

ZOOM Family Council Meeting – July 16, 2020 @ 5:00 pm – 7:00 pm
Minutes

In attendance:

Julie Perl, Chair, Laura Mastrangelo, Mauro Tatone, Mary Tarantino, Nelida Perri, Josie DiMeo, Annalia Montanari Mazzuca

Absent: Paul Violante, Toni DiPlacido

Ruben Rodriguez, Rosanna Foti (taking notes for Ruben Rodriguez)

Agenda:

1. What does “taking over Senior Management at Villa Colombo” mean? How was HRH engage and what is being done different by HRH now?
2. How long is Tracey Comeau’s leave? FC, along with The Board are always advised of changes.
3. How will Family Council be supported by Administration?
4. What is being done differently by Humber River Hospital now?
5. What is being done differently by Toronto Public Health now?
6. With Emergency Measures in place, CNR checks and TB tests were not required. How will VCT implement these once Emergency Measurers are lifted?
7. Can we delegate Fidani Wing as a separate building?
8. Have Air/Quality and HVAC testing been completed?
9. How is Contact Tracing being done?

Julie Perl started the meeting, members were introduced and Ruben introduced himself to Council and talked about his background. He started at VCT on Tuesday, July 14, 2020.

1. What does “taking over Senior Management at Villa Colombo” mean? How was HRH engaged and what is being done different by HRH now?

Julie brought up the issue that she was not advised HRH had taken over Senior Management. Many family residents reached out to ask why? Requirement that Family Council to be made of major changes impacting home. Ruben to ask Mr. Fusco why FC was not made aware prior to mass communication. Mass communication was made through the Zoom meeting on July 6th, 2020 by Barb Collins, CEO, HRH.

How was HRH engaged?

RR: - Last week, Mr. Fusco reached out to the Ministry for help. The decision was made by Mr. Joe Fusco to engage HRH after Tracey had requested she needed sometime off.

This was done on a voluntary basis and was not mandated from the Ministry.

My contract is temporary for 4 weeks, which coincides with Tracey’s ask of a 4 week leave of absence.

JP: - When were you approached?

RR: - Last week on Wednesday, Barb Collins approached me. (June 8, 2020)

What is been done differently by HRH now?

RR: - HRH provided education to staff on PPE and proper hand washing hygiene; Data collected from this was inconclusive; New data tool been introduced to monitor hand hygiene and proper PPE usage

RR: My mandate is 1) provide leadership to bring the home out of outbreak & 2) review opportunities to decrease costs. During discussion regarding staffing levels. Julie went on record noting that Villa was

understaffed prior to pandemic. This came up during Ruben's discussion around his mandate around reducing cost.

RR: - I will ensure that everyone is accountable. This week, he will be meeting with each DOC and next week, meeting with frontline Charge Nurses.

JP: - What was the turning point? VCT was in yellow code, aiming for green.

RR: - I was busy at Downsview Long Term Care and could not keep abreast of what was going on at VCT. Mr. Fusco reached out to me. I am not aware of what led to that. When Mr. Fusco contacted me he felt he needed more, so he reached out for help. I am here on a voluntary basis. It was not MOH mandated for me to be at VCT. I was invited by the Board of Directors to come and improve things. MOH was not concerned about VCT. It was VCT that wanted things to improve.

RR: - Since my involvement at Downsview LTC, there is a different executive council; completely. The entire executive has been permanently replaced. I hired a whole new management team.

2. How long is Tracey Comeau's leave? FC, along with The Board are always advised of changes.

JP: - We find it unusual that she did not inform FC of this change because FC has a very good relationship with Tracey Comeau.

RR: - I cannot elaborate.

JP: - FC and Joe Fusco are always advised of any changes. Why was FC specifically not advised?

RR: - I don't know.

JP: - Why was I not advised specifically as president of FC?

RR: - According to the Regulations, we are not obliged to advise FC.

JP: - The way it's always worked, is that we were advised. Can you please ask Mr. Fusco why I was not advised?

RR: - I will make it my promise to keep FC informed.

3. How will Family Council be supported by Administration?

JP: - How will FC be advised so that we are prepared to answer questions from family, media, etc.? How will you and your team keep FC informed?

RR: - It's not my role to inform FC; my role to bring VCT out of outbreak and to look for how to retrieve added cost until now in dealing with COVID.

JP: - The whole world is in additional costs. Can you clarify?

RR: - To find savings in staffing, etc., for example, do we still need RSA's? Do we need that many Agency people? Can we give part-timers full-time, to reduce costs, instead of using agency personnel, etc.?

JP: - VCT was always understaffed. I've been there to witness this. PSWs are over-worked.

RR: - What has FC done to deal with understaffing?

JP: - Prior to COVID we participated in press conferences and media events, we were writing letters to Doug Ford, MPs, MPPs, councillors, the mayor's office; we've been working tirelessly. In the last 5 years, I've noticed personally that the needs of residents have been greater and more complex. Since COVID, VCT is being staffed at 133%. Perhaps that is the correct staffing levels VCT need; and during Covid, maybe 150% or 160% staffing is needed. I want that to go on record as having said that.

RR: - Not sure if I have any control over that with the Ministry. I will advocate on your behalf for ministry funding. Budget is at 133% to facilitate staff not crossing floors.

4. What is being done differently by Humber River Hospital now?

JP: - What was being done differently from June 1st to Monday, July 15?

RR: - I was not there June 1, but 2 of my colleagues were. They are here with me now. They have been working on disinfecting and cross-contamination, etc. I like a methodical approach. As of Tuesday, hand hygiene has changed. I'll have a better picture for you once I get settled. I believe in evidence-based

tools. If the risk of cross-contamination is poor, then the tools in place are not working and we must change our practice; i.e.: hand hygiene. Epidemiology studies show that hand hygiene at VCT is poor right now. We have dementia patients that are difficult to control in terms of keeping them from wandering. This is a problem in all homes. Residents do wander, that's a reality.

LM: - You will be here for 2 months?

RR: - Yes. What I am doing is that I am holding meetings with each charge nurse, DOCs, and actual front-line floor charge nurse.

RR: - I will look at monies, extra costs, perhaps one-on-one care for wanderers.

JD: - My loved one is one of the residents that wanders. The problem with one on one, is that some residents do not want to be controlled, they do not remember why they must stay isolated in their room and reacts accordingly, anxiety spikes and they become less coherent and depression sets in.

RR: - What is more important, dealing with these outbursts and saving their life or dealing with a Covid death? If they die, we cannot remedy that.

JD: - The residents emotional well-being is very important.

RR: - We have to weigh getting COVID and dying, against supporting their emotional state.

5. What is being done differently by Public Health now:

LM: - As of yesterday, the MOH expectations for visits have changed. Does that mean we can start that stage of indoor visits?

RR: - Why? In three days, if we allow visits, we will have more COVID cases.

LM: - The new MOH directive states that 2 people with negative Covid test can do an inside visit.

RR: - Only homes out of outbreak can accommodate inside visits.

LM: - When we are out of outbreak will visits be automatic?

RR: - I got a home out of outbreak in 20 days. Within this group, you all know how to act during visits. When we allowed visits at the last home I was at (Downsview Long Term Care), of course the first family member that came in, as soon as they saw their relative, they started crying and hugging and kissing the resident all over. We can't take this chance. After the visit, we had to put the resident in isolation for 2 days. Visits outside have no physical barriers. Inside visits are more controlled so there is less of chance of crossing to the other side of the barrier. Personally, I see my mom every 6 months.

JP: - Why can't we accommodate the same set-up as planned for indoors at Sala, for outdoor visits in the garden? Some residents are blind and hard of hearing. How will residents hear or see if we are wearing masks and 6 feet part with a barrier in between?

RR: - We are looking at visits inside and outside.

LM: - Will we still need masks with the barrier separating us?

JP: - City of Toronto regulations say that if you are 6 feet away from the resident, masks are not needed.

RR: - When Villa does come out of outbreak & visits are allowed, will do so per stage 2 province guidelines i.e outside. Will need to test this out prior to moving to stage 3 guidelines, where family members will be allowed inside the home. We are exploring visits within Sala, as per stage 2 guidelines as there maybe a better opportunity to control the visit by having a partition between resident & family members. This prevents family members the urge to have physical contact with resident.

There was a discussion around family using face shield vs masks during visits. Ruben wasn't aware that either one can be used.

6. With Emergency Measures in place, CNR checks and TB tests were not required. How will VCT implement these once Emergency Measurers are lifted?

RR: - I will look into how many people were hired during this period and see who has had CNR checks and TB tests and who has not. I, personally, would not have hired anyone without police checks.

JP: - If we have to wait 10 days to get results of police checks and TB tests, we would not have gotten the much-needed extra staffing right away. Under Emergency Measures, LTC policies were waived in order to get people in quickly.

RR: - I want to follow up on staff hired without police checks and TB tests.

7. Can we delegate Fidani Wing as a separate building?

JP: - Julie: FC, has been advocating to recognize Fidani as a separate home so we can allow indoor and garden visits. Fidani wing has a separate address and separate elevator and can safely be divided from the rest of VCT residents and staff working in Fusco.

RR: - It is unlikely this will be granted. Regardless of how they are built, MOH will not give a Licensee 2 licenses. If Mr. Fusco loses the Fidani license, he can lose his license for all of the at VCT. The Ministry does not differentiate between Fusco and Fidani; it is one licensee, so the requirements cannot be different. If we cannot improve visits, we can at least improve quality of life.

8. Have Air/Quality and HVAC testing been completed?

JP: - HRH went into Fusco to conduct HVAC, ventilation and air circulation. Do you have the results of their findings?

RR: - I don't know if it actually happened, and I do not have any results at this time.

JP: - Let's bring this forward to our next FC meeting.

9. How is Contact Tracing being done?

JP: - How is contact tracing being done, today?

RR: - Please elaborate.

JP: - Previously Toni Dell'Aquila was in charge of contact tracing.

RR: - We cannot change the methodology of contact tracing, there is one approved way of doing contact tracing.

JD: - Tracey had set in place regulations for staff. They were to go home - and work only. They could not, for example, be the designated grocery shopper for their family. If staff are breaking these expectations, are you prepared to take disciplinary action?

RR: - They will be fired! I have held meetings with all staff and I've made that clear to both the staff and the unions.

New Business:

1. Balcony Visits:

RR: We experimented with having balcony visits. Seven residents in the Fidani Wing participated and it went very well. We are looking at expanding that if it's safe to do so.

JP: - Tracey Comeau had been looking at balcony visits with Fidani residents before she went on leave. She was arranging for the wood furniture to be replaced with plastic for easier clean up. We are glad it has started.

RR: - I was able to do a few walk-about with my team and VCT members to determine what is safe. I have determined that at this moment, residents are safe on the VCT floors but it is not safe to allow outside visits because appropriate protocols are just not in place. I also did a walk around as a resident, for potential visits in Sala Caboto, with t-shaped stations and screens, where no contact is possible; that went well. I am confident that we can accommodate that.

2. COVID #'s

JP: - I would like to confirm COVID numbers, per floor, at VCT since HRH came in officially.

RR: - I am aware of the numbers: 395 beds, 124 recovered/resolved resident COVID cases, there are 11 residents in hospital, 113 vacancies in the building. There are now 302 residents in the building and 93 empty beds. Therefore, the capacity available is 93.

AMM: - Of the residents in hospital, are they all COVID patients?

RR: - Because it is such a low number, for privacy reasons, I cannot say how many of each because it would become easy to identify them. I can tell you; it is a mix of COVID and non. It was determined that these residents needed more attention, so they were transferred to hospital. They are all ready to return but they cannot because of the MOH policy in place that hospitalized LTC residents cannot be returned to their LTC homes until MOH allows it. Of the 27 residents in hospital, some had other illnesses, others were COVID related where COVID made their existing conditions worse.

AMM: - Dr. Di Carlo did say that the hospitals and VCT are able to provide the same care for residents.

RR: Things have changed.

JP: - 93 vacant beds, 302 residents present, 124 resolved cases of COVID, 178 remaining, 97 are Fidani residents, that leaves 81 vulnerable residents in Fusco who have never had COVID and who are vulnerable to get it? There have been 173 total COVID cases at VCT?

RR: In the entire VCT population, 122 residents have never had COVID, that includes both Fusco and Fidani Wings, and some are in hospital.

JP: - Dr. Rea has said that anyone who has had Covid are not likely to get it again.

RR: - In the short term, yes, that is in the short term.

JP: - So how many vulnerable residents are there then in Fusco and Fidani?

RR: - I cannot give you that data. I only have data pertaining to the whole VCT LTC, data is not collected per wing, only for the entire home. I can tell you that 122 residents tested, always tested negative. 96 residents in Fidani, always tested negative, 17 in Fusco.

MT: You are treating Fidani and Fusco as one building but, are you taking into consideration that the reality of Fusco is very different than Fidani?

RR: - What is the point we are trying to make here? At this point I have to advocate for myself. I've been here for 12 hours, I still have to go home, make myself some dinner, etc.

JP: - Bear with me, I am going somewhere then you can go home.

RR: - I am not going home, there is still a lot to do before I can go home. But I have to advocate for myself at this point. Where are we going with these numbers you are presenting to me?

JP: - I am concerned; families have not seen their loved ones for a very long time. I want to know how many residents have never tested positive for Covid, and therefore are still vulnerable (at this point) in getting the virus, as there is no evidence to prove those who have already contracted it, can no longer get it.

RR: - These numbers are skewed. We cannot draw conclusions like that. There are still so many unknowns with the virus. I'm not sure how you are getting your numbers. I don't have that data and I'm not going to be obligated to give data that I do not have, but I will try to provide it for you, but given my mandate, that will not be a priority on my list of things that I have to accomplish.

3. On site HRH staff and purpose?

JP: - How many HRH staff are currently onsite?

RR: - My team is made up of 3 people. Our role is management, not care. A larger team of 20 people are working on the scene at HRH, providing support to a larger group.

JP: - Is there an OH&S Specialist on site at VCT?

RR: - Why do we need that here? There is no evidence that we need an OH&S Specialist at VCT at this time.

JP: - I am questioning HRH “management” vs “care”. It doesn’t seem like we have any additional people from HRH doing hands-on work. I am on the Professional Advisory Committee (PAC) where many medical aids including PPEs, etc. are discussed.

JP: - What has been the difference for VCT between you, your team of 3 personnel now and the other several staff from HRH that were at VCT since June 1, 2020?

RR: - People on the floor? Three, we have two Nurse Practitioners from HRH on site providing leadership support, 29 people, not present, but providing support off-site.

4. New Admissions to VCT:

JP: - Last question, how will VCT receive new admissions?

RR: - We will not admit any new residents until we are out of outbreak. It will be the same process we used at Downsview. First we will bring back the 27 residents in hospital, at Downsview it was not done all at once, it was done in stages. We did it over 7 days, 5 residents per day, at VCT maybe we can do 9 residents a day because of the reality of the configuration of the floor plans, but not more than 2 residents per unit, per day. It will be a 7-10 day process, then we will give the ok to fill in the vacant beds. I worked closely with Sandra (the LIHN placement rep for this region), to bring in residents into Downsview and will do the same for VCT. The LIHN list has a prioritized list, first people in crisis will be placed. The first 93 people on the list will be placed; that is controlled by LIHN.

JP: - Remind them that we have an ethno-centric cultural focus.

RR: - They are aware of all of that.

JP: - What about the residents currently in Fusco Wing who have been awaiting placement in Fidani Wing? Who will be given priority? I indicated that preference is given to those residents in Fusco be given “super seniority” to be placed in Fusco. I expressed this in an email last week and those residents should be given the opportunity since they are already at VCT and should be given priority over those on the list from the LIHN.

RR: - All of that will be sorted out between the LIHN and VCT admissions. At Downsview, I didn’t bring all new residents in at once. All new potential residents will be COVID tested and will be isolated for 14 days. Ten residents per week, tested 24 hours in advance. At the end of the 14 days, we will re-test and assume they can live a normal life. We are also working on re-establishing communal activities.

Closing Remarks:

JP: - Any questions or anything to add from FC?

RR: - Shared charts with COVID status in VCT including staff COVID numbers.

JP: - We are at the end of our meeting.

RR: - Please feel comfortable using my HRH email address, calling me at VCT at extension 2201, and on my cell at 416-346-8404 (work phone and is only answered until 6pm)

JP: - Closing remarks and thank yous.

RR: - Reiterated that his leadership style is to be open and advocate for VCT needs. I am aware that you had a great relationship with Tracey and please do consider that you can continue that same level of relationship with me.

RR: - By next week I should have the numbers for you. Let’s hope we can meet next week for a walk around.

JP: - Can we set up another meeting?

RR: - I wanted to meet you guys. I would like some time to settle in then maybe by the end of next week or the following week on Tuesday, we can meet again. We can meet at 5pm but only for one hour.

JP: - FC are a passionate group.

RR: - I like a passionate FC.

Final goodbyes and meeting closed at 7:02 pm

Short forms used in minutes:

VCT = Villa Colombo Toronto

FC = Family council

HRH = Humber River Hospital

MOH = Ministry of Health

Sala = Sala Caboto

TPH = Toronto Public Health

DOC = Director of Care

HVAC = Heating, Ventilation and Air Conditioning

Fidani = The Fidani wing, 42 Playfair Ave

Fusco – The Fusco wing, 40 Playfair Ave. (unless preceded with the word “Mr.”)

OHS = Occupational Health specialist

LHIN = Local Health Integration Network (formerly CCAC)