



## **Annual Report for Venta Care Centre**

### **2018**

Venta Care Centre (VCC) continues to focus on quality assurance, improvement and risk management initiatives utilizing our resident and family focused approach to care.

We began the year by providing mass refresher education sessions to all staff in areas that include VCC's emergency / contingency plan, strategic plan, outbreak protocols, code red evacuation and response procedures, incident and hazard reporting, Continuing Care Health Services Standards, and the four moments of hand hygiene. Clinical refresher training to our RNs and LPNs was also provided in specific areas that include medication reconciliation, administration practices, and proper nursing documentation.

VCC experienced an influenza outbreak in January of this year. AHS Infection Control Designate evaluated the site's infection control and prevention interventions and deemed the facility compliant. Preventative measures continue to be reviewed alongside quality assurance protocols to support an outbreak-free facility. Our overall influenza vaccine compliance rates remain high, with over 90% of staff and residents immunized.

In February, the facility underwent Accreditation Canada's Qmentum accreditation survey. We were evaluated against national standards under four standard sets: Leadership, Infection Prevention and Control, Medication Management and Long-Term Care. We initially achieved Accreditation with Commendation. A formal appeal to this decision was made, demonstrating our compliance with some identified unmet criteria that may have been overlooked. In May, Venta won the appeal and was awarded Accreditation with Exemplary Standing for 2018 to 2022 which is the highest designation for an accredited organization to attain. Overall, we met 98.1% (a total of 412 out of 420 criteria) of the total criteria within the standard sets.

This was a great achievement that showcased our commitment to attaining excellence for the resident's and families we serve.

In the spring and summer of this year Venta continued to develop its clinical communication tools to enhance efficiency, engagement, and improve resident outcomes. The 'Resident Acuity Report' was expanded to enable improved communication of residents experiencing breakthrough pain. The Acuity Report, initially developed in 2014, has continued to grow and evolve over time with staff input. Furthermore, we initiated a more formal communication tool for our NP, who continues to play an active role in our facility. We also re-assessed our HCA communication processes in conjunction with our HCA staff. Our findings indicated we needed an additional method that would allow the HCA team to document information that they have been relaying verbally to their unit nurse. This enhanced our current communication strategy, making it more effective and, preventing any potential gaps in information.

In April, Alberta Health Services (AHS) had updated its guidelines on funding for mobile X-ray onsite services due to increases in its allotment for the fiscal year. To maintain financial support for essential components of the service, AHS standardized their process and prioritized reimbursements based on urgency (i.e., X-ray services required STAT or ASAP). Due to the change, additional financial and human resources needed to be allocated by Venta.

Our facility-based online education modules, completed by all staff annually, continues to evolve. An additional "Person Centered Care" module was developed as a guide for all staff on the fundamental concepts of this model of care adopted within the facility for some time. Concepts including active listening, resident choice, the provision of care "with" the resident's and their families (versus "for" them), and the fundamentals of empathy and compassion when providing care or services was reviewed in this module.

Furthermore, we continued to provide hands-on education sessions for all RN's and LPN's. Education on wounds and wound assessments was provided to our nursing team by an external wound specialist. A new end of life protocol was introduced through the Region. Staff received training on this new "Care of the Imminently Dying" pathway. Tabletop training sessions were also provided to review facility-based nursing protocols, processes and policies, our nursing team received upon hire. This was a great refresher allowing us the opportunity to ensure our nursing teams knowledge base is consistent. This initiative led us to begin developing a more

comprehensive orientation manual for all new nurses hired and those that have returned from a leave of absence.

In June of 2018 a new OH&S Act, Bill 30, came into effect now mandating employers with 20 or more employees to form a Joint Occupational Health and Safety Committee and ensuring a comprehensive Health and Safety Management System is in place among other things. This provided Venta the opportunity to review its current committee and health and safety system elements. OH&S committee members attended additional education with the Continuing Care Safety Association (CCSA) on topics that include workplace inspections and incident investigations.

In-line with our strategic plan, we continue to promote a healthy and safe work environment by partnering with the PIR/COR program. We achieved 99% overall by a team of external auditors this year.

Quality of care and safety also continues to be a major initiative. A FMEA was used to evaluate our current food allergy alert system and identify where and how it may fail. In turn we developed a risk management tool that would alert health care providers to resident food allergies to prevent these foods from accidentally being served. The visual food allergy system was put in place with great success.

Also, an updated hazardous drug safe handling procedure, inline with current AHS best practice recommendations, was developed to reduce occupational exposure to hazardous medication. Our partnering pharmacy alerts our clinical team of any Cytotoxic or other Hazardous medications, recategorized by the National Institute for Occupational Safety and Health (NIOSH), and signage is posted to alert staff to use appropriate PPE. Hands on education sessions were provided for all clinical and non-clinical staff on this risk management initiative.

Facility upgrades and improvements this year included replacing the flooring in both the main and contingency Kitchen. A new back up generator for the 300/400 unit was acquired and our call bell system was upgraded. Our front entrance area has also undergone many changes. We renovated the front office and built additional administrative office spaces. A separate reception desk / area was also now installed to offer visitors a more welcoming experience.



## **Annual Report for Venta Care Centre**

### **2019**

Venta Care Centre (VCC) began this year by continuing to develop a comprehensive nursing orientation manual that will be used to enhance our current staff onboarding program. This quality assurance measure ensures consistent information on facility protocols, standards, and policies are being relayed to our nursing team. All newly hired RN's and LPN's and those that have returned from a leave of absence will now receive comprehensive in-class training, using the manual, followed by their regular hands-on buddy shift training on the floor.

VCC continues to assess its resident centred care model and initiatives to improve quality care. An informational brochure for new Residents and their Families on "Living at Venta Care Centre" was developed. This quality improvement tool provides additional support to ease the transition of a newly admitted resident into the facility.

The professional development of our team continues to be a priority. Education provided through our physicians, NP, and other team members included training for our nurses on effective communication with the resident's attending physician utilizing the SBARD. Mass hands-on education sessions were also provided to all staff on the Continuing Care Health Services Standards, VCC's least restraint policy, proper lift and transfer techniques, and safe bath / water temperature procedures. A new 'Oral Care' module for all our health care providers, was also developed with the help of our onsite dental team.

We also assessed how we could provide further opportunities for our team members to grow. In response to Accreditation Canada's Worklife Pulse Survey it came to our attention that HCA's felt they lacked the advantage of developing in their career. Venta took this as an opportunity to be innovative and move some of our HCA's up to managerial roles. This was an initiative we have not seen any

other facility utilize. We evaluated many strong candidates in-house and hired two capable individuals. The new Health Care Aide Manager role was very successful. It allowed us to provide peer-to-peer mentorship which we found to be more effective, streamline our new HCA staff onboarding training process, and allowed us the opportunity to effect change from a HCA's perspective. This role continues to evolve and has been integral in many of our quality improvement and risk aversion initiatives.

In May of this year, we reviewed our current Narcotic/Controlled Medication Process and developed a new and improved plan with Pharmacy's involvement. Our new narcotic process was put in place to improve accountability and control when receiving, handling, and administering narcotic drugs.

The summer of 2019 brought poor air quality to Edmonton, due to wildfires burning around the province. Resident health and safety remained our main priority. Residents were kept safe indoors and newsletters were disseminated updating residents and families of the situation.

Furthermore, one of our largest quality improvement initiatives was put in place this year. We determined that there was a need to improve our current paper-based medication administration record system through a FMEA. We assessed the benefits an electronic medication administration record (eMAR) would have for nursing compliance with documentation requirements, reducing administrative errors, and limiting the possibility of forgetting to medicate a resident. With the overall aim is to improve communication for the benefit of resident care. After an extensive search of eMAR compatible programs in the country, we made the decision to utilize PointClickCare in part since it is our current primary screening and assessment tool (for MDS) and is used by our partnering pharmacy (Remedy's Rx). A great deal of planning was required to implement this new risk management tool. Clinical staff were providing extensive training by our management team and Pharmacy providers, eMAR computers and new medication carts (with computer stands) were acquired. The eMAR system was officially launched in December of this year with great success.

Our Chemical Restraint review meetings continue to take place monthly. Our nursing team along with our NP, and Pharmacist meet each month to review residents on pharmacological restraints including antipsychotics and

benzodiazepines. Our goal continues to be to reduce the usage of these medications if appropriate. VCC continues to show lower rates than the regional average.

Our Occupational Therapist Manager went on maternity leave at the end of this year. Her duties were delegated to our other onsite Occupational Therapist and other team members.

Occupational Health and Safety continues to be a priority. Committee members received additional training through the Canadian Centre for Occupational Health and Safety. An additional manager received certification to perform internal maintenance audits for VCC to maintain its Certificate of Recognition (COR) under the Partnership in Injury Reduction (PIR) program. A health and safety management evaluation was conducted internally this year with great success – achieving an overall rating on 93%. A plan was put in place in the few areas of improvement noted.

Our Influenza Campaign was very successful this year. We incorporated staff documentation review sessions at this time, where staff are provided the opportunity to review essential facility policies and guidelines.

Resident and family engagement continues to be a priority. A Family Engagement Survey was conducted. Resident and Family Council meetings continue to take place on a monthly (or more frequent) basis. A new Care Conference Feedback form was developed for quality assurance purposes. Residents and families are given an additional avenue to provide feedback after their regular admission or annual care conference. Feedback received is compiled and disseminated to the care team for appropriate follow-up.

Our Social Worker has begun the process of completing admission “check-ins” with our newly admitted residents and families. This additional quality improvement initiative has ensured a smoother transition and allowed us to follow up on any questions or concerns more quickly.

Facility upgrades and improvements this year included renovations in the 2000 Dining Room began to create a more homelike environment. This included, changing light fixtures for a more elegant space. New dinnerware for the facility was purchased with resident input. The dinnerware was lighter in weight and

easier for the Residents to hold. We also acquired two new commercial washing machines for our Laundry Department. An additional generator, for the 100 and 300/400 wings was installed. The facility now has two high-capacity generators that will automatically turn off in the event in there is a loss of power. Facility interior renovations continue as well. Walls have been repainted in various parts of the building. An additional eight new mechanical lifts were purchased along with eight air mattresses. All motors on our current mechanical lifts were changed and an extended warranty on all the lifts was negotiated.



## **Annual Report for Venta Care Centre**

### **2020**

#### **Message from the CEO**

Venta Care Centre is proud to continue to provide care and services to residents and their families in Edmonton who require Continuing Care. Through collaboration, using our client centered care model, and through innovation, and technology, Venta remains one of the leading long term care facilities in the Region. This work begins with our nursing and nursing auxiliary staff.

Venta Care Centre seeks to empower and hire nurses who bring their passion, leadership, skills, and ideas into our nursing home and community. Our RNs and LPNs are all professionally licensed and educated. They are further supported at the nursing home with the skills and training they need to meet the growing demands associated with the increasing acuity of residents.

Venta Care Centre's Mission is to provide family focused care with respect and dignity with principal values outlined in the acronym "V.E.N.T.A "Visionary, Excellence, Nurturing, Transparent, and Accountable." Recognizing that these principles enrich the lives of all those who work and live at Venta has gained Venta numerous recognitions from our Partners in Care: Alberta Health Services, Alberta Health, and Accreditation Canada.

Despite the strain placed on our nursing home as a result of COVID-19, we could not be prouder of the way our Venta team has risen to the challenge. Prior to the declaration of a pandemic in March 2020, in early February Venta Care Centre had already started planning and implementing measures including screening, monitoring, allocating resources, and educating staff, family members and residents about COVID-19 safety and prevention strategies.

Not even a pandemic could stop our strong training and experience to guide clinical decision-making, commitment, quality care, and innovative response in such uncertain times.



However, as the world now grapples with the COVID-19 pandemic, quality care that serves the public good is more important than ever. Venta Care Centre has been the leader regarding many long-term care facility interventions and protocols and in reflecting upon the past year, we have identified key milestones and accomplishments. The pandemic response of Venta Care Centre has been recognized in the Royal Canadian Journal for our prompt and progressive action.

Turning our attention forward, we embrace our role as providers of care to one of the most vulnerable populations. We are committed to upholding the highest level of family focused care and services for our residents and their families. We continue to strive for excellence as a leading continuing care provider enriching lives and communities through our innovation and passion. As we move forward in our industry, we continue to discover and implement innovative and compelling solutions that will benefit the quality of life of all of our residents.

### **COVID-19 Intervention Timeline**

In late December 2019, China reported a cluster of pneumonia cases that were later identified as severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2). Patients with the illness, called coronavirus disease 2019 (COVID-19), frequently presented with fever, cough, and shortness of breath within 2 to 14 days after exposure. In recognition of the widespread global transmission of Covid-19, the World Health Organization declared a pandemic on March 11, 2020.

In January 2020, the world watched as the cases of COVID-19 spread from the city of Wuhan to the rest of China. For the most part, business and life were normal, with some countries beginning to restrict Chinese travelers. However, On January 25, 2020, COVID-19 arrived in Toronto, Canada and on January 29, 2020, Seattle, Washington (near the Vancouver, BC border) reported the first case of COVID-19 in a nursing home.

Venta Care Centre began Pandemic Planning and put in place interventions as early as January 2020. This was well ahead of the provincial response to continuing care sites in Alberta.

Below is a chronology of our actions followed by a brief perspective on our efforts to date.

**Staff Expectation:**

On January 29, 2020, when a nursing home in Seattle reported their first confirmed case of COVID-19, and before the WHO, Canadian, and provincial authorities posted travel advisories to countries outside of China, our nursing home took a firm stance that day to enforce a 14-day precautionary isolation prior to coming back to work. To eliminate contact with those who had recently travelled the facility utilized their website to communicate the following staff expectations such as self-isolation and a questionnaire for their doctors to complete. We mandated that all staff have a negative COVID-19 test before returning to work. Moreover, staff were advised that any vacation that included international travel, would be require a 14-day isolation period at home before returning to work. Staff were also advised that if their loved ones had recently travelled internationally, that staff member would need to be on a 14-day self-isolation.

**Education:**

Beginning on February 24, 2020, Venta began educating staff on COVID-19 through newsletters and memos. Beginning on March 2, 2020, staff meetings were held each shift with all employees (care team, housekeeping, dietary, maintenance, occupational therapy, recreation, administration, etc.) to discuss updates on health authority activity and directives, activity and directives in our facility, and updates on the global pandemic. The facility focused on preventative measures that would minimize opportunities for spreading diseases and viruses such as the importance of hand hygiene and social distancing. All staff were educated on the importance of cleaning high surface touch areas frequently. Additionally, staff were educated and encouraged to change their clothing before going home. During these discussions staff and employers talked about the impact of COVID-19 on our lives. From these meetings we learned that staff needed day care (as schools had closed), transportation (as bus times changed), mental health support, food resources (fear of grocery shopping). Based on their identified needs, Venta created a day care, arranged carpool groups, provided mental health resources, social worker access, and helped staff order bulk food supplies. At each meeting we thanked the staff and reiterated what an honor it is

to be an essential care provider. We also designated more break spots to ensure social distancing in break rooms.

The news and media reports precipitated many staff members panicking for protection. Staff were watching people on the news fully suited up in personal protective equipment (PPE) and hazmat suites and they wanted the same. We began seeing the misuse of PPE as people were applying the gear for tasks such as hanging up laundry. Education and restriction of non-essential use was imperative to ensuring we would have supplies for critical tasks. With the announcement of the COVID-19 pandemic on March 11, 2020, we saw an increase in staff absenteeism and sick calls as many were afraid of coming to work. We recognized that staffing shortages would soon be the normal with the spread of COVID-19 and on March 13, 2020 we began training and educating our staff that their roles will be expanded. On March 25, 2020, new care task sheets were created in a binder outside each resident's room to ensure that all meals and essential care was provided, this was to facilitate communication between all team members, which may include non-health care professionals in a pandemic situation.

On March 28, 2020, the facility decided to encourage and support staff who wanted to wear non-medical grade face masks/scarfs as a barrier between their residents and their colleagues.

### **Screening:**

On February 17, 2020, the management team began screening staff members who had come back to work from international travel. Beginning February 24, 2020, all staff were encouraged to screen themselves using the possible case definitions on the health authority's website. Each shift, before staff members scanned their hands in to confirm their presence, they reviewed a questionnaire listing any possible symptoms and contact with COVID-19 before pledging that they were safe to come to work. On March 27, 2020 the facility set up designated stations for staff screening. Staff members performing the screening of workers were provided PPE. The screeners help ensure that the staff members had read and did not have any known symptoms when coming into work. The screeners also ensured hand washing and temperatures were taken. On March 27, 2020,

when facilities were mandated to take the temperatures of all staff members, there was a specification of the mode of temperature reading.

### **Working at more than one site:**

On March 28, 2020, British Columbia enacted the Bridging order restricting employees from working at more than one long-term care facility or between acute care sites. In Alberta, approximately 30% of care aides work at more than one job thus we strongly encouraged staff to choose one facility to work. All employees were encouraged to only work at one nursing home a day. Staff who are working at a site with COVID-19 or in acute care are not permitted to work at our nursing home.

### **Visitation to the Facility:**

We understood the importance of maintaining social interaction between residents and their loved ones during this time and implemented a number of protocols that enabled this vital component to a resident's quality of life to continue safely. To do so, we began screening visitors since February 24, 2020, upon arrival. Checking for symptoms and requesting that visitation be delayed if they recently travelled outside of the country or were feeling unwell. On March 9, 2020, we limited visitation times and the number of visitors per room, and on March 12, 2020, the facility decided that there would only be visitation would be limited to essential visitors only. To comply with the health authority's policies, we informed all of our family members of the rationale behind our decision.

We were transparent and received the good fortune of cooperation and support from all our families. On March 8, 2020, we had visitors that were deemed "essential"; however, they had just come from international travel and were symptomatic. At this point, the health authority expressed a very low risk of COVID-19 within the province and shared the visitor policy outlining the importance of collaboration and least restrictive visiting measures. It was difficult to screen as visitors often denied symptoms and appeared annoyed when questioned. For these visitors we provided PPE to wear during the visit. Families were educated on how to put on PPE before entering the main doors and then keeping the PPE on for the duration of their visit which was restricted to the resident's room. Many visitors wanted to pay for PPE and stated concerns regarding the sourcing of the equipment for nursing staff. On April 3, 2020 the

health authority announced that if you are an essential visitor, you will not be allowed to visit if you have an illness that can be transmitted (symptoms including fever, cough, or feeling unwell).

On February 24, 2020, Venta began emailing a weekly newsletter highlighting the nursing homes interventions and updates regarding the compliance with the Prime Minister and the health authority's direction. On the same day, screening posters and stop signs, regarding the facility closure were posted throughout the building, and consistent messaging on our website stating that families have access to a 24-hour on call manager.

To maintain social interactions between residents and their family during this time the facility increased access to technology to facilitate virtual social interactions. On March 13, 2020, recreational staff were provided with tablets and smart phones so they could begin arranging virtual visits between residents and family members. Families were also encouraged to visit residents from outside of their windows, while still maintaining social distancing. We continued to utilize technology to improve virtual interactions between resident's and family.

### **Management:**

### **Supply Chain Management:**

On January 28, 2020, a second case of COVID-19 appeared in Canada. This same day we organized a meeting with our suppliers, and began sourcing incontinent products, masks, gowns, oxygen concentrators from Canadian based sources. We began to acquire additional stock of PPE (gloves, gowns, masks, goggles, N95s). We purchased more oxygen concentrators, facemasks, fluid replacement bags, hand sanitizer and tubing (with the anticipation of shortages and price surges). On February 24, 2020 we began securing and tracking all PPE supplies. We ensured that all the supplies in the facility were accounted for (whether it was a box of gloves or a cleaning solution from housekeeping). We tracked the residents on isolation, and the amount of PPE that was being used daily. We helped staff streamline their tasks which helped to avoid the overuse of valuable PPE.

### **Medications:**

On March 11, 2020, we met with our pharmacy to review their pandemic plan in an anticipation of increased demand and shortages. We stocked up on common inhalers and medications. We created a plan with our medical doctors regarding medication administration that included eliminating all non-essential medications (e.g., vitamins, creams) in case of staffing shortages. We compressed medication passes (e.g., Instead of passing medications 4 times a day we attempted to make medication passes twice a day where possible.) We trained health care aides to administer non-essential medications and reorganized the medication strips to separate high alert medications from non-essential medications.

### **Staffing:**

On February 26, 2020, VCC provided education to staff highlighting how Aga Khan University Hospital staff avoided contracting COVID-19 by implementing proper PPE and compliance with policies, procedures which aided the nurses from contracting COVID-19. The nurses at the hospital had all pledged to help fight COVID-19, and we created a confidential staff pledge at our facility for those who would be willing to join the fight. Currently, more than 95% pledge to come to work, and we advised staff that they would not be mandated to work with residents who had COVID-19, instead we asked for volunteers, and we were successful in achieving a high staffing compliment.

We expanded the roles of all staff members (e.g., Regulated nurses (RNs, LPNs) assisted with cleaning, recreation staff were trained with lifts and transfers, and administrative staff trained to assist with feeding residents). During this time many staff members were fearful of contracting COVID-19 and were taking their 14 days isolation. We were successful in navigating this challenge by providing immediate rapid testing to staff who felt empowered about their essential care roles. We were successful in having staff come back to work sooner than the 14-days isolation period. All Staff were assigned to work on designated units to prevent transmission of the COVID-19 virus within the facility.

### **New Admissions:**

On March 24, 2020, Venta began offering skype tours of rooms for all the new admissions. The facility provided small care conference updates with a member of the nursing management team instead of an interdisciplinary care conference during these times. Teleconferences with the facility doctors were offered. Moreover, all new admissions or readmissions were placed on precautionary isolation, meaning that PPE was used for 14 days, and the residents were monitored during every shift for influenza symptoms.

### **Residents:**

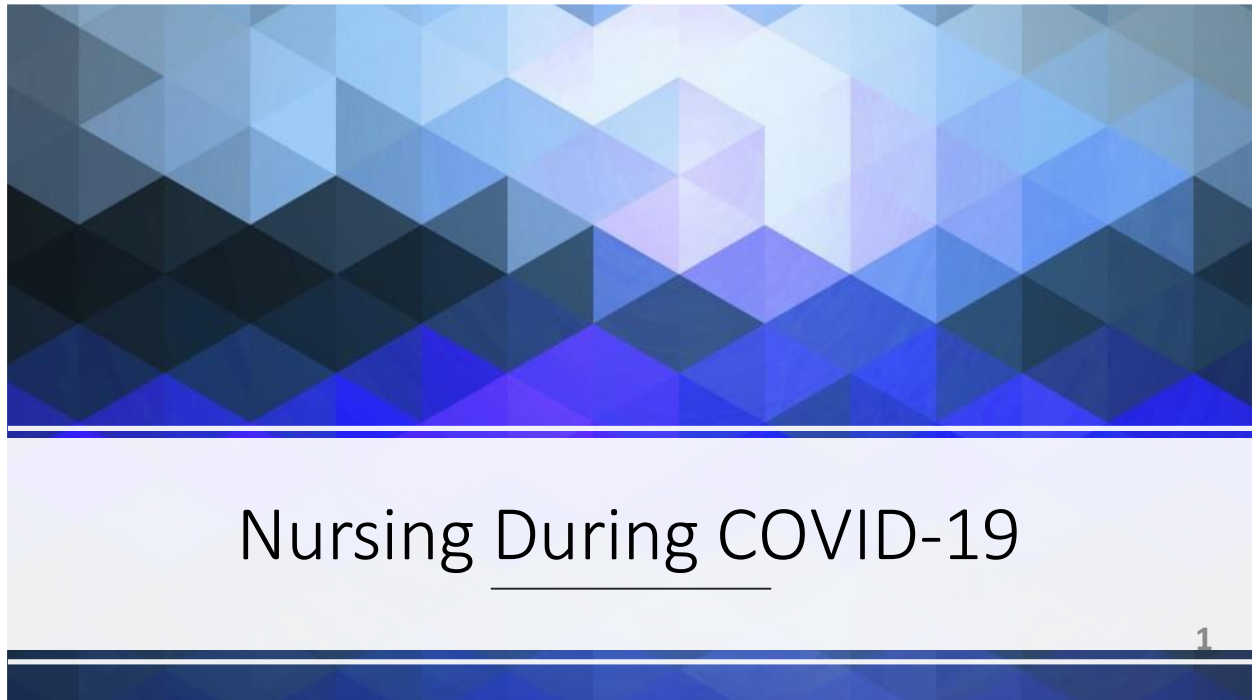
Beginning on February 24, 2020, the facility began educating staff on COVID-19 via newsletters and memos, since then we have consistently provided updates on every shift regarding COVID-19. On March 24, 2020, when the Prime Minister announced a need for social distancing, we implemented the idea of “room service”. We acknowledged that long term care homes function by routine and we knew there were going to be challenges, but that motivated us to start sooner so that we could refine the plan. This is exactly how we presented it to the staff and the residents. It was a safety measure, and in a sense, care became even more personalized. So far, we have seen an increase in nutritional intake and greater staff satisfaction. We closed all dining rooms and encouraged residents to have their meals in bed, we categorized all residents from high, medium, and low risk of aspiration and got those who were high risk up in their wheelchairs for mealtime. For the residents who were up in a wheelchair, we created a plan for them to eat at the entrance of the room. We had care aides walking down the halls cueing and also feeding residents from inside doorways. More than 65% of our residents have a diagnosis of dementia and we were able to navigate social distancing by presenting the idea as room service in a “hotel get away”, if residents who were used to wandering wanted to, they could be out of their rooms as many had opted to stay in. Moreover, we encouraged residents to stay in bed clothing, to “have a relaxed day”.

We educated the residents early about the virus’ mode of transmission, the importance of hand hygiene, and social distancing through hallway updates, unit huddles, and one-on-one discussions. The success was due to constant engagement and transparency between all parties involved. As soon as we

received new direction, Venta immediately relayed the information to the staff, families, and residents .

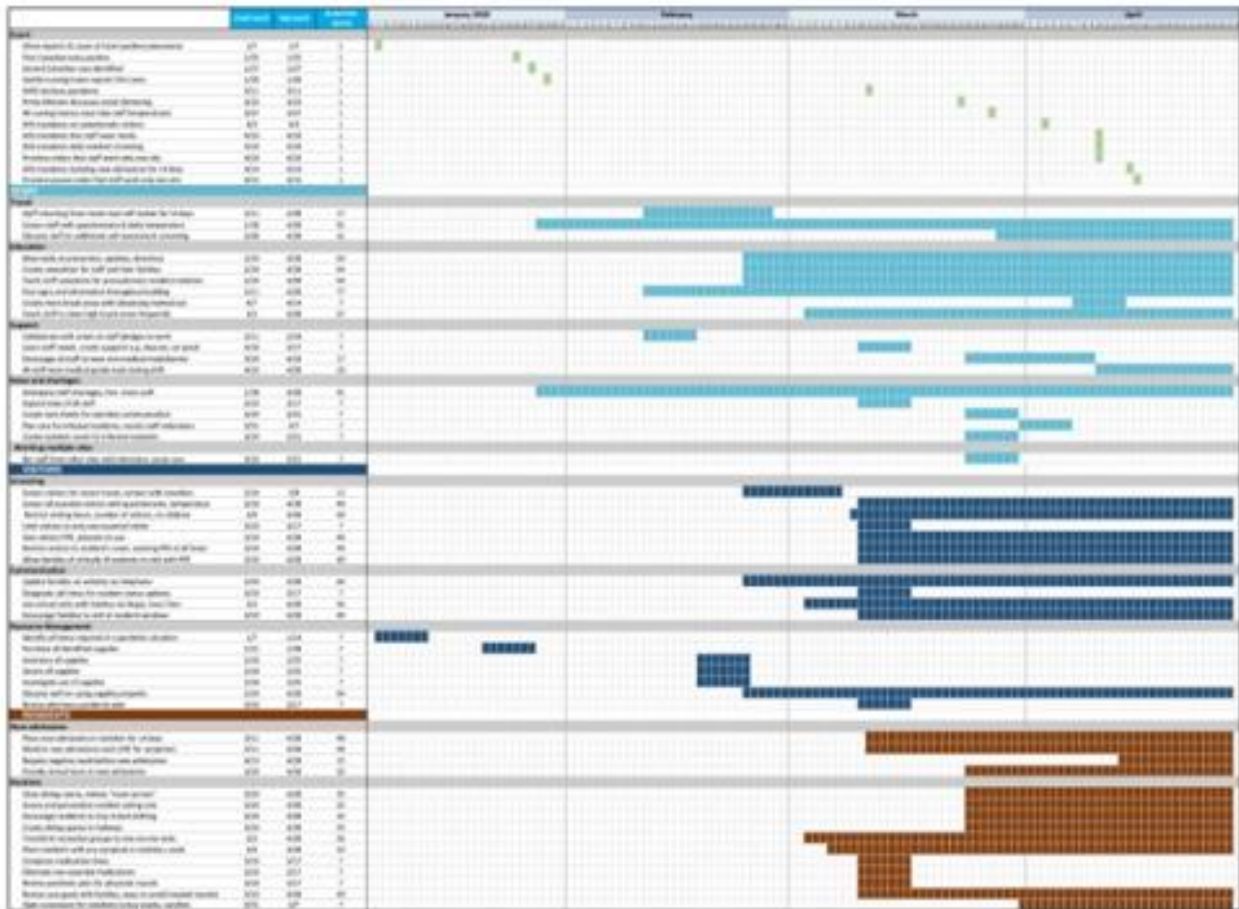
### **Nursing Care During COVID-19**

In addition to the plan highlighted in our timelines, Venta Care Centre utilized tools to implement and measure our quality assurance initiatives. The following section will highlight Venta Care Centre's implementation process to ensure quality care for our residents during COVID -19.





A snapshot of a condensed timeline of interventions from the above-mentioned timeline.



The electronic medication management platform utilized to add and monitor numerous nursing interventions is illustrated below.

The screenshot displays the PointClickCare web application interface. At the top, the header includes the PointClickCare logo, user information (Venta Care Centre, Helen Doan), and a Sign Off button. Below the header is a navigation bar with links for Home, Admin, Clinical, QIA, and Reports. The main content area is titled "Today for Helen Doan" and features a banner for home health solutions. Below the banner is a "Facility Bulletin Board - Venta Care Centre" section with a "New" button and a table with columns: Date Posted, Message, Created By, Position, and Don't Display After. The table currently shows "No records found." Below the bulletin board is a "PointClickCare Announcements" section with a "Message" header. A red banner highlights an "Attention Skin & Wound Users" announcement dated 11/19/2020. The announcement text states: "Please be advised that we will require up to 2 hours outage for Skin & Wound during the maintenance time noted below." It lists maintenance times for Eastern, Central, Mountain, and Pacific time zones on Saturday, November 28th, 2020. The announcement concludes with an apology and a "Skin and Wound" icon. A large number "3" is visible on the right side of the announcement area.

Nursing managers were able to check on the progress of medication administration with the following tool. The tool works by a system of red, yellow, and green lights. Green means that all interventions/medications are administered and are completed at the prescribed time, yellow means that the interventions/medications have not been given yet, but there is still time to complete the task. Red means that there is an outstanding interventions/medication to be completed/ administered and that there has been a lapse in the prescribed time.

This function allows managers and nurses to see if medications are missed and communicate efficiently to the prescribing doctor for the next interventions. It ensures that residents are getting their full prescriptions and personalized interventions.

In addition, the tool allows managers to provide supports to nurses if medication administration was behind, often a delay in medication delay was correlated with

a fall, residents feeling unwell, resident hospital transfer. With this information managers were able to disseminate to the unit and assist.

Med Passes in the Last 24 hours for assignment: All				
Record	Shift	Assignment (Group)	Status	Tasks
MAR	Evening (Thu)	100/1200 (eMAR)	●	(181 of 181)
	Evening (Thu)	100/1200 (eMAR)	○	(0 of 0)
MAR	Night (Thu)	100/1200 (eMAR)	●	(30 of 30)
	Night (Thu)	100/1200 (eMAR)	○	(0 of 0)
MAR	Day	100/1200 (eMAR)	●	(250 of 259)
	Day	100/1200 (eMAR)	○	(0 of 0)

For infection prevention control, the symptoms outlined in Table 3. of COVID-19 symptoms, were populated into the EMAR for efficiency and continuity. Staff were prompted to assess all residents twice a day for the following symptoms and the presence of any **one** symptom required the immediate attention of a manager to place resident on precautionary isolation.

**Table 3: Symptoms of COVID-19**

Symptoms of COVID-19 (Residents <sup>8</sup> )*
<ul style="list-style-type: none"> <li>Fever (37.8°C or higher<sup>9</sup>)</li> </ul> <p>Any <b>new</b> or <b>worsening</b> respiratory symptoms:</p> <ul style="list-style-type: none"> <li>Cough</li> <li>Shortness of Breath/Difficulty Breathing</li> <li>Runny Nose</li> <li>Sneezing</li> <li>Nasal Congestion/Stuffiness</li> <li>Hoarse Voice</li> <li>Sore Throat/Painful Swallowing</li> <li>Difficulty Swallowing</li> </ul> <p>Any <b>new</b> symptoms including but not limited to:</p> <ul style="list-style-type: none"> <li>Chills</li> <li>Muscle/Joint Ache</li> <li>Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite</li> <li>Feeling Unwell/Fatigue/Severe Exhaustion</li> <li>Headache</li> <li>Loss of Sense of Smell or Taste</li> <li>Conjunctivitis</li> <li>Altered Mental Status</li> </ul>

Schedule for Nov 2020	Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		ACHES	ALTER	APPET	CHILL	CONJUG	COUGH	DIFFI	EXHAU	FEVER	HEADACHES	HOARSE	NASA	NAUSEA	RUNNY	SMELL	SOB	SORE	SWALL	UNWEL	Z-MAN										
Complete the COVID-19 resident questionnaire daily. NOTIFY MANAGEMENT IMMEDIATELY IF YOU ANSWER YES TO ANY QUESTION every day shift for Complete the COVID-19 resident questionnaire Complete the COVID-19 resident questionnaire. NOTIFY MANAGEMENT IMMEDIATELY IF YOU ANSWER YES TO ANY QUESTION -Start Date- 05/22/2020 0700	ACHES	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	ALTER	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	APPET	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	CHILL	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	CONJUG	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	COUGH	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	DIFFI	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	EXHAU	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	FEVER	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	HEADACHES	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	HOARSE	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	NASA	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	NAUSEA	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	RUNNY	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	SMELL	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	SOB	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	SORE	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	SWALL	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	UNWEL	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
	Z-MAN	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n

Due to the respiratory impact that COVID-19 can have on residents, we implemented additional respiratory checks for residents who tested positive for COVID-19 to ensure that they were not in distress and their medical needs were addressed in a timely manner. Nurses would then note these changes on a communication sheet and notify both the physician and the family if any interventions were required.

Schedule for Nov 2020	Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Oximeter check q shift as per dr gandham every shift for Oximeter check Oximeter check -Start Date- 11/20/2020 2300	Resp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	18	20	18			
	O2 Sats	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	97	93	96	96	96	95	99			
	Day	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2586	2586	2586	2586	2586	2586	2586	2586	2586	2586
	Resp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	26	20	20			
	O2 Sats	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	96	96	97	96	97	97				
	Eveni	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2586	2586	2586	2586	2586	2586	2586	2586	2586	2586
	Resp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NA	18	18			
	O2 Sats	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	99	93	98	98	97	94	92			
	Night	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2586	2586	2586	2586	2586	2586	2586	2586	2586	2586

Nurses activated the COVID pathway for any resident that tested positive for COVID-19. Management acknowledged that the task of activating each medical intervention may be copious and time consuming for the nurse who may already be working at capacity. To streamline interventions for the resident we configured standing orders that the nurses could check off once ordered by the physician.

Order Date: 11/27/2020 14:56

Communication Method: ☐ Phone ☐ Verbal ☐ Prescriber written ☐ Prescriber entered clear

Ordered by: (Current Primary Physician: Fiorino, Michael)

☒ COVID Management Pathway

- ☒ COVID Pathway Order\*\* Lorazepam 0.5-1mg Sublingually
- ☒ COVID Pathway Order\*\* Salbutamol Inhaler PRN
- ☒ COVID Pathway Orders\*\* Dexamethasone 6mg Oral
- ☒ COVID Pathway Orders\*\* Acetaminophen 650mg Oral
- ☒ COVID Pathway Orders\*\* Acetaminophen 650mg Rectally
- ☒ COVID Pathway Orders\*\* Atropine Drops PRN
- ☒ COVID Pathway Orders\*\* Cytis Around The Clock
- ☒ COVID Pathway Orders\*\* Cytis PRN Overnight
- ☒ COVID Pathway Orders\*\* Dexamethasone 6mg SUBCUT
- ☒ COVID Pathway Orders\*\* Dimenhydrinate 25mg Oral
- ☒ COVID Pathway Orders\*\* Dimenhydrinate 25mg Rectally
- ☒ COVID Pathway Orders\*\* Dimenhydrinate 25mg SUBCUT
- ☒ COVID Pathway Orders\*\* Foley Catheter PRN
- ☒ COVID Pathway Orders\*\* Glycopyrrolate 0.4mg SUBCUT
- ☒ COVID Pathway Orders\*\* Haloperidol 1mg SUBCUT/IM
- ☒ COVID Pathway Orders\*\* Hydromorphone 0.5 -1mg SUBCUT
- ☒ COVID Pathway Orders\*\* Lorazepam 0.5-1mg SUBCUT
- ☒ COVID Pathway Orders\*\* Metoclopramide 5mg Oral
- ☒ COVID Pathway Orders\*\* Metoclopramide 5mg SUBCUT
- ☒ COVID Pathway Orders\*\* Midazolam 2mg SUBCUT
- ☒ COVID Pathway Orders\*\* Morphine 2.5mg SUBCUT
- ☒ COVID Pathway Orders\*\* Nasal Prong 90-96%
- ☒ COVID Pathway Orders\*\* Nasal Prong 88-92% in COPD
- ☒ COVID Pathway Orders\*\* Nozinan(Methotrimeprazine) 6.25-25mg SUBCUT
- ☒ COVID Pathway Orders\*\* Prednisolone 40mg Oral

**Alberta Health Services** LTC/SL COVID-19 Infection Medical Management Pathway for COVID Positive or Suspected

Date and Time: \_\_\_\_\_

**CURRENT GOC:**

- ☐ CONTACT and DROPLET ISOLATION
- ☐ STAT Nasopharyngeal COVID-19 RPP swab. (If not sent within 72 hours, for previously negative)

**VITALS**

- ☐ BP/ HR/ Temp/ RR/ O2 Sat every SHIFT and as needed (PRN) - reassess at 48 h

**O2 & RESPIRATORY CARE**

- ☐ Nasal prong O2 - Target SaO2 90-96%
- ☐ Nasal prong O2 - Target SaO2 88-92% (for known CO2 retainer in COPD)
- ☐ Notify MD/NP if O2 needs increase by more than 2 liters from previous assessment
- ☐ Notify MD/NP if O2 needs exceed 5liter/minute
- ☐ Salbutamol MDI 2 puffs every four hours PRN with spacer and mask for wheezing or bronchospasm; HOLD HR more than 120
- ☐ Discontinue Aerosol Generating Medical Procedure (AGMPs) (e.g. Nebulizers, tracheostomy care, CPAP/BIPAP Airway suction)
  - ☐ Use N95 & PPE with all AGMPs
- ☐ STOP all nebulized medications & consider alternative
- ☐ HOLD CPAP

**COVID-19 RESPIRATORY CARE**

\*Used for anti-inflammatory and immunosuppressant effects. Refer to [WHO-dexamethasone-and-covid-19](#)

- ☐ Dexamethasone 6 mg ORALLY (PO) or SUBCUT once daily for 10 days (FIRST CHOICE)
  - OR -
  - ☐ Prednisolone 40 mg PO once daily for 10 days
    - Note: It is permitted to switch between the two routes of administration according to clinical circumstances.

**For Pain OR Dyspnea**

- ☐ Morphine 2.5 mg SUBCUTANEOUSLY every 1 hour PRN
- OR-
- ☐ Hydromorphone 0.5 - 1 mg SUBCUTANEOUSLY every 1 hour PRN (pain, work of breathing, dyspnea, pulmonary edema)

Signature: \_\_\_\_\_  
Date and Time: \_\_\_\_\_

EZ FSL Version - Updated 10/15/20  
ECC Approved: 04/16/20 1128 h

**Alberta Health Services** LTC/SL COVID-19 Infection Medical Management Pathway for COVID Positive or Suspected

**FLUID**

- ☐ 0.9% NaCl infusion or 2/3-1/3 via hypodermodylisis (HDC) SUBCUTANEOUSLY at 50ml/HR around the clock OR overnight PRN for if PO intake less than 800ml.  
(Use site procedure manual for HDC if available)
- ☐ Reassess need for HDC daily
- ☐ Monitor volume status (watch fluid overload)

**ELIMINATION**

- ☐ Foley catheter PRN (if not voiding)

**Fever & pain:**

- ☐ Acetaminophen 650 mg PO every 4 hours PRN Max. 4 grams from ALL sources in 24 hours
- OR -
- ☐ Acetaminophen 650 mg RECTALLY every 4 hours PRN Max. 4 grams from ALL sources in 24 hours

**Nausea and/or Vomiting:**

- ☐ Metoclopramide (MAXERAN®) 5 mg PO or SUBCUTANEOUSLY every 4 hours PRN
- OR -
- ☐ Dimenhydrinate (GRAVOL®) 25 mg PO, SUBCUTANEOUSLY or rectally every 4 hours PRN Max. 2 doses (can cause sedation and change in LOC; consider stopping if occurs)

**Distressing Delirium, Agitation, Anxiety/Restlessness or Intractable Nausea:**

- ☐ Haloperidol 1 mg SUBCUTANEOUSLY or INTRAMUSCULARLY every 4 hour PRN (may be used as antipsychotic if above MAXERAN® or NOZINAN® ineffective for nausea)
- ☐ Methotrimeprazine (NOZINAN®) 6.25 - 25 mg SUBCUTANEOUSLY every 6 hours PRN (for distressing agitation or delirium, or PAIN).
- ☐ Lorazepam 0.5- 1 mg SUBLINGUALY or SUBCUTANEOUSLY every 4 hours PRN, maximum of 3 PRN doses in 24 hours (use for associated distressing anxiety, call MD/NP if max reached)
- ☐ Midazolam 2mg SUBCUTANEOUSLY every 1 hour PRN (for respiratory distress not relieved by HYDROMORPHONE) (for delirium not responsive to Haloperidol or NOZINAN®)

Signature: \_\_\_\_\_  
Date and Time: \_\_\_\_\_

EZ FSL Version - Updated 10/15/20  
ECC Approved: 04/16/20 1128 h



In addition to all activated interventions, a nursing manager communicated with any family member who had a loved one with COVID-19 daily. Using the EMAR signs and symptoms monitoring the manager communicated to the family the resident's status, potential isolation lift date, and collaborated with family to ensure the resident's individualized care needs were met daily. The communication was also documented in the EMAR allowing all interdisciplinary teams to review the information.

Resident Name/ Family Name/ Number/ COVID test date		20-Nov-20	21-Nov-20	22-Nov-20	23-Nov-20	24-Nov-20	25-Nov-20	26-Nov-20	27-Nov-20
Ortenzia/ Ana/ (587) 597-2662/ November 20, 2020	Recorder called Daughter Anna and made aware that the care facility is currently on outbreak with one staff and two residents COVID positive. Daughter made aware that the resident is also positive. Currently, other results are pending. All measures such as isolation, additional cleaning, and ongoing personal protective use has been initiated. Daughter is aware that the resident is currently asymptomatic. Daughter states no further concerns at this time. H.Doan RN			Recorder spoke to daughter regarding GOC. Daughter states she would like the resident to remain at M2. Daughter made aware that the resident will not be swabbed until after 90days. Daughter states she would like to have a conversation with the MD/NP. NP made aware of same. H.Doan RN	Recorder called daughter Ana regarding 90 of not swabbing a COVID positive resident. Recorder stated that NP Thomas stated the criteria was created by Dr.Hinshaw. Ana states there is no further concern if the direction was from Hinshaw. Ana made aware that all residents on the second floor (except those who had tested positive for COVID) were retested and all results for the second floor are negative at this time. Aware that the first floor swabs are pending. recorder will provide Ana an update tomorrow. Ana aware that that zoom meeting will be held on Thursday November 26, 2020. Aware that residents remains asymptomatic and that the last contact date with the staff who was COVID positive was November 13, 2020. No further concerns stated. H.Doan RN		Recorder left voicemail update to daughter Ana and provided update on status. Resident remains asymptomatic. Dr. Fiorino also updated and aware of the same. H.Doan RN	Recorder called daughter Ana and provided update on status. Resident remains asymptomatic. Ana made aware that results from the other units all came back negative today, that there are no new cases. The next round of swabs for residents who have not tested positive is Monday, and staff will be tested on Tuesday and Thursday. Made aware Dr.Faulder has stated that we will come off outbreak December 16, 2020 unless we have new cases and that would mean residents would add an additional 28 days from discovery and staff 14days. Aware that there are 3 residents that are symptomatic and 3 that are asymptomatic. No further concerns expressed. H.Doan RN	Recorder left voicemail update to daughter Ana and provided update on status. Resident remains asymptomatic, no concerns. H.Doan RN
		Dr. Gandham Provided update	Dr. Gandham Provided update						

Type: **Health Status**

Focus:

Effective Date: **11/26/2020 16:36:00**

Department: **Administration**

Position: **Director of Nursing**

Created By: **Helen Doan**

Created Date : **11/26/2020 16:37:07**

Note Text:

Recorder called daughter Ana and provided update on status. Resident remains asymptomatic. Ana made aware that results from the other units all came back negative today, that there are no new cases. The next round of swabs for residents who have not tested positive is Monday, and staff will be tested on Tuesday and Thursday. Made aware Dr.Faulder has stated that we will come off outbreak December 16, 2020 unless we have new cases and that would mean residents would add an additional 28 days from discovery and staff

☒ Show on Shift Report

☒ Show on 24 Hour Report

☒ Show on MD/Nursing Communications Report

[illegible]16

To ensure that all wounds were addressed during COVID-19 a condensed wound protocol and treatment guide was created to assist nursing in developing wound protocols and interventions.

Wound Protocol/Treatment Guide

Note: This document is a general guide, the individualized wound protocols must be made based on the general assessment and on nursing clinical judgement

Wound Type	Treatment	Duration and Frequency
<b>Skin Tear (healed and new)</b> 	<ul style="list-style-type: none"> <li>Cleanse with <b>S/D</b></li> <li>Pat Dry</li> <li>Appropriate skin</li> <li>Apply <b>Tegaderm Mouches</b></li> </ul>	Q 18-24 days 
<b>Skin Tear (dry/delid with intact skin around)</b> 	<ul style="list-style-type: none"> <li>Cleanse with <b>S/D</b></li> <li>Pat Dry</li> <li>Cover with <b>Mopare</b></li> </ul>	Q Mon, Wed, Fri & PRN 
<b>Skin tear (fragile skin around)</b> 	<ul style="list-style-type: none"> <li>Cleanse with <b>S/D</b></li> <li>Pat Dry</li> <li><b>Caution</b> wipe to the surrounding wound bed</li> <li><b>Mopare (STOCCALAP)</b></li> <li>**Protocol for one week, if unresolved call Helen for wound consult**</li> </ul>	Q shower day, & PRN 
<b>Skin tear (induced skin with surrounding skin around)</b> 	<ul style="list-style-type: none"> <li>Cleanse with <b>S/D</b></li> <li>Pat Dry</li> <li><b>Caution</b> wipe to the surrounding wound bed</li> <li><b>Mopare (Ap)</b></li> <li>**Protocol for one week, if unresolved call Helen for wound consult**</li> </ul>	Q shower day, & PRN 
<b>Blister (contact)</b> 	<ul style="list-style-type: none"> <li>Monitor daily leave open to air</li> </ul>	Daily (Place in EMAR)
<b>Brucygra excoriation</b> 	<ul style="list-style-type: none"> <li>Cleanse with <b>S/D</b></li> <li>Pat Dry</li> <li>Apply <b>Intactex (dant (on/less))</b></li> <li>Apply <b>BMA (On/Gross)</b></li> </ul>	Q shower day, & PRN 

Wound Protocol/Treatment Guide

Note: This document is a general guide, the individualized wound protocols must be made based on the general assessment and on nursing clinical judgement

Wound Type	Treatment	Duration and Frequency
<b>Pressure Ulcer Stage 1</b> 	<ul style="list-style-type: none"> <li>Positioning every 2 hourly</li> <li>Leave open to air and monitor daily</li> </ul>	Daily (Place in EMAR)
<b>Pressure Ulcer Stage 2</b> <i>(Difficult to dress areas (e.g. heels, perineum, scrotum etc.))</i> 	<ul style="list-style-type: none"> <li>Apply <b>Tend</b> (every brief change if applicable)</li> </ul>	Daily & PRN 
<b>Pressure Ulcer Stage 2 (or exposed blister)</b> 	<ul style="list-style-type: none"> <li>Cleanse with <b>S/D</b></li> <li>Pat Dry</li> <li><b>Caution</b> wipe to the surrounding wound bed</li> <li><b>Mopare (STOCCALAP)</b></li> <li>**Protocol for one week, if unresolved call Helen for wound consult**</li> </ul>	Q Mon, Wed, Fri & PRN 
<b>Pressure Ulcer Stage 3</b> 	<ul style="list-style-type: none"> <li>Cleanse with <b>S/D</b></li> <li>Pat Dry</li> <li><b>Caution</b> wipe to the surrounding wound bed</li> <li><b>Mopare (Ap)</b></li> <li>**Protocol for one week, if unresolved call Helen for wound consult**</li> </ul>	Q Mon, Wed, Fri & PRN 
<b>Pressure Ulcer Stage 4</b> 	**Follow wound consult** INFORM HELEN DUNDEHATLEY	**Follow wound consult** INFORM HELEN DUNDEHATLEY
<b>Pressure Ulcer Unstageable</b> 	**Follow wound consult** INFORM HELEN DUNDEHATLEY	**Follow wound consult** INFORM HELEN DUNDEHATLEY

In addition, the Pressure Ulcer Prevention team created interventions and triggered them in the EMAR for pressure relief and prevention.





### Pressure Ulcer Prevention Program (PUPP)

Unit 100/1200

Resident	Room #	PUPP Interventions
Kukensky	1112	<ul style="list-style-type: none"> <li>Encourage adequate food and fluid intake</li> <li>Encourage Resident to turn frequently (help as needed)</li> <li>Put resident back to bed after meals</li> </ul>
Boulak	1203	<ul style="list-style-type: none"> <li>Encourage adequate food and fluid intake</li> <li>Encourage Resident to turn frequently (help as needed)</li> <li>Put resident back to bed after meals</li> <li>Assess and pain manage</li> </ul>
Arlia A	1207	<ul style="list-style-type: none"> <li>Encourage participation in OT programs</li> <li>Encourage resident to elevate legs when sitting</li> </ul>

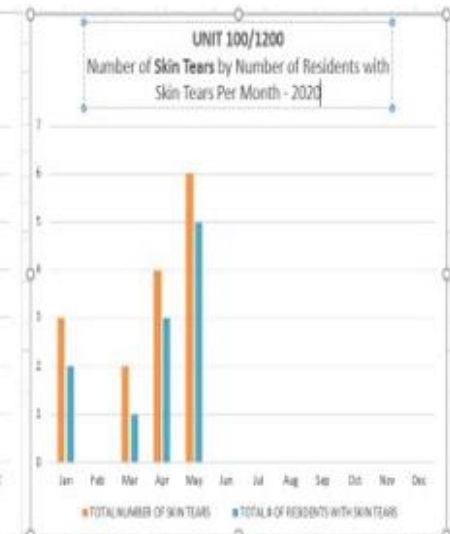
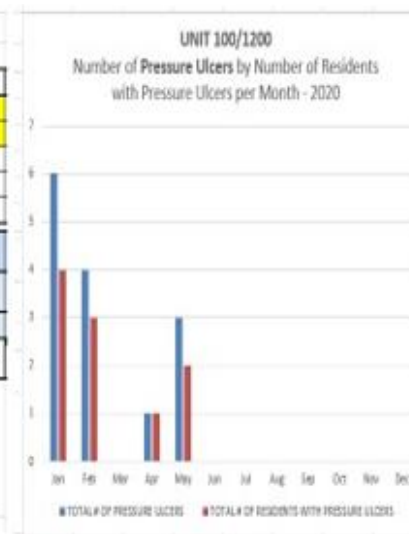
\*This list must remain in the 24 hour acuity binder at all times\*

Schedule for Nov 2020		Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon							
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Pressure Ulcer Prevention Interventions every shift for Pressure Ulcer Prevention Interventions Utilize the Pressure Ulcer Prevention interventions (ex. ensure frequent repositioning, dietary intake, incontinence care) -Start Date- 06/04/2020 1600	Day	Tk	Tk	RMI	Tk	Tk	RMI	Tk	Tk	Tk	RMI	Tk	RMI	RMI	Tk	Tk	Tk	RMI	Tk	Tk	RMI	Tk	Tk	Tk	RMI	Tk	RMI	RMI				
	Eveni	as	dp	Tk	ty	as	ty	ty	ty	ty	RMI	ty	RMI	ty	as	as	2522	ty	ty	as	ty	ty	ty	ty	ty	ty	ty	ty				
	Night	dp	LS	LS	dp	dp	dp	LS	LS	LS	dp	dp	LS	dp	dp	dp	LS	LS	dp	dp	dp	LS	LS	LS	dp	dp	LS					

The wounds were then audited weekly by a manager to ensure that the wound was healing and if it was not healing that there was collaboration with a specialized wound care nurse from Alberta Health Services. Furthermore, Venta Care Centre educated all nurses on the most current wound care teachings from Alberta Health Services and provided air mattresses to residents at high risk for skin break down.

All results of the wound audit and the progress of any wounds were and continue to be discussed in monthly multidisciplinary wound meetings where all disciplines collaborate on additional interventions for slow healing wounds or the prevention of skin breakdown.

UNIT 100/1200					
PRESSURE ULCERS AT MONTH END					
MONTH →	Jan	Feb	Mar	Apr	May
TOTAL # PRESSURE ULCERS STAGE 1	3	1	0	0	1
TOTAL # PRESSURE ULCERS STAGE 2	1	1	0	1	2
TOTAL # PRESSURE ULCERS STAGE 3	0	0	0	0	0
TOTAL # PRESSURE ULCERS STAGE 4	0	0	0	0	0
TOTAL # PRESSURE ULCERS UNSTAGEABLE	2	2	0	0	0
TOTAL # OF RESIDENTS WITH PRESSURE ULCERS	4	3	0	1	2
RESIDENTS WITH KNOWN CONTRIBUTING FACTORS (Diabetes, EDI)	0	0	0	0	0
TOTAL # OF RESIDENTS ON PUMP	2	2	2	3	6
% RESIDENTS WITH PRESSURE ULCERS ON UNIT	14.81%	11.11%	0.00%	3.70%	7.54%
<p>We have had a reduction in pressure ulcers as most of our residents with stage pressure ulcers passed away. No one was officially on the EOL pathway, but they were dying for a while. Our pressure ulcers are currently increasing right now due to a specific resident's medical decline and his cancer etc.</p>					
PRESSURE ULCERS AT MONTH END BY LOCATION					



To attempt to decrease falls and related injuries, fall interventions and protocols were also triggered in the EMAR for residents who had high frequencies of falling.



Catch a Falling Apple

100/1200		
Resident	Room #	Strategies
Harry Herringtonshaw	102	<ul style="list-style-type: none"> <li>If he is in pain, please use the sit-stand lift transfer</li> <li>Remind him to ask for assistance</li> <li>Make sure he doesn't put any books under his cushion/ seat</li> </ul>
Leo Janot	107	<ul style="list-style-type: none"> <li>Keep the bathroom light on at night</li> <li>Make sure his bed height is set as indicated wall</li> <li>Make sure urinal is within reach</li> <li>Resident-owned silent bed alarm in place</li> <li>VCC wheelchair in place for mobility</li> </ul>
Elie Reddekopp	108	<ul style="list-style-type: none"> <li>Resident-owned silent bed alarm in place</li> <li>Ensure wheelchair alarm is clipped on resident's shirt</li> <li>Frequent checks on resident</li> <li>Place resident at the nursing station during the day</li> </ul>
Emil Krikewsky	112	<ul style="list-style-type: none"> <li>Frequent checks</li> <li>Make sure Fall mat in place</li> </ul>
Obye Smith	114	<ul style="list-style-type: none"> <li>Wheelchair alarm in place</li> <li>Encourage resident to sleep in bed at night</li> <li>Frequent checks on resident especially between 5:00am and 7:00am</li> </ul>
Gerald Geistwood	1201	<ul style="list-style-type: none"> <li>Ensure wheelchair alarm is clipped on resident</li> <li>Frequent checks on resident especially when resident is in his room</li> <li>Bed alarm and fall mat in place</li> </ul>

Schedule for Nov 2020		Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
			1	2	3	4	5	6	7	8	9	10
<b>Fall Prevention Strategies</b> every shift for Fall Prevention Strategies: Residents at high risk for falls Utilize the falls prevention strategies, communicate with HCAs on the following interventions (ex. frequent checks, redirection, ensuring resident has all their needs met) -Start Date- 06/04/2020 1500		Day	✓ Tk	✓ Tk	✓ RMI	✓ Tk	✓ Tk	✓ RMI	✓ Tk	✓ Tk	✓ Tk	✓ RMI
		Eveni	✓ as	✓ dp	✓ Tk	✓ ty	✓ as	✓ ty	✓ ty	✓ ty	✓ tb1	✓ ty
		Night	✓ dp	✓ LS	✓ LS	✓ dp	✓ dp	✓ dp	✓ LS	✓ LS	✓ LS	✓ dp

\*This List MUST remain in the 24-hr Acuity report at all times \*

OT Department 4434/4484, Updated AUGUST 28, 2020

[illegible]

In preparation for the impact of COVID-19 on staff, Venta Care Centre hired additional regulated care staff.

In addition, Venta Care center trained health care aides who would assist managers with medication administration. In the event where staffing levels were impacted by COVID-19, health care aides could assist managers administer non-high alert medications. An education session was held that encompassed hands-on medication checks.

## COVID-19 NEW STAFF ORIENTATION

{ A GUIDE FOR NURSES AT VCC  
BY: VENTA CARE CENTRE



A total of 8  
regulated  
professionals  
were hired in  
anticipation  
of COVID-19

18

## ADMINISTRATION OF MEDICATIONS

{ A GUIDE FOR CARE AIDES  
BY: VENTA CARE CENTRE

8 HCA Educated Commonly Used Medication &  
additional education at Nightingale HCA School<sup>19</sup>

Management also created a color code system for care aides to further support their medication administration efforts during a high stress time. Resident medication boxes were color coded with the following colors to indicate if and when care aides could administer the medication to the resident.

Unit 2700											
Red → HCA cannot administer the medications			Yellow → HCA can only administer in the daytime (0800)			Blue → HCA can only administer in the LUNCH & EVENING time (1200, 1700)			Green → HCA CAN administer with supervision		
Room #	Name	Med	Room #	Name	Med	Room #	Name	Med	Room #	Name	Med
2703	Kostjuk	**Eliquis, & Teloxin**	2705	Harvey	**EXCEPT Methotrexate on Wednesdays**	2701A	McDonald	**Gliclazide & Metformin**	2702	Frunchak	NA
2707	Reinhardt	**Dilaudid**				2701B	Wanusch	**Eliquis**	2706	Weichhold	NA
2712	Schmidt	**O2 assessment**				2704	Achtemichuk	**Teloxin**	2708	Dreger	NA
2719						2718	Buttman	**Flagyl and Santyl**	2710	Premack	NA
2403	Hussein	**Metformin**							2714	Kile	NA
2404A									2715	Leonard	NA
2408	Gillis	**Eliquis BID**							2717	Crevolin	NA
2412	Pelletier	**Dilaudid**							2720	Williams	NA
2415	Braithwaite	**High risk aspiration**							2721	Reidinger	NA
									2402A	Pasin	NA
									2402B	Rode	NA
									2405	Cudlette	NA
									2414	McManus	

Venta Care Centre in collaboration with family and residents, initiated resident reallocation. This allowed for a wing within the facility to remain empty. Rooms 401-414 moved to other areas within the facility to accommodate resident room preferences, private room accommodations, and emergency staffing efforts (as needed).

Venta Care Centre anticipated that a COVID-19 spread may result in all disciplines having to provide care to residents. To prepare for this Venta Care Centre created contingency plans and had two drills on the potential impact of COVID for each discipline. (See FEMA IPC control and preparedness for the details). In room documentation was created to streamline communication among all team members on the basic care needs of all resident and potential new recruits hired in emergency.



## COVID-19 CASE MOCK RUN THROUGH #1

September 15, 2020



## COVID-19 DRILL/ CONTINGENCY PLAN #2

1

12/15/2021



# IN ROOM DOCUMENTATION

<h1>Venta Care Plan</h1>		<h2>Fluorence</h2>	
<b>FOOD ALLERGIES &amp; INTOLERANCES</b>		<b>SPECIAL CARE:</b>	
<b>DIET:</b> Reg mixed / Regular Fluids		<b>Reg</b>	
<b>Transfer Status:</b> Independent/Unsupervised		<b>Other type:</b>	
<b>Hygiene</b>		<b>Continence</b>	
<input checked="" type="checkbox"/> AM Care <input checked="" type="checkbox"/> PM Care <input type="checkbox"/> Independent <input type="checkbox"/> Partial Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter
<b>DRESSING</b>		<b>RATHING</b>	
<input type="checkbox"/> 1 PA	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter
<b>COMPRESSION</b>		<b>HEARING AID</b>	
<input type="checkbox"/> Pressure Converter <input type="checkbox"/> Stockings <input type="checkbox"/> Above Knee <input type="checkbox"/> Below Knee <input type="checkbox"/> Gurgly, Sex	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter
<b>MOUITY CARE</b>		<b>GLASSES</b>	
<input type="checkbox"/> AM <input type="checkbox"/> After meals	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter
<b>ENTURTIES</b>		<b>RED POSITION</b>	
<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Jointed	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter	<input type="checkbox"/> No <input type="checkbox"/> Bed <input type="checkbox"/> Night <input type="checkbox"/> Commode <input type="checkbox"/> Catheter
<b>FEEDING</b>		<b>OXIGEN</b>	
<input type="checkbox"/> Self <input type="checkbox"/> Partial Assist (help with eating, supervision) <input type="checkbox"/> Full Assist	<input type="checkbox"/> No <input type="checkbox"/> Yes, Rotor <input type="checkbox"/> 2 Liters <input type="checkbox"/> 3 Liters <input type="checkbox"/> 4 Liters	<input type="checkbox"/> No <input type="checkbox"/> Yes, Rotor <input type="checkbox"/> 2 Liters <input type="checkbox"/> 3 Liters <input type="checkbox"/> 4 Liters	<input type="checkbox"/> No <input type="checkbox"/> Yes, Rotor <input type="checkbox"/> 2 Liters <input type="checkbox"/> 3 Liters <input type="checkbox"/> 4 Liters
<b>RESTRAINTS</b>		<b>SAFETY / ALARMS</b>	
<input type="checkbox"/> No <input type="checkbox"/> Bed Alarm <input type="checkbox"/> Wheelchair Alarm <input type="checkbox"/> Silent Alarm	<input type="checkbox"/> No <input type="checkbox"/> Bed Alarm <input type="checkbox"/> Wheelchair Alarm <input type="checkbox"/> Silent Alarm	<input type="checkbox"/> No <input type="checkbox"/> Bed Alarm <input type="checkbox"/> Wheelchair Alarm <input type="checkbox"/> Silent Alarm	<input type="checkbox"/> No <input type="checkbox"/> Bed Alarm <input type="checkbox"/> Wheelchair Alarm <input type="checkbox"/> Silent Alarm
<b>SUPPORTS</b>		<b>BEHAVIOURS</b>	
<input type="checkbox"/> 2000 <input type="checkbox"/> 2000 <input type="checkbox"/> 2000 <input type="checkbox"/> 2000	<input type="checkbox"/> 2000 <input type="checkbox"/> 2000 <input type="checkbox"/> 2000 <input type="checkbox"/> 2000	<input type="checkbox"/> 2000 <input type="checkbox"/> 2000 <input type="checkbox"/> 2000 <input type="checkbox"/> 2000	<input type="checkbox"/> 2000 <input type="checkbox"/> 2000 <input type="checkbox"/> 2000 <input type="checkbox"/> 2000



## **Annual Report for Venta Care Centre**

### **2021**

Venta Care Centre (VCC) continues to work proactively and strategically through the COVID-19 global pandemic. Our team, from our senior leaders to our floor staff, are committed to maintaining high quality, resident-centred care, and services. We diligently planned, implemented, and adjusted measures to protect residents, staff, and visitors to VCC. Measures that continue to be put in place this year include ensuring the facility is supplied with the necessary staff and resources, ensuring continued supply and use of PPE, staff, and visitor screening, limiting onsite visitation to those essential, following all IPC measures, and providing ongoing staff education.

We continue to make it our priority to communicate and collaborate with residents and families when any changes are made in the facility. We do this by providing information through digital newsletters (emailed and posted on our website), holding Resident Council meetings, and collecting feedback through online surveys.

Promoting, encouraging, and supporting connections between residents and their family members has also been one of our main concerns. With resident safety in mind, we continue to accomplish this by offering virtual visitation options (telephone and video calls), utilizing designated indoor spaces designed with physical distancing in mind, offering outdoor and window visits, supplying, and ensuring visitors use proper PPE, and screening all those that enter the facility.

We began 2021 on a high note. We were one of the first facilities in Edmonton given the opportunity to vaccinate our resident population with the Moderna COVID-19 vaccine. During our initial two-day campaign (December 30<sup>th</sup>, 2020, and January 1<sup>st</sup>, 2021) VCC vaccinated a total of 70 residents. By the end of January, we were able to provide residents with the second dose of the vaccine, ensuring over 90% of our





resident population, that consented, was fully vaccinated. This was a huge milestone that aided our efforts in protecting residents from severe outcomes if they contracted COVID.

As of December 30<sup>th</sup>, 2020, LTC staff in Alberta were one of the first groups eligible to

receive the vaccine. Many VCC health care workers took this opportunity to protect themselves and the residents they serve and got vaccinated. There were vaccine shortages in February which caused some delays for staff requiring their second dose. Also, this year we continued to slowly recover from a COVID outbreak, that initially began on November 15<sup>th</sup> of 2020. Strategies to mitigate transmission, in line with AHS Outbreak Protocols and CMOH orders, were put in place and included placing symptomatic and COVID positive residents on isolation, cohorting staff and residents within units, reinforcing all IPC measures, provision and utilization of PPE, screening staff and visitors upon entry, limiting onsite visitation to essential visitors only, physically distancing, and enhanced environmental cleaning and disinfection. Weekly swabbing was conducted to identify any new cases of COVID. Most residents that contracted the virus, were thankfully showing mild symptoms.

By the end of January, as the province began easing restrictions to the public, Venta's active COVID case count declined. We were lifted from outbreak status on **February 3<sup>rd</sup>, 2021**. A total of 38 residents fully recovered and four unfortunately passed away due to the impact COVID had on their pre-existing health conditions.

Venta learned a great deal from this outbreak. One thing we found was that regular viral testing was a crucial measure aimed at preventing COVID from entering the facility. Venta, among others, advocated to continue weekly asymptomatic testing of staff. Alberta Health and the Medical Officer of Health complied, and the Rapid Antigen Screening program was made available to all Continuing Care sites by March 15<sup>th</sup>, 2021. The facility developed a screening program onsite and trained staff to

deploy the tests before shift start. This was a pivotal risk management strategy that enhanced our efforts to prevent COVID from entering the facility.

We also soared through an Alberta Health inspection in February. VCC was deemed fully compliant with all current CMOH orders in place to prevent and manage COVID. An action plan was submitted in response to a few identified opportunities for

#### Q1 Updates

##### Equipment Purchases / Donations

Venta purchased 58 new low hospital beds for residents. These low beds promote resident safety by offering protection for those at risk of rolling out of bed and prevent injuries from falls.

Venta inventoried its supply of medical devices and equipment and donated a few pallets to support communities in need in Africa.

Purchased 50 new overbed tables for resident use while dining in room. Especially important for residents on temporary isolation for COVID.

improvement. Overall, inspectors were satisfied with the many preventative measures VCC had put in place.

Prior to expanding our visitation options after outbreak, VCC collaborated with residents and families, and it was decided that visitation would resume for designated / family support persons in indoor visitation areas set up in the 300/400 Dining Room.

In other news, Venta was recognized as one of the Region's leaders in facilitating deprescribing strategies since 2019. For the purposes of reducing medication burden and maintaining or improving a resident's quality of life, VCC has

managed to decrease medications by approximately 30% in the past two years. Venta presented its resident-centred decision-making strategies to AHS in February of this year. Strategies included aligning medication with a resident's goals of care, assessing whether medications can be combined to eliminate multiple passes, and holding any non-essential medications where possible. This was a major quality improvement initiative for VCC.

In the beginning of March, restrictions eased incrementally in the province under "The Path Forward" framework. At that time, new outbreak protocols for COVID-19 variants of concern were provided (via CMOH Order 03-2021) and Venta continued to proceed carefully, taking all proactive measures necessary. A surge in cases in the province mid March halted the Region's plans to ease public health restrictions.

On March 11, 2021, one of Venta Care Centre's founders, Mrs. Ausma Birzgalis, passed away. A resident of Venta Care Centre since 2018, Mrs. Birzgalis, dedicated her life to the care and service of residents since 1953. Venta, a multigenerational family-run facility, continues to operate under Ausma's son, Dr. Peter Birzgalis (CEO) with support from her daughter, Christine Birzgalis (Assistant DON). Dr. Birzgalis has also welcomed his son, Peter C. Birzgalis, to join the team in October of 2021 as Site Administrator.

At the end of March, staff surveys were conducted, utilizing Accreditation Canada's, survey tools. Overall, the results indicated that staff felt recognized and supported for their work and contributions, and that the facility has balanced the need to provide optimal resident safety with productivity.

By April, there were 10,582 active cases in the province. With no conclusive information on COVID-19 vaccine effectiveness on variants of concern and with over 13 other long term care facilities currently on outbreak, Venta continued to proceed cautiously.

A Telephone Town Hall through Alberta Health was held on April 9<sup>th</sup> for all LTC Operators, residents, and families. It provided a forum to discuss prospective next steps for continuing care sites and specifically looked at changes to visitation protocols.

On April 23<sup>rd</sup>, the facility had undergone another inspection through Alberta Health and VCC was deemed compliant with all current CMOH orders.

At the end of April, Alberta Health released a report on the provinces facility-based continuing care system. The 'Alberta Facility-Based Continuing Care Review' was based on learnings from COVID-19 and input received by more than 7,000 Albertans and over 90 other telephone interviews and focus groups with key community organizations, continuing care staff, operators, residents, and family members. Overall, 42 recommendations were made with plans to implement some in the future. Initiatives implemented immediately included the phasing out of shared rooms in facilities at some sites, supporting couples to remain together, and enhancing public reporting on continuing care inspections.

We also began looking at new and more innovative communication strategies to broadcast information to staff. Venta released its first digital staff newsletter in April. Newsletters, emailed out to staff monthly, provided another avenue for Venta to share updates, reminders, events, offer professional development opportunities, and motivate employees through a variety of contests, activities, and mood boosters.

On May 5<sup>th</sup> a VCC staff member tested positive for COVID, and the facility was placed under investigation. After residents and staff members on the unit were swabbed, an additional staff member tested positive, and the unit was placed on outbreak status. Weekly swabbing indicated that there was no transmission of the virus in the facility and outbreak status was lifted by May 22.

At this time a new CMOH order (16-2021) on enhanced visitation came into effect. Venta reviewed its current safe visitation guidelines in collaboration with the residents and families. The Resident Council voted against opening visitation more. A family survey was sent out to gain their perspective on Venta's current COVID protocols and visitor restrictions. Survey results indicated that families felt they were able to connect with their loved ones utilizing current virtual visitation options and opening visitation beyond essential visitation may put residents at increased risk.

On May 6<sup>th</sup>, a neighboring Continuing Care Facility, Citadel Mews, had to evacuate dozens of residents after a massive fire broke out. Venta was able to act quickly to accommodate 23 of its clients onto, primarily, one of our vacated wings. Client family members were very appreciative and came in frequently to assist with care where possible. Citadel residents resided with VCC for a couple of weeks before being discharged back to their facility. Venta used this as a quality improvement, risk management opportunity and reviewed its current Code Red/ Evacuation procedures, and contingency plan.

The end of May brought new orders from the Medical Officer of Health (CMOH Order 26-2021) outlining isolation requirements for partially and fully vaccinated persons who are close contacts of a confirmed case. At this time as well, the province announced its 'Open for Summer Plan.'

June and July brought new orders. CMOH Order 32-2021 provided updates to operational and outbreak standards of LTC sites, CMOH Order 35-2021 and 37-2021 provided updated isolation and quarantine requirements for residents with COVID symptoms or who were exposed to COVID.

AHS completed a 'Site Preparedness Assessment' and performed another Health Inspection this summer as well. VCC was deemed compliant with all current CMOH orders and commended for ensuring adequate COVID mitigation measures are in place. VCC continued to proceed cautiously and maintain all measures to limit risk to residents, staff, and visitors.

Alberta Health raised accommodation rates for private and semi-private rooms in the beginning of July.

One of VCC's largest quality improvement plans was realized this summer. A FMEA was conducted to assess our current HCA paper-based documentation processes to record resident's care and activities of daily living. We frequently found gaps in information, either missing or inaccurate entries. To improve quality of care, we knew that nursing needed to have access to complete and accurate resident information. That meant we needed to decrease the risk associated with incomplete documentation and copycat charting. VCC decided to utilize an extension available on our PointClickCare system, currently being used for MDS assessments and eMAR. The new Point of Care application allowed our HCAs to capture all critical resident data on an easy-to-use digital interface that includes the residents photo, quick entry tabs, and color coding to inform staff when documentation has been completed.

Another advantage of the system is that it allowed information to flow directly to MDS and other assessments, and eMAR, which helped reduce errors and omissions and maintain compliance.

Point of Care went live on July 6<sup>th</sup> of this year after extensive education and training to managers – who now have access to real-time information on resident activities and can monitor the completion of care from anywhere – to HCA's who enter resident data on laptops made accessible on each unit. HCA Managers can easily audit and track HCA documentation and provided follow-up if required.

By the end of July, Alberta began lifting some COVID restrictions, including the discontinuation of public health orders, asymptomatic testing, contact tracing, and self isolation requirements. At this time about three-quarters of the population of Alberta eligible to get vaccinated, had received at least one dose. Orders in place for continuing care sites remained unchanged.

Venta continued to welcome visitors while maintaining measures to mitigate the risk of COVID entering the facility. All staff continued to receive a rapid antigen test prior to shift start, visitors were required to complete a health screening prior to entry, mandatory masking onsite for all, and enhanced cleaning and disinfection protocols were a few of the measures still in place.

AHS implemented an immunization policy that effects all physicians, staff, and contracted providers. Immunization against COVID-19 had been identified as the most effective means to prevent the spread of the virus, to prevent outbreaks, to preserve workforce capacity and, protect residents, staff, and visitors. Staff in continuing care sites were now required to provide proof that they had been fully vaccinated by October 31<sup>st</sup>, 2021. VCC achieved 100% compliance. All staff provided proof that they were fully vaccinated.

Nursing homes had been on the news more as a Federal Election was announced this summer. Many of the issues of COVID-19 that resulted in high infection and death rates of the elderly in long-term care homes became centre stage during the pandemic and election platforms. Alberta Health Services guided this province's protocols to ensure long-term care facilities did not have the same consequences as Ontario and Quebec.

By the end of August, third dose "booster" shots of Moderna had been made available for residents of LTC. Most residents of VCC chose to get vaccinated.

As the fourth wave of COVID progressed with the Delta variant, case counts reached its peak by mid September. Case counts were approaching 1000 a day. The number of active cases was more than twice as much as any other province and a public health emergency was reinstated. New public health measures for Albertans were put in

place again limiting social gathering and mandating masking in indoor areas. VCC reinitiated the use of face shields along with masking as an added layer of protection.

National Day for Truth and Reconciliation was recognized by Venta on September 30<sup>th</sup>. Venta developed a program for residents and staff to acknowledge and honor the lost children and survivors of residential schools, their families, and communities.

The facility received new orders (CMOH Order 49-201) in October providing supplementary public health measures to protect against COVID in LTC.

The fifth wave of COVID began November 17<sup>th</sup> as the new variant of concern, Omicron, was confirmed. The wave reached its peak in January of 2022 with 62,733 active cases in Alberta, the highest number of cases reached during the pandemic so far.

Venta continued to recruit new health care providers. Few staff were lost after the CMOH Single Site Order came into effect in May of last year. New HCA work rotations were designed around ensuring better coverage on the floor and to prevent excessive overtime. HCA lines were picked according to seniority with great success.

Our regular Influenza Campaign was held in November. With the COVID-19 pandemic we viewed it as especially important to promote good health and fight the flu. Over 83% of residents were vaccinated and 78% of staff. VCC surpassed AHS employee influenza immunization rate of 66%.

By the end of this year, regular medical advisory meetings with our physicians and pharmacy resumed on site. New CMOH Orders (57-2021) were disseminated outlining new testing requirements for residents and health care workers in long term care. The new order would allow for fully immunized staff that are close contacts with a COVID positive case to rapid test for 10 days onsite following exposure. This aided our efforts to always remain fully staffed. Inline with recommendation made by the Union, employees providing direct care to suspected, probable, or confirmed cases of COVID were now required to wear a fit tested / seal-checked N-95 mask or a non fit tested, seal tested N-95 mask or seal checked KN-95 mask, along with regular eye protection, gown, and gloves. Furthermore, the order specified that residents returning from absence of more than 24 hours and those fully immunized and in close contact with

confirmed case would be able to wear a surgical mask in common areas for 14 days (except when eating/ drinking) and rapid tested on days 1, 3 and 7.

On December 1<sup>st</sup> of this year updates were made to Alberta's OH&S Act and regulations. It expanded training requirements to all OH&S committee members along with co-chairs and no longer required specific government-approved training courses or providers. All OH&S committee members will be receiving training in line with what is outlined in the OH&S Code.

Venta continues to demonstrate our commitment to and prioritization of staff health and safety by partnering with the PIR/COR program. We achieved 98% overall on this external audit which was a great achievement.