designated by the Medicine Professional Corporation to provide Physician On-Call Services on behalf of the Medicine Professional Corporation.

“Medicine Professional Corporation” means a physician corporation as defined in O.Reg 665/05, s. 1, under the *Business Corporations Act*.

- (b) Where a Medicine Professional Corporation applies to receive payments under the Program, the Home shall ensure that, for the period of time during which any Designated Physician provides on-call services, the Designated Physician meets all the requirements set out in section 4.2(a) and (b).

Memo: To all staff

From: Mary Lake
Accreditation Co-ordinator

Do you remember the *workplace pulse* survey you completed for our last accreditation? It had different questions to rate your satisfaction with your workplace. We need to repeat it before our next accreditation survey and rather than doing everything last minute, I would really appreciate it if you could complete it now.

You will notice some changes – Accreditation Canada has revised it and I think, made it even easier to understand and complete. It will take you no more than 10 - 15 minutes to complete and you can do it on the Intranet or the old fashioned “paper” way.

If doing electronically, go to the website: <https://www3.accreditation.ca/Instruments>

Organization code is FAIHO Password is A3ACE2AE

Paper copies will be available at reception, in each team room and the staff room.

Please complete on-line or submit paper copy by March 22, 2013. In order to qualify for the higher accreditation awards, we will need at least 97 responses. Anything less than 97, we can still achieve accreditation but not *commendable or exemplary* status. (Last year, we got “Accreditation with Commendation”).

So here is your chance to let us know what you think about working at Fairmount – the good, the bad and the ugly!!

I really appreciate your support. Thank you.