

Progress Report of The Provincial Implementation Plan for the Report of The Maples Personal Care Home Covid-19 Outbreak

60-Day Report

Respectfully Submitted to the Minister of Health and Seniors Care (MHSC)

May 6, 2021

INTRODUCTION

This report outlines initial progress made since the release of the *Report of The Provincial Implementation Plan Team for the Report of The Maples Personal Care Home Covid-19 Outbreak* (Implementation Plan Team report), following an external review of a significant COVID-19 outbreak at the Maples Long Term Care Home¹. It is important to learn from the tragic results that affected so many families, and make changes thoughtfully and strategically to establish a strong, cohesive foundation for long-term care in Manitoba that can be carefully sustained and enhanced in the coming years. Our most vulnerable senior citizens – current and future– deserve nothing less than this level of planning and action, and their lives depend on it.

BACKGROUND

The information box on the right identifies dates of key events and documents that have preceded this 60-day report. The March 2021 Implementation Plan Team report outlined a high-level province-wide response plan to the external review of the 2020 outbreak² at the Maples site. The planning team brought a wide range of expert insights, experience and skills to examine and understand the problems and solutions from a province-wide perspective versus just addressing the issues at one organization. This body of planning and directional work created the basis for further actions taken and described in this report. A recent reorganization of the health department, enabling greater focus on seniors' care across the lifespan, supports a more sustainable approach to improved long-term care services.

March 20, 2020

Manitoba government declares a state of emergency

October 20, 2020

COVID-19 outbreak declared at the Maples Long Term Care Home

November 13, 2020

External review commissioned

February 4, 2021

Maples Personal Care Home COVID-19 Outbreak External Review Final Report released

March 5, 2021

MHSAL releases the Report of The Provincial Implementation Plan Team for the Report of The Maples Personal Care Home Covid-19 Outbreak

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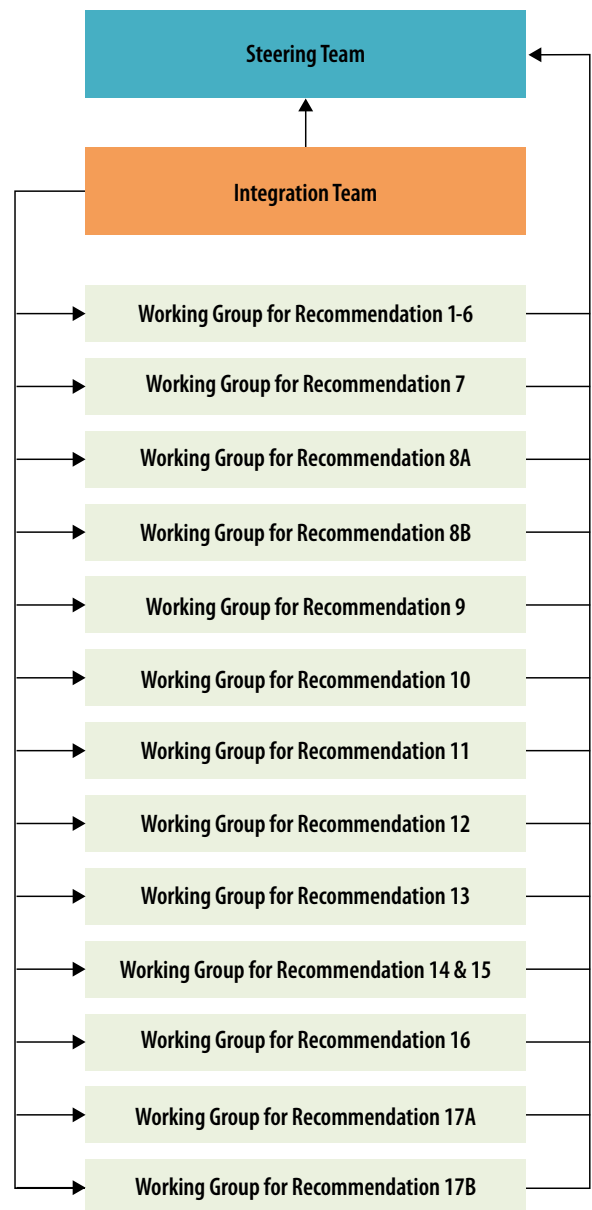
¹ Media release and link to report available [here](#).

² Media release and link to report available [here](#).

OUR WORK

The main work ahead for the Manitoba health-care system and the personal care home (PCH) sector is to successfully implement each of the 17 recommendations outlined in the initial external review. To accomplish this, each recommendation from the Maples report (see Appendix 1) has been assigned to a **Working Group** (see Appendix 2) to develop a plan for how the recommendation will be enacted, taking into account key considerations identified during the planning process, and ensuring that groups with related interests and knowledge are consulted during this process. Some recommendations have been either separated or bundled together with others that are similar; there are a total of 13 working groups addressing a total of 17 recommendations. The working groups bring a wide range of expert insights, experience and skills from across the province to examine and understand the problems and solutions from a province-wide perspective.

To ensure a solid foundation exists for making meaningful and sustainable change, key project resources and supports, clear accountabilities for the thirteen working groups and an oversight or monitoring mechanism are now in place. A **Steering Team** has been established to ensure the complete execution of the implementation plan. This team is made up of key representatives from the PCH sectors and senior service delivery organization leadership, and will help to validate the impact of the working groups. A second group – the **Integration Team** – has been created to support the working groups in completing their work, by focusing on supporting the working group leads, trouble shooting implementation issues and removing any barriers that arise during the implementation of the plan.



OUR PROGRESS

To set the foundation and ensure the successful completion of the recommended changes, it has been critical over the past 60 days to ensure each working group has the supports needed to be successful in its efforts. Key highlights on the progress so far:

- Initiating 12 out of 13 working groups. Of those, four out of the 13 have launched and have met with members.
- Bringing together people and organizations from diverse segments of the personal care home (PCH) sector to work with each other to address recommendations assigned to each working group. This diverse group includes representatives from both private and non-profit long-term care site operators, First Nation site operators, service delivery organizations representing all five health regions, Shared Health, various health department divisions and branches including areas that oversee the personal care home licencing and compliance, and community associations that represent broader PCH operators. These organizations included:
 - o Shared Health
 - o Winnipeg Regional Health Authority
 - o Northern Regional Health Authority
 - o Interlake-Eastern Regional Health Authority
 - o Southern Health-Santé Sud
 - o Prairie Mountain Health
 - o Manitoba First Nation PCH Operator Network
 - o Revera LTC Inc.
 - o Extendicare
 - o Saul and Claribel Simkin Centre
 - o Rest Haven PCH, Haven Group
 - o Golden Links Lodge
 - o Golden West Centennial Lodge
 - o Holy Family Nursing Home
 - o Bethania Mennonite PCH Inc.
 - o ActionMarguerite Saint-Boniface
 - o Long Term and Continuing Care Association of Manitoba (LTCAM)
 - o Manitoba Association of Residential and Community Care Homes for the Elderly (MARCHE)
 - o Blue Cross EAP
 - o Sara Riel
 - o Nor-West Co-op Community Health
 - o Morneau Shepell
 - o Provincial Medical Leadership
 - o MHSC: Licensing and Compliance branch
 - o MHSC: Planning and Knowledge Management
 - o MHSC: Health Services Commissioning
 - o MHSC: Financial Commissioning
 - o MHSC: Workforce
 - o MHSC: Quality and Citizen Experience
- Creating the opportunity to bring representatives from various levels in the PCH sector together to implement lasting long-term care changes in the province, and taking a more inclusive approach to tackling the issues, to ensure the changes implemented from this undertaking are meaningful and sustainable.

- Outlining clear and do-able expectations for each of the working groups. This includes making sure that consultation plans and timelines align with those set out in the March 5 Implementation Plan Team report.
- Ensuring that a provincial approach will be used when implementing all recommendations.
- Recruiting a consultant and other project resources to guide the work and provide hands-on support for the working groups.

Facility Progress – Maples PCH

In addition to this work, the health system has continued to implement the recommendations specifically pertaining to the Maples Long Term Care Home (see Appendix 3):

- Active screening for all persons entering a PCH is in place.
- A checklist outlining roles and expectation of PCH medical directors has been developed and distributed.
- A clinical lead continues to be available to PCHs as needed to assist during outbreaks with staffing, infection prevention and control (IPAC) and communication.
- Resources for monitoring and resident care resources have been updated and circulated to PCH sites.
- Education has been provided to PCH operators regarding optimizing rotations.
- Utilization of uncertified Health Care Aides continues, with cross-training of PCH and Red Cross staff regarding safe feeding practices.
- Bi-weekly IPAC education sessions are being held for staff.
- A dedicated site IPAC lead and team now will be activated during an outbreak, with support from the regional lead.
- Weekly resident nutrition and hydration reports are being monitored and documented to ensure compliance.
- The Maples site has updated its pandemic prevention and preparedness plan to include a designated staffing lead and team to address and escalate high-risk staffing situations that affect resident care to system leaders.
- Professional grief and trauma counselling have been made available to staff, and additional education sessions on mental health in the workplace are planned.
- The site is recruiting family, friends, and/or essential care partners to participate on a family council in the decision-making process on matters affecting the daily lives of residents.
- The site has updated its pandemic prevention and preparedness plan to include a designated communications lead and team for outbreak and post-outbreak communications.
- The use of designated visitation spaces for general visitors has been implemented to support adherence to visitation guidelines.

Other progress:

- As of April 2021, capital construction of the 105 external and 57 internal visitation shelters was completed (obtained either full or interim occupancy permits). All 162 shelters are operational and actively offering visitations across the five regional health authorities where personal care home environments permit amidst COVID-19.

THE WORK AHEAD

The 2020 Maples COVID-19 outbreak, despite adverse impact on residents, families and staff, has opened doors to make positive and targeted change to long-term care services in Manitoba. The upcoming work is complex, with no simple long-term solutions, and will require time to get it right. Moving forward, the working groups will focus on their specific areas to address the recommendations outlined in the Maples report. Areas of focus for the near future will include incorporating key learnings from the Maples report into the development of common planning and communication approaches (or standards) across the province, as well as responding to the immediate needs of the Maples Long Term Care Home staff.

The work of planning and implementing critical changes over the short-, medium-, and long-term will continue in the months ahead. Future reports will be shared publicly and will detail specific progress on the changes being undertaken to strengthen our long-term care system for generation to come.

APPENDIX 1: RECOMMENDATIONS

Recommendations	
1	Revise the Maples Outbreak Plan to ensure the ability to operationalize it
2	Identify and implement clear care priorities for residents during an outbreak situation, including but not limited to medication management and minimum standards for documentation
3	Mobilize and deploy additional onsite Revera resources at the beginning of an outbreak through to when stabilization is achieved (e.g. clinical expertise; leadership expertise)
4	Ensure that regular (daily) on site physician rounds are immediately in place once
5	Recognize that housekeeping is a critical essential service in Long Term Care and ensure it is staffed appropriately during any outbreak
6	Improve communication for stakeholders
7	Revise the WRHA pandemic plan to ensure adequate support for PCHs in Winnipeg
8	Revise the Service Purchase Agreement between WRHA and Maples
9	Simplify and clarify communication and decision making roles between WRHA and Health Incident Command Structure planning tables
10	Coordinate and prioritize the multiplicity of information, directives and guidance documents being pushed out to the PCH sector by a variety of sources
11	Mandate and fund a province-wide healthcare system response for pandemic outbreaks to reduce fragmentation and delays in outbreak response
12	Ensure that LTC is an integral part of the continuum of care in the health care system
13	Establish a clear system for deployment of infection prevention and control (IPAC) clinical resources during outbreak situations, including COVID-19 and other outbreaks like influenza

APPENDIX 1: RECOMMENDATIONS CONT'D

Recommendations	
14	Continue to develop and implement a robust PCH workforce plan
15	Review funding for PCHs to ensure that staffing levels and services provided are appropriate to the complexity of current and future residents
16	Review and streamline the licensing standards for PCH to ensure currency and applicability to the changing needs of residents
17	Given the impact of an outbreak of this magnitude, work must be done to rebuild trust with families. Consideration must also be given to the staff who have been negatively impacted by the experience and the amount of media scrutiny. This will require a multifaceted and ongoing approach to ensure healing and sustainability

APPENDIX 2: STATUS OF WORKING GROUPS

Working Group	Recommendation	Lead Organization	Members	Timeline	Stage/Phase of Work <i>Detailed Planning / Design / Implementation / Evaluation</i>
1	1-6	MHSC	<ul style="list-style-type: none"> • Winnipeg Regional Health Authority • Northern Regional Health Authority • Southern Health-Santé Sud • Prairie Mountain Health • Interlake-Eastern Regional Health Authority • Saul and Claribel Simkin Centre • Revera LTC Inc. • Long Term And Continuing Care Association Of Manitoba (LTCAM) • Manitoba Association Of Residential And Community Care Homes For The Elderly (MARCHE) (Golden Links Lodge) 	Short	Active Design Stage
2	7	SH	<ul style="list-style-type: none"> • Shared Health: Disaster And Emergency 	Short	Active Design Stage
3	8: Part A	MHSC	<ul style="list-style-type: none"> • Manitoba Health and Senior Care: Health Services Commissioning 	Long	Pending <i>** Other working groups need to start before work can begin.</i>
4	8: Part B	SH	<ul style="list-style-type: none"> • Shared Health • Medical Clinical Leadership Council 	Long	Active Design Stage
5	9	SH	<ul style="list-style-type: none"> • Shared Health: Health System Integration And Quality Outcomes 	Medium	Active Detailed Planning Stage
6	10	SH	<ul style="list-style-type: none"> • Shared Health: Health System Integration And Quality Outcomes 	Short	Active Detailed Planning Stage
7	11	SH	<ul style="list-style-type: none"> • Shared Health: Disaster And Emergency 	Long	Active Detailed Planning Stage

APPENDIX 2: STATUS OF WORKING GROUPS CONT'D

Working Group	Recommendation	Lead Organization	Members	Timeline	Stage/Phase of Work <i>Detailed Planning / Design / Implementation / Evaluation</i>
8	12	SH	<ul style="list-style-type: none"> • Winnipeg Regional Health Authority • Northern Regional Health Authority • Southern Health-Santé Sud • Prairie Mountain Health • Interlake-Eastern Regional Health Authority • LTCAM • MARCHE (via Golden West Centennial Lodge) • Manitoba First Nation PCH Operator Network • Extendicare • Holy Family Nursing Home • MHSC: Policy and Standard 	Long	Active
9	13	WRHA	<ul style="list-style-type: none"> • Winnipeg Regional Health Authority • Northern Regional Health Authority • Southern Health-Santé Sud • Prairie Mountain Health • Interlake-Eastern Regional Health Authority • LTCAM • MARCHE (Bethania Mennonite PCH Inc.) • Manitoba First Nation PCH Operator Network • Extendicare • ActionMarguerite Saint-Boniface 	Long	Active Design Stage

APPENDIX 2: STATUS OF WORKING GROUPS CONT'D

Working Group	Recommendation	Lead Organization	Members	Timeline	Stage/Phase of Work <i>Detailed Planning / Design / Implementation / Evaluation</i>
10	14 and 15	SH	<ul style="list-style-type: none"> • Winnipeg Regional Health Authority • Northern Regional Health Authority • Southern Health-Santé Sud • Prairie Mountain Health • Interlake-Eastern Regional Health Authority • LTCAM • MARCHE (via Saul and Claribel Simkin Centre) • Manitoba First Nation PCH Operator Network • Revera LTC Inc. • Bethania Mennonite PCH Inc. • MHSC: Financial Commissioning • MHSC: Workforce Branch 	Long	Active
11	16	MHSC	<ul style="list-style-type: none"> • MHSC: Licensing and Compliance 	Long	Active Detailed Planning Stage
12	17: Part A	MHSC	<ul style="list-style-type: none"> • MHSC: Quality and Citizen Experience • Communication Services Manitoba 	Medium	Active Detailed Planning Stage
13	17: Part B	SH	<ul style="list-style-type: none"> • Shared Health: Mental Health and Addictions • Blue Cross Employee Assistance Program • Sara Riel • Nor-West Co-op Community Health • Morneau Shepell 	Short	Active Design Stage

APPENDIX 3: FACILITY LEVEL ONLY (MAPLES PCH) PROGRESS

Recommendation and Task	Status
Recommendation One: Revise the Maples Outbreak Plan to ensure the ability to operationalize it	Complete
Task for Recommendation One: Determine critical roles and responsibilities during an outbreak and ensure redundancy for these critical roles within the assignments	Complete
Task for Recommendation One: Identify the leader for response during an outbreak	Complete
Task for Recommendation One: 'Skill up' security and general labor staff before an outbreak	In progress
Task for Recommendation One: Determine what constitutes a current or pending staffing issue (triggers) and ensure response occurs	In progress
Task for Recommendation One: Identify and implement increased direct care and housekeeping staff during an outbreak	Complete
Recommendation Two: Identify and implement clear care priorities for residents during an outbreak situation, including but not limited to medication management and minimum standards for documentation	In progress (50 per cent complete). Anticipated completion date by July 30, 2021.
Task for Recommendation Two: Identify care parameters that will be paused or monitored during an outbreak	Complete. Have identified essential care components
Task for Recommendation Two: Have a clear care plan for each resident before an outbreak that includes personal directives, vital medications, hydration directives, etc.	In progress care planning reviews will remain ongoing
Recommendation Three: Mobilize and deploy additional onsite Revera resources at the beginning of an outbreak through to when stabilization is achieved (e.g. clinical expertise; leadership expertise)	Complete
Recommendation Four: Ensure that regular (daily) on site physician rounds are immediately in place once an outbreak has been declared	Complete

APPENDIX 3: FACILITY LEVEL ONLY (MAPLES PCH) PROGRESS CONT'D

Recommendation and Task	Status
Recommendation Five: Recognize that housekeeping is a critical essential service in Long Term Care and ensure it is staffed appropriately during any outbreak	Complete
Task for Recommendation Five: Augment housekeeping staff with individuals skilled and knowledgeable in PPE and enhanced cleaning standard operating procedures	In progress
Task for Recommendation Five: Ensure housekeeping staff are assigned to specific wings in the building to reduce spread	In progress. limiting staff movement across units is ongoing, as resources allow
Task for Recommendation Five: Enhance waste management, including: Adequate waste receptacles and skilled staff to complete waste removal, such as PPE	Complete
Recommendation Six: Improve communication for stakeholders	Complete
Task for Recommendation Six: Revise the Maples outbreak communication plan to proactively clarify to families what information they will receive, frequency of contact, and by which route it will be provided in the event of an outbreak. This recommendation should also be considered at the system and regional levels	In progress
Task for Recommendation Six: Consult families in development and revision of the outbreak communication plan	Complete

