

Focus on the Future 2020 Learn From the Past

Introduction

In early 2019 the Highland Wood long-term care home had a serious roof leak that required moving all residents until repairs could be done.

When this happened, we put a number of emergency protocols and procedures into play. With the emergency event over, we wanted – and needed – to reflect on the experiences of residents, family members and staff so that we are better prepared for an emergency event in future. We needed to know what worked well that we should repeat and strengthen, and what needs to be improved.

On December 9th and 10th we held stakeholder lessons learned sessions around the emergency moving of our Highland Wood residents, roof replacement and then repatriation of our residents. On January 29th the senior leadership team met to review the feedback and start on action planning.

This document has 3 main sections:

- Draft Action Plan - based on the lessons learned feedback.
- Lessons Learned Feedback - provides a summary of all the feedback received.
- Appendix – Resource Documents: Third party technical report, and communications

About the Draft Action Plan

The intent is to treat this as a project with manageable phases that would include re-planning at the end of each phase for more detail in the next phase. There are three tables included for Foundational Work (first 3-6 months), Main Project Work (next 6-18 months) and Long-term Actions (18+ months).

About the Lessons Learned Process

Feedback Gathering Process

- A third party, external (geographically removed with no prior knowledge of the event), experienced facilitator was engaged to help prepare the lessons learned materials and process, conduct the sessions, organize and summarize the feedback and facilitate the senior leadership through an understanding of the feedback and the creation of the draft action plan based on that feedback
- Feedback was gathered from families/residents, staff groups and management

- Each group was kept homogeneous so that they would feel as free as possible to provide feedback and sessions could cover targeted questions for a specific group
- Anyone in these groups that were part of the event were invited to attend through letters sent via email, regular mail, and staff mail slots
- 2 family/resident session times were set up to ensure as many as were able could attend
- 2 staff session times were set up to ensure as many as were able could attend
- 1 management session was set up
- Where a person was both staff and family, 1-1 interviews were set up
- Those unable to attend could send an email or letter with their feedback
- Sessions were recorded - with permission from the participants - so the facilitator could focus on the discussion vs just note taking. Those recordings were used only by the facilitator for generating the feedback report and have now been deleted.

Attendance

- Approx 12-15 staff members attended sessions
- Approx 8 management members attended sessions
- Approx 8 family members and 1 resident attended sessions
- 3 families provided feedback by email/mail

Topics Covered

While there were targeted questions to guide discussion on each topic, the main goal was to get feedback on what worked well, what did not work well and what key messages the participants would want to provide the leadership team to prepare for any future event. The following topics were covered:

- Communication, Logistics/Evacuation, Media, Alternate Lodging/Interim Care, Travel, Renovation Work, Repatriation, Labour Relations, Safety, General Feedback

Session Structure

The sessions were designed as structured sessions to cover each topic in turn with discussion in each of the guiding questions. In execution, the groups did not follow a fully structured process. These were active groups with much on their mind and were determined to say it! In all cases the discussions were good, honest, direct, and constructive. All necessary areas and questions were covered by the end of each session.

Draft Action Plan

There is more planning to do but the framework below provides a starting place and links back to the feedback received.

This planning is draft and will be refined and the work will be prioritized with our stakeholders' input.

Table 1 - Foundational Work

Foundational Work (within 3-6 months)	Theme/Description/Comments	Links to feedback
Acknowledgement of the event	<p>Theme - Address Distress</p> <ul style="list-style-type: none"> - We have reached the 1 year anniversary of the evacuation. - We need to partner with families and staff to determine what should be done to acknowledge this. 	<ul style="list-style-type: none"> - All feedback sessions described trauma, continuing anger, mistrust of the administration
Acknowledgment/thank you to staff, residents and family	<p>Theme - Address Distress</p> <ul style="list-style-type: none"> - This was a very difficult time for so many people. - Staff worked very hard. - People pitched in. - We need to acknowledge the trauma and ensure people know they are appreciated. - Need to plan best way to do this. Connect with staff re: what acknowledgement and support should look like. 	<ul style="list-style-type: none"> - Very traumatic event and seems like there was very little management of the trauma - "Lack of compassion" from leadership and Ministry - Many families felt abandoned by the organization - Volunteers wanted to do more - Staff did not feel supported by leadership - Feeling that people have not been thanked and acknowledged for what they went through - Concerns raised about "coming into work at a place they no longer trust" - A couple of families provided input that they could not attend sessions as they were still too traumatized to talk

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Foundational Work (within 3-6 months)	Theme/Description/Comments	Links to feedback
Determine key members of new emergency/business continuity plan committee	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Needs to include family/residents representative(s) - Needs to include staff area representatives 	<ul style="list-style-type: none"> - Majority of sessions and participants raised the need for a better and more robust emergency plan and many indicated a willingness to be involved - Have a shared emergency plan that includes input from front line staff - "We are not asked for our ideas and input on what could be done"
Determine Project Lead	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - This is a big project with phases and many working pieces and a variety of stakeholders - We need someone to keep it all on track and facilitate issues and replanning as needed 	
Look for starting place for new emergency/business continuity plan	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Determine what exists in other LTC centres that might help - Determine what exists in other healthcare centres of similar size and community size - Determine what Ministry may have available - Determine what kind of external expertise/support is available - Focus on leveraging anything available to get a robust and effective plan in place as quickly as possible 	<ul style="list-style-type: none"> - Ministry, management and LHIN needed to work better together
Document what was and wasn't covered by insurance	<p>Theme - Improve Communication</p> <p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Be able to communicate the answers to all stakeholders. - Provide input into emergency planning. - Document insurance claim process and timeframe and include in revised emergency/continuity plan 	<ul style="list-style-type: none"> - Unclear communication about what would be covered by insurance - Organization seemed to be hiding behind insurance coverage - Families wondering how they will know going forward that insurance coverage is adequate to take care of their family member's "home" - Insurance adjuster was difficult to get hold of

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Foundational Work (within 3-6 months)	Theme/Description/Comments	Links to feedback
<p>Provide feedback to LHIN and ministry re: speed of repatriation</p>	<p>Theme - Improve Fairness, Equity</p> <p>Theme - Emergency/continuity plan</p> <ul style="list-style-type: none"> - Need to advocate for longer repatriation and new admission schedule. - Need to provide input on lessons into the emergency planning. - Seek input re: support for staff during on-boarding process 	<ul style="list-style-type: none"> - Pace was too fast - Administrative paper work needs to be rethought for situations like this - takes too long - Had extra help initially but not as more residents added it got increasingly difficult to be organized and provide the care needed - "Overwhelmed trying to meet the needs of 30 people undergoing a major change in their lives" - Lack of workforce planning and left with staffing gaps still - Very hard to deal with 30 new residents in a 3 week period - those coming back were simply no longer the same as when they left - Families did not get enough notice - Moving of belongings back was inconsistent - There is not enough support for PSWs and what they can do to on-board a resident
<p>Discuss role of the Board in emergency situations</p>	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Discuss with Board what their role can/should be - Provide input into emergency/continuity plan - Seek input re: Board involvement in emergency situations 	<ul style="list-style-type: none"> - Felt like Board was absent during this with no communication from them - Wished there had been an opportunity to talk to Board - felt like a missed opportunity - Unclear what to expect from the Board
<p>Leverage and improve Code Green plan while building more robust emergency/continuity plan</p>	<p>Theme - improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Code Green is a starting point and an element of the Emergency Continuity Plans. - Revising Code Green can be a first step within the first 3 months and to practice mock evacuations. - A focused committee should be formed around Code Green to revise, perform a table top exercise, and train prior to a simulation. 	<ul style="list-style-type: none"> - Was extremely chaotic - either no plan or not well followed - Need better planning re what happens after people are evacuated - Need clearly defined roles and responsibilities

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Foundational Work (within 3-6 months)	Theme/Description/Comments	Links to feedback
<p>Create high level project plan for creating the new emergency/continuity unity plan</p>	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - We need to treat creation of this as a project with timelines etc. - We need to identify all aspects that should be covered in the plan with needed processes and procedures (physical evacuation, clinical data handling, staffing, clinical and admin IT systems, infrastructure repairs, food handling, moving resident belongings, repatriation etc.) - need to update the mid and long term action plan to make sure everything gets included - We need to ensure plan testing is included in the plan (which will involve the creation of scenarios and a plan for periodic testing, mock evacuations etc.) 	
<p>Develop Project Communication Strategy</p>	<p>Theme - Improve Communications</p> <ul style="list-style-type: none"> - This is a major effort for the organization with many interested stakeholders - Need to have a communications strategy for the project and for gathering feedback throughout the project - This effort can also provide input into the kind of communication strategy and communications needed during an emergency 	

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Foundational Work (within 3-6 months)	Theme/Description/Comments	Links to feedback
Develop key communications messages around prevention	<p>Theme - Improve Communication Theme - Prevention</p> <ul style="list-style-type: none"> - Work has been and continues to be done to create and fund a multi-year infrastructure renewal and preventative maintenance plan, including replacement of flooring - Continue advocating for increased government funding. 	<ul style="list-style-type: none"> - "Why no maintenance plan and funding to avoid" - "This was preventable" - The roof should have been dealt with sooner - "Can't believe there is not a maintenance fund. The building is over 20 years old and infrastructure needs to be maintained." - The organization did not proactively reach out to the community if there was no government funding - "A basic necessity - roof over family members heads - was neglected" - "There is a serious lack of government funding for maintenance vs operational work. The funding buckets are ridiculously black and white while this is one building and the government pushes integrated care"
Prepare report on feedback and action planning based on lessons learned (i.e., this report)	<p>Theme - Improve Communication</p> <ul style="list-style-type: none"> - Need to provide this report to participants and let participants know their input is being heard and considered. - Need to provide report to rest of management. - Need to present to the Board. - Need to present to Family Council. 	<ul style="list-style-type: none"> - There has been a lack of communication, not consistent, chaotic
Explore what additional support can be made available to staff	<p>Theme - Address Distress</p> <ul style="list-style-type: none"> - Recognizing that there is still stress and trauma from the roof emergency. - Determine what kind of support is required to bring closure. 	<ul style="list-style-type: none"> - Neither staff nor management felt mental health was supported - Management did not feel they were able to adequately support their staff - Lack of HR support - No onsite support - offsite/phone not really useful - Still feel the trauma

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Foundational Work (within 3-6 months)	Theme/Description/Comments	Links to feedback
Focus on some immediate improvements	Theme – Facility Improvement - Continue with paint refresh program.	- Why was no other work done while residents were out - There were obvious things that needed to be addressed - Small improvements would have improved the feeling at repatriation

Table 2 - Main Project Work

Main Project Work (within 6-18 months)	Theme/Description/Comments	Links to feedback
Determine upstaffing for emergency situations	Theme - Improve emergency/continuity plan - Determine, per emergency type, the additional staffing needed (clinical, admin, project management) to be effective - Determine funding mechanisms and how to best use volunteers - Revise emergency/continuity plan accordingly.	- No clear roles and responsibilities defined - No workforce plan for an emergency - Needed additional staffing during repatriation - Lack of communications point person - No emergency staffing plan - Have a trained volunteers contingent trained and ready to help out during emergencies

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Main Project Work (within 6-18 months)	Theme/Description/Comments	Links to feedback
Develop 3 levels of evacuation plan	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Develop sub plans for short term, mid term and long term evacuations - Determine how it changes staging, interim placements, etc. - Identify staff, family, clinical, admin and operational impacts of each type of required evacuation - Check with LHIN and Ministry re: what evacuations process and procedures they have access to - Revise emergency/continuity plan accordingly. 	<ul style="list-style-type: none"> - Lack of plan beyond actual evacuation - Why no staging area defined - in some cases there were too many moves - Seemed unclear what level of evacuation was happening - Need better defined processes and people need to be trained - Families did not have enough input into moves - their role in providing care not recognized - Some key medical information did not get to alternate care home
Develop emergency/continuity roles and role descriptions	<p>Theme - Improve emergency/continuity plan</p> <p>Theme - Improve Communication</p> <ul style="list-style-type: none"> - Determine the roles needed during an emergency for communication, evacuation, operations, media inquiries, family contact, etc. - Determine what organizational role will fill each emergency role, provide the training. - Revise emergency/continuity plan accordingly. 	<ul style="list-style-type: none"> - Lack of defined roles and responsibilities re emergency roles - Too much chaos and confusion - People taking on emergency roles as best they could - Not clear who to go to or who could make decisions - Need a communications point person for families/residents, staff and media - Set up a cross functional disaster team and provide proper training

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Main Project Work (within 6-18 months)	Theme/Description/Comments	Links to feedback
Develop emergency communication strategy and plan	<p>Theme - Improve Communication</p> <p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Determine communication channels to use for each type of emergency - Determine how those will be created - Determine role of Board in communication - Determine what is needed for one point of contact for families/residents - Determine any needed call trees and timelines - Revise emergency/continuity plan accordingly. 	<ul style="list-style-type: none"> - There was not enough communication - Communication was chaotic and poorly executed - Communication was vague - No clear responsibilities re communication - Lack of Board presence - No point person - Have a communications hotline - Needed better information around progress of renovation - Don't make families reach out to organization for information - Very little communication to staff- didn't know where to direct questions - Found out things way too last minute
Determine emergency wind down protocols	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - In collaboration with the LHIN, document the repatriation strategy and process - Based on what we have learned, determine "back to normal" staffing process and operations process - Determine process for closing emergency communication channels - Determine emergency wind down communications strategy - Revise emergency/continuity plan accordingly. 	<ul style="list-style-type: none"> - Families not given enough warning about move backs - How to get belongings moved back was unclear and inconsistent
Develop emergency plan testing mechanisms	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Build on and enhance prior mock evacuation training/exercises based on what we have learned. - Set timeline for future training. - Revise emergency/continuity plan accordingly. 	<ul style="list-style-type: none"> - No mock disaster testing - People need to really understand their role during an emergency - Seemed to be a lack of emergency preparation

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Main Project Work (within 6-18 months)	Theme/Description/Comments	Links to feedback
Develop emergency HR/staffing processes and procedures	<p>Theme - Improve Fairness, Equity</p> <p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Based on type and severity of emergency, determine staffing needs and options during the event and how "return to normal" will be accomplished - Establish policy and/or memorandum of understanding with unions regarding staffing plans during emergency situations - Involve staff for ideas and understanding needs - Involve union to proactively set up protocols - Revise emergency/continuity plan accordingly. 	<ul style="list-style-type: none"> - Union involved too late - Very low morale - Lack of HR e parties available to management - Poor communication around what would be happening re people's jobs and roles - No recognition of impact across facilities as people fearful of being bumped - Not enough contact with direct manager - Great that some education was scheduled during this time - good use of potential downtime - Staffing and workforce planning was sloppy. Not enough information, not enough input from staff, tool too long to work through potential scenarios
Determine key IT systems and emergency processes	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Identify the key clinical, operational and admin IT systems and how to safeguard, recover, ensure access etc. during an emergency - Revise emergency/continuity plan accordingly. 	<ul style="list-style-type: none"> - Unclear what was or is happening with nurse call system
Start implementing infrastructure renewal plan	<p>Theme - Prevention</p> <p>Theme - Improve Communications</p> <ul style="list-style-type: none"> - Communicate plans for next few months to all stakeholders (Board, management, staff, family council, families and residents, public/community) - Execute plans, communicate plan status as above 	

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Main Project Work (within 6-18 months)	Theme/Description/Comments	Links to feedback
Build capacity to access additional HR supports when needed	<p>Theme - Address Distress</p> <p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Work with leaders to understand what kind of HR support is needed - Explore what is available and options - Implement additional support - Determine any other HR needs during an emergency and determine how they will be provided - Revise emergency/continuity plan accordingly. 	<ul style="list-style-type: none"> - Lack of HR expertise and support
Communications and media training for senior leadership team and clinical leaders	<p>Theme - Improve Communications</p> <p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Need to be better prepared and equipped to communicate effectively - Effective communication during an emergency is critical - Communication is a skill that can be improved - Need to source good training, implement it and determine how to make it available to new leaders - Document a clear/transparent plan for what is communicated during an emergency (e.g. factual information as it becomes known; no speculation; processes being followed and what to expect; etc.) 	<ul style="list-style-type: none"> - Chaotic communications - Not clear who to go to for information - Not clear what messages should be - Need clearer messages to work from
Plan for next project stage	<p>Theme - Improve Communication</p> <p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Based on work done to date and with cross functional team and other stakeholders, define priorities and plans for next stage - Plan out next stage in more detail re: milestones, deliverables and accountabilities 	

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Main Project Work (within 6-18 months)	Theme/Description/Comments	Links to feedback
Communicate progress	Theme - Improve Communication - Communicate progress to all stakeholders	

Table 3 - Long Term Actions

Long Term Actions (18+ months)	Theme/Description/Comments	Links to feedback
Develop community funding contacts and partners	Theme - Improve Fairness, Equity Theme - improve emergency/continuity plan - Determine areas where we may not have funds in an emergency and explore what can be put in place re: contingency funding - Seek input from families and staff to determine what avenues for community support may exist when/if needed - Revise emergency/continuity plan accordingly.	- Travel costs was a significant hardship for some families - Reimbursement was expected - Why didn't organization tap into community funding - Felt reimbursement was promised and not delivered - Bus provided was inadequate
Test revised emergency/continuity plan	Theme - Improve emergency/continuity plan - Run test(s) as per defined schedule - Provide feedback to refine/improve plan re changes or gaps	
Determine ongoing awareness and training on emergency/continuity plan	Theme - Improve emergency/continuity plan - Need to ensure new staff, leaders and Board understand the plan and any role they may be asked to take on. - Revise and implement emergency response training resources, including new hire orientation.	

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Long Term Actions (18+ months)	Theme/Description/Comments	Links to feedback
Revise/improve emergency/continuity plan	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Identify key organizational and emergency roles in emergency plan - Enhance contingency plan for filling any vacant roles - Fill any identified gaps or weaknesses in the plan based on feedback and testing - Add more detail as required - Seek external expertise as needed - Revise emergency/continuity plan accordingly. 	
Continue implementing infrastructure renewal plan	<p>Theme - Prevention</p> <p>Theme - Improve Communications</p> <ul style="list-style-type: none"> - Communicate plans for next few months to all stakeholders (Board, management, staff, family council, families and residents, public/community) - Execute plans, communicate plan status as above 	
Improve resident / family / volunteer / community engagement	<p>Theme - Improve Fairness, Equity</p> <p>Theme - Improve Communications</p> <p>Theme - Prevention</p> <ul style="list-style-type: none"> - More engagement and better relationships helps us day to day and in the event of an emergency - Review current engagement approaches; seek input from each group - Identify areas for improvement or new ways to engage - Create and implement a plan 	
Review Board resourcing	<p>Theme - Improve emergency/continuity plan</p> <ul style="list-style-type: none"> - Based on our improved emergency/continuity plan, determine whether any additional skills or experience is needed on the Board 	

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Long Term Actions (18+ months)	Theme/Description/Comments	Links to feedback
	- Update Board recruitment plans as needed	
Communicate progress	Theme - Improve Communication - Communicate progress to all stakeholders	

Lessons Learned

Results - Overall Summary

Note that some pieces of feedback have not been included as they were one-off or inclusion would make it very easy to identify the participant. There was enough collective feedback to cover the main issues.

1. The trauma is long lasting

- Every session had tears
- Many people at each session expressed ongoing anger over the situation
- Staff voiced concerns about being able to keep coming into work at a place they no longer trust
- Some family sent emails apologizing for not meeting but still feeling too traumatized to talk
- Very low morale was mentioned a number of times
- Across audiences there is a sense that answers have not been provided, that accountability has not been accepted and that there was a cover-up

2. Perceived lack of planning, lack of communication, lack of compassion

- This transcended all audience groups
- A new emergency/continuity plan for such an event in future needs to cover at least
 - Emergency evacuation procedures including belongings, food, equipment etc.
 - Emergency committee - assigned roles and responsibilities
 - Testing of defined plan - scenario testing and mock evacuations
 - Resident move triage
 - Resident care monitoring
 - Communication plan for all audiences, using a number of mediums
 - Workforce plan including some proactive work to establish options and involving union
 - Mental health supports for all stakeholders
 - Travel and reimbursement policies

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- Community and volunteer plan for such an event
 - Media management
3. As expected, the situation brought out and amplified some ongoing issues
- Perceived lack of good communications and lack of contact with manager
 - Lack of HR expertise
 - Chronic understaffing at LTC facilities
 - Feeling that Ministry is out of touch, has no idea how to properly fund LTC and deal with integrated buildings and required proactive maintenance
4. There are some important building blocks
- People want to see some changes and are willing to be involved in change
 - Both staff and management groups felt the power of coming together as a team
 - All audiences believe there can be a better emergency/business continuity plan and seem willing to be involved
 - Families and residents truly admire front line staff
 - Some family members recognized they need to do more to help a small, local facility offer some of the activities and services of larger facilities in more populated areas

Results - Feedback by Topic

Communication	<ul style="list-style-type: none"> - Not enough - Chaotic - Not consistent - Not truthful - Poorly executed - No clear communication paths - No clear responsibilities for various communication - No point person - No Board presence - Have a message Board available to staff to post questions and get answers - Designate someone from each staff group to gather questions, meet with the right people to get answers and share back to their group - In future a hot line should be set up immediately so families have one point of contact, there is proper triage of calls and calls are funneled to the right person - Management needs a set of answers supplied to them so they can be responsive and consistent in the answers they provide
Logistics/Evacuation	<ul style="list-style-type: none"> - Extremely chaotic - no plan or lack of plan execution - No clearly defined roles and responsibilities - Lack of a good staging area to reduce moves - Very traumatic for residents, staff and families - no management of the trauma - No workforce plan at that stage - Area where communication breakdowns generated lots of negative comments - Need a better triage system for determining resident placements fast
Media	<ul style="list-style-type: none"> - Many families did not talk to media for fear of retribution against their family member - Some distrust of media reporting as nothing to compare it to re organizational communication

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Alternate

Lodging/Interim

Care

- Incomplete criteria used for moves with little to no family or staff input
- Mixed care results though most ok and some better
- Some key information did not get to alternate location
- In many cases, due to location, families could not provide the care they had been providing
- Not enough understood about the care many families provided
- Sense that residents and families had been abandoned by the organization - no follow up during alternate care
- Alternate care home unable to provide information on what would happen next and when
- Staff and volunteers wanted to do more re ongoing visits and staff worried about how the residents were settling in and how they were doing
- In future have a process to get family approval for visits and have sign-ups for visits

Travel

- Area causing lots of ongoing anger
- There were financial hardships, lots of incurred costs, lots of additional stress
- Felt lied to about reimbursement
- Travel bus offered was ineffective and insufficient support

Renovation Work

- Belief that this was avoidable
- Inexcusable that work was not done
- Problems known for years
- Lack of funding is no excuse
- Why no maintenance plan and funding to avoid
- Took too long
- No progress reports - rumour mill was active
- No indication of when repatriation might be possible
- Insurance company difficult to contact and deal with
- Why no other work done during this while residents were out (painting, carpet)
- Problems getting belongings out once area locked down - lots of confusion
- Clean-up at end was chaotic, work often not done in correct order or by right people - time and money was wasted
- Organization hiding behind insurance coverage - not really believable
- Someone needs to take responsibility and be held accountable
- Post a dated message in the door every single day - even if message does change it let's people know the current status and that communicating with them is a priority
- Put a maintenance funding plan in place to reduce future risk

Repatriation

- Pace was too fast
- Administrative paper work needs to be rethought for situations like this
- Had extra help initially but not as more residents added it got increasingly difficult to be organized and provide the care needed
- Lack of workforce planning and left with staffing gaps still
- Very hard to deal with 30 new residents in a 3 week period - those coming back were simply no longer the same as when they left
- Families did not get enough notice
- Moving of belongings back was inconsistent
- Some families brought loved one back reluctantly but had to for ongoing travel
- Ongoing feeling that the home is not a happy place

Labour Relations

- Lack of a workforce plan as part of emergency plan
- Staff issues ignored initially
- Staff did not feel supported by the organization
- Management did not feel they adequately supported their staff
- Management often did not feel supported
- Lack of compassion, no focus on mental health
- Not enough contact with direct manager
- No recognition for staff from leadership
- Lack of HR expertise available to managers
- Union brought in too late
- Made assumptions that no layoffs was best for all - not so
- Very poor communication around what would be happening and when re people's jobs and roles
- No recognition of impact across facilities as people fearful of being bumped
- Morale at all time low - have not recouped at all
- Lack of trust in upper leadership
- Staff feel they pulled together well and did as well as could be expected
- Management feel they really came together as a team - but issues now as management coming in that did not go through the event
- To rebuild trust set up proper 1-1s with staff - even five minute check-ins. Share what is happening on an ongoing basis.
- Be proactive about what staff members might want in a similar future situation (re lay-off or alternate work)
- Get better at thanking staff for their work
- There needs to be a workforce plan built into the emergency plan
- There needs to be a mental health plan as well
- Need to rebuild our culture now

Safety

- Too much stuff lying around, belongings piled up as getting people out
- Good that site was locked down and treated like construction site for safety reasons
- Lack of the nurse call bell system created lots of extra work to keep residents safe
- Clean up was chaotic - people tripping over each other
- Timing of some activities not right and not right people doing them - safety risks

General Feedback Staff

Surprising

- That this happened at all - it was preventable and it's disgusting it was allowed to happen. Played Russian roulette and lost

- That residents and families were not reimbursed
- The lack of compassion

- That the organization didn't use the opportunity to make some other needed changes while residents were out
- ### Upsetting

- That we watched residents go out the door in a rushed manor wondering if we would ever see them again
- The way residents were moved with so little input and compassion
- Hard to know how this will ever go away as it was not an unforeseen emergency. It was preventable.

In future

- Give staff updates on how residents are doing, arrange for visits
- Provide more options to staff
- Better thinking and planning around moving residents - have a staging area to reduce number of moves
- Set up a cross functional disaster team, provide proper training
- Have a trained volunteer contingent ready to help bolster staff numbers

Positive

- That some residents came back and wanted to come back
- The roof didn't collapse
- Staff came together as a team and got things done in spite of all the difficulties
- We've experienced a true evacuation so now we know what needs to be done better
- Staff had each other's backs
- Peer emails thanking and supporting one another
- Great that some education was scheduled during this time - good use of potential downtime

Other

- Not sure this trauma will ever go away
- Ministry, management and LHIN needed to work better together

General Feedback Management

Surprising:

- The number of residents that did not want to come back. Happy they were happy but took it personally that they didn't want to come back home
- How difficult it was to contact the insurance adjuster and the lack of clarity from the insurance company as to what would be covered
- How long it took to get RFPs out and things moving. This is a problem beyond this event
- That the roof was not dealt with sooner - previous director of maintenance publicly said the roof was a ticking time bomb. Surprised that there was no funding supplied

Upsetting:

- Spend more time trying to get the money needed than actually doing the needed work
- There is a serious lack of government funding for maintenance vs operational work. The funding buckets are ridiculously black and white while this is one building and the government pushes integrated care
- Staffing and workforce planning was very sloppy. No one had the needed info, there was not enough input from staff, took too long to create and work through possible scenarios and much of that should have already been part of a basic plan

Do differently:

- This retrospective should have been done earlier. 6 months is too long to remember everything and things have festered for 6 months

General Feedback Families and Residents

Surprising

- Moving family members long distances with no input or coordination with families and no notice
- That this happened - roof issues known by multiple CEOs and Boards and should have been addressed - why was this not a priority
- That the organization did not proactively reach out to community if there was no government funding

Upsetting

- Lack of compassion for residents and families - residents nothing more than once. just a # and \$ sign
- Lack of reimbursement - a little would have gone a long way - wrong approach and terrible public relations - hid behind insurance coverage
- That a basic necessity - roof over family members head - was neglected

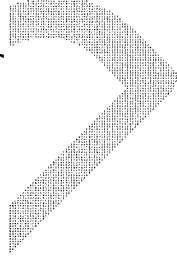
In future

- Communicate throughout the whole time
- Have a communication hot line
- Talk to family members - reach out - don't make us go to you
- Have a better way to plan moves of residents that considers all the info
- Work proactively with families to create alternate care scenarios should something like this happen again - go through options, who will do what, who will transport, possibility of at home care etc.
- Have a computer listing, updated daily, across the region re care beds available - viewable by public
- Have interim locations of family member updated and available online for families
- Have a plan that includes ensuring all major healthcare documentation gets to alternate location
- Get an infrastructure maintenance plan in place to avoid need for emergency work
- Do some drills - have never seen a real evacuation drill done here
- If something clearly needs fixing and there is no Ministry funding - it is still the responsibility of mgt/Board to get it done

- This kind of review should be done closer to the event. Dredging all this up just before Christmas is cruel

Positive

- Front line staff clearly cared about our family members



Appendix: Resource Documents

Information received following an extensive evaluation done by a Forensics Engineer used by the insurer to assess/investigate the cause of the roof failure at Highland Wood (received February 20, 2019):

"In my report, I have explained to the Insurer the early failure of the roof occurred suddenly without warning. There were no ongoing signs of water infiltration or roof leaks, there are no signs of early failure or ongoing water seepage below the roof deck. There are no signs of previous water infiltration, and or corrosion of the steel decking. There was no warning with this sudden and accidental event .

As a roofing expert, have testified at several trials up to the Superior court in Ontario, I received my Metro Toronto Roofing License in 1980, and operated a successful roofing company in the past, performing flat roofing, tar and gravel, Torch Applied Roof Membranes, EDPM membranes, Sarnafil roof membranes, TPO membranes and others over the past many years. The roof failure at the Haliburton Highland Health Services facility was sudden; I have been investigating roof failures, and have been involved in roof replacements/ assessments for nearly 4 decades. I want to assure you, this event occurred very early on within the service life of the roof, and occurred without the normal signs of early failure. No one within your facility is at fault and certainly should not be blamed for this unfortunate incident."



For immediate release: February 6, 2019

For more information please contact:

Carolyn Plummer
President and CEO
Haliburton Highlands Health Services
cplummer@hhhs.ca
Phone: 705-457-2527

Haliburton Highlands Health Services (HHHS) is committed to providing the highest quality care and service for our residents, patients, and clients. This includes creating and maintaining a safe environment for delivery of care and service and, in our Long-Term Care (LTC) homes, providing a comfortable home environment for our residents.

Currently we are experiencing some leaks in the roof over our Highland Wood Long-Term Care Home (LTC) as the ice and snow that has built up begins to melt. This roof is due to be replaced this spring as soon as weather permits; in the meantime our team has been working hard to manage the leaks and conduct repairs or divert meltwater as much as possible.

While the team works on these temporary fixes, we are safely relocating several Highland Wood residents into other parts of the building and neighbouring LTC facilities in order to maintain their safety and ensure they continue to receive the care they need. Family members have been contacted and advised of the steps being taken to support the relocation of their loved ones.

We are working with the Central East Local Health Integration Network (Central East LHIN) and the Ministry of Health and Long-Term Care on additional options if they become necessary.

I would like to thank our LTC, LHIN and Ministry partners for their support and commend our LTC leadership team, staff, and our maintenance team for all of the non-stop hard work they have been doing and continue to do to keep our residents safe. I would also like to thank staff from all other departments who have pitched in to help, as well as volunteers, HHHS Foundation staff, and other members of our community who have reached out to offer support.



For immediate release: February 7, 2019

For more information please contact:

Carolyn Plummer
President and CEO
Haliburton Highlands Health Services
cplummer@hhhs.ca
Phone: 705-457-2527

On February 6th we advised our community that we were safely relocating several Highland Wood Long-Term Care (LTC) residents into other parts of the building and neighbouring LTC facilities as our team responded to leaks in the roof over the building.

Later that day, outside experts assisted our maintenance staff with a detailed inspection of the roof and the decision has now been made to relocate all Highland Wood residents until further notice.

We are working with the Central East Local Health Integration Network (Central East LHIN) and the Ministry of Health and Long-Term Care to follow all necessary steps to complete this relocation as quickly as possible while continuing to provide safe, quality care to our residents.

We are also working with the families of all of our residents to ensure that their loved ones are relocated into facilities that will provide the same comfortable home environment that they experienced at Highland Wood.

Staff and volunteers at HHHS remain committed to providing the highest quality care and service for our residents, patients, and clients. The support from our community and all of our partners is very much appreciated as we respond to this emergency. We are truly grateful for the incredible outpouring of support.



For immediate release: February 11, 2019

For more information please contact:

Carolyn Plummer
President and CEO
Haliburton Highlands Health Services
cplummer@hhhs.ca
Phone: 705-457-2527

Staff and volunteers at Haliburton Highlands Health Services (HHHS), supported by the Central East Local Health Integration Network (Central East LHIN) and the Ministry of Health and Long-Term Care, are continuing to safely transition Highland Wood Long-Term Care (LTC) residents to neighbouring LTC facilities, with the goal of ensuring that they are receiving the same quality of care in a comfortable, homelike setting.

We recognize that having to move to another long-term care home is disruptive and stressful for residents, family members, and staff and thank everyone for their support as we work to ensure that residents were safe and receiving quality care. Our priority is now turning to addressing current roof conditions to support the return of residents as soon as possible.

In 2017, as part of our capital program, we had both our hospital and long-term care home physical facilities, including the roofs, assessed by experts. This assessment recommended a planning process to proactively replace the roofs within a 2018 – 2021 timeframe. In May, HHHS issued a public tender to replace both Hyland Crest and Highland Wood roofs and the tender was awarded in July, 2018.

Based on the assessment Hyland Crest was scheduled first, and that work was completed in September, 2018. Weather conditions prevented us from moving forward to replace the Highland Wood roof following the work at Hyland Crest and the work was then rescheduled for spring 2019.

The HHHS maintenance team has continued to regularly inspect and monitor the roof's condition to ensure the safety of residents and staff. Unfortunately the extreme fluctuations in temperature and weather conditions over the late fall and into the winter led to an excessive build-up of ice on the roof and then a sudden melt, which led to the steps taken last week to safely evacuate and relocate residents to other facilities.

The team is now actively working on removing the recurring ice build-up to support further inspections. We will then take the appropriate steps to ensure the situation is effectively addressed, confirming a timeline for repairing the roof and reopening Highland Wood.

Again we would like to thank all of our partners for their support in ensuring that Highland Wood residents are safe and comfortable. As new information becomes available, we will continue to update residents, families, staff, and the community, and HHHS will be setting up an information hotline within the coming days. Family members are encouraged to contact the Central East LHIN Long-Term Care Placement Team at 310-2222 if they have any questions regarding the placement of their loved ones.



Meeting for Family Members of Highland Wood Residents

February 15, 2019

To all family members of residents of Highland Wood Long-Term Care Home:

We would like to express our deep appreciation for your support and cooperation during the evacuation and relocation of residents that was required as we responded to the leaks in the roof at Highland Wood.

Everyone at Haliburton Highlands Health Services – our staff, our Board, our physicians, and our volunteers – is committed to providing the highest quality care and service for our residents, patients, and clients. It has truly been a team effort, that with your support, has resulted in all of the Highland Wood residents now being safely placed in neighbouring long-term care homes or being supported in the community with enhanced Home and Community Care supports.

Haliburton Highlands Health Services and Highland Wood will be hosting a meeting for families of Highland Wood residents on Wednesday, February 20th at 6:30 p.m. at our Haliburton facility located at 7199 Gelert Road in Haliburton. The meeting will take place in the Ruth Parks room located on the lower level of the building. Families will have the opportunity to ask questions of Haliburton Highlands Health Services and Highland Wood senior staff. If you are planning to attend, please let us know by calling Marlene at 705-457-2527.

Additional Supports:

Transportation

We have made arrangements to provide free transportation support for family members of Highland Wood residents during this time. If you are in need of transportation to visit your loved one at their temporary place of residence, please contact our Community Support Services department at 705-457-2941, extension 2925.

Counselling Services

We have arranged to have counselling services available to help provide support for family members of Highland Wood residents during this time. If you would like to access those services, please call Homewood Health at 1-800-663-1142, and let them know you are a family member of a resident of Highland Wood in Haliburton.

Information Updates

An information hotline has been set up at 705-457-1392, ext. 2400 to provide the latest information available regarding Highland Wood Long-Term Care home.

An information page has also been posted to the Haliburton Highlands Health Service website at www.hhhs.ca; click on the link titled 'Highland Wood Updates'.

Contact Information

If you have questions about the placement of your loved ones, we encourage you to contact the Central East Local Health Integration Network Long-Term Care Placement Team. They can be reached by dialing 310-2222.

The contact information for the Highland Wood Director of Care and Administrator, Michelle Douglas, remains the same. If you wish to speak with her you may call her at 705-457-1392, ext. 2286, or email her at mdouglas@hhhs.ca.

If you wish to speak to the President and CEO of Haliburton Highlands Health Services, Carolyn Plummer, please call 705-457-2527, or email her at cplummer@hhhs.ca.

Thank you again for your continued support and understanding.



To the Families of our Highland Wood Residents:

In order to ensure that you are able to continue to spend quality time with your loved ones we want to help with transportation.

We will:

- **Provide you with free transportation to your loved one's temporary place of residence**
- **Pick up & drop you off at Highland Wood Long Term Care facility**
- **Coordinate group or individual transport as needed.**

PLEASE CALL TO TELL US HOW WE CAN HELP...

705-457-2941 ext. 2925

Community Support Services

7185 Gelert Road, P.O. Box 956, Haliburton, ON K0M 1S0

Tel 705-457-2941 (toll free) 1-855-285-2944 x 2925

Email: info@hhhs.ca

www.hhhs.ca



Highland Wood Information Hotline

705-457-1392, ext. 2400

The Highland Wood Information hotline has been set up to provide the latest information available regarding Highland Wood Long-Term Care home. The hotline will be updated whenever new information becomes available.



Highland Wood Counselling Support

We have arranged to have counselling services available to help provide support for family members of Highland Wood residents during this time. If you would like to access those services, please call **Homewood Health at 1-800-663-1142**, and let them know you are a family member of a resident of Highland Wood in Haliburton.



Contact Information

Highland Wood Information Hotline: 705-457-1392, ext. 2400.

If you have questions about the placement of your loved ones, we encourage you to contact the Central East Local Health Integration Network Long-Term Care Placement Team. They can be reached by calling 310-2222. An area code is not required.

The contact information for the Highland Wood Director of Care and Administrator, Michelle Douglas, remains the same. If you wish to speak with her you may call her at 705-457-1392, ext. 2286, or email her at mdouglas@hhhs.ca.

If you wish to speak to the President and CEO of Haliburton Highlands Health Services, Carolyn Plummer, please call 705-457-2527, or email her at cplummer@hhhs.ca.



Summary of Meeting for Families of Highland Wood Residents February 20, 2019

On Wednesday February 20, 2019, Haliburton Highlands Health Services (HHHS) hosted a meeting for family members of Highland Wood residents. HHHS senior leadership as well as Board members were present at the meeting. Members of the Central East Local Health Integration Network (CELHIN) were also present via teleconference.

The meeting was well attended by family members. An agenda was distributed, along with copies of Frequently Asked Questions.

The meeting began with a summary of events and current status of the situation; family members were then provided an opportunity to ask questions. The questions raised, along with responses, have now been added to the Frequently Asked Questions document accompanying this summary. This information is also available on our website at www.hhhs.ca, through the 'Highland Wood Updates' link.

The following is the summary and current status provided by President & CEO Carolyn Plummer:

I would like to start by expressing my deep appreciation for your support and cooperation during the evacuation and relocation of residents that was required over the past two weeks as we responded to leaks in the roof of Highland Wood.

I recognize that having to move to another long-term care home is and has been disruptive and stressful for residents, family members, and staff and I want to thank everyone for their support as we worked to ensure that residents were safe and receiving quality care.

On February 5th, we were experiencing some leaks in the Highland Wood roof as the significant ice and snow that had built up began to melt.

We took steps at that time to manage the leaks and divert meltwater as much as possible.

While doing so, we relocated several residents to other parts of the building in order to maintain their safety and ensure they continued to receive the care they need.

We informed the Central East Local Health Integration Network and the Ministry of Health and Long Term Care, who began working on identifying alternative placement options for our residents should they become necessary.

On February 6th, outside experts assisted our maintenance staff with a detailed inspection of the roof and the decision was made to relocate all Highland Wood residents to other long-term care homes or back into the community with enhanced Home and Community Care supports until the situation could be addressed.

We worked closely with the Central East Local Health Integration Network and the Ministry of Health and Long-Term Care to follow all necessary steps, which included the Ministry declaring our situation an emergency, to complete this relocation as quickly as possible while continuing to provide safe, quality care to our residents.

Highland Wood residents have now all been placed in appropriate safe settings and the Central East LHIN Placement Team has advised, that based on legislation, all Highland Wood residents will receive a relocation priority back to Highland Wood once the situation is addressed.

In fact I understand that the LHIN's Placement Team has been contacting the families of all Highland Wood residents about interim steps that can be taken now to return their loved ones back to the County based on available beds and resident safety.

At HHHS, our priority is now focused on addressing the current roof conditions to support the return of residents as soon as possible.

In 2017, as part of our capital program, we had both our hospital and long-term care home physical facilities, including the roofs, assessed by experts.

This assessment recommended a planning process to proactively replace the roofs within a 2018 – 2021 timeframe.

In May 2018, we issued a public tender to replace both Hyland Crest and Highland Wood roofs and the tender was awarded in July, 2018.

Based on the assessment Hyland Crest was scheduled first, and that work was completed in September, 2018.

Weather conditions prevented us from moving forward to replace the Highland Wood roof following the work at Hyland Crest and the work was then rescheduled for spring 2019.

The HHHS maintenance team has continued to regularly inspect and monitor the roof's condition to ensure the safety of residents and staff.

Unfortunately the extreme fluctuations in temperature and weather conditions over the late fall and into the winter led to an excessive build-up of ice on the roof and then a sudden melt, which led to the steps taken last week to safely evacuate and relocate residents to other facilities.

A preliminary report from our insurer's roof inspector states that the early failure of the roof occurred suddenly without warning. The report highlights that there were no ongoing signs of water infiltration or roof leaks, there are no signs of early failure or ongoing water seepage below the roof deck. There are no signs of previous water infiltration and/or corrosion of the steel decking.

We are conducting our own internal investigation to determine if staff had documented any earlier report of leaks or challenges with the roof and welcome the opinion of the inspector that the HHHS team has been proactive, in terms of meeting the needs of the overall roof replacement plan and that this incident was unpredictable and occurred suddenly without warning.

The team is now actively working on removing the recurring ice build-up to support further inspections related to cause.

We will then take the appropriate steps to ensure the situation is effectively addressed, confirming a timeline for the work to be done and for Highland Wood to reopen.

We will continue to keep you informed as new information becomes available.

Once again, I would like to assure you that we are working as quickly as we can to address the issue and reopen Highland Wood.

I would like to take this opportunity to thank Michelle and her team at Highland Wood, as well as all the volunteers, community members, and staff from other areas who helped support our residents and families during the transition.

I would also like to thank the Central East LHIN and the Ministry of Health and Long Term Care for their support throughout this situation.

And I would like to thank you all again for your support and understanding.



Leaders in Innovative Rural Health Care

For immediate release: February 25, 2019

For more information please contact:

Carolyn Plummer
President and CEO
Haliburton Highlands Health Services
cplummer@hhhs.ca
Phone: 705-457-2527

On Wednesday February 20, 2019, Haliburton Highlands Health Services (HHHS) hosted a meeting for family members of Highland Wood residents. HHHS senior leadership as well as HHHS Board members were present at the meeting. Members of the Central East Local Health Integration Network (CELHIN) were also present via teleconference.

The meeting was well attended by family members. An agenda was distributed, along with copies of Frequently Asked Questions.

The meeting began with a summary of events and current status of the situation; family members were then provided an opportunity to ask questions. The questions raised, along with responses, have now been added to the Frequently Asked Questions document accompanying this summary. This information is also available on our website at www.hhhs.ca, through the 'Highland Wood Updates' link.

The following is the summary and current status provided by President & CEO Carolyn Plummer:

I would like to start by expressing my deep appreciation for your support and cooperation during the evacuation and relocation of residents that was required over the past two weeks as we responded to leaks in the roof of Highland Wood.

I recognize that having to move to another long-term care home is and has been disruptive and stressful for residents, family members, and staff and I want to thank everyone for their support as we worked to ensure that residents were safe and receiving quality care.

On February 5th, we were experiencing some leaks in the Highland Wood roof as the significant ice and snow that had built up began to melt.

We took steps at that time to manage the leaks and divert meltwater as much as possible.

While doing so, we relocated several residents to other parts of the building in order to maintain their safety and ensure they continued to receive the care they need.

We informed the Central East Local Health Integration Network and the Ministry of Health and Long Term Care, who began working on identifying alternative placement options for our residents should they become necessary.

On February 6th, outside experts assisted our maintenance staff with a detailed inspection of the roof and the decision was made to relocate all Highland Wood residents to other long-term care homes or back into the community with enhanced Home and Community Care supports until the situation could be addressed.

We worked closely with the Central East Local Health Integration Network and the Ministry of Health and Long-Term Care to follow all necessary steps, which included the Ministry declaring our situation an emergency, to complete this relocation as quickly as possible while continuing to provide safe, quality care to our residents.

Highland Wood residents have now all been placed in appropriate safe settings and the Central East LHIN Placement Team has advised, that based on legislation, all Highland Wood residents will receive a relocation priority back to Highland Wood once the situation is addressed.

In fact I understand that the LHIN's Placement Team has been contacting the families of all Highland Wood residents about interim steps that can be taken now to return their loved ones back to the County based on available beds and resident safety.

At HHHS, our priority is now focused on addressing the current roof conditions to support the return of residents as soon as possible.

In 2017, as part of our capital program, we had both our hospital and long-term care home physical facilities, including the roofs, assessed by experts.

This assessment recommended a planning process to proactively replace the roofs within a 2018 – 2021 timeframe.

In May 2018, we issued a public tender to replace both Hyland Crest and Highland Wood roofs and the tender was awarded in July, 2018.

Based on the assessment Hyland Crest was scheduled first, and that work was completed in September, 2018.

Weather conditions prevented us from moving forward to replace the Highland Wood roof following the work at Hyland Crest and the work was then rescheduled for spring 2019.

The HHHS maintenance team has continued to regularly inspect and monitor the roof's condition to ensure the safety of residents and staff.

Unfortunately the extreme fluctuations in temperature and weather conditions over the late fall and into the winter led to an excessive build-up of ice on the roof and then a sudden melt, which led to the steps taken last week to safely evacuate and relocate residents to other facilities.

A preliminary report from our insurer's roof inspector states that the early failure of the roof occurred suddenly without warning. The report highlights that there were no ongoing signs of water infiltration or roof leaks, there are no signs of early failure or ongoing water seepage below the roof deck. There are no signs of previous water infiltration and/or corrosion of the steel decking.

We are conducting our own internal investigation to determine if staff had documented any earlier report of leaks or challenges with the roof and welcome the opinion of the inspector that the HHHS team has been proactive, in terms of meeting the needs of the overall roof

replacement plan and that this incident was unpredictable and occurred suddenly without warning.

The team is now actively working on removing the recurring ice build-up to support further inspections related to cause.

We will then take the appropriate steps to ensure the situation is effectively addressed, confirming a timeline for the work to be done and for Highland Wood to reopen.

We will continue to keep you informed as new information becomes available.

Once again, I would like to assure you that we are working as quickly as we can to address the issue and reopen Highland Wood.

I would like to take this opportunity to thank Michelle and her team at Highland Wood, as well as all the volunteers, community members, and staff from other areas who helped support our residents and families during the transition.

I would also like to thank the Central East LHIN and the Ministry of Health and Long Term Care for their support throughout this situation.

And I would like to thank you all again for your support and understanding.



Frequently Asked Questions (FAQ)

Highland Wood LTC – as of February 25, 2019

The following is a list of frequently asked questions and answers, which were provided to family members of Highland Wood residents during a family meeting held on February 20, 2019. Additional questions were asked and answered during the meeting, and those are now included in the last part of this document.

Please note: the following information will be updated as new details become available.

HIGHLAND WOOD

Q1. How long will it take before residents can return to Highland Wood?

A1. At this point the timing of Highland Wood's reopening is unknown. The team is now actively working on removing the recurring ice build-up to support further inspections. We will then take the appropriate steps, confirming a timeline for addressing the situation and reopening Highland Wood.

We recognize that having to move to another long-term care home is disruptive and stressful for residents and family members, and we are doing everything we can to resolve the situation as quickly as possible.

Q2. Why was the roof not addressed before this happened?

A2. In 2017, as part of HHHS's capital program, we had both our hospital and long-term care home physical facilities, including the roofs, assessed by experts. This assessment recommended a planning process to proactively

replace the roofs within a 2018 – 2021 timeframe. In May 2018, HHHS issued a public tender to replace both Hyland Crest and Highland Wood roofs and the tender was awarded in July, 2018.

Based on the assessment Hyland Crest was scheduled first, and that work was completed in September, 2018. Weather conditions prevented us from moving forward to replace the Highland Wood roof following the work at Hyland Crest and the work was then rescheduled for spring 2019. The HHHS maintenance team has continued to regularly inspect and monitor the roof's condition to ensure the safety of residents and staff.

Unfortunately the extreme fluctuations in temperature and weather conditions over the late fall and into the winter led to an excessive build-up of ice on the roof and then a sudden melt, which led to the steps recently taken to safely evacuate and relocate residents to other facilities.

A preliminary report from our insurer's roof inspector states that the early failure of the roof occurred suddenly without warning. The report highlights that there were no ongoing signs of water infiltration or roof leaks, there are no signs of early failure or ongoing water seepage below the roof deck. There are no signs of previous water infiltration and/or corrosion of the steel decking.

We are conducting our own internal investigation to determine if staff had documented any earlier report of leaks or challenges with the roof and welcome the opinion of the inspector that the HHHS team has been proactive, in terms of meeting the needs of the overall roof replacement plan and that this incident was unpredictable and occurred suddenly without warning.

The team is now actively working on removing the recurring ice build-up to support further inspections related to cause. We will then take the

appropriate steps, confirming a timeline for addressing the situation and reopening Highland Wood.

Please be assured we are making every effort to remove the ice and complete the work as quickly and efficiently as possible.

PERSONAL BELONGINGS

Q3. What is the process to retrieve resident belongings?

A3. Resident belongings are being packed and labelled. Powers of Attorney have the option of:

- Have belongings shipped to the resident at their new temporary location
- Have belongings stored by HHHS until the resident returns to Highland Wood
- Come into Highland Wood on Thursday February 21st, 2019 to pick up any belongings they need.

RESIDENT PLACEMENT

Q4. What criteria was used to determine which resident went to which destination?

A4. As this was an emergency situation, declared by the Ministry of Health and Long-Term Care, the priority was to find a temporary long-term care bed for every resident. HHHS worked proactively and collaboratively with the Central East Local Health Integration Network to ensure residents were appropriately placed, as close to Haliburton County as possible. The Highland Wood Director of Care and Administrator and her team, along with the team from the LHIN, reached out to each home to help ensure the transition of care was as smooth as possible for residents.

Q5. Will my family member get priority placement when Highland Wood reopens?

A5. Yes. All residents displaced from Highland Wood will be given prioritization to return to the building once it is reopened, as per the Long Term Care Homes Act, 2007, regardless of where they have been relocated, including those who went home with a family member.

- Q6. What is the Central East LHIN doing to manage the other long-term care homes waitlist?
- A6. The priority over the past two weeks was to place all Highland Wood residents in a licensed long-term care home. Now that this is completed, the normal process regarding bed offers, as beds become available, will take place; e.g., available beds will be offered to those on the waitlist in order of priority.
- Q7. Did the residents of Highland Wood have to go through the regular eligibility process for a long-term care home placement during the evacuation and relocation process?
- A7. Residents of Highland Wood had already met the eligibility criteria prior to placement at Highland Wood and did not need to go through the eligibility process during this emergency.

Under normal circumstances the placement application and process is as follows:

Individuals who are eligible for long-term care meet the following criteria:

- 18 years or older
- Valid Ontario health card
- Health care needs that can be met in a long-term care home
- Need nursing care, assistance with activities of daily living, on-site supervision or monitoring at frequent intervals throughout the day to ensure your safety and well-being
- Publicly funded community-based services including, retirement/supportive housing, convalescent care or other caregiving are not sufficient to meet the person's needs

An applicant may choose up to five long-term care homes

- Once a bed becomes available that is suitable for the person, the application is sent to the long-term care home
- Long-term care home provides approval
- Central East LHIN Placement Team contacts the legal Decision Maker for consent
- Once consent received a bed offer is made

In recognition of the disruption created by this situation, the Central East LHIN Placement Team is currently reaching out to the legal Decision Makers for all Highland Wood residents to determine their interest in returning to the County prior to the reopening of Highland Wood.

Q8. What if I have more questions about placement?

A8. If you have questions about the placement of your loved ones, we encourage you to contact the Central East Local Health Integration Network Long-Term Care Placement Team. They can be reached by calling 310-2222.

CO-PAYMENT INFORMATION

Q9. What is the process for paying resident maintenance fees (when resident is admitted to new facility they want payment immediately)? What about pre-authorized payment arrangements with Highland Wood?

A9. Monthly payments will follow the residents to each temporary home, so bills will be prorated and adjusted to the dates of their relocation and the receiving/new temporary home will arrange the co-payments from date of admission.

Q10. Will the co-payment amount be different at the temporary home?

A10. The co-payment amount will be the same as it was at Highland Wood.

Q11. If a resident was in a basic room at Highland Wood but was placed in a private room temporarily, will they be required to pay the private rate?

A11. Residents will continue to pay the same co-payment amount that they were paying at Highland Wood. If a resident was placed in a private room temporarily, but was in a basic room at Highland Wood, they will be moved to a basic room in the temporary home as soon as one becomes available.

SUPPORT FOR FAMILY MEMBERS

Q12. I am not able to drive to the temporary home where my loved one is currently located; is transportation available?

A12. HHHS has made arrangements to provide free transportation support for families of Highland Wood residents during this time. If you are in need of transportation to visit your loved one at their temporary place of residence, please contact our Community Support Services department at 705-457-2941, extension 2925. This information is also available on our website at www.hhhs.ca, within the 'Highland Wood Updates' link.

Q13. Are counselling services available if I need support?

A13. HHHS has arranged to have counselling services available to help provide support for family members during this time. If you are a family member of a resident of Highland Wood and would like to access those services, please call Homewood Health at 1-800-663-1142. Let them know you are a family member of a resident of Highland Wood in Haliburton. This information is also available on our website at www.hhhs.ca, within the 'Highland Wood Updates' link.

ADDITIONAL INFORMATION

Q14. What about resident mail?

A14. HHHS will forward resident mail to the temporary homes where residents are currently located.

Q15. What about the phone and cable? Do we have to cancel these services?

A15. These services can be temporarily suspended or relocated to the temporary home. Temporary suspension and/or relocation of services is the responsibility of the family, however costs associated with temporary suspension or relocation of services will be covered by HHHS.

Q16. What will happen to the staff of Highland Wood?

A16. We are working collaboratively with the unions to develop a manpower plan.

Q17. Where can I get more information?

A17. As new information becomes available, it will be added to our website at www.hhhs.ca, within the 'Highland Wood Updates' link. It will also be added to our Information Hotline, which can be reached by calling 705-457-1392, ext. 2400.

QUESTIONS ARISING DURING MEETING WITH FAMILIES

Q18. Can the roof tender process be expedited? If it was already awarded, can the work just proceed? Does it have to go back to tender?

A18. HHHS is taking steps to start the necessary work on the roof as soon as possible. Although the tender was previously awarded, it was not based on work being done in the winter. This requires a different set of specifications; HHHS is working with the insurers to establish the new specifications, and is expediting the process wherever possible.

Q19. When was the hospital roof replaced?

A19. The hospital roof was replaced in 2017; the timing of roof replacements was based on the results of the assessment by outside experts.

Q20. Was there a funding source for roof replacement, and were applications for funding submitted?

A20. HHHS planned to move ahead with roof replacement based on the assessment results, regardless of funding sources. An application was

submitted for the Exceptional Circumstances Program through the Health Infrastructure Renewal Fund with the Ministry of Health and Long-Term Care, however it was later found that this funding applied only to hospitals and did not cover long-term care facilities.

Q21. Is the insurance company going to pay for the roof repair?

A21. HHHS will pay as originally planned, however the insurance company will assist us with paying for the unpredictable damage from leaks; HHHS will need to follow the insurer's guidelines. In the meantime, the facility has been kept very dry to prevent further damages, and is being monitored 24/7.

Q22. What if the insurance company doesn't pay? Does HHHS have the money to pay for this? What can we do to support this?

A22. HHHS has a minimal reserve fund, and would seek other means of paying for the work. If you would like to help, contact the HHHS Foundation:

P. O. Box 1413

7199 Gelert Road

Haliburton, ON K0M 1S0

Tel: 705-457-1580

Fax: 705-457-2398

Email: foundation@hhhs.ca

Website: <https://www.hhhs.ca/foundation>

Q23. What is the timeline for the work to be completed, and for residents to return?

A23. HHHS is moving forward to complete the work as quickly as possible; as soon as we are able to confirm a timeline we will share this information.

Q24. How will you know that the roofing company you hire will be large enough and able to be on site consistently to complete the work?

A24. This will be specified in the eligibility criteria for companies through the tendering process, as well as a contract specifying that the company will

remain on site from beginning to end without delays until the job has been completed and approved.

Q25. What if families have expenses associated with commuting to visit loved ones?

A25. Please let us know what expenses you have, and we can discuss how HHHS can provide support.

Q26. What will happen to the staff of Highland Wood? Will there be layoffs?

A26. HHHS is working in collaboration with the unions to develop a health human resources plan, and we are looking for ways to temporarily redeploy staff to other parts of the organization to avoid layoffs. This will also be a time for staff to participate in education and development opportunities.

Q27. What if we have concerns about the care being provided in the temporary long-term care homes, or want to contact the Director of Care or Administrator?

A27. If you have specific concerns about the temporary long-term care home or wish to speak with someone there, let us know and we will help you find the appropriate contact information. The Central East LHIN has provided us with contact information for all the temporary homes, and we will share that with families.

Q28. What has happened to residents' health cards?

A28. In most cases resident health cards were sent to the receiving temporary homes; the Director of Care/Administrator of Highland Wood has the remaining cards and will be forwarding them to the homes or giving them directly to family members.

Q29. What information was provided to the receiving homes about the residents? What if they need more information?

A29. A package of information for each resident, including care plans, assessments, and other documentation was provided; if the home does not

have this information, or requires more information, let us know and we will send the information to them. The Director of Care/Administrator and her team have been in contact with each of the homes as well, to provide as much information as possible on the care needs of each resident, to support a smooth transition.

Q30. What is the communication plan going forward? How will we know what the plan is?

A30. HHHS will share information as it becomes available, in the following ways:

- HHHS has created a webpage that can be accessed directly from the main website of HHHS; it is called 'Highland Wood Updates', and all the latest information will be posted there as it becomes available.
- HHHS has also set up a hotline telephone number: 705-457-1392, ext. 2400; the information available through this hotline will be updated as new information becomes available.
- As it becomes available new information will be shared via email to the Family Council and directly to those who have provided email addresses.
- New information will be provided to the local media as it becomes available; media releases are also posted on our Facebook page.
- Another family meeting will be scheduled when there is more information to share about the timeline and plan for residents to return to Highland Wood.



Leaders in Innovative Rural Health Care

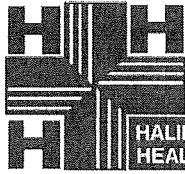
For immediate release: March 25, 2019

For more information please contact:

Carolyn Plummer
President and CEO
Haliburton Highlands Health Services
cplummer@hhhs.ca
Phone: 705-457-2527

HHHS is pleased to announce that the ice build-up on the Highland Wood Long-Term Care home roof has now been fully removed. The roofing contract has been awarded, and the company – Designed Roofing – is now on site and work has begun to replace the roof.

“We are grateful for the extraordinary efforts of our Maintenance team to remove the ice. We are continuing to work with our insurance company to finalize a plan to complete the interior repairs. Once this plan is finalized we will be able to determine a timeline for re-opening Highland Wood and for welcoming our residents home,” says Carolyn Plummer, President and CEO, HHHS, adding: “Once again, we would like to thank everyone for all the support and understanding we have received throughout this situation.”



HALIBURTON HIGHLANDS
HEALTH SERVICES

Leaders in Innovative Rural Health Care

May 14, 2019

Highland Wood Update

Dear Families of Highland Wood Residents,

I am pleased to inform you that, with the support of the Ministry of Health and Long-Term Care (MOHLTC) and the Central East Local Health Integration Network (Central East LHIN), the Highland Wood Long-Term Care home roof has now been replaced and significant progress has been made in repairing areas of the building that were damaged by leaks and meltwater.

The Central East LHIN Placement Team is currently contacting Highland Wood residents and their family members to confirm their desire to return to Highland Wood when the building reopens and prioritize their placement. While HHHS's goal is to reopen Highland Wood before the end of June, the actual date of the reopening is dependent on full completion of interior repairs.

Once the date is confirmed, detailed plans will be developed to safely repatriate residents and staff back to Highland Wood in a timely manner with a minimum of stress and disruption in patient care.

The Highland Wood Information Hotline remains open and can be reached at (705) 457-1392, ext. 2400. If you have questions about the placement of your loved ones you are also encouraged to contact the Central East LHIN Long-Term Care Placement Team at (705) 310 – 2222.

If you have questions please contact me by email at cplummer@hhhs.ca or by telephone at 705-457-2527. You may also contact the Highland Wood Director of Care and Administrator, Michelle Douglas, at mdouglas@hhhs.ca or 705-457-1392, ext. 2286.

On behalf of HHHS I would like to thank all of the partners involved in this situation for their continuing support, cooperation, and understanding through this process, and we look forward to welcoming our Long Term Care residents back to Highland Wood in the near future.

Sincerely,

Carolyn Plummer
President & CEO, HHHS



Leaders in Innovative Rural Health Care

For immediate release: May 23, 2019

For more information please contact:

Carolyn Plummer
President and CEO
Haliburton Highlands Health Services
cplummer@hhhs.ca
Phone: 705-457-2527

HHHS is pleased to announce that, with the support of the Ministry of Health and Long-Term Care (MOHLTC) and the Central East Local Health Integration Network (Central East LHIN), the Highland Wood Long-Term Care home roof has now been replaced and significant progress has been made in repairing areas of the building that were damaged by leaks and meltwater. Highland Wood is scheduled to officially re-open on June 3, 2019.

The Central East LHIN Placement Team is currently contacting Highland Wood residents and their family members to confirm their desire to return to Highland Wood when the building reopens and prioritize their placement.

Detailed plans are now being developed to safely repatriate residents and staff back to Highland Wood in a timely manner with a minimum of stress and disruption in patient care.

The Highland Wood Information Hotline remains open and can be reached at (705) 457-1392, ext. 2400. Family members with questions about the placement of their loved ones are also encouraged to contact the Central East LHIN Long-Term Care Placement Team at (705) 310 – 2222.

HHHS would like to thank all of the partners involved in this situation for their continuing support, cooperation, and understanding through this process, and we look forward to welcoming our Long Term Care residents back to Highland Wood!