



2019 / 2020

ANNUAL REPORT



LOUIS BRIER HOME AND HOSPITAL
Annual General Meeting
July 2020



<http://louisbrier.com/>

#AVoiceToLead



LOUIS BRIER
HOME & HOSPITAL

TABLE OF CONTENTS



Message from Chair and CEO	1
Mission, Vision and Values	4
Strategic Directions	6
Strategic Goals, Objectives, and Indicators	7
Balanced Scorecard and Quality Indicators.....	19
Year in Review	22
COVID-19.....	22
Department Highlights	30
Family Council	42
Major Initiatives	45
Events and Other Initiatives	52
Kudos Corner.....	65
Healthcare Heroes.....	67
Leadership	69
Senior Leadership Team	69
Management Team	70
Operations Team.....	71
Board of Directors	73
Financials	75
Audited Financial Statements.....	75
Statement of Operations.....	77
Redevelopment	78

The fiscal year 2019-2020 was the second year of a combined Louis Brier Home and Hospital (LBHH) and Weinberg Residence (WR) Strategic Plan. The plan identified specific goals, objectives and indicators associated with each of our six strategic priority areas.

The Mission, Vision and Values were reviewed and updated to reflect the current healthcare environment, the continued emphasis on the organization's denominational context, and the focus on quality care, health and safety of our residents, staff, and stakeholders. Our Board, donors, foundation, and stakeholders continue to play a pivotal role in supporting the LBHH and WR staff to deliver high quality and safe care. The recent COVID-19 pandemic was a great testament to how quickly the community was mobilized to support the organization.

We continue to live and realize our Mission, Vision and Values despite unpredictable and detrimental events. To ensure that we stay focused on achieving our commitments we have implemented a range of activities, accountability frameworks, and sustainability check points. Regular reporting and validation with the LBHH and WR boards and leadership team have been taking place and help recognize the progress that has been achieved, as well as highlight areas where additional opportunities exist. Some key accomplishments in 2019-2020 include:

- Continued focus of further enhancement of collaborative relationships with UBC School of Nursing and School of Medicine, to support clinical education and learners. Several research projects and a significant increase of undergraduate and graduate student placements have taken place as a result.
- Continued focus on staff education, evidence-based practice, and application of best practices to support our residents and the delivery of quality care. Many improvements have taken place as a result, such as the Physician Neighborhood Model (PNM), a poster session presentation at the BC Health Leaders Conference in 2019, and focused work and collaboration with Point Click Care (PCC) on moving LBHH and WR towards optimization of



David Keselman
Chief Executive Officer



Ron Rozen
Chair, Board of Directors

the current Electronic Health Record and documentation leading towards becoming a paperless organizations.

- On-going application of LEAN principles to enhance effectiveness and efficiency in the delivery of care, while optimizing quality and safety. This includes on-going kaizen events and 5S initiatives throughout the organization.
- Continued focus on the implementation and sustainability of Resident and Family Centered Care philosophy, through improved communication, and involvement of residents and families in a wide range of organizational activities and initiatives. The increase in HPRD that LBHH and WR received in the fiscal year 2019/2020, allowed the organization to increase much needed resources and services, and support our residents and staff with increased front-line support and a range of programming and activities.
- Despite the mounting challenges and cost pressures, LBHH and WR has been able to control its spending and balance its budget. We continue to focus on financial accountability and responsibility, through a range of cost effectiveness and cost reduction activities, exploring innovative and creative ways to deliver high quality and safe care.
- We have been successful in recruiting a chaplain, which enabled us to provide additional support to our residents and families.
- Our community and stakeholder support continues to grow. We have been able to recruit 82 new volunteers since June 2019 and maintain a high level of involvement and commitment. The previous year, in the 12 months from June 2018 to June 2019 there were 65 volunteers recruited. This is an increase of 17 volunteers, keeping in mind that volunteer recruitment was suspended for the past four months due to Covid-19.
- We continue to plan for our redevelopment. In fact, we recently executed an agreement with Concert Properties to develop a master plan for the redevelopment of our entire site.

While there are still many opportunities and challenges ahead, LBHH has many strengths to help address them, including:

- Strong, supportive, and active Board of Directors
- A high level of Resident satisfaction (Senior's Advocate Report)

MESSAGE FROM THE CEO & BOARD CHAIR

- Strong Foundation and community support
- Dedicated staff, promoting and contributing to a culture of quality, safety, and care
- Competent and engaged physicians
- A dedicated and robust group of volunteers
- A positive team environment
- Strong partnerships with other organizations and stakeholders

We are proud of LBHH and the many individuals and teams, both internal and external, who continue to contribute and help ensure that the organization's Mission, Vision and Values are achieved. We want to thank all of our employees, volunteers, partners, and key stakeholders, who continually provide compassionate care and service, and are integral in the provision of efficient and effective day-to-day operations; and are key in shaping and informing our planning for the future years.

This Annual Report provides both an opportunity to report on our successes as well as identify opportunities for future and on-going improvement. As our residents continue to present with increased and complex needs and services, our ability to respond appropriately greatly depends on the support of our funders, staff, donors, and stakeholders. We are committed to providing our seniors with the highest possible quality of care that recognizes their value, quality of life, and wishes within an aging infrastructure and limited resources.

Our commitment to the delivery of quality safe care is fueled by our desire to be recognized as a centre of excellence in elder care and an employer of choice. The new strategic plan is our road map to achieving these goals and help us remain focused on what is the core of our being, supporting and caring for our elders and their families.



David Keselman
Chief Executive Officer



Ron Rozen
Chair, Board of Directors

MISSION, VISION & VALUES



ACCREDITED WITH
EXEMPLARY STANDING



ACCREDITATION
AGRÉMENT
CANADA

Our **MISSION** at the Louis Brier Home & Hospital is to provide exemplary resident and family-centred care for seniors through innovation, education and research, partnerships and collaboration, and the contributions of staff, volunteers, funding partners and donors, with a focus on quality and safety, all guided by Jewish heritage.

As leaders in eldercare, our **VISION** is to be a centre of excellence for elders providing innovative and outstanding care.

Our **VALUES** are encapsulated in the word CHAI – Hebrew for “Life”.

Caring

- We are committed to resident and family-centred care
- We treat everyone with dignity and respect
- We embrace cultural and ethnic differences
- We offer opportunities for enhancement of knowledge and skills.

Health, Safety and Wellness

- We promote a culture of health, safety, and wellness
- We strive to create a positive and respectful workplace
- We engage in innovation through education, research, and collaboration.

Accountability

- We are effective stewards of public and donated resources
- We are engaged with our communities
- We measure the impact of our work and report regularly on our performance
- We engage in continuous quality improvement
- We are committed to environmental sustainability.

Integrity

- We are open, transparent, and constructive in our communications
- We respond to challenges in a timely and ethical manner
- We foster a culture of compassion.





On May 23, 2019, the Senior Leadership Team announced the newly revised strategic plan for Louis Brier Home & Hospital and Weinberg Residence to its employees.

The plan identified specific goals, objectives and indicators associated with each of our six strategic priority areas:

1. Care Innovation and Education

To be recognized as a Centre of Excellence by providing creative and innovative services and developing relationships with academic institutions and our funding partners.

2. Jewish Traditions and Culture

Ensure priority access for all Jewish elders and continue to enhance and promote the Jewish spiritual, ritual, and cultural environment.

3. Finance

Maintain a balanced budget while developing sources of revenue and containing costs.

4. Human Resources

Become an employer of choice.

5. Community

Enhance public awareness and influence of Louis Brier and Weinberg Residence through development and implementation of public relations, government relations and communications plans.

6. Infrastructure & Redevelopment

Maintain existing infrastructure while implementing the plan for redevelopment.

Strategic Goals, Objectives, and Indicators

The goals, objectives and indicators associated with each of these six strategic priority areas was shared in the 2018/19 annual report. This year we wanted to share the progress that has been made with each of these goals.

Strategic Priority 1: Care, Innovation and Education

Objective	Status
<p>1. Identify and establish collaborative relationships with 5 – 8 academic centres to:</p>	<p>In Progress – Currently collaborating with the following academic centres: UBC, Farleigh Dickinson University, Douglas College, Sprott Shaw, Langara</p>
<p>a. Increase student places opportunities (diversity other than clinical).</p> <ul style="list-style-type: none"> • Become an associate of universities and health programs to increase student placement. 	<p>Ongoing – Music Therapy, Records Keeping, Social Work, Food Services, Human Resources.</p> <p>Ongoing – In addition to UBC, SFU, VCC and Langara we have added TRU and Douglas College</p>
<p>b. Engage in research and innovative practices as they relate to care</p>	<p>Started & Ongoing –</p> <ul style="list-style-type: none"> • <i>Point Click Care</i>: A clinical systems transformation with significant new enhancements to the electronic health records platform with a goal to improve information system reliability and sustainability. • <i>UBC school of Nursing Research Rapid Redesign and Resource deployment in LTC during COVID 19</i>: A mixed method study in collaboration with UBC School of Nursing to identify resource redeployment practices and trends pre and post COVID 19. To identify psychological health and safety, and quality of care provision. • <i>Mitacs/SFU/LBHH Research Partnership</i>: A Gerontology Masters student who will be

		<p>leading the LBHH/Mitacs project under the supervision of Dr. Habib Chaudhury at Simone Fraser University. The intent of this project is to evaluate resident mobility and participation in common areas through observations and focus groups with staff. From the data collected, SFU will seek to propose and implement economical interventions to support independent and safe mobility for residents (such as modifying the artwork in the halls, or personalizing door frames to resident rooms).</p>
	<ul style="list-style-type: none"> Establish a preceptorship and mentorship program. 	<p>Ongoing – Several clinical staff have received education and are now preceptors and mentors for both students and existing staff. The program will be relaunched in late 2020.</p>
	<p>c. Succession Planning</p> <ul style="list-style-type: none"> Provide leadership development program for new and emerging leaders (Core LINX). Provide Experience LINX program to SLT. 	<p>In Progress – 1st Cohort completed Core LINX program in June 2019. 2nd and 3rd (Final) Cohort are 1/3 complete. Put on hold in March 2020 due to Covid-19. Researching other platforms to offer this program online/remotely.</p> <p>Ongoing – Experience LINX not being offered by PHSA until further notice.</p>
2.	<p>Host an annual conference on elder care (commencing November 2019).</p>	<p>Not Started – Rescheduled to 2021 due to COVID-19.</p>



Care, Innovation and Education *continued...*

	<ul style="list-style-type: none"> Establish a planning committee. 	Complete – Committee has been established
3.	<p>Training, education, and sustainability of RFCC practices.</p> <ul style="list-style-type: none"> Review current state of roadmap and refresh activities targets. 	Not Started – Social Workers will lead this project, just on boarded the new social worker.
4.	<p>Infection Prevention & Control:</p> <ul style="list-style-type: none"> Maintain Accreditation IPAC achievements and required standards. 	<p>Ongoing – Mock survey conducted in July 2019 and standards self-assessment in May 2020. Define action plans and road map in preparation for 2022 accreditation survey. Review compliance to ROPs quarterly, with the IPAC Committee. To relaunch all campaigns relevant to accreditation standards.</p>
	<ul style="list-style-type: none"> Continue with monitoring, evaluation, and improvement to infection control practices. 	<p>Ongoing –</p> <ul style="list-style-type: none"> Integrated all processes, guidelines, and practices developed and implemented during the COVID-19 pandemic into current IPAC systems. Managed supplies of PPEs prior to the pandemic by building stockpile inventory. Collaborated with SafeCareBC, PHSA, local vendors, LBHH Foundation, families, and other donors, to ensure a stock of PPE despite global shortage. Increased effectiveness and efficiency of cleaning throughout all spaces, rooms, and high-touch surfaces in the building. Improved hand hygiene effectiveness and compliance by replacing manual alcohol-based sanitizer dispensers to touch-free automatic dispensers. Target is to replace and install a total of 270 dispensers. Monitor and evaluate the improvements that were put in place due to the Covid-19 pandemic and make changes, as necessary.

		<ul style="list-style-type: none"> Review and update IPAC Policies and Procedures Manual by December 2020, aligned with current best practices.
5.	<p>Quality and Risk Management</p> <ul style="list-style-type: none"> Review, revise, monitor, and evaluate Quality Indicators to ensure organizational activities are aligned with strategic plan and priorities, as well as Accreditation and licensing requirements. 	<p>Ongoing</p> <ul style="list-style-type: none"> VCH Licensing Inspections were conducted in Feb 2020 and all four (4) non-compliance items were corrected, all under physical, equipment and furnishing requirements. The Risk Rating for Louis Brier Home and Hospital was reduced from Medium Risk in 2018 to Low Risk in 2020. Because of the reduction in risk rating, licensing inspections will be conducted once a year as opposed to twice. No non-compliance cited on care & supervision, staffing, policies and procedures, records and reports which were cited in the past. Quality Indicators are reported, analyzed, and discussed with the management team monthly. Specific QIs are discussed during Quality Conversations done by the Nursing units and departments monthly. Balanced Scorecard presented to the LBHH Board quarterly. All departments developed and stated tracking quality indicators.
6.	<p>LEAN – process improvement</p> <ul style="list-style-type: none"> Food Service kaizen event 5S initiative in Nursing services 	<p>On Hold – Currently on hold due to other initiatives</p> <p>Complete – All units done in LBHH/WR clinical areas, Laundry and Rehab.</p>



Strategic Priority 2: Jewish Traditions and Culture

Objective	Status
<p>1. Develop specific quality indicators for monitoring, evaluation, and sustainability in relation to resident participation in programs (resident and visitors).</p> <ul style="list-style-type: none"> Quality indicators to be refreshed, determined, and monitored. 	<p>Complete Implemented ActivityPro, a web-based software tool that effectively evaluates and documents resident engagement in programs, reduces documentation time, proactively measures individual resident success and alerts residents who may be at risk. Matches programs with resident interests, supports departmental goals and enhances family and resident satisfaction with clear delivery of reliable information.</p> <p>Complete</p>
<p>2. Develop, implement, evaluate, and sustain educational and awareness activities with regards to Jewish traditions and values for all staff (test base line and demonstrate positive change over time. Consider elements of cultural safety, cultural awareness, and cultural competency).</p>	<p>In Progress To commence ASAP</p>

3.	<p>Increase the number of volunteers and Rabbis working with staff on Jewish program.</p> <ul style="list-style-type: none"> Recruit for Spiritual Care Coordinator position 	<p>Ongoing Created new Jewish Cultural Coordinator position. Chaplain meets with the community Rabbis monthly.</p> <p>Complete</p>
4.	<p>Collaborate with advocacy groups to increase number of Jewish residents. Collaborate with VCH to increase and maintain Jewish majority at LB.</p> <ul style="list-style-type: none"> Implement swing bed pilot 	<p>Started & Ongoing Swing room created, collaboration with priority access to identify Jewish residents.</p> <p>Complete</p>

Strategic Priority 3: Finance

	Objective	Status
1.	<p>Identify a range of cost saving measures/practices that will achieve a balanced budget for fiscal 19/20.</p> <p>a. Fully implement sick leave policy and attendance mgmt. program to improve employee attendance.</p> <p>b. Cost containment activities.</p>	<p>Ongoing Terminated contracts that were no longer required. Worked with operations leadership to manage sick and overtime as a cost savings measure.</p> <p>In Progress New Attendance Management Coordinator Position currently vacant. Attendance Data for 2019 distributed in March 2020. Attendance Data for Jan to April 2020 distributed in June. Processing and Distribution of Attendance Letters now completed centrally through HR to ensure EEs receive notice and escalations occur if/where needed. Attendance Reports have been consolidated and now include data from 2018, 2019 & 2020 as well as current and next "Step" for each EE. Report is now easier for Managers to fill out and resubmit to HR.</p> <p>Ongoing Identified main areas of risk and entered preventative maintenance contracts for HVAC and plumbing to extend life of aging infrastructure.</p>

Strategic Priority 3: Finance

continued...



	<ul style="list-style-type: none"> Review/re-negotiate contracts as required. 	<p>Ongoing Worked with facilities contractors to reduce fees. Set up preferred vendors for HVAC and Plumbing. Established service agreements for Care equipment.</p>
	<ul style="list-style-type: none"> Achieve required staffing plan skill mix. 	<p>Complete</p>
	<ul style="list-style-type: none"> Support organization in achieving sick leave reduction. 	<p>In Progress Sick leave policy and attendance management program revised in November 2018 – requires employees to submit a sick leave claim form to qualify for sick leave payments. Dedicated Attendance Management Coordinator position added in November 2018.</p>
2.	<p>Identify, consider, and secure funding commitments from both LB foundation, as well as external sources.</p> <ul style="list-style-type: none"> Establish budget process to determine funding and identify funding shortfalls and cost pressures. 	<p>Funding for the coming fiscal year has been committed from the Louis Brier Foundation. BC Gaming Funding has also been committed.</p> <p>Completed FY20/21 budget has been drafted with funding shortfalls communicated to Vancouver Coastal Health.</p>
3.	<p>Implement, evaluate, and sustain financial accountability and awareness through consistent literacy and education programs, policies, and procedures (identify specify QI and performance measures relevant to finance and financial performance).</p>	<p>Ongoing Accountability increasing through current budget process and will continue through regular meetings to review periodic results to ensure targets are met.</p>

<ul style="list-style-type: none"> Increase fiscal accountability across the organization 	Ongoing Meeting with operational leadership to review financial reports, discuss upcoming events and communicate potential issues to senior leadership in a timely manner.
<ul style="list-style-type: none"> Establish contract management framework. 	Not Started Initiative has not ramped up yet.

Strategic Priority 4: Human Resources

	Objective	Status
1.	Achieve not for profit employer of choice award or the top 100 employers of the year award. <ul style="list-style-type: none"> Identify relevant awards and action plan. 	In Progress Non-for-Profit Employer of Choice (NEOC) Award identified as designation to pursue.
2.	Improve employee engagement demonstrated by increased year over year scores and measured by survey.	Completed/Ongoing Implemented a range of new employee engagement and recognition initiatives and events. Some of these initiatives, including the Long Service Recognition event and Staff Appreciation BBQ, have been put on hold due to Covid-19.
	<ul style="list-style-type: none"> Work Life Pulse Survey, Resident & Family Satisfaction surveys conducted in Mar 2019 	Completed/Ongoing Work Life Pulse Survey Completed in May 2019. Satisfaction Survey for 2020 rescheduled from May to November 2020 due to CV19.
3.	Demonstrate HR performance through relevant and applicable specific QIs	Ongoing HR QIs reported on monthly/quarterly basis.
	<ul style="list-style-type: none"> Quality indicators to be refreshed. 	Completed HR QIs refreshed in June 2019
4.	Develop, implement, evaluate, and sustain OH&S activities to:	

Strategic Priority 4: Human Resources *continued...*

	<ul style="list-style-type: none"> Maintain regulations and standards 	<p>Ongoing Maintaining Regulations and Standards as it relates to CV19, Workplace Inspections, Violence Risk Assessments, OH&S Meetings, Mandatory Training, etc.</p>
	<ul style="list-style-type: none"> Enhance employee health, safety, and wellness. 	<p>Ongoing Enhanced OH&S activities in response to CV19. WSBC CV19 Inspection completed in May. WSBC "CV19 Safety Plan" completed in June.</p> <p>LBHH&WR CV19-Response Wellness Program - "Fanning BRIER's FIRE!" (i.e. daily Wellness content) created in March 2020</p>
5.	Meet LBHH recruitment needs	<p>Ongoing Completed recruitment for HPRD positions by October 2019</p>
	<ul style="list-style-type: none"> Coverage for summer relief. Enhance onboarding experience. 	<p>Ongoing Casual Employee Management Meetings taking place Quarterly to review new Casual needs, existing Casual attendance, etc.</p> <p>In-progress Survey tool/questions completed. ~20 new hires (via HPRD) completed the "New Hire Survey" by phone. Employees who have been hired within the past two years to be surveyed via online survey platform.</p>
6.	New collective agreements	<p>Completed Fully applied by end of 2019</p>
	<ul style="list-style-type: none"> Provide information and education. 	<p>Completed Managers educated about new CA implications in April 2019. All relevant parties informed about new CA requirements as of April 1, 2019 (Payroll, Managers, HR, etc.)</p>



Strategic Priority 5: Community

Objective		Status
1.	Develop and implement the following:	
	a. Public relations plan	Not started Public Relations & Communication Committee establish, and planning will commence soon.
	b. Government relations plan	Not started Public Relations & Communication Committee establish, and planning will commence soon.
	c. Community engagement plan.	Not started Public Relations & Communication Committee establish, and planning will commence soon.
	d. Communication plan	Not started Public Relations & Communication Committee establish, and planning will commence soon.
2.	e. Stakeholder (internal/ external) relations plan. <ul style="list-style-type: none"> Establish a plan to achieve all 	Not started Public Relations & Communication Committee establish, and planning will commence soon.
	Identify and engage with relevant community stakeholders/professional networks.	In Progress Joined Regional Practice Committee via VCH Long Term Care Initiative, Division of Family Practice Member.
	a. Volunteer Program – increase number of volunteers, activities, and involvement	Volunteers belong to Megan QRM.
	b. Recreation program delivery and diversity to meet community needs	Ongoing Keeping Families/residents connected during visitation restrictions: Creation of videos with residents and employees that represent health and wellness that are sent out every 2 weeks to families /community.

Strategic Priority 5: Community *continued...*

3.	Identify and engage with relevant community stakeholders/professional networks.	In Progress Joined Regional Practice Committee via VCH Long Term Care Initiative, Division of Family Practice Member.
	c. Volunteer Program – increase number of volunteers, activities, and involvement	Volunteers belong to Megan QRM.
	d. Recreation program delivery and diversity to meet community needs <ul style="list-style-type: none"> Jewish & Cultural Education to be reviewed and increased. 	Ongoing Keeping Families/residents connected during visitation restrictions: Creation of videos with residents and employees that represent health and wellness that are sent out every 2 weeks to families /community. Ongoing Jewish Programming increased from 32/month to 75/month, an increase of 188%, and within SCU, programming grew from 39/month to 82 programs per month.
	e. Create relationships with academic centres to support recruitment efforts	Ongoing Attended job fairs at Langara and UBC



Strategic Priority 6: Infrastructure and Redevelopment

Objective	Status
1. Finalize and implement decision regarding the redevelopment plan	
2. Develop and implement a maintenance plan to include capital (major and minor) planning and priorities for current building. <ul style="list-style-type: none"> • Infrastructure maintenance program 	Ongoing Identified main areas of risk and entered preventative maintenance contracts for HVAC and plumbing to extend life of aging infrastructure.
3. Finalize current and future needs for integrated information systems to support the operation of current building while considering future needs and requirements plan.	On hold – No funding available for I.T. Infrastructure upgrade.



S SPECIFIC

M MEASURABLE

A ATTAINABLE

R RELEVANT

T TIME-BASED

What is a Balanced Scorecard?

The Balanced Scorecard is a tool used to measure an organization's activities and initiatives against its Mission, Vision and Values as outlined in its Strategic Plan.

The tool is designed to help ensure the organization's activities and initiatives being monitored are comprehensive and reflect a well-balanced approach to achieving the Vision.

Quality Indicators (QIs) are developed for each area of the balanced scorecard and must be selected carefully to ensure they provide a useful measure of the progress the Organization is making towards fulfilling its strategic plan.

This framework is based on the premise that "what gets measured gets managed"; however, since it is not possible to measure everything, choosing the best QIs is critical.

The acronym SMART is used when describing the important considerations in the identification of meaningful indicators. SMART reminds us that the indicators we choose need to be specific, measurable, achievable, realistic, and timely.

The indicators chosen for Louis Brier's scorecard are both financial and non-financial. This enables the Organization to maintain a balanced approach between financial issues and other critical dimensions in health care such as quality, safety and risk when monitoring and measuring our progress.

Quality Indicators

Louis Brier Home and Hospital Quality Indicators for fiscal year 2020/21.

CARE, INNOVATION AND EDUCATION

- # of Medication Errors
- # of Medication near misses
- # of Newly acquired pressure injuries
- # Falls (combined)
- # cases UTI
- # Hospital Transfers
- % Residents on antipsychotic w/o related diagnosis
- CHES Assessment Rating (Frailty/Complexity)
- Residents Turnaround Rate
- Hand Hygiene Audit
- # Wound Management Interventions
- # of Falls Equipment Interventions
- # of W/C Modifications
- # of Walker Modifications
- Average Resident Satisfaction Level in Programming
- # of Cleaning Audits Completed
- # of Social Media Posts

JEWISH TRADITIONS AND CULTURE

- # of Jewish Cultural Programs for Residents
- # of Resident Receiving Chaplain Support
- # of Residents Receiving Chaplain Support Daily
- # of Families Receiving Chaplain Support
- # of Jewish Residents
- % of Jewish Residents

FINANCE

- Actual vs. Budget
- Overtime % of Total Hours Worked
- Sick time % of Total Hours Worked



HUMAN RESOURCES

- Employees Turn-Over Rate
- Workforce:
 - % of FT
 - % of PT
 - % of Casuals
- Recruitment Efforts:
 - # of Internal Postings
 - # of External Advertisements
 - # Pre-screened
 - # Interviewed
 - # Hired
- Recruitment Efficiency:
 - % of Applicants Pre-Screened then Interviewed
 - % of Applicants Interviewed then Hired
 - Vacancy Rate at End of Quarter
- WorkSafe BC:
 - # of Work-related Incidences
 - # of employees with Time Loss

COMMUNITY

- # of Active Volunteers
- # of Residents Receiving Spiritual Support from External / Community Support

INFRASTRUCTURE & REDEVELOPMENT

- # of Monthly Drills Accomplished
- # of Worxhub Requests Completed
- # of Preventative Maintenance Completed



It seems that COVID-19 has literally taken over our daily agenda, and reluctantly, we had to submit our entire attention to manage the situation as best we could.

As we enter Phase 3 of BC's Restart Plan, LBHH&WR continues to remain COVID free as of July 2020. This is partly due to the fact that as of March 17, 2020, all Vancouver Coastal Health Long-Term Care Homes and Assisted

Living have restricted visitor access. As part of our efforts to stay COVID free, we have significantly increased the amount of education, surveillance, and monitoring in relation to infection control. We also must credit our employees for the part they have played in keeping our building COVID-free and our residents safe. This is just a fraction of some of the actions taken in response to COVID-19 by various departments and teams within the organization.

Infection Prevention and Control (IPAC)

IPAC protocols and practices, in alignment with Ministry of Health, VCH Licensing, VCH-PHC Emergency Operation Centre, and Medical Health Officers were established, implemented, and enhanced.



In collaboration with LBHH Stores, local vendors, PHSA, SafeCareBC, and donors, the IPAC team was successful in proactively

securing PPEs and establishing a Pandemic Stockpile as early as January 2020.

The IPAC team also collaborated with the Interdisciplinary Team in facilitating staff education around IPAC guidelines, including donning and doffing of PPEs, and pandemic planning, as well as increased levels of monitoring and surveillance to ensure relevant standards are met.

Pandemic Planning

As part of our efforts to prepare as best we could to face the current pandemic, members of the LBHH Operations Team met regularly with the goal of creating a specific pandemic plan that would support and benefit the organization in the event of a COVID-19 outbreak. The comprehensive plan

includes operational contingency planning to support the reduction in staffing, interruption in food supply, disruption of PPE and related supplies as well as staffing re-deployment, and isolation of residents.

The team coordinated an approach to provide an outline of the essential elements of preparedness within the identified essential service areas. The plan provides direction for action at different stages of levels of staffing (100%, 80%, 60%, 30%).

As part of the pandemic plan, Food Services created a plan to ensure that our residents would stay safe and nourished in the event of an outbreak. This included the development of an emergency menu, emergency backup food supplies, creating back-up prepared meals, and an Emergency Staffing Plan. We are now able to manage through a major disruption to supply chains and staffing levels while maintaining our Kosher Status.

Emergency Supply Management

In collaboration with the LBHH Stores department, the QRM team developed an Emergency Supply Management process to gather and track emergency supplies, ensuring we have all necessary items to guarantee safety and Infection Prevention. LBHH has been able to continually provide necessary protective equipment to staff and cleaning supplies.

Social Distancing



The Clinical Dietitians, Nurses and Care Aides worked together to reconfigure the IC dining room by spacing out the tables, allowing for larger gaps between the tables. Some tables were removed from the dining room, and a temporary dining area was created in the Fireside Lounge to accommodate a maximum of two residents per table to maintain social distancing of residents during mealtime. The Recreation team also had to adapt their programming to accommodate small groups for social distancing.

Communication

The Recreation team created six videos (episodes) of residents and LBHH employees engaged in a wide variety of activities and programs. The intention of the videos was to serve as a means of communicating resident well-being to their loved ones when visitation restrictions were put in place during COVID-19 precautions. The goal is to continue with bi-monthly episodes during the COVID-19 pandemic.

1. Disinfection System



2. Overbed Tables



3. Mattresses and ROHO® Cushions



4. Mattresses Batch 2



5. Suction Machine



6. Wheelchair Washer



A BIG
**THANK
YOU**
TO ALL!



1. Disinfection System



2. Overbed Tables



3. Mattresses and ROHO® Cushions



4. Mattresses Batch 2



5. Suction Machine



6. Wheelchair Washer



A BIG
**THANK
YOU**
TO ALL!





VZ

Thank
You

COVID-19 Community Support *continued...*



thank you

ACHIEVEMENTS

Infection Prevention and Control (IPAC)



As you can imagine, the IPAC department have had quite a busy year due to the COVID-19 pandemic.

They oversaw the replacement of all manual alcohol-based hand sanitizer dispensers to touch-free automatic dispensers to improve hand hygiene effectiveness and compliance.

In March 2020, the IPAC Practitioner and IQRM Specialist both obtained a Transportation of Dangerous Goods (TDG)

certification to facilitate the immediate transport of nasopharyngeal swab specimen for COVID-19 testing to BCCDC or St Paul's Hospital in coordination with care staff.

Quality and Risk Management (QRM)



Vancouver Coastal Health (VCH) Licensing conducted inspections in Feb 2020 and all four non-compliance items, which related to physical, equipment and furnishing requirements, were found to be corrected. The risk rating for LBHH was reduced from Medium Risk (2018) to Low Risk (2020), and

as a result, licensing inspections will now be conducted once a year as opposed to twice. There was no non-compliance cited on care and supervision, staffing, policies and procedures, records, and reports, all of which were cited in the past inspections.



Tracking and reporting of Quality Indicators has significantly improved. QRM are responsible for the tracking of for all departments and host a monthly review of data with the team managers and leaders; they also report quarterly to the Board of Directors.

The QRM team implemented a new Complaint Management Process, to improve and streamline the complaints process to increase efficiency in acknowledging, tracking, investigating, and addressing complaints. There were 35 complaints in 2019, and as of June 2020 there were 4, all of which have now been “closed”.

In support of accreditation, the QRM department implemented and facilitate an

Environmental Walkabout. Managers and team leaders regularly conduct a survey of the building identifying any potential or imminent hazards. These surveys are completed every two months and all corrections and improvements are tracked.

QRM facilitates a monthly huddle with each department with the purpose of discussing quality improvement within those departments, using Quality Conversation Boards. All departments are provided their quality indicator results and front-line staff are given the opportunity to problem-solve and bring their ideas forward. This ensures greater commitment and ownership in the front-line staff. A new format of these boards was recently trialed and is scheduled to be rolled out August 2020.

HOME CENTRE QUALITY CONVERSATIONS														
QUALITY ELEMENTS	WORK IN PROGRESS													
	<table border="1"> <tr> <th>DATA</th> <th>CHANGE IDEAS</th> </tr> <tr> <td>SAFE</td> <td></td> </tr> <tr> <td>EFFECTIVE</td> <td></td> </tr> <tr> <td>EFFICIENT</td> <td></td> </tr> <tr> <td>COMPASSION / STAFF ENGAGEMENT</td> <td></td> </tr> <tr> <td>ENGAGING RESIDENT AND FAMILY</td> <td></td> </tr> <tr> <td>QUALITY CULTURE</td> <td></td> </tr> </table>	DATA	CHANGE IDEAS	SAFE		EFFECTIVE		EFFICIENT		COMPASSION / STAFF ENGAGEMENT		ENGAGING RESIDENT AND FAMILY		QUALITY CULTURE
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<p>WHAT IS A QUALITY CONVERSATION? A Monthly 15 minute huddle with the purpose of discussing quality improvement on the unit. Problem Solving: Staff can look at data for their unit to learn from and problem solve together. Team Building: An opportunity for team to work together and celebrate achievements.</p> <p>GUIDING QUESTIONS What are we currently working on? How well are we doing? How can things be done better?</p> <p>DATE OF REVIEW: _____ NEXT CONVERSATION DATE: _____</p>														

Nursing

We have added 4 Clinical Nursing Leader (CNL) roles to support our front-line staff and improve communication with other care

providers and families. Our CNLs are covering 7 days per week, 12 hours per day.

A new Wound Care Workflow was developed for the Care Aides which now provides them with tools such as a new skin integrity check guide in each room and shower, introduction of new skin products, a standard of work guide for skin care products, and a new documentation process for each shift.



In-depth Physical Assessment Workshops took place between Nov 2019 to Jan 2020 for care staff to enhance assessment skills with focus on early identification, timely intervention and better documentation/communication amongst the nurses and other health care professionals. This workshop was a two-step process, with step one being to educate a selected group of nurses, and step two was for those nurses to educate their peers.

Rehabilitation



In December 2019, The Rehab department implemented an electronic referral system that indicates a clinical need prior to assessment. This system has streamlined clinical referrals for the Rehab team and has enabled accountability for timely interventions, effective and efficient treatment collaborations between the Rehab department and the interdisciplinary team that assist in mobility, seating and positioning, ADLs, and safety.

A LEAN process improvement event was conducted in the Rehab Department. Equipment clean up and allocation of materials and service needs have permitted the team to efficiently access the necessary resources and equipment (wheelchairs, falls and positioning equipment, etc.) to ensure safety and meet the resident's needs.

The Rehab team also formulated an inventory system for residents and their equipment to ensure that there is proper

allocation and accountability for the condition and status of wheelchairs, mattresses, and safety equipment used. It also assists in ensuring efficient transfer of care and consistency in between units during new admission, internal transfers, and readmissions.

Through promotion of the EAT SAFE Dining Room experience, there has been a reduction in choking incidents in the dining room for high risk residents, and has enabled a safe and pleasant eating dining experience for the residents and promoted continued participation in ADLs in line with the goal of fostering resident centered care.

Food Services

Menu enhancement is an ongoing objective within Food Services. This includes adding seasonal items, improving taste, appearance, all while ensuring cost efficiencies. They also continue to work on improving nutrition specifically for dairy meals.



The Food Services department conducted a LEAN 5S event in all their storage areas in July 2019.

In September 2019, a 'turn-key' Passover system was developed. A template was created for Passover procedures and logistics including ordering, staffing, etc. to make the process more user friendly and run as smoothly as possible.

In collaboration with the Clinical Dietitians, improvements were made to the table / tray card design and organization. The table cards are now clearer to read and make for easier execution and fewer errors.

Dietetics



As part of the PCC Clean Up project, the Clinical Dietitians uploaded all residents' diets into the electronic system. To support this, they also designed and implemented dietary referrals, a readmission nutrition form, an initial nutrition assessment form, follow up nutrition assessment form, and generated online waivers to replace the paper format.

The Dietitians developed a Standards of Work process for a Full Time and Part Time Dietitian Working in LTC (Specifically LBHH & Weinberg Residences), which allowed them to standardize their daily, weekly, and monthly work routine. In addition, they assigned specific units to each Dietitian to allow them to better serve and care for our residents.

Social Work



The Social Work department has grown into two full time Social Workers that can better meet the needs of the residents of Louis Brier. The two positions allow for more daily coverage and support to residents and families.

In line with VCH requirements, the Social Work department has been successful in maintaining an average 4-day turnaround or less with regards to admissions.

The Social Work department has completely transitioned from a paper admission process to an entirely electronic process through PCC's Document Manager Application. Social Work has successfully shifted to a remote electronic signing process to remain

paperless. This has proved to be extremely valuable during the recent COVID-19 pandemic with families unable to sign documentation in person.

Human Resources



2019/20 was the Year of LBHH&WR Employee Engagement. Some of the most notable engagement initiatives include:

1. Monthly Birthday Celebrations: The Staff Recognition and Social Event Committee continued to host organization-wide Birthday Celebrations in the Upstairs Staff Lounge every month. We encourage a Potluck style gathering and LBHH&WR provides the cake. This is a great opportunity to get together and recognize each other's birthday monthly. In 2019/20 we enjoyed "Hanukah", "Boodle Fight" and "Karaoke" themed celebrations.
2. LBHH&WR Employee and Companion 2020 Annual Calendar: Assembled by employees and companions for

employees and companions, the 2020 LBHH&WR Employee and Companion Annual Calendar showcases our most favorite moments of 2019! The photos were captured throughout 2019 at various LBHH&WR events and initiatives and the top pictures were selected through a poll by employees and companions for our very FIRST Employee and Companion Annual Calendar.

3. **Coffee with HR:** In support of our goal to become an Employer of Choice, the Human Resources Department invited all employees and companions to join members of their team for Coffee in the upstairs staff lounge every month. These casual events are intended to share information, answer questions, get feedback, and to make HR personnel more accessible
4. **Working with HR:** Similar to “Coffee with HR” is “Working with HR”, a new initiative to make Human Resources even more accessible. Every second Friday of each month members of the Human Resources Department packed up their workstation and spent one half-day working in a randomly selected unit/department. Not only does this initiative make HR more approachable, it provides them with a better understanding of the day-to-day operations and the challenges front-line staff members face.



The HR Department and Managers started the process of revising the Performance Appraisal process, including the Performance Appraisal Form, back in the Summer of 2019. The revision included identifying Core-Competencies and outlining what behaviors demonstrate these Core-Competencies by department (i.e. “Behavioral Indicators”). We also identified what behaviors demonstrate our Core Values (i.e. what does it mean to work consistently with our Values, “CHAI”?) This provided us with a foundation as to how to rate performance - what behaviors are exhibited that demonstrate our Core-Competencies and Core-Values? The Performance Appraisal Form was revised accordingly, and it is our hope that the Performance Appraisal process going forward will be clearer, easier to complete, fairer and more effective as well as more consistent with the expectations and values of LBHH&WR.

To make our Mission, Vision and Values (MV&V) come to life, HR led several initiatives to “Rollout” the revised MV&V.

Through this process each department identified what the MV&V means to them, how the work they do supports our mission and vision, and how their behavior embodies our values. The goal of the MV&V Rollout is to ensure there is alignment with the organization's Mission, Vision and Values, and our day to day activities.

Laundry and Housekeeping



The Laundry and Housekeeping department implemented a Proactive Enhanced Cleaning Practice which ensures proactive timing of enhanced cleaning prior to the start of flu season. The purpose of this practice is to minimize and prevent the spread of germs, bacteria, infections, and other diseases, when residents, family, staff, and other personnel enter the facility.

The Laundry and Housekeeping department were able to acquire two disinfection machines through the generous donations of families and community members through the Foundation. Comprehensive training was

provided to the Housekeeping staff on the use of the new disinfecting system.

Maintenance and Building Services



The Building Services department implemented a new Facility Management Principles system and adopted a classification process for all projects within their scope. The department restructured the Standard Operating Procedure (SOP) for scheduling practices which greatly increased productivity.

The team also conducted a review of the process around response time for maintenance service requests by creating a prioritization system. This reduces the risk of reactive and deferred maintenance and allows the team to redirect their focus towards preventive maintenance and operate in a more efficient manner.

Business Offices



In March 2020, the Business Office embarked on a project to implement an Accounts Payable automation software that will significantly reduce manual transactions and allow us to transition away from issuing manual cheques and move towards a paperless billing system.

Communications



The implementation of Mailchimp, a marketing automation platform and email marketing service, has allowed LBHH to connect with its audience in a timely, streamlined, manner. Communications from

any department can be blasted out with LB branding in place instantaneously.

The Communications department has worked in collaboration with all other departments on several projects:

- LB Family Council Annual Campaign: The branding, creative direction and marketing of the campaign was well received and helped the Family Council exceed their goal of \$18,000 in donations.
- Nursing Week 2020: The marketing collateral and the many pieces created for the celebration contributed to the overall success of the week. Staff engagement was at a high even amid the Covid pandemic.
- Communication and Assignment Boards: In conjunction with the Nurse Managers, we were able to create boards that are visible, branded, and work as a tool for communicating and organizing.
- Emergency Preparedness Rapid Response Guide: The design and functionality of the Rapid Response Guide, developed in collaboration with the Emergency Preparedness Team, allows for a coordinated and standardized response, vital to the wellbeing of our residents, families, staff, and community.

Recreation



Due to the recent HPRD funding lift from Vancouver Coastal Health (VCH), the Recreation department increased its staffing component by 4.4 FTE, as well as hiring a full time Chaplain (excluded from HPRD).

As a result of the staffing increase, within a 6-month period (May – December 2019), Recreation programs increased from 124 programs per month in May to 358 programs per month in December 2019. One-on-one programming increased from 5 hours to 22.5 hours per month. Jewish Programming also increased from 32 programs to 75 programs per month, and within SCU, programming grew from 39 programs to 82 programs per month.

In August 2019, a Jewish Cultural Program Coordinator position was created at LBHH. The objective of this role is to facilitate Jewish-content programming that supports Jewish traditions and values for LBHH residents.

In December 2019, the Recreation team implemented ActivityPro, a web-based software tool that effectively evaluates and documents resident engagement in programs, reduces documentation time (allowing for more time with residents), proactively measures individual resident's success and alerts residents who may be at risk. It also has the capability to match programs with resident interests, supports departmental goals and enhances family and resident satisfaction with clear delivery of reliable information.

Over the past couple of months, the Recreation team has created five videos (episodes) of residents and LBHH employees engaged in a wide variety of activities and programs. The intention of the videos was as a means of communicating resident well-being to their loved ones when visitation restrictions were put in place during COVID-19 precautions. The goal is to continue with bi-monthly episodes during COVID-19.

Since the early days of COVID-19 and visitation restrictions, the Recreation team has been supporting resident and family communication with the use of iPad videoconferencing for communication. Recreation staff have been providing 15 – 17 hours per day of videoconferencing support to support residents and families.

Chaplaincy and Spiritual Care



After a two-year search for a Chaplain with a background in Judaism, Hazzan Rob Menes was hired and began work in August 2019. He immediately began a three-pronged approach to develop the spiritual care program, Jewish content, and staff support. He has since met with nearly three quarters of the residents and has ongoing meetings with one quarter.

He has also taken a major role in developing the palliative care protocol and interfacing with residents and families when residents are palliating.

Since arriving, Chaplain Rob Menes has created and delivered workshops for Judaism, the High Holy Days, and Culture of Care. To meet the spiritual needs of a diverse resident population, the chaplain also began weekly interfaith services, in addition to the in-house Jewish services.

A weekly Resident and Family Support Group was facilitated by the chaplain via Zoom, and

daily messages of inspiration are consistently posted on LBHH social media and monthly newsletter to residents, staff, and families.

Music Therapy



We were fortunate to have an electric keyboard, along with other musical equipment, donated by a family member. The keyboard has been mounted securely onto a portable and adjustable table that can be used in one-on-one sessions and played by residents themselves. Residents who have experience playing the piano are supported by the Music Therapist to continue to maintain piano playing abilities. Music sheets are blown up and printed in an appropriate size for easy reading.

The Music Therapist collaborates with the Recreation Therapist on a Movement to Music program, which incorporates the resident's favorite songs with physical movements to enhance their motor functions. Residents are given choices on songs and movements to support identity and personhood.

Melody Makers is one of our residents' favorite programs, based on positive feedback from our Resident Satisfaction Surveys generated in ActivityPro. Residents are given choices on song preferences and a microphone to sing. Songs are played in appropriate keys and tempo to lead residents to success, giving them the opportunity for increased self-confidence, self-esteem and community building as they encourage each other to sing and give positive feedback.

The Brier Choir is a new program at LBHH that include songbooks that have been created with songs that are goal based. Warm-up techniques used for residents to have a real choir experience.

The Music for Palliative Cart Project was created in support of residents and their families during palliative care. An appropriate playlist is created on an iPad, which is attached to the palliative cart along with speakers.

Companion Program



In February 2020, the Companion Coordinator gave a presentation on the LBHH Companion Program to the VCH Regional Quality Practice Council for long Term Care. The presentation was very well received; LBHH is the only Long-Term Care facility in BC that has an in-house companion program.

The Companion Program has been heavily involved in providing support for the visitor screening at LBHH, because of COVID-19. As of March, the companions have been covering all evening screening shifts from 4:30 p.m. to 11:30 p.m. The screening process involves checking of temperature of every employee and essential visitor who enters the building, to ensure they do not have any flu-like symptoms. They enforce the policy requiring all visitors to wear a mask, as well as ensuring that staff have an additional set of clothing and shoes.

A casual Companion Coordinator has been trained to provide support to the residents, families, and companions and ensure the program runs smoothly in the absence of the lead Coordinator.

In collaboration with the Food Advisory Committee, and to advocate for the residents, companions who are assisting residents with their meals now ask residents for their feedback. This is then relayed to the Food Services department to improve quality and service.

Volunteer Program



Since June 2019, we have been successful in recruiting 82 new volunteers and maintained a high level of involvement and commitment. The previous year, in the 12 months from June 2018 to June 2019 there were 65 volunteers recruited. This is an increase of 17 volunteers, keeping in mind that volunteer recruitment was suspended for the past four months due to Covid-19.

Prior to COVID-19, the Volunteer Program extended its recruitment efforts in search of additional pet therapy volunteers to facilitate therapeutic pet therapy visits for our residents.



The Volunteer Coordinator has been working with the Operations Team members to gain a sense of their needs to create diverse volunteer roles for various departments.

Despite the current COVID-19 pandemic, the Volunteer Coordinator has been corresponding with present volunteers to find ways of volunteering from a distance, i.e. they have provided paintings, poetry, etc. for our residents.

Weinberg Residence



The Weinberg Residence continues to hold a strong presence in the Jewish community and were community sponsors for the JCC Jewish Book Festival in February 2020 and the Vancouver Jewish Film Festival in March 2020.

The Weinberg was successful in recruiting a second part-time Kosher trained Chef to work two-days a week in support of the current full-time Chef.



It has been over 4 years since the Family Council was established. Since then, families have been actively advocating for quality of life and care of our loved ones. Families and friends of residents have been working with the Senior Leadership Team of LBHH to help provide insight into family priorities; suggest plausible solutions; and liaise with various committees to create action.



In January 2020, the Family Council, with the support of Louis Brier (LB) Jewish Aged Foundation, embarked on its first annual fundraising campaign: *“Every Family, Every Resident”*

Based on the feedback received through several meetings and conversations with family members, the Family Council Executive created a list of priorities, all approved by Louis Brier’s Senior Leadership Team. The goal of the campaign was to create a more home-like space for all residents, as physical environment is just as critical to the residents’ well-being as clinical care. An anonymous donor, through the LB Jewish Aged Foundation, agreed to match all campaign gifts, dollar for dollar to a maximum of \$18,000.

A few of the priorities raised by families included:

- Purchase of a wheelchair washer
- Improve the 2nd floor balcony to enhance shade and space for wheelchairs

- Enhance the Shalom Garden with seasonal garden elements
- Add two big screen TVs (one in the 1st floor Homeside Lounge, and another in the 2nd floor common area) to reach more individuals with poor sight and hearing
- Improve the seating and heating of the gathering flanking the entrance to Louis Brier
- Fill display cabinets with art and objects of curiosity for the enjoyment of the residents
- Improve the 1st and 2nd floor libraries with diversity of books and activities
- Bathing area enhancements

Through the combined effort of the Family Council, the LB Jewish Aged Foundation, and our staff, the fundraising campaign received a very generous response and was extremely successful in exceeding their goal of raising \$36,000 by March, way ahead of schedule. A grand total of \$38,037 was raised (\$20,237 was raised through fundraising and \$18,000 was matched by an anonymous donor).



The funds raised will be used to buy the specific items identified by the families to support resident care and quality of life. Several of the items have already been purchased, and some of the projects are underway.






2020 FAMILY COUNCIL ANNUAL CAMPAIGN
QUALITY OF LIFE & CARE
for ALL RESIDENTS

Family Council Mission Statement: *To improve the quality of life and quality of care for all residents of LBHH by promoting an atmosphere of respect, collaboration, sensitivity, caring and support among staff, residents, and their family.*

The family Council is a voluntary body comprised of family members whose primary focus is to advocate for the delivery of safe and quality care. The council meets monthly and in collaboration with the LBHH Senior Leadership Team, reviews and discusses relevant opportunities to enhance the residents' experience.

All families are welcome and encouraged to join the council. If you are interested in joining the family council or have additional questions, please email them at lb.familycouncil@gmail.com.



2019 Satisfaction Surveys



Employee, Resident and Family Satisfaction Surveys were distributed throughout May 2019. Satisfaction Surveys are developed to assess our strengths and weaknesses and to identify areas for improvement. Individuals were requested to complete the confidential survey online or with paper and pen.

Employee Surveys: The HR department offered several workshops to support employees with completing the surveys. A total of 231 employees completed the survey in 2019, the highest participation rate to date.

Resident Surveys: The QRM team facilitated the Resident and Family surveys. With the help of our volunteers and staff, 60 (out of

104) residents participated based on cognitive performance scoring.

Family Surveys: Thank you to our family members who took the time to respond to the Family Satisfaction Survey! A total of 90 family members completed the survey.

Core LINX Leadership Program



“Cohort #1”, which included 8 individuals in the organization, completed the Core LINX Leadership Program in 2019. Approximately 20 more individuals in the organization (“Cohort #2 & #3”) started to participate in the program in September 2019 and going through to April 2020.

The Core LINX Leadership Program consists of 12 modules and over 50 hours of facilitated learning directed towards topics such as personality styles, managing conflict,

developing others, facilitating a healthy environment, teamwork, collaboration and coaching with a goal to develop the LEADS Capabilities – Leads Self, Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation.

The LBHH/WR Health, Wellness, and Attendance Promotion Program was more fully implemented in 2019 and through 2020.

Health, Wellness & Attendance Promotion Program



The LBHH/WR Health, Wellness, and Attendance Promotion Program was initially launched in November 2019 and intended to:

- Recognize employees with good attendance.
- Promote the exchange of information between employees and Managers/Supervisors regarding attendance and absenteeism.
- Encourage employees to achieve and maintain regular attendance.
- Create a climate that promotes enthusiasm about being at work and being productive.
- Provide employees with access to services/programs (e.g.: Employee

Assistance Program, Graduated Return to Work Program, Enhanced Disability Management Program and Duty to Accommodate) to facilitate regular attendance.

- Provide Managers with the skills and support to manage attendance.
- Reduce absenteeism in the interest of improving resident care, employee morale, employee health and creating cost efficiency.

HPRD

LBHH was one of the first organizations to receive a meaningful Hours per Resident Day (HPRD) increase from the Ministry of Health (MoH), which resulted in additional resources in the form of added staffing to the allied health teams, as well as additional resources for the care department.

The overall plan was to increase our staffing levels in Social Work, Rehab, Recreation, and Dietitian services, with the intent of increasing the contact frequency and availability of staff with residents and families, and be able to implement new and enhanced programming to meet the needs of our residents and families. We were successful in recruiting staff to meet the much-needed increase in HPRD, to meet our goal of 3.36 hours, which included a new part time Dietitian, Rehab Assistant, Occupational

Therapist, Social Worker, Recreation staff and Care staff.

This of course does not come without comprehensive reporting, monitoring and management, as well as increased accountability and responsibility on behalf of LBHH to ensure that the additional resources lead to a significant improvement in the quality of services and satisfaction.

Accreditation



As of May 2020, we are only two years away from our next Accreditation survey, and although it feels as if we have just gone through one, time does fly by very quickly.

As you may recall, our last Accreditation survey was in May 2018, it was an extremely successful survey and we were all proud to have accomplished an Exemplary Standing status. We have started to gear up our activities and focus, and aim at achieving the

same level of excellence as before. Stay tuned!

Physician Neighborhood Model



In our quest to enhance the delivery of quality care to our residents, the Physician Neighborhood Model was launched on January 23, 2020. This was a significant move in strengthening the relationships between physicians, residents, families, and staff, by encouraging the flow of information, enhance timelines and responsiveness with regards to health concerns, and enrich/streamline collaboration across the healthcare team.

A physician neighborhood delivery of care model is based on a primary provider (Physicians/Nurse Practitioner) and staff working together in partnership to provide complete and coordinated care. The physician neighborhood approach focuses on promoting a streamlined approach, enabling availability of clinical information to support quality and continuity of care, in a manner that is consistent with best practices, standards of care, and resident and family expectations. This model continues to rely on

the multidisciplinary team's collaboration, responsibility, and accountability, which are the corner stones for delivering quality safe care.

Point Click Care Clinical and Systems Transformation



Point Click Care (PCC) Clinical and Systems Transformation is a multi-year project designed to improve safety, quality, and consistency of resident care across Louis Brier. PCC is a broad clinical project, which includes several technical elements. These elements include integrated electronic medication administration, Document Manager, Companion, Infection Control, skin and wound, and Practitioner Engagement that are all based on the PCC Software. PCC develops clinical information systems on which the transformation is based. PCC Software is being configured so that it works the way clinicians need it to.

Point Click Care (PCC) Clinical and Systems Transformation will support the organization in establishing common clinical and process standards, including workflows, order sets,

integrated care plans of care and a common electronic health record. The PCC project is a clinical transformation which is enabled by a system transformation, which means transforming and standardizing the way clinical work is done. The new ways of delivering resident care will be supported by a new, shared, clinical information system across the organization.

Wi-Fi Infrastructure Upgrade



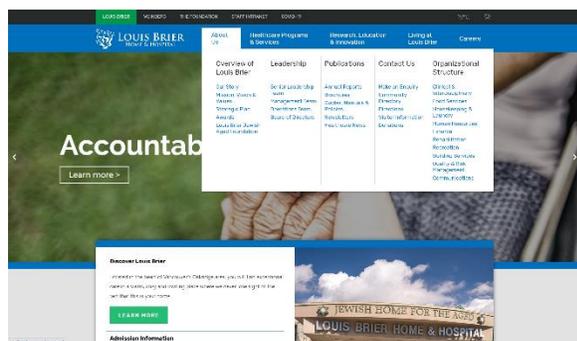
Over the last few months our I.T. team has received an increasing number of service requests because of users experiencing difficulties logging on to the Snider Guest Wi-Fi or having found the network speed to be terribly slow and unreliable.

When the Snider Guest Wi-Fi was first created several years ago, its purpose was to provide a short-term Wi-Fi connection for guests visiting the facility, as such the original infrastructure never had the capacity to meet the current demand. What our residents and families require today has changed and we as an organization are committed to providing a more reliable and cost-effective Wi-Fi network. To achieve this, a significant investment has been made to replace the

entire Wi-Fi infrastructure with a cloud based high speed internet service.

The rollout of this upgrade has already begun and will continue over the next few months after the facilities preventative measures to address risks surrounding Influenza and COVID-19 are lifted. We are working very closely with our I.T. service provider to minimize any disruption and will continue to work with them to ensure a successful rollout.

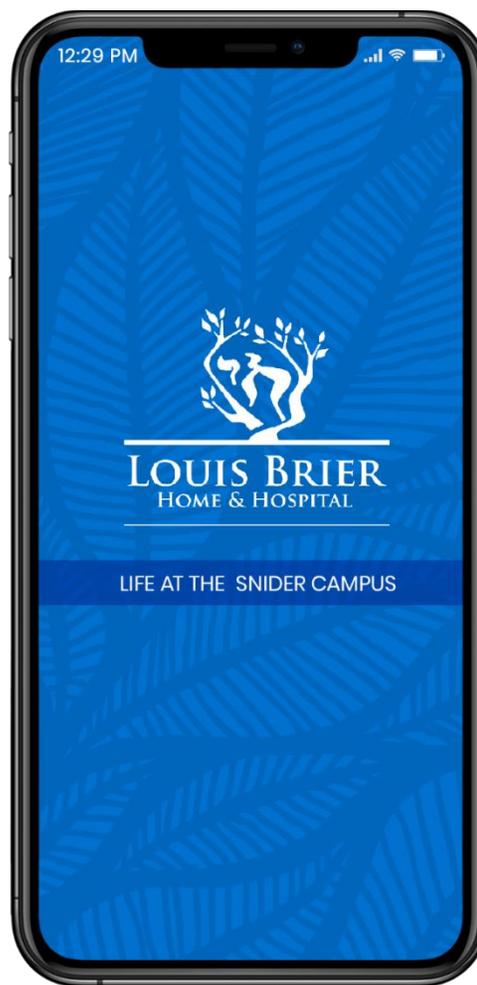
New Website and Mobile App



A new Louis Brier website was needed to improve the look, feel and interactivity of our online presence. The new site will offer more content and will be user friendly for general audience.

The LB app is being developed as a primary source for individuals to receive notifications, have information, and the ability to connect and leave feedback at the touch of a button. Having an app also helps LB progress in the technology space. We expect both the

website and App to be completed and launched in September 2020.



LEAN 5S

In order to achieve culture change, engage in continuous quality improvement, and engage in innovation and creativity, the leadership team, in collaboration with the Board of Directors, decided to apply the principles and framework of LEAN to the everyday work and activities at Louis Brier. In

June 2018, together with external experts, we embarked on our LEAN journey and rolled out our first Kaizen and 5S events, focusing on the Nursing Model of Care.

We continued that journey through 2019/20 and implemented the LEAN 5S process across several other departments. 5S stands for the 5 steps of this methodology: Sort, Set in Order, Shine, Standardize, Sustain. These steps involve going through everything in a space, deciding what is necessary and what is not, putting things in order, cleaning, and setting up procedures for performing these tasks on a regular basis.

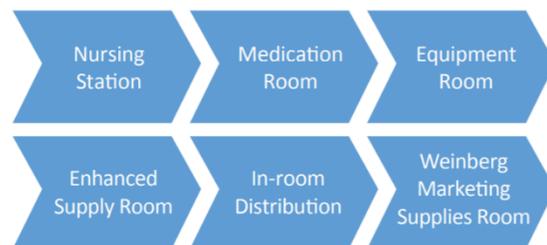


Laundry Department: In February 2020, the Laundry Department engaged in Lean 5S activity with support from the Care, QRM and Maintenance teams, as we strive to continue to improve our service and eliminate waste. Opportunities were identified to create a safe and more functional workspace for the staff that promotes efficiencies by eliminating non value-added wastes. We organized supplies, equipment, and updated routine procedure to improve the service delivery to the end users.

Assisted Living (AL): In March 2020, the nursing team led a Lean 5S event in the Assisted Living unit at the Weinberg Residence. The focus was on streamlining communication, handover, and workflow between the staff in Assisted Living and enhanced collaboration with Multi-Level Care unit.

Multi-level Care (MLC): In May 2020, the MLC unit at the Weinberg Residence underwent a Lean 5S event focusing on streamlining communication, enhancing Supply Management, the in-room distribution process, and change of workflow to Team based approach.

We focused on the following areas:





Laundry Department

See the amazing results:



Equipment



Medication Room



Nursing Station



Supply Room



Combined Supply and Linen Room with a 2-Bin System for Medical and Surgical Supplies

Multi-level Care (WR)

Centralized Distribution of Supplies



In-room Distribution of Supplies





July 2019

Special Care Unit (SCU) Garden Project



In July 2019, members of the family council, together with volunteers, and LBHH staff, worked together to give the outdoor space in Louis Brier's Special Care Unit, sometimes called the 'secret garden', a much needed "face lift". The outdoor space provides a welcoming haven for 17 of our most vulnerable residents living with dementia. The project was spearheaded by former Master Gardener Lisa Ford, whose mother,

Laura, is a resident of SCU, and Special Care families provided plants and tended to the space. A potluck luncheon was held on Sunday, August 11, for the families and residents of SCU to showcase the newly decorated space.



Revised Falls Data Collection

The Falls Data collection ensures that resident safety is promoted throughout the organization and all members of the interdisciplinary team are held accountable. Appropriate intervention strategies are reviewed and discussed amongst the interdisciplinary team on which approach is best to manage falls for a specific resident.

Resident Summer BBQ



On July 23, 2019, the Recreation team coordinated the Annual Summer BBQ for residents and families. The Operations team assisted with the cooking and serving of the food and there was a live music performance.

August 2019

BRIER FIRE Dragon Boat Racing Team



For the first time in Louis Brier and Weinberg Residence's history we have a very energetic,

enthusiastic, and ambitious Dragon Boat team. The team is called BRIER FIRE and includes 24 staff members from across the campus who trained extremely hard, twice per week, for months throughout the dragon boat racing season.

They took 4th place in the 2019 Concord Pacific Dragon Boat Festival competition that took place on June 22nd and 23rd. The BRIER FIRE team then competed at the 2019 Steveston Dragon Boat Festival in Richmond on August 24th and placed 2nd overall in the Mixed C Finals.

Due to COVID-19, the 2020 Dragon Boat Festival has been cancelled.



Staff Appreciation BBQ



The 2019 Staff Appreciation BBQ was held in August, in appreciation of all our employees and their hard work and dedication to LBHH & WR.

The BBQ was organized by the LBHH Employee Recognition and Social Event Committee, with the help of our Food Services Department, who provided the catering, and the management team, who served food to the staff.

Celebrating Weinberg's 17th Year Anniversary



On August 14th, the residents of the Weinberg, along with their families, friends, and the staff, came together to celebrate Weinberg's 17th year of serving Vancouver's seniors.

The party was truly the hit of the summer season. The festive crowd gathered on Weinberg's beautiful patio and enjoyed an afternoon of food and musical entertainment by Alec Pearson. Guests indulged in an enticing selection of hors d'oeuvres prepared by Weinberg's Chef Aime Oclida. To top off the afternoon and the special occasion, a celebratory cake was served.

September 2019

Resident Art Exhibition



On September 18th, Louis Brier hosted a Resident Art Exhibit in the Homeside Lounge, which had an amazing turnout. The exhibit is an annual event and was hosted by our Expressive Arts Therapist, Calla Power. The Residents' who showcased their work are

participants in the amazing arts program. Music was provided by harpist, Mehlinda Heartt.

Artists:

Dorothy Bennett

Lorraine Benisz

Brenda Curtis

Sharen Edwards

Monique Galazka

Zoe Hunter

Wes Kidd

Elizabeth Klement

Mei Chen Lin

Heshy Lipsman

Hazel Miller

Haim Peri

John Shumas

Marcy Smordin

Jennifer Young

Krystena Tomaszewicz

Health Records Management

This project was led by the QRM team, in collaboration with Nursing Department, and the goal was to develop, document, implement and maintain a process for the creation, identification, retention, and disposal of records. They created an inventory of all existing health records at Louis Brier, arranging them according to year of resident discharge.

October 2019

Influenza Immunization Program

In collaboration with the Nursing team and our UBC Nursing Students, the Infection Prevention and Control (IPAC) team implemented the influenza immunization program for residents, staff, companions, volunteers, and some family members. The UBC Nursing Students created the program and helped to run the Flu Vaccine Clinics.

Compliance rate was successful, with 87% of residents immunized, 62% of staff and 97% of Companions.

November 2019

Suggestion for Improvement 2.0

Some of the feedback we received through the Employee Satisfaction Surveys was that we could improve upon acting on staff

feedback. Despite already having suggestion boxes there was no defined process for collection, review and sharing of the results.

To increase feedback from our employees and staff-initiated improvements, the HR Team revised and improved the process for Suggestions for Improvement. Ten new suggestion boxes were distributed around building, and the results are posted in the staff lounge and on the intranet every month.

Since implementing the new process, we have seen an increase in feedback. Many of the suggestions are fantastic and have already been actioned or partially actioned. Below is the revised process:



December 2019

End of Life Protocol Project

A project was initiated and led by the Chaplain to clarify and document the administrative, logistic and communication aspects of resident care from the time of an

indication of actively dying. This project was steered by the Ethics Committee, all departments were represented, and the results were shared with the Family Council.

Staff Appreciation Event and Recognition Awards



The Employee Recognition and Social Event Committee hosted a Staff Appreciation Event on December 5th. As part of this event we held our 2nd annual Recognition Awards Ceremony to recognize staff and companions who have made outstanding contributions within our organization.

23 recipients were awarded in 2019. During the month of October, all staff, companions, and families were given an opportunity to nominate staff and companions for an award. During the month of November, the Employee Recognition and Social Event Committee reviewed all nominations and selected the award recipient(s). Award Categories included:

- **Unsung Hero** – Effective, valued and appreciated.

- Spirit of Optimism – Passionate & positive.
- Exemplary Service – Provides outstanding service with attention to detail.
- Mission, Vision, And Values Advocate – Embodies the Louis Brier Home & Hospital and Weinberg Residence Spirit.
- Sensational Care – Personifies the Resident and Family Centred Care philosophy.
- Companion(s) of the Year – Dependable, dedicated, hardworking and resident and family centred.
- Family’s Choice – Nominated by Family and Family Council.

January 2020

IQRM Process

This new IQRM (Integrated Quality & Risk Management) process enhances the planning, development and implementation of quality improvement plans and initiatives. The process works to improve the success and follow up on any new initiative launched in the building using a comprehensive system based on current best practice in Quality Improvement. This process is led by the QRM team in collaboration with the interdisciplinary team. It was initially trialed by the Dietary and Food Services departments in January and is scheduled for roll out across all the organization in July 2020.

Go Green Initiative



Every day we use a variety of products which end up in regular garbage bins and ultimately, the landfill. This garbage disposal process is not ideal and does not support



Vancouver’s Zero Waste 2040 plan. Louis Brier decided to act by organizing their very own green team, the “Green Guardians”, who aim to improve the disposal of products and explore options for more earth friendly products where possible at LBHH.

The team have accomplished a significant number of quality improvement projects, one of which was the “Go Green” initiative. The initiative launched in January 2020 and focused on improving our recycling capabilities and minimizing garbage disposals in our building. Color-coded recycling receptacles were installed throughout the building which clearly display instructions on what products should be recycled, and where.



The Green Guardians even travelled offsite to take a tour of Urban Impact’s recycling plant in New Westminster to gain some insight and knowledge into the recycling process, to help with educating employees on how to recycle as much as possible, to minimize the garbage and waste for pick-up.

Campus-wide Code of Conduct Initiative



The Campus-wide Code of Conduct Initiative started in January with a “Town Hall” discussion about what we would like included in a Code of Conduct (i.e. for employees, family, visitors, etc.). HR will continue a consultation process with individuals from each department by having discussions during unit rounds, team meetings, “Coffee with HR”, and one-on-one.

Through the consultation process we would like to answer the following questions:

1. How can we make LBHH&WR a more respectful workplace?
2. What words would we want to use in a Code of Conduct?
3. What would be the reporting procedure for concerning behavior?
4. How should we work together on improving concerning behavior?

Once we understand what employees, families, and visitors think should be included in a Code of Conduct we will start to draft a Code and consult further through its development. We thank everyone for their participation in this important initiative.

Wound Management Education Program

In January and February 2020, an intensive 2½ hour interdisciplinary education on wound management was provided for the Care Aides of LBHH and WR. Care Aides progressed through 5 different stations learning skills they could apply directly to their day to day work.

Each presenter had a trifold poster board outlining their highlights and used reverse demonstration techniques to encourage hands on learning. Skin Care Prevention and Moisture and Incontinence education were provided by outside presenters.

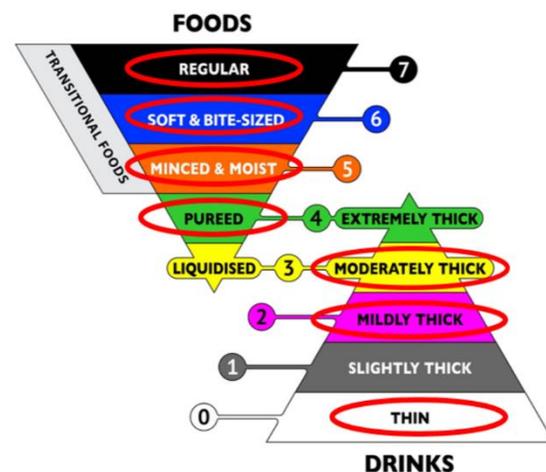
The Rehab Dept. covered the importance of repositioning, offloading, and the different mattresses and cushions that can be used to manage pressure injuries. Dietitians discussed the importance of good nutrition and hydration and use of protein to promote pressure injury healing. Nursing reviewed the skin assessment guide and tracking tool – emphasizing the importance of regular head to toe skin checks and using proper medical terminology.

February 2020

IDDSI Model

In February, our Clinical Dietitians rolled out a new food and fluid texture model called IDDSI (International Dysphagia Diet Standardization Initiative). This allowed us to standardize diet textures safely through common standardized terminology, as well as consistency among specified diets, and continuity between our facility and other Vancouver Coastal Health partners who have already implemented the IDDSI model. The new model has been a success so far.

Transition to IDDSI At Louis Brier



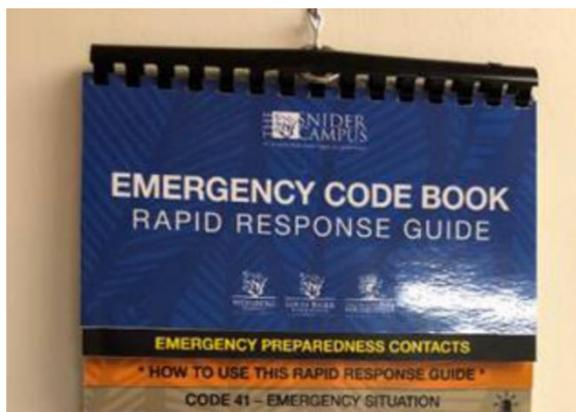
Communication Initiative

The goal of the multidisciplinary communication initiative was to standardize a structure that ensures information is transferred in a way that is timely, proactive, and preventative, to drive best possible

outcomes for the residents and enhance multidisciplinary collaboration.

March 2020

Emergency Preparedness Rapid Response Guide



Emergencies such as fire, elopement of residents, power outage, and intruders are just a few examples of what can occur without warning.

To ensure safety, a coordinated and standardized emergency response is vital to the wellbeing of our residents, families, staff and the overall LBHH&WR Community.

The Rapid Response Guide is a standardized tool, with clear and concise steps to follow in the event of an emergency. It conveys essential information quickly with a minimal misunderstanding to staff, while preventing stress. The guide is displayed in all central areas around the building, such as the reception, all elevators, nursing stations and designated emergency response areas.

Smoke-Free Initiative



LBHH aims to create a safe and healthy environment for our residents, staff, and community. In March 2020 we worked as an interdisciplinary team and implemented a

Smoke-Free Policy and adopted a smoke-free environment, prohibiting people from smoking on the LBHH&WR premises and property.

A support program was put in place for those residents who were affected by this to support them during a three (3) month transition period. This included a variety of support systems, including smoking cessation products, supportive individual counselling, support groups, as well as other alternative methods such as relaxation techniques, meditation, etc. This transition period ended in June.

April 2020

Eliminated Styrofoam use



LBHH has finally succeeded in eliminating the use of Styrofoam products throughout the

building, replacing them with compostable paper products.

The Food Services Department is also in the process of eliminating the use of disposable plastic cups around the Campus.

Nourishment Project

Food Services transitioned to serving 'bulk offerings' to improve resident access to nourishments and to reduce waste.

In collaboration with the Clinical Dietitians, improvements were also made to the Table / Tray Card design and organization. The Table Cards are now clearer to read and make for easier execution and fewer errors.

Vending Machines

We replaced the vending machine in the upstairs staff lounge with a newer, better machine that accepts credit and debit cards in addition to cash.

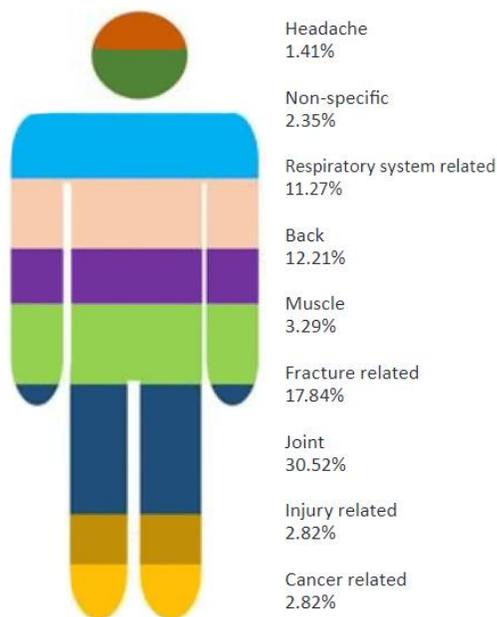
We also installed two additional machines in the main LBHH lobby, containing kosher snacks and an assortment of beverages.

These machines were installed to give more options for food and beverages onsite to those in the building after hours.

May 2020

Optimizing Pain Management Program (OPMP)

Percentage of pain sources at Louis Brier Home and Hospital



Many residents have medical conditions that cause pain. In fact, 54.6% of the residents have one or more diagnosis that can cause pain. An analysis of our residents shows that pain can originate from a variety of sources. Making sure we treat pain properly is a key part of keeping our residents healthy.

The purpose of this program is to: a) empower nurses to identify, assess and respond to pain in a timely manner; and b) create the tools to assist staff address pain and improve the quality of life of our residents. The program's success depends on a collaboration between our nurses,

physicians, nurse practitioners, pharmacists, residents, families, and other members of our interdisciplinary team. This initiative was launched in partnership with Medical Pharmacies.

Nursing Week 2020



Monday, May 11th, marked the start of the 2020 National Nursing Week. It is held every May to coincide with the birthday of Florence Nightingale, the founder of modern nursing. Nursing Week 2020 marked the 200th anniversary of Florence Nightingale's birthday. For decades, nurses have provided competent, and ethical care to people in communities across the country and throughout the world.

This year The Canadian Nurses Association and the International Council of Nurses (ICN) chose the theme *A Voice to Lead – Nursing the World to Health*, which demonstrates how nurses are central to addressing a wide range of health challenges as the theme for nursing week.



To celebrate the week, a range of activities were held throughout the building, including decorating of nursing stations, TikTok video competitions, etc. A large quantity of gifts was donated by community members and businesses which were given out as prizes.



The prestigious Florence Nightingale Award was presented to Jennifer Belen, one of the Clinical Nurse Leaders, for her excellence in nursing. Jennifer was one of three nurses nominated for the award and chosen as the recipient by a voting process.



In addition, for Nurses Week, the Family Council asked families for words of gratitude, which they combined into a “Word Cloud” in the shape of caring hands, a symbol that represents all the efforts of the LBHH community.



Healthcare Hero of The Month

The LBHH&WR “Healthcare Hero of the Month” is a new Staff Recognition and Social Event Committee initiative intended to recognize Employees and Companions who

have achieved a notable accomplishment and/or have demonstrated noble qualities such as integrity, ingenuity, courage, strength and compassion.



This nomination-based recognition initiative started in May 2020 and was created in part as a response to COVID19 and not being able to gather for other recognition-based events.

Skipping Rope Challenge



In the spirit of keeping our staff energetic and upbeat during COVID-19, LBHH held its first ever skipping rope challenge for employees in the Shalom Garden on Friday May 8th. Participants were challenged with skipping rope for a minimum of 2.5 minutes, and

prizes were given to those who succeeded in the challenge. The event was successful and has been turned into a bi-weekly event for the duration of the summer.

In addition, Step Aerobics Classes will now occur every other Friday for staff, and these will be taught by our very own CEO, who is also a certified Step Aerobics Instructor.

June 2020

Tree of Life Mural

One of our talented employees, Charlotte Spafford, painted a mural over the staircase in the main lobby, and the intention is to display all the beautiful messages received as the leaves on the tree.



In addition to her role as a Program Coordinator in the Recreation department, Charlotte is also an artist and an Art Therapist in the community. Charlotte loves art in its many forms and has created a variety of pieces and a few large-scale installations – but this was her first ever mural.

Thank You



As you may know kudos are forms of praise and honor received for an achievement. The following employees were informally acknowledged by their peers for their hard work and dedication. Thank you, for going above and beyond!

Leonora Calingasan, LPN

"Leonora stepped in to help Social Work department when it was in a transition period. She stepped out of her typical duties to ensure successful admissions, resident support, and guidance for new team members."

- Rebecca Webb,
Social Worker

Denia Aguirre, Receptionist

"Denia is extremely hard working and caring! She always gives 110%."

- Jenna McAlpine,
Clinical Dietitian

Interdisciplinary Team

"Despite the hectic schedule, the managers and leaders dedicated hours to discuss and complete the Pandemic Plan."

- Lunadel Daclan,
IPAC Practitioner & QRM Manager

Recreation Team

"For their indefatigable display of flexibility, creativity, adaptability, tireless compassionate care, kindness and never-ending support of the residents and their families during the pandemic."

- Edy Govorchin,
Manager, Recreation, Culture &
Music Therapy

Devan Armour, RN (Nursing)

"As a member of the IPAC Committee, Devan never missed a month in performing the hand hygiene audits. He is also a role model for compliance in proper use of mask and eye goggles since it the day it was mandated."

- Lunadel Daclan,
IPAC & QRM Manager

Valerie Duaso, Companion

"She has done an amazing job helping with the Virtual Visits for our residents, as well as the front door screening at Louis Brier throughout Covid-19."

- Myla Carpio-Pelio,
Companion Coordinator

Lunadel Daclan, IPAC & QRM Manager

"I want to thank Lunadel for the collaboration and support during WR Norovirus Outbreak (Jan/Feb 2020) and COVID-19 Pandemic."

- Vanessa Trester,
Manager, Weinberg Residence

Edy Govorchin, Manager, Recreation

"For building and supporting a wonderful recreation team. They have done so much over the last few months to care for the residents. Huge Kudos!"

- Julie Cameron,
Volunteer Coordinator

Domingo Sagabaen, Tony De La Cruz, and Francis Avila (Maintenance Team)

"Often go above and beyond to complete tasks, working extra hours. Uses own tools when required."

- Ben Crocker,
Director, Finance

Michael Galope, Communication Coordinator

"I don't think people are aware of the workload Michael carries, and despite the endless array of requests he receives from all directions in the organization, he still manages to deliver, and do a fantastic job, on any project he puts his hand to."

- Emma Brennan,
Executive Assistant



The LBHH&WR “Healthcare Hero of the Month” is a new Staff Recognition and Social Event Committee initiative that commence in May 2020. It is a nomination-based recognition initiative intended to recognize Employees and Companions who have achieved a notable accomplishment and/or have demonstrated noble qualities such as integrity, ingenuity, courage, strength, and compassion.

MAY 2020

Lunadel Daclan

The Staff Recognition and Social Event Committee was honored to recognize Lunadel Daclan for her exemplary contributions as our Infection Prevention and Control (IPAC) & Quality and Risk Manager, and in particular, her relentless, methodical, considerate and supportive approach to the COVID-19 Pandemic within our Long Term Care environment. LBHH & WR remains “COVID-Free” and this is much thanks to Lunadel’s tireless, selfless, and effective efforts. Lunadel is truly a “Healthcare Hero” When this accolade was presented to Lunadel she was very humble in her acceptance. Lunadel wanted to ensure that the front-line workers are recognized as the real drivers for LBHH & WR’s success through the COVID Crisis. This is a true testament to Lunadel’s character.





JUNE 2020

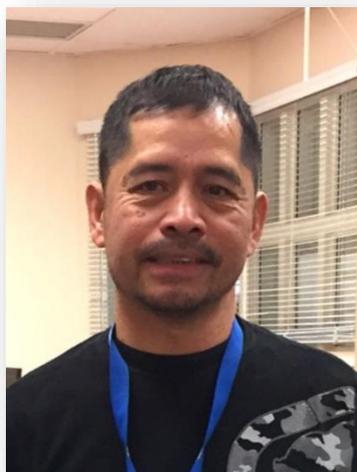
Chen Yue Guo

The Staff Recognition and Social Event Committee is pleased to recognize Chen for the Resident Videos she has created with her Recreation Team. Through these videos Chen has demonstrated the perseverance and joy of our Residents and their Family, as well as Staff, during this challenging time. The videos cast a bright and pleasant light on LBHH&WR, show the significant work being accomplished, and the outcome of these efforts – safe and happy Residents and Employees. This highlights the significant impact people can have on others,

even significant impact people can have on others, even while apart. Indeed, these creative and evocative videos have touched the hearts of many, both at LBHH&WR and far away, and the feedback we have received is a testament to this. Chen has stretched the boundaries of what it means to offer Recreation to our Residents and Families and for this she is a “Healthcare Hero”.



Louis Brier Recreation Team



JULY 2020

Francis Avila

The Staff Recognition and Social Event Committee is pleased to recognize Francis for his exemplary service delivery with Resident Admissions and his outstanding contributions in the Maintenance and Building Services department through the COVID-19 Pandemic.

LEADERSHIP | Senior Leadership Team



David Keselman

Chief Executive Officer



Carol Bucknor

Exec. Dir., Resident Services
& Inter-professional Practice



Ben Crocker

Director, Finance



Loren Tisdelle

Director, Human Resources



Emma Brennan

Executive Assistant to the
CEO & Board of Directors

LEADERSHIP | Management Team



Edy Govorchin

Manager, Recreation,
Culture & Music Therapy



Sonia Cinti

Manager, Human Resources



Melissa Tadeson

Manager, Housekeeping &
Laundry



Alex Portnik

Nurse Manager



Nicole Encarnacion

Nurse Manager



Lunadel Daclan

Manager, Quality & Risk
Management, Infection
Prevention & Control



Adrian Marinescu

Manager, Building Services



Michael Lackner

Manager, Food Services



Vanessa Trester

Manager, Weinberg Residence

LEADERSHIP | Operations Team



Laurie Moore

Leader, Rehab &
Physiotherapist



Jenna McAlpine

Clinical Dietitian



Lorena Billi

Clinical Dietitian



Megan Goudreau

Integrated Quality & Risk
Specialist



Jennifer Belen

Clinical Nurse Leader



Roemilyn Tanaquin

Clinical Nurse Leader



Rebecca Fernandez

Clinical Nurse Leader



Venee Fuentes

Clinical Nurse Leader



Julie Cameron

Volunteer Program
Coordinator

Operations Team *continued...*



Rebecca Webb

Social Worker



Sam Lerner

Social Worker



Myla Carpio-Pelayo

Companion Program
Coordinator



Tracy Brown

Senior Accountant & I.T.
Support



Michael Galope

Communications
Coordinator



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Board Chair

Ted Zack
1st Vice Chair

Harry Segal
2nd Vice Chair

Sydney Goldberg
3rd Vice Chair

Michael Glaser
Treasurer

Mark Rozenberg
Secretary

Arny Abramson
Immediate Past Chair

Sandra Bressler
Chair, Weinberg Residence

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Bruce Raber

Dina Schweber

Gail Butt

Joel Kallner

Nicole Mann

Tammy Godfrey

ACTIVE LIFE GOVERNOR

David Herman

Lee Simpson

Rita Akselrod

Over the past year, the Board of Directors has continued to fulfil its responsibilities and supported the CEO and the Leadership Team with our strategic directions, policies, and procedures.

Some of the key accomplishments include:

- Appointing two new members to the Board.
- Approved an action plan to develop a master plan for the redevelopment of the LBH site.
- Conducted an in-depth performance evaluation of our CEO.
- Continued to work closely with the Louis Brier Jewish Aged Foundation.
- Updated our By-laws to ensure they reflect the current best practices.
- Continued to connect with the Senior Leadership and Management Teams, the Family Council, the Resident Council, our volunteers, BC Housing, the City of Vancouver, Vancouver Coastal Health Authority (VCH), and our community.
- Conducted an internal self-evaluation of the Board and Board Chair, and developed an action plan to improve its efficiency and effectiveness.
- Ensured that the 2019 strategic plan is implemented at all levels of the Organization.
- Supported the Weinberg Residence Board and Management in implementing new measures to improve its financial viability.
- Executed an agreement with Concert Properties to jointly develop a Master

Plan to redevelop the current LBHH site.

- Conducted four Board educational sessions about specific aspects of LBHH operations.
- Supported the Management Team with various initiatives to manage LB during the COVID-19 Pandemic.
- Ensured that LBHH operations were in compliance with the approved budget.

Priorities and Activities of the Board for 2020/21

1. Together with Management, continue to seek sustainable funding sources to support the Organization's growing needs and to implement new measures for cost effectiveness.
2. Work with Concert Properties to develop a Master Plan for the LBHH redevelopment site.
3. Ensuring that our ageing physical plant is maintained at an acceptable level while planning for our new building.
4. Improved our communication and public relations profile.
5. Ensure proper compliance with the various guidelines and policies issued by VCH during the COVID-19 Pandemic.
6. Ensure proper implementation of the 2019 strategic plan.



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Independent Auditor's Report

To the Members of
Jewish Home for the Aged of British Columbia

Opinion

We have audited the financial statements of Jewish Home for the Aged of British Columbia (the "Society"), which comprise the statement of financial position as at March 31, 2020, and the statements of operations, changes in deficit and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Society as at March 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Society in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared to assist the Society in complying with the financial reporting provisions of the Province of British Columbia. As a result, the financial statements may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Report on Other Legal and Regulatory Requirements

As required by the Societies Act (British Columbia), we report that, in our opinion, these financial statements are presented on a basis consistent with that of the previous year.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Society's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Chartered Professional Accountants
May 13, 2020
Vancouver, British Columbia

Jewish Home for the Aged of British Columbia
(Operating as Louis Brier Home and Hospital)
Statement of operations
Year ended March 31, 2020

	Notes	2020 \$	2019 \$
Revenue			
Vancouver Coastal Health Authority grant		14,420,957	12,954,848
Resident charges		5,035,880	5,041,932
Contribution from Louis Brier Jewish Aged Foundation		856,620	988,400
Amortization of deferred capital funding	10	455,491	395,828
Other revenue	12	175,940	175,379
Gaming grant		40,000	40,000
		20,984,888	19,596,387
Expenses			
Salaries	8	13,518,383	12,903,687
Employee benefits	7(b)	3,946,002	3,414,926
		17,464,385	16,318,613
Dietary		909,916	909,743
Nursing and medical		705,187	799,822
Amortization		586,711	473,986
Building operation		383,233	374,880
Administration		367,947	414,657
Building maintenance		303,766	245,084
Therapy		160,907	87,273
Housekeeping		90,732	86,404
Laundry and linen		37,076	27,559
Interest	9	15,831	16,985
Other		589	—
		21,026,280	19,755,006
Deficiency of revenue over expenses		(41,392)	(158,619)

The accompanying notes are an integral part of the financial statements.

In 2017, with Board approval, LBHH engaged Tamarix Development Inc. (TDI), with Rozanne Kipnes as its principal, to be LBHH’s real estate consultant in connection with the proposed redevelopment. In 2017, again with Board approval, LBHH established a \$3.3M line of credit to finance the costs associated with the process of investigating and pursuing the prospect of replacing the current LBHH facility.

In October 2019, after a considerable amount of work, full due diligence, and a financial feasibility analysis, TDI, in conjunction with members of the Redevelopment Committee presented a report on the next steps in the redevelopment process to the three Snider Campus Boards. The report provided a series of recommendations and a ‘Decision Tree’ outlining the next steps and

options to be further explored, based on Vancouver Coastal Health’s ‘Core Facility Requirements’ coupled with LBHH’s ‘Vision’ for the new LBHH&WR.

At this meeting, the Board of Directors approved the recommendations of the Redevelopment Committee report and the expenditure of up to \$1.2M to proceed with a series of specified steps over a 12 to 18 month period. Those steps included creating a clinical service plan and a master plan for the site, preparing a rezoning pre-application submission to the City, and endeavoring to secure support for the redevelopment from the City, the relevant BC government bodies and at least one development partner.

Salient occurrences since then include:

- a) TDI and the Redevelopment Committee developed a Request for Proposals with input from the CEO and his senior leadership team for the Clinical Service Plan and Functional Program consultants. Following receipt of responses to that Request for Proposals, three proponents were interviewed. Pat Light and the Resource Planning Group were the team selected to prepare a Clinical Service Plan and Functional Program for the proposed new LBHH facility. The work plan has commenced with various key members of the LBHH staff



and Jewish Community seniors service organizations including JFS; JSA; JCC; Federation; Kehila Society; L'Chaim Daycare; etc.

- b) An Architectural Request for Proposals was also developed for the Master Planning and the rezoning pre-application. Following receipt of responses to that RFP and interviews of two proponents, IBI Group was selected as the prime project consultant for the Master Planning phase.
- c) The Covid-19 pandemic hit and the Committee considered putting the project on hold; however, soon after that, a senior planner from the City of Vancouver reached out to TDI, to express the City's interest in receiving a rezoning pre-application from LBHH;

- d) On May 21, 2020, the Board of Directors passed a motion, upon the recommendation of the Redevelopment Committee, approving LBHH to enter an LOI with Concert Properties to jointly develop a Master Plan for the 4 acres of land owned by LBHH. Concert Properties is a Vancouver-based development



firm with decades of experience in the City of Vancouver developing, owning, and operating residential, office, mixed use, and other projects. The Board of Directors formally announced this to the community on June 8, 2020. Stay tuned!



LOUIS BRIER
HOME & HOSPITAL

Annual Report

2019 / 2020