

# OXFORD COUNTY LONG-TERM CARE NUTRITIONAL SERVICES REVIEW 2023 WOODINGFORD LODGE



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# Executive Summary

The Municipal Modernization Fund supported a review of the quality and cost-efficiency of existing nutritional service delivery at Woodingford Lodge's (WDL) Long-Term Care (LTC) Home's three sites. The County of Oxford engaged an independent, third-party consulting firm with LTC expertise to review the current state and provide recommendations for improvement. The consultants employed a multiple-methods approach to gathering information from residents, families, staff, and other key stakeholders.

While the scope of the review was to focus on Nutritional Services across the three LTC sites, it quickly became apparent that the more significant, systemic issues must be addressed to meet the growing and aging population's LTC needs. To this end, the recommendations proposed are broader than nutrition, as pressing 2021 demographic information coupled with unprecedented provincial government opportunities exist. The recommendations are presented as themes for brevity purposes:

- Develop a Ten-Year Master Plan for Woodingford Lodge LTC Home.
- Expand the number of Woodingford Lodge LTC beds overall.
- Develop a business case for a Specialized Behavioral Unit
- Explore through the Master Plan the needs of "other" population groups and innovative models such as the Campus of Care.
- Review the options prepared by the consultants to address the two satellite sites' lack of overall cost-efficiency.
- Improve accountability by establishing a Memorandum of Understanding with the two hospitals preparing and delivering food for WDL LTC satellite sites.
- Build upon existing LTC leadership by developing an Oxford or Oxford & Elgin Counties LTC Homes Administrators Quarterly Group. This forum could include representation from public health, paramedic designate and Ontario Health.

In late 2022, the Ministry of Long-Term Care announced funding opportunities for not-for-profit, municipal LTC Homes seeking to expand their bedded footprint. The province is also investing 37 million in additional new funding to expand specialized services to help people with complex needs such as behavioral, dialysis, and bariatric. This investment includes funds to develop and implement Specialized Behavioral Units.

## **Potential Cost Reallocations:**

The recommendations addressed operational and systemic issues and identified potential cost reallocations related to the two satellites' current nutritional services delivery model. Potential reallocations of \$1.2 million annually may exist.

# SECTION 1: CONTEXT AND DEMOGRAPHIC REVIEW

## 1.0 Introduction and Background

In the spring of 2022, the County of Oxford issued a municipal Request for Proposals (RFP) for a consulting firm to conduct a comprehensive review of their Long-Term Care (LTC) Home Woodingford Lodge (WDL) nutritional services. The successful firm is D&A Consulting and Associates.

The project objectives included:

- Reviewing the quality & freshness of the food & beverage
- Level of consistency across the three sites - Woodstock, Tillsonburg, and Ingersoll
- Review the service delivery processes and model
- Focus on cost-efficiency and consistency, choice and enhancing the culinary experience recognizing that meals are the highlight of their day for many older adults
- Conduct an in-depth engagement with staff, residents, families, and senior leadership
- Leveraging a “Strength, Weakness, Opportunities and Threats (SWOT)” format in all surveys, key informant interviews and focus group engagement activities
- Scope out opportunities for organizational advancement and innovation
- Develop and embed a clear understanding of the LTC history, culture, physical constraints, and potential future opportunities for growth into the report

The project deliverables included:

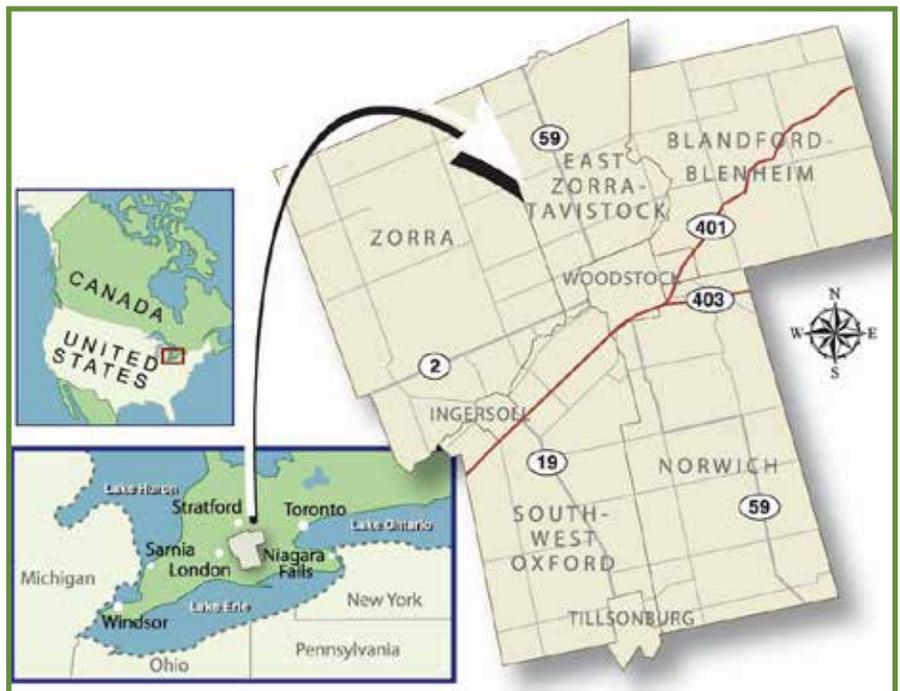
- Conduct a review of the nutritional/dietary practices of the three homes
- Prepare a current state demographic analysis for Oxford County, emphasizing older adults, the next cohort of seniors and other vital factors
- Prepare a profile of Woodingford Lodge residents, staffing, bedded demand and supply
- Obtain input via surveys, focus groups and face-to-face interviews, including residents, their families, staff, and other vital stakeholders such as hospitals, Ontario Health, and Home & Community Care
- Prepare a report and presentations illustrating key findings and recommendations to improve nutritional service delivery’s quality and cost-effectiveness at WDL

This project was initiated in the late spring of 2022 and ceased in January 2023.

As a community Oxford County promotes itself as the “Dairy Capital of Canada,” and there are many dairy farms in the County to give credence to that claim. In the 1950s and 1960s, a significant influx of immigrants from the Netherlands bought up many of the dairy farms in the county. Today, Oxford County offers self-guided tours featuring 24 stops along what is known as the “cheese trail.” In addition, the County has many museums, artisans, and local farms showcasing their fresh and unique culinary delights.



Oxford County is on the traditional territory of the Anishnabek (Iroquois) and Ojibway, and Chippewa First Nations, the land area, covers 2040 square kilometres. Ideally located between two major highways in southwestern Ontario, the 401 and 403 junctures position the County well as significant automotive assembly plants, specifically Toyota, Hino, General Motors, and CAMI, including being one of the first producers of electric vehicles. Oxford County is a two-tier government that comprises one city, two towns and five municipalities:



- City of Woodstock
- Towns of Ingersoll and Tillsonburg
- Municipalities of Blanford-Blenheim, East Zorra Tavistock, Norwich, South-West Oxford, and Zorra

The most populated communities are the City of Woodstock, Towns of Tillsonburg, Ingersoll and East-Zorra Tavistock. The surrounding rural areas are rich in history, cultures, and exciting agriculture environments, including raising Alpaca and Goats.

## 1.1. The Role of Municipal Long-Term Care Homes for the Aged

According to AdvantAge Ontario, there are 626 LTC Homes with 78,760 beds in the province. Municipalities operate 101 Homes with 16,281 beds or a 21% market share. Approximately 1 in 5 individuals receive care in a municipal LTC home in Ontario. AdvantAge Ontario estimated that Municipalities invest around \$350 Million annually for LTC and community services for the senior population. The following attributes are recognized as the benefits of Municipalities providing LTC services:

- Care closer to home
- High-quality care
- Innovative and integrated care for seniors
- Strong communities and a voice for seniors
- Good community-based jobs and economic benefit

Municipal LTC Homes are not-for-profit, which is essential to understanding their culture and history. To illustrate further:

- **1868 Municipal Institutions Act** - stipulating communities with greater than 20,000 must provide “Houses of Refuge for People who are Homeless”
- **1947 Homes for the Aged Act** - Houses of Refuge renamed Homes for the Aged and focused on seniors, with the province providing 25% of the capital cost
- **1949 Homes for the Aged and Rest Home Act** - All Municipalities must establish a Home for the Aged
- **2007 Long-Term Care Act** - Every upper and single-tier southern Municipality must maintain at least one Municipal Home. Northern Municipalities may operate a home individually or jointly
- **2017 Patients First Act** - More emphasis on integrating services within geographic regions
- **2019 - Fixing Long Term Care Act** - A critical component of this act is that it sets out service targets

Municipal homes service the vulnerable and often-times challenging population groups. Because Municipalities know their community, culture and needs, they can offer more appropriate services, including food choices, linguistic support and culturally relevant activities and celebrations.

Since Municipalities are also responsible for the following services, they are in an ideal position to integrate or address needs/gaps whenever possible.

- Public Health
- Emergency Medical Services (EMS) / Community-Based Paramedic Program

- Fire and, often, Police Service
- Community-Based Activity Centres for Seniors (formerly Elderly Persons Centres)
- Libraries, Parks, and Recreation
- Housing includes “rent geared to income and supportive housing”

An excellent example is the role of Public Health as it relates to COVID-19 in LTC Homes. In some cases, Municipalities are considered the “employer of choice.” For example, in Walkerton, Brucelea Haven LTC is the largest employer providing jobs for 200 people in the community. Similarly, research comparing Municipal Homes to those that are for-profit found that not-for-profit / municipal homes perform at a higher level for the following domains:

- Provide more hours of care because there is a higher staffing ratio and skill mix
- Have lower mortality rates
- Have lower staff turnover
- Less use of restraints, including chemicals
- Lower hospital admissions and lower use of the Emergency Department<sup>1</sup>

According to the March 2022 Ontario Health Coalition Fact Sheet on Long-Term Care:

- For-profit LTC Homes spend 24% less per year on care than public LTC
- For profit LTC hires more part-time/casual staff, resulting in higher staff turnover
- Compared to public homes, staff are paid lower wages & heavier workloads

For over 150 years, municipalities have provided care for seniors and vulnerable populations. They are governed by “management boards” comprised of local elected officials and other Municipal staff hence, the vested interest in providing high-quality, equitable and accessible care. It is for these reasons that, as a collective voice, AdvantAge advocated and successfully achieved equity as it relates to the recently announced ***Long-Term Care Home Capital Development Funding Policy***. This policy is specifically for not-for-profit LTCH that may not have responded to prior redevelopment opportunities due to tight timelines, construction costs, and other municipal competing priorities.

## **1.2. DEMOGRAPHICS: OXFORD COUNTY IS A GROWING AND AGING COMMUNITY**

Oxford County is in the heart of Southwestern Ontario, nestled between Elgin County to the south, Middlesex to the west, Peth County and Waterloo District to the north with Brant County to the east. Oxford is divided by highways 401 and 403 making it one of the most sought-after locations for new industries. In 2021, the total population of Oxford County was N=121,781, a 9.9% increase since 2016. This is greater than the provincial increase of 5.8%.

Location	Population Change % from 2016	Total # & % of the pop Age 55 to 64 years old	Total # & % Of pop age 65+	Total # & % Of pop aged 85 +	Average Age
Oxford County	9.9 	17,220 or 14.1%	24,390 or 20%	3,170 Or 2.6%	41.8
City of Woodstock	13.6 	6215 or 13.3%	9150 or 19.6%	1335 or 1.7%	41.6
Town of Ingersoll	7.3 	2055 or 15%	2340 Or 17.1%	310 or 1.4%	40.6
Town of Tillsonburg	17.3 	2375 or 12.7%	5450 or 29.3%	820 or 4.4%	46.9
Township of Blandford-Blenheim	2.2 	1220 or 16%	1315 or 17.4%	100 or 1.3%	41.3
Township of East-Zora Tavistock	10.2 	1145 or 14.6%	1460 or 20%	225 or 3%	42.2
Township of South-West Oxford	-0.7 	1125 16.5%	1260 or 16.6%	105 or 1.4%	39.4
Township of Zorra	6.0 	1310 or 15%	1560 or 18%	110 or 1.3%	40.1
Township of Norwich	2.9 	1500 or 15.3%	1720 or 15.4%	165 or 1.5%	37.5

As illustrated in Table 1, except for the Township of Southwest Oxford, all other communities have grown from 2.2% in the Township of Blandford-Blenheim to an increase of 17.3% in the Town of Tillsonburg, followed by the City of Woodstock at 13.6% and 10.2% for the Township of East Zora Tavistock. In terms of population growth in Ontario, Oxford County ranks 53 out of 293, according to the Rural Ontario Institute.

Table 2 shows population growth as a percentage for surrounding census divisions compared with Oxford County.

Census Division	Population 2021	% Change from 2016
Haliburton	20,571	13.9%
Simcoe	533,169	11.2%
Lanark	75,760	10.3%
Muskoka	66,674	10.0
Middlesex	500,563	9.9%
Oxford	121,781	9.9%
Waterloo	587165	9.7%
Brant	144,771	7.4%
Elgin	94,752	6.5%
Haldimand-Norfolk	116,872	6.5%
Perth	81565	6.2%

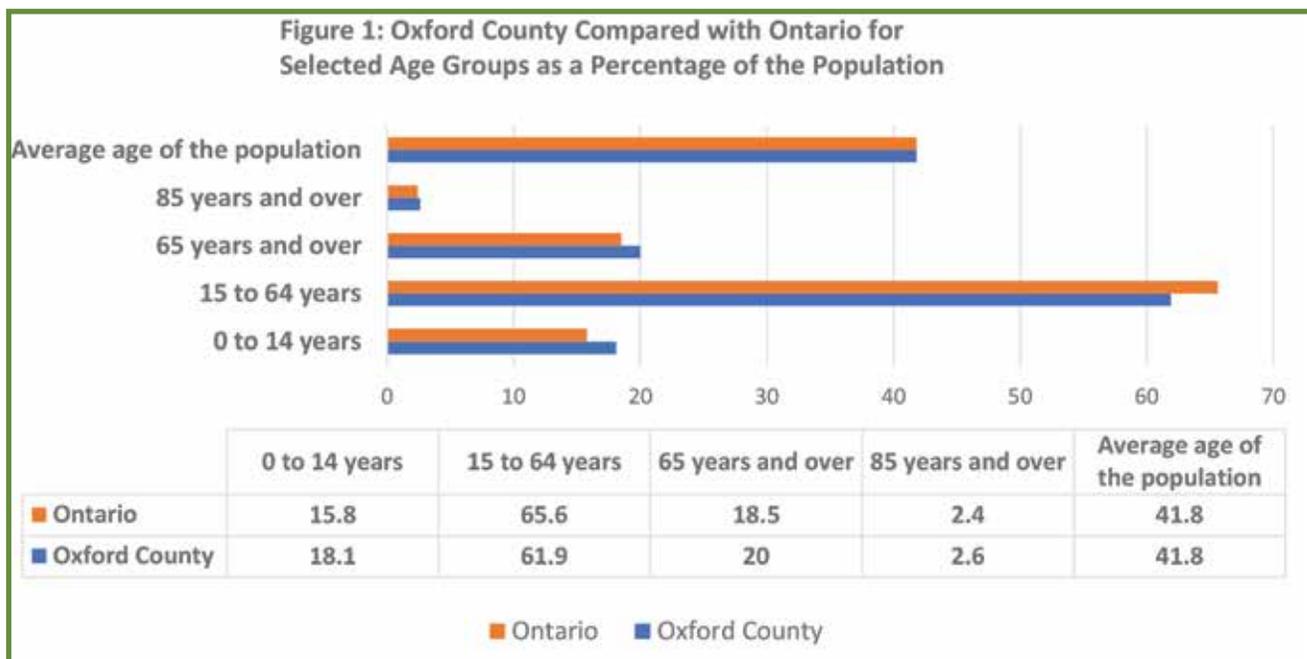
According to Statistics Canada, communities in Ontario with the lowest growth rates include Rainy River -3.3%; Timiskaming -2.6%. Cochrane -2.2%, Algoma -0.3% and Thunder Bay 0.6%.

Tables 1 and 2 show that Oxford County is growing and aging significantly faster than the provincial average (See Figure 1). Due to the aging of the baby boomers, the number of seniors is expected to double from 2.3 million in 2016 (16.4% of the population) to 4.6 million by 2041, which equates to 25% of the people, and higher ratios of older adults reside in rural communities.



1 in 5 Citizens in Oxford County are aged 65 and Older

Figure 1 below shows Oxford County compared to Ontario for selected age cohorts, followed by a more detailed Figure 2 comparison for all eight lower-tier communities, Oxford County and Ontario, presented as a percentage of the population. The data source is Statistics Canada 2021, Community Profiles.



According to AdvantAge, in 2016, Ontario had a higher percentage of seniors than children aged 15 and under. This trend will continue, with seniors anticipated to be the most diverse group in history. Figure 2 below shows the Three Age Cohort as a percent for 8 Communities, Oxford County and Ontario.

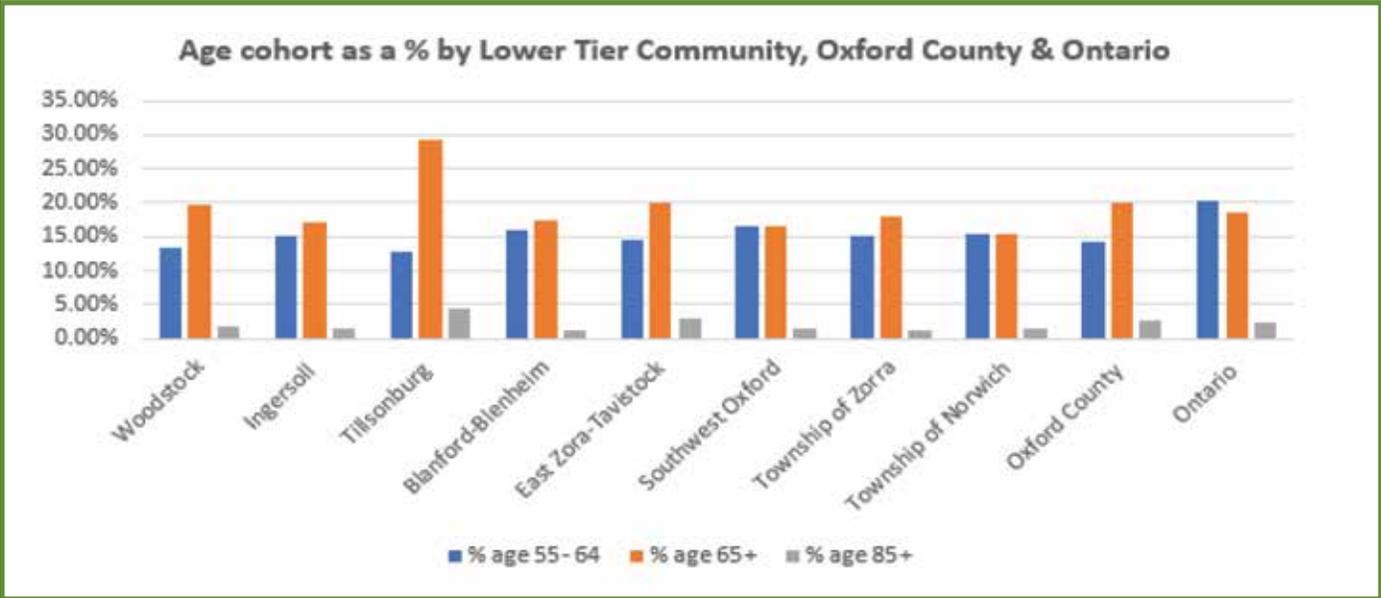
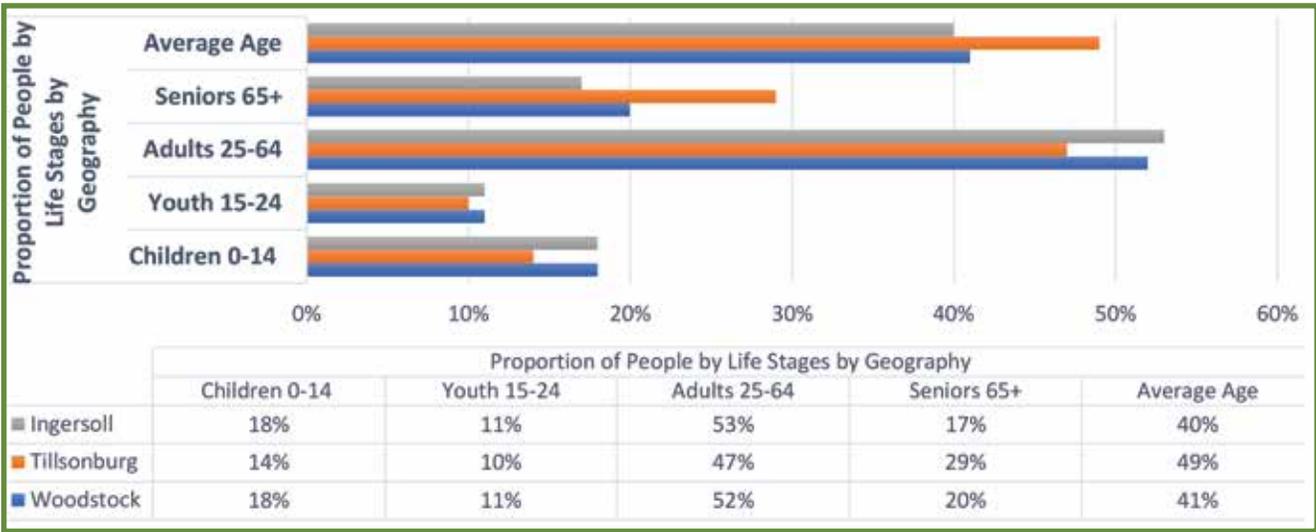


Figure 3 below shows the City of Woodstock, the Towns of Ingersoll and Tillsonburg by Life Stages as a Percent, including average age.

**Figure 3: Proportion of the Population as a % by Life Stage and Geography**

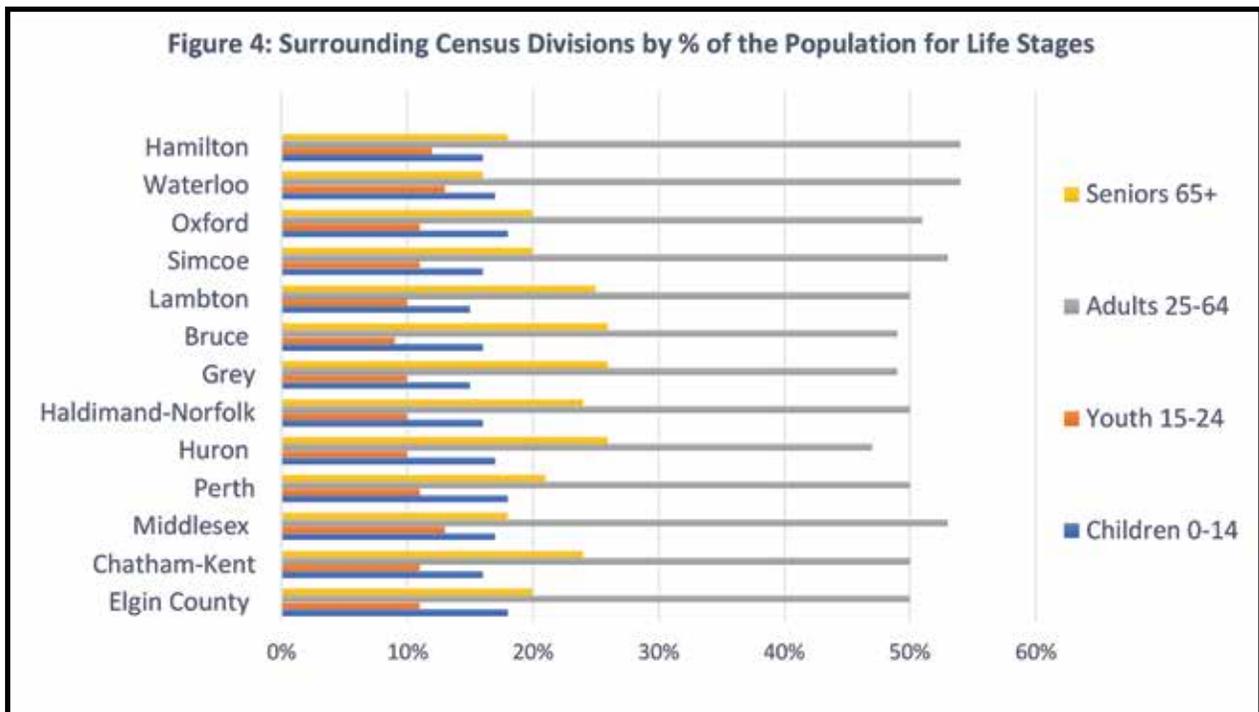


- Tillsonburg had the highest growth rate at almost double the rate of Oxford County. They also have the most significant proportion of older adults aged 65+ and seniors 85+.
- As a community, Tillsonburg has a significantly “older” average age at 46.9 compared to the other lower-tier communities and Oxford County at 41.8. Interestingly, Tillsonburg has the lowest proportion of the population aged 55 to 64, with 2375 or 12.7%.

- The median age in rural Ontario is 47 but 44 in cities and 31 in Indigenous communities, according to the Rural Ontario Institute<sup>2</sup> The Township of Norwich has the lowest average age at 37.5, followed by Southwest Oxford at 39.4, with most of the County being between 40 and 41.6.



From a broader perspective, Figure 4 below shows the surrounding census divisions as a percentage of the population by life stages.



- The 2021 Statistics Canada data shows that the following counties have the most seniors aged 65 and older, Grey, Bruce, and Huron with 26%, followed by Lambton at 25%, Chatham-Kent and Haldimand-Norfolk at 24%. Oxford, Elgin, and Simcoe are at 20%.

- The next wave of seniors aged 55 to 64, which represents the most significant proportion as a percentage in the Township of Southwest Oxford at 1125 older adults or 16.5%, followed by the Township of Blandford-Blenheim at 1220 or 16% and the Township of Norwich 1500 or 15.5% and the Town of Ingersoll with 2055 people or 15%.

Another way of analyzing demographic data is by examining dependency ratios. A dependency ratio exists when the combined proportion of the population aged 0 - 14 and 65 and older is more significant than that of the working-age population aged 15 to 64. Concretely, when there are more children and seniors compared to the working age, this creates stress for the “sandwich generation” and economic pressures for the community to meet the needs of both children and seniors.

Upon examining the demographics for the Town of Ingersoll and the City of Woodstock, almost forty percent of the population is considered “dependent,” whereas 62% and 64% represent the working-age population. The Town of Tillsonburg is slightly higher, with 43.4% representing “dependents” and 56.6% are working age. The more significant proportion of dependents equates to increased strain on services, family systems and the economy.

From a planning perspective, demographic information is essential for designing and delivery of services such as:

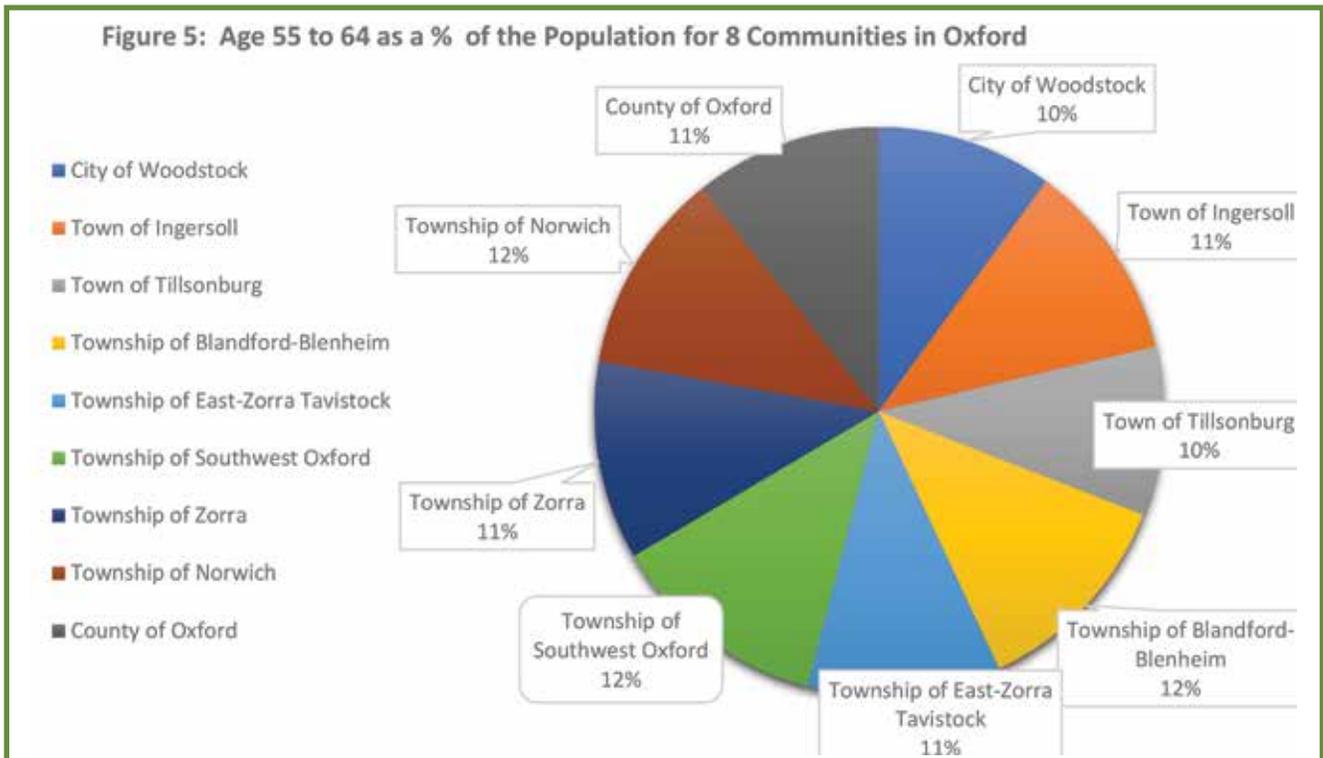
- Community recreational programs (Pickle Ball, Intergenerational Opportunities)
- Building homes (Long-Term Care, supportive, congregate, rent geared to income)
- Implementing public health prevention services such as elder abuse awareness, fall prevention, food security and substance use awareness
- Partnerships between community paramedics, LTC Homes, primary care and hospital
- Fire & Police Services must be mindful of local demographics and the impact on safety and risks in the home and elsewhere

Understanding the implications of the next wave of older adults is essential, especially when considering community-based and long-term care services. Some research suggests that the next cohort will be healthier and more active than the prior generation. Conversely, some speculate that the next wave will have higher rates of substance use disorder and other complex chronic co-morbid diseases such as depression, anxiety, COPD, cardiovascular events/strokes, acquired brain injuries (ABI), and earlier onset Dementia, mainly related to vascular conditions.

The next wave of seniors comprises 17,220 people, or 11% of the population, aged 55 to 64 in Oxford County.



Figure 5 shows the population aged 55 - 64 as a percentage for each community in Oxford.



### **1.3 Population Diversity**

In 2016 the percent of people in Oxford who belonged to a visible minority (3.3%) was far below the Ontario provincial average of 29.3%. Oxford's percent more than doubled between 2016 and 2021 to 7.7%, representing more than 9,000 Oxford residents. Oxford has become home to:

- 3,905 people of South Asian origin
- 1,705 people who are black
- Almost 700 people from Latin America
- Over 600 people from Southeast Asia

After English and French, residents in Oxford indicated that the principal language spoken at home include Punjabi - 1,905, Urdu - 250, and Nepali - 120. Oxford has long been home to colonies of various sects of the Mennonite religion, with many of their colonies speaking Germanic languages. In the case of the so-called "Mexican Mennonites," Spanish. Oxford is rapidly becoming more diverse. As such, it is crucial to understand that the diverse needs and preferences of aging visible minorities should be considered when planning future services.

*Source: Census Profile, 2021 Census of Population, Statistics Canada*

### **1.4 Woodingford Lodge Long-Term Care Home**

The municipality opened its not-for-profit, long-term care home, Woodingford Lodge, in 1969. The name Woodingford Lodge represents "wood" for Woodstock, "ing" (for Ingersoll) and "ford" for (Oxford). The home is funded and regulated by the province of Ontario and receives annualized funds from the Municipality. The Woodstock site is the largest, with 160 beds; the two additional locations are in the Towns of Tillsonburg and Ingersoll, with 34-bed units each. All three areas are within proximity to their respective acute care hospital. In total, there are 228 not-for-profit LTC beds operated by Oxford County. A profile of Woodingford Lodge's nutritional services strengths, limitations and opportunities and overall suggested improvements for the LTC Home will be discussed in greater detail in the following sections.

# SECTION 2: ENGAGEMENT AND OTHER NOTABLE PLANNING CONSIDERATIONS

## 2.0 How the Plan was Developed

During the summer and fall of 2022, a concentrated effort was employed to engage Woodingford Lodge staff, residents, their families, senior leadership team members, and other key stakeholders. The methodology included

### Staff Surveys

- Electronic Survey

### Focus Groups

- Resident & Family Council
- Resident Food Committee
- Nutrition Team
- Senior Leadership Team

### Key Informant Interviews

- President of WDL Resident Council & Food Committee Chair
- Ontario Health / Home & Community Care
- Lead Maintenance Manager
- Infection Control & Prevention Supervisor
- Dietician & Nutrition Supervisor
- Continuous Quality Improvement Manager
- Behavioral Supports Team Coordinator
- Nurse Practitioner
- Manager of Human Resources Oxford County

### Review of Critical Data & Reports

- County of Oxford Strategic Plan
- Decision Support Data for Hospital ALC Rates
- Fixing Long-Term Care Act
- Long-Term Care Wait List Data
- 2021 selected data from Statistics Canada
- AdvantAge Reports and Statistics
- Rural Institute of Ontario
- Health Quality Ontario Performance Indicators



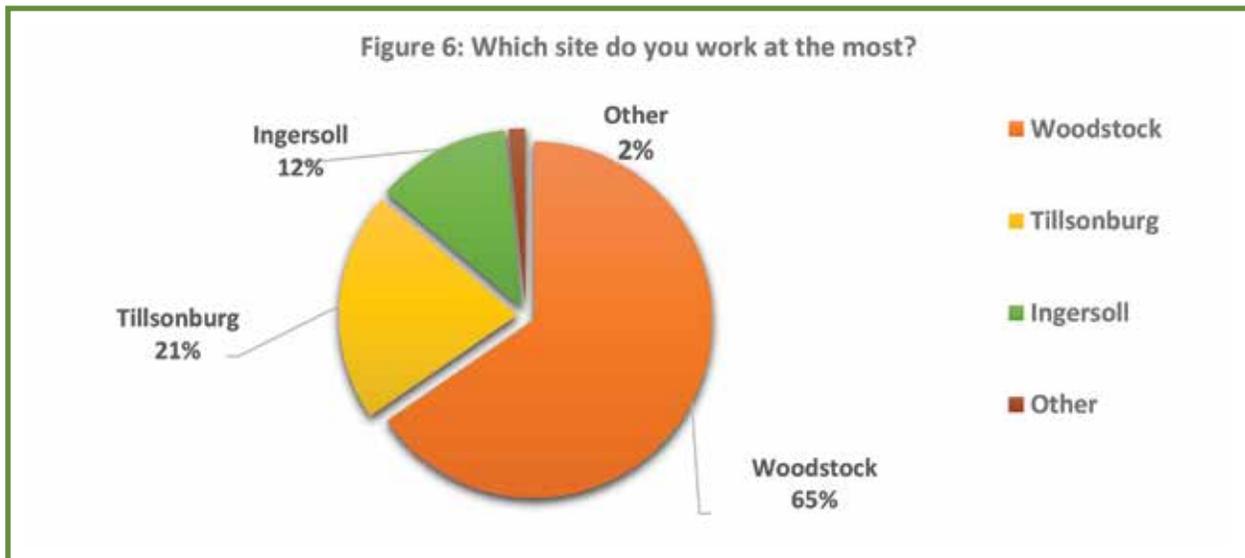
## 2.1 Survey Responses

An electronic survey was developed and distributed to Woodingford Lodge staff. The survey was relatively brief and was structured using a SWOT (Strengths, Weaknesses, Opportunities and Threats) format. Additional questions were used to drill down to understanding the role of the survey participant.

1. Which site does the dietary staff work at, e.g., Woodstock, Ingersoll or Tillsonburg?
2. What role best describes your position
3. Are they Oxford County employees or hospital staff (Ingersoll / Tillsonburg)?
4. Leveraging a SWOT framework:
  - a. What is the strength of how we currently provide dietary services?
  - b. What, if any, area needs improvement?
  - c. If you could make one improvement/change to dietary services, what would it be?

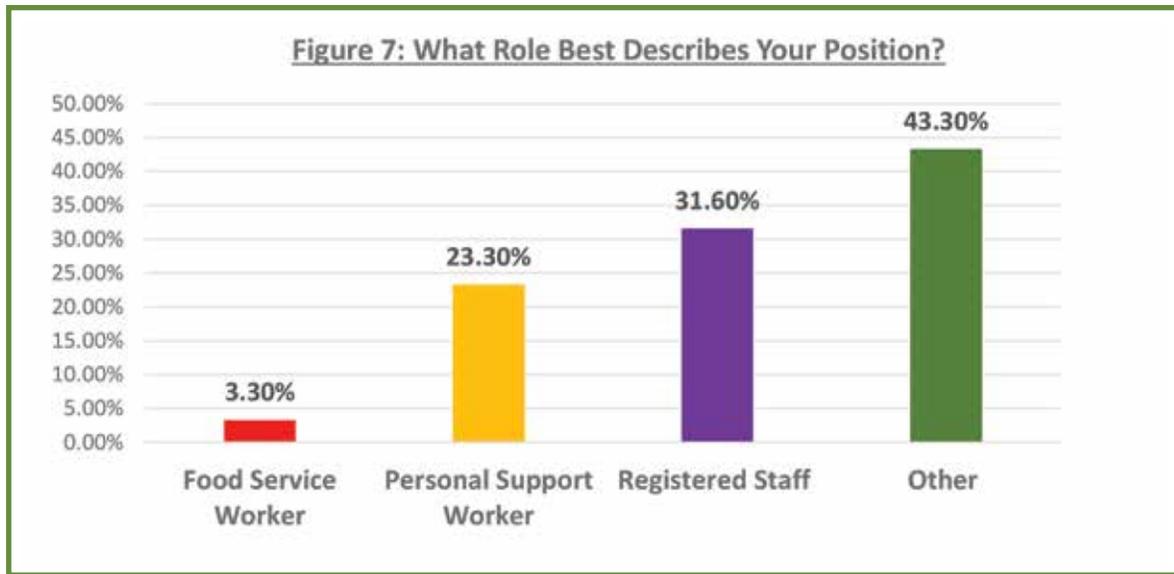
The survey was distributed to 160 Woodingford Lodge staff, and despite sending it out twice, we received N= 61 completed surveys or a 38.1% response rate.

Figure 6 below shows that most staff, including most dietary staff, work at the Woodstock site. A small number of respondents indicated working in all three areas equally.



Question 2 asked if the respondent was an Oxford County or Hospital Employee. This is important because the food is prepared and transported by hospital employees at the two satellite sites: Ingersoll and Tillsonburg. A collaborative agreement between the two hospitals (Ingersoll and Tillsonburg) and the County of Oxford occurred several decades ago that made sense at that time. From the survey, we learned that the majority, 59 or 96.7% of respondents, are Oxford County employees, whereas 3.2% or 2 said they were not.

Regarding “who” is involved with dietary services,” figure 7 shows which role best describes the survey respondent’s position.



Interestingly, 31.6% of registered staff, which means “Registered Nurses & Registered Practical Nurses,” are serving/feeding residents. Twenty-three percent of staff providing dietary services are Personal Support Workers (PSW), and the most significant proportion, 43.3%, selected “other” as best describing their role. When probed, the “other” category included:

- Behavioral Supports Ontario (BSO) Worker
- Housekeeping
- Laundry Aids
- Leadership
- Maintenance
- Manager
- Recreation / Activation Staff
- Transitional Support PSW

The responses can be viewed from several perspectives:

- Woodingford Lodge has had significantly less staff turnover than the other area LTC Homes in Oxford. Nevertheless, the impact of COVID-19 still resulted in staff absenteeism.
- While the lack of consistency between the three sites is indisputable, it is also recognized that some staff have strong relationships with residents and assisting with feeding is essential to quality care. Particularly for residents with aphasia, strokes, or other swallowing issues.

To understand the strength of how WDL dietary services are provided, an open-ended, qualitative question revealed the following themes:

- Good quality food & great menu options
- Food is prepared on time and is organized by friendly, accommodating staff
- Resident's dietary needs and preferences are always respected
- Resident Food Committee has input into the menu and special event
- The new TV's large screen is excellent and beneficial with advertising choices.
- The new snack cart choices are excellent viva a la carte
- Prompt service, good attitudes, and well-planned meals
- Christina and Courtney are outstanding Managers, always there when needed.

Repeatedly, there was a reference to the food in Woodstock being prepared on-site with "our employees" compared to the hospital staff use at the two satellite locations.

Notable quotes focusing on strengths include the following:



***"I think as a team; we are an awesome group of people who like to have fun while we work."***

***"Providing the largest meal at lunch when residents are the most alert and hungry and having the cooking in Woodstock on-site."***

***"Knowing our residents and what they like/enjoy. Providing that extra personal touch."***

***"Good quality food, friendly staff and good adaptive tools for residents"***

***"Dietary staff are knowledgeable and resident-centred."***

***"Prepping the food on-site always ensures the residents receive fresh home-made meals."***

***"Great variety of options, resident's preferences always important."***

***"Extra food is always available."***

“Satellite sites would benefit from having our staff. Similarly, respondents were asked, “what areas, if any, need improvement?” Five respondents skipped the question, and 57 participated. Common themes are articulated below as quotes:

*“Tray service – when a resident stays in bed just to sleep in we should still be providing efficient meal service and that resident should still get to have his / her first choice, not just “left-overs”. Some of the meals the resident’s, have not heard of before, this is a “meat & potatoes group” and we make a lot of peanut butter and jam sandwiches because of this reason.”*

***“Provide more fresh fruit and soup at every meal for residents with poor appetites.”***

*“There is a lack of variety of food and seasonal items at the Satellite locations versus Woodstock.”*

***“Food options geared more towards this generation. Our residents are not use to new items e.g., perogies, quinoa.”***

*“Consistency with the menu options versus what is actually served / making staff aware of changes prior to asking residents about their choice.”*

***“I feel that having ample supply of snack options is vital. Residents are wanting more than staff can offer. Meal selection that is more familiar to our resident population. Residents are not familiar with some of the options therefore, they do not select it.”***

*“Increased staff roles and hours this will help with flexibility promoting requests of residents.”*

***“When we are in outbreak, we MUST have dedicated staff that only work in Woodingford Lodge. Traveling from the hospital to the Lodge and back again carries the risk of spread of infection.”***

*“Purees and grounds could look more appealing.”*

***“We need MORE staff. Workers are getting sick and burned out. Staff constantly working over- time and rarely getting days off.”***

*“Presentation of some of the food. Better coverage for their shifts.”*

***“Newer staff need to pay greater attention to resident’s meal textures and fluid consistency. Lots of mistakes being sent out of the server which staff on the unit have been catching.”***

*“Less rushed, making dining a more enjoyable experience.”*

***“Soup needs to be offered at each meal (there are residents who do not and will not eat, but they will drink soup from a cup). Sometimes, soup is the only nourishment besides fluids.”***

***“Portion sizes are typically too large for residents.”***

***“MORE STAFF - Please hire more dietary staff. It is essential to better service for our residents, and this is so needed in our workplace.”***

***“Customer service - should be a welcoming dining room service. Customer-focused, consider students for server positions. Kitchens should be better staffed to accommodate the flexible routines of the residents, e.g., late to rise etc. Coffee/tea offered at snack pass, fruit that doesn't look spoiled or banged up. Residents should have access to food 24/7 and not always the same items as what is currently on the cart. Increased selection of food offerings for the night shift as more and more residents are up through the night. Soup at both afternoon meals. Ginger-ale always needs to be available. Tablecloths are used more often. Improved ambiance overall. Get rid of the way we clear dishes and the slop buckets. It's noisy and not appealing to people still in the dining room. Overall, staff in serveries need to accommodate our resident's needs and desires.”***



Whether the question focused on strengths or areas for improvement, staff indicated a ***strong preference for their own staff.*** Many articulated concerns regarding:

- Infection control risks with dietary staff going from different hospitals to WDL several times a day.
- Lack of consistency in processes between the three sites impacts the freshness of foods.
- Continuity is requested for all three sites. Having staff at all three locations would increase the probability of standardization of training. Several staff indicated that the dietary team would benefit from in-services regarding dementia and responsive behaviours.

- There was also a theme of “puzzlement” not understanding why the two Satellite locations do not have WDL dietary staff the same as Woodstock. Building upon prior feedback, 54 or 88.5% of respondents provided the following suggestions when asked if you could make one improvement / or change to dietary services, what would it be?



*“I do not know if it is possible, but it would be wonderful for us to cook meals onsite instead of receiving our food from the hospital. I’ve noticed that when completing tours, some families grimace at the idea of “hospital food”. It would be a unified stand to have all three sites providing the cooking and food preparation”.*

***“Have the dietary or recreation staff run the café and open it daily!”***

***“Dietary staff serving the food.”***

*“More staff. Another combination oven. Cooks need more support. Either buy more premade desserts or have additional staff prepare desserts and special resident meal options”.*

***“All staff should be designated to one home area. It is better for consistency of care and contingency planning.”***

*“Sometimes I see dietary staff waiting behind the server when staff are running behind. Can they come to the dining room and help pour tea/coffee?”*

***“Offer meals for purchase for staff.”***

***“Add more staff during mealtime to serve residents at their pace.”***

***“More snack options during the night, especially for residents with low glucose levels.”***

*“A streamlined program to ensure clear communication with all staff and avoiding duplication and risk of errors.”*

***“Promote pleasurable and flexible dining as a home. Give the staff the tools to do so. Also, consider offering only decaf for Lakewood residents at lunch /supper. Consider flavoured teas as an option for our residents in some capacity.”***

*“Have more themed food/menus.”*

***“Have more generational style foods as opposed to what is popular today. Be aware of what is offered, don’t only have fish or pasta as the only choices”.***



***Overall we do a GREAT job! Small improvements are always great but celebrate all that is good!***

## 2.2. Key Informant Interviews

In addition to the survey, one-on-one interviews were conducted with crucial stakeholders:

- Accreditation Project Team members
- Building Maintenance Supervisor
- Continuous Quality Improvement Manager
- Human Services Manager (Oxford County)
- Infection Prevention and Control Supervisor
- Nutritional Services Team
- Ontario Health - LTC Placement and Access to Care Directors
- Resident Council President and members
- Residents and families (informal)
- Senior Leadership Team

For brevity, essential comments, suggestions, and concerns are threaded throughout this report. Due to COVID and repeated concerns about the risk of exposure and cross-infection from hospital staff at the Ingersoll and Tillsonburg WDL sites, a summary from the WDL Infection Control Prevention Manager is as follows:

1. Both sites comply with staff being fully vaccinated.
2. Hospital cooks prepare food according to the Food Premises Regulations and set up on the mobile food serving cart with hot covered and refrigerated food, all with temperature monitoring before leaving and again upon entering the server.
3. Infection control practices are followed from the hospital through the connecting hallway to the WDL entry, and staff from either side are not physically interacting
4. Clean plates, cutlery and cups arrive 90 minutes before a meal using an uncovered three-shelf cart.
5. Hot pans are placed in steamers, and kitchen staff plate the food according to care plans, with temperatures monitored for hot and cold before serving. Residents receive their hot and cold drinks while their meals are being plated.
6. Plates are scraped in the servery, and dirty dishes are returned the same way they came with the cart and Cambro being pushed through WDL doors into void space between the hospital and WDL where they are picked up.
7. No interactions with visitors or residents in the server or the hallway behind the server.
8. Sixteen residents in each dining room have meals brought to their tables.

Differences between the satellite sites and the Woodstock site are minor and do not impact compliance or place residents at risk for contracting COVID or other respiratory infections.

- A. Infection control practices followed from the kitchen through the hallways to the two serveries on the main floor. The four serveries on the second floor are connected to the service elevator.
- B. Clean plates and bowls arrive 60 minutes before meals by uncovered three-shelf cart. A Cambro cart brings the hot and cold food. Hot pans are placed in steamers, and kitchen staff plate foods according to care plans with temperature monitoring of hot and cold foods before serving. Residents receive their cold and hot drinks while their meals are being plated.
- C. Twenty-six residents in each dining room have meals brought to their tables.
- D. Interactions between staff, residents and visitors are more likely as there is no service hallway. Hence, the likelihood of infection is more significant due to the lack of separation, such as a hallway.



**Infection control practices at the Ingersoll and Tillsonburg sites showed that cross-infection is NOT an issue due to the high-quality safety procedures used by staff.**

### 2.3. Woodingford Lodge Current State Profile

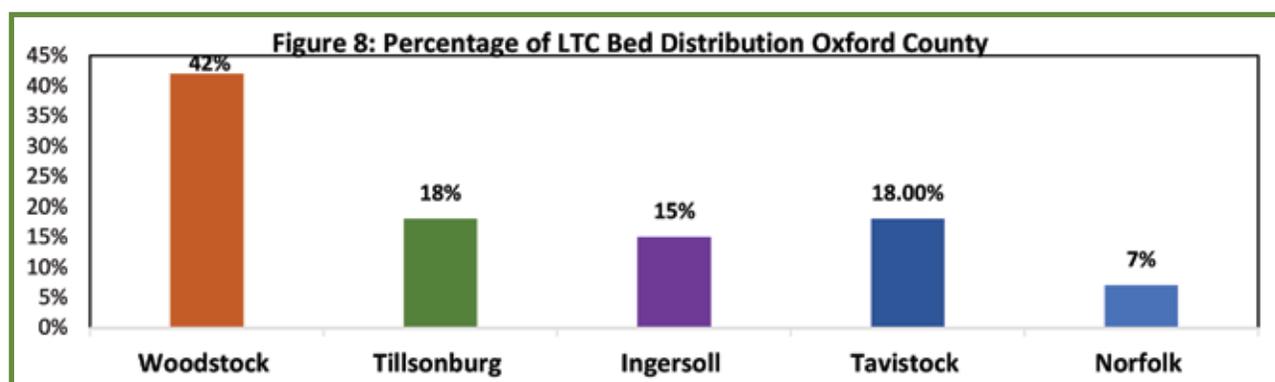
Woodingford Lodge is comprised of 228 beds at three different sites. Table 3 below shows the location, number of beds, average age upon admission by site, the number of people on the wait list by site location and the median number of days waiting for a bed (by site) from the community. The waitlist information is up to date and provided by Ontario Health Home and Community Care Placement Management; this data covers the years 2020 / 2021 and, due to COVID, should be interpreted with caution.

<b>Table 3: Woodingford Lodge by Site, # of Beds, Average Age at Admission &amp; Median # of Days Waiting from the Community for an LTC Bed</b>				
<b>Woodingford Lodge Site Location</b>	<b># Of Beds</b>	<b>Average Age Upon Admission</b>	<b># Of People on the Wait List</b>	<b>The median # of Days Waiting from the Community for an LTC Bed.</b>
Woodstock	160	83	532 people	246 days
Ingersoll	34	83	325 people	86 days
Tillsonburg	34	82	310 people	-
<b>Total</b>	<b>228 beds</b>	-	<b>1167 people</b>	-

Note: Tillsonburg data is too compressed / small to be shown.

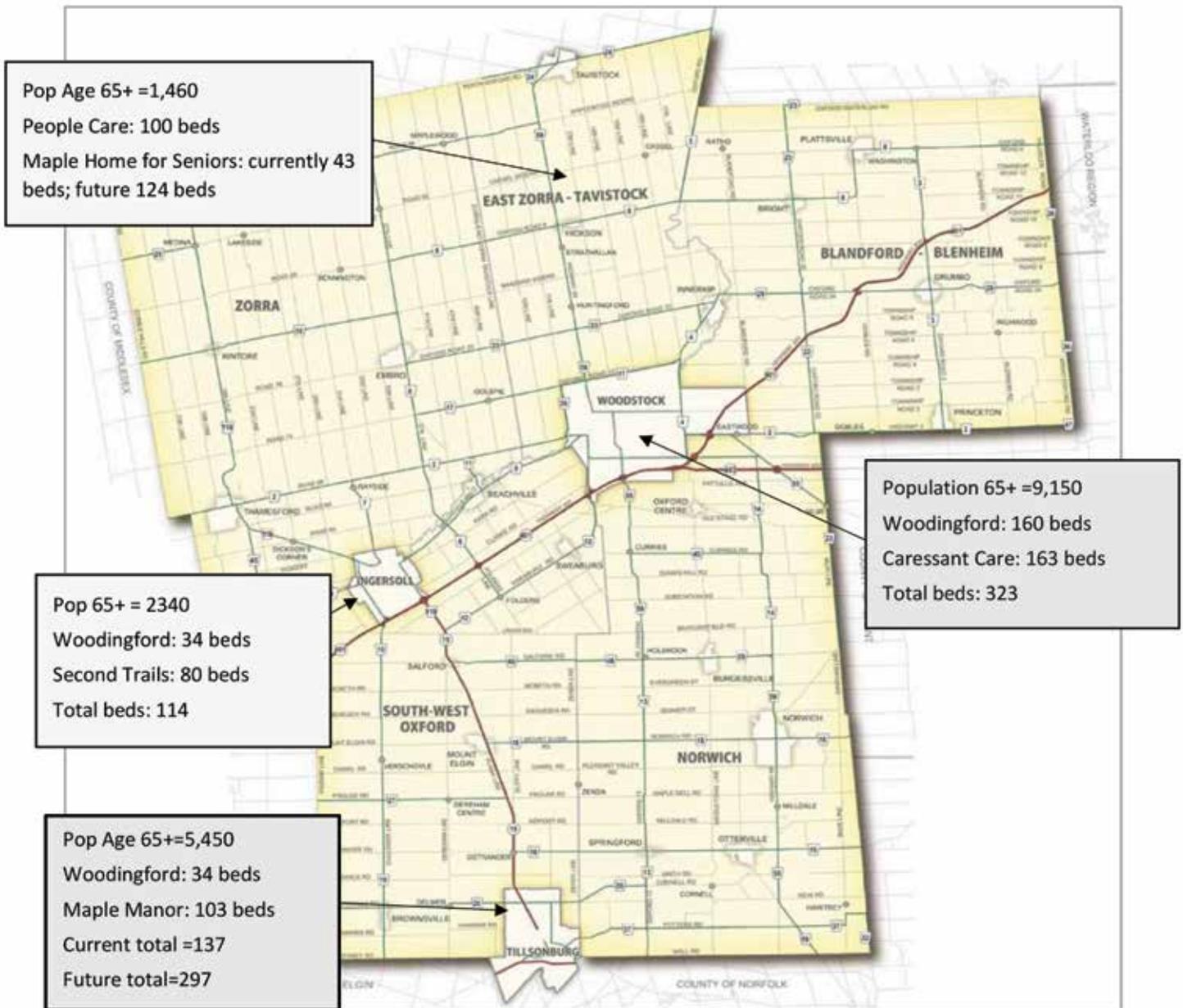
The median number of days waiting for a bed at WDL Woodstock is higher than the provincial median, which is 188 days. The southwest (former LHIN region) was 124 days, and the Waterloo-Wellington region was 177 days. Woodingford Lodge is one of eight long-term care homes in Oxford County (Note that each WDL site is counted individually). Therefore, they are counted as three homes.

Table 4 below shows that there are 771 licensed beds in Oxford County, of which 489 or 68%, are private/for-profit. Woodingford Lodge represents the only not-for-profit facility with 31.7% or 228 beds. All WDL beds are classified as an “A”, which means they meet the current standards set by the Ministry of Long-Term Care Capital Branch. In contrast, 50% of the for-profit LTC beds in Oxford are “C” classifications. Figure 8 shows the percentage / or market share of Long-Term Care Home Beds by Geographic Location. Table 4 below shows the bed numbers per LTC Home, alongside the total number of people aged sixty-five and older and those aged eighty-five and older. As previously indicated, the average age of admission hovers between 82 and 83 years old this is consistent with data from the province.



LTC Home Location	LTC Home Name	Number of Beds	Total # of People Aged 65 and Older	Total # of People Aged 85 and older
Woodstock	Woodingford Lodge	160	9150	1335
	Caressant Care	163		
<b>Total</b>		<b>323 beds</b>	<b>Total # of People Age 65+ 9,150</b>	
Town of Tillsonburg	Woodingford Lodge	34	5450	820
	Maple Manor	103		
<b>Total</b>	<b>Note future 160 beds via People care</b>	<b>137 beds</b>	<b>Total # of People Age 65+ =5,450</b>	
Town of Ingersoll	Woodingford Lodge	34	2340	310
	Second Trails Care	80		
<b>Total</b>		<b>114 beds</b>	<b>Total # of People Age 65+ = 2,340</b>	
Tavistock	People Care	100 beds	1460	225
	Maple Home for Seniors	43		
<b>Total</b>	<b>Note future 24 beds via People Care</b>	<b>143</b>	<b>Total # of People Aged 65+ = 1,460</b>	
<b>Grand Total</b>		<b>717 beds</b>	<b>18,400</b>	<b>2,690</b>

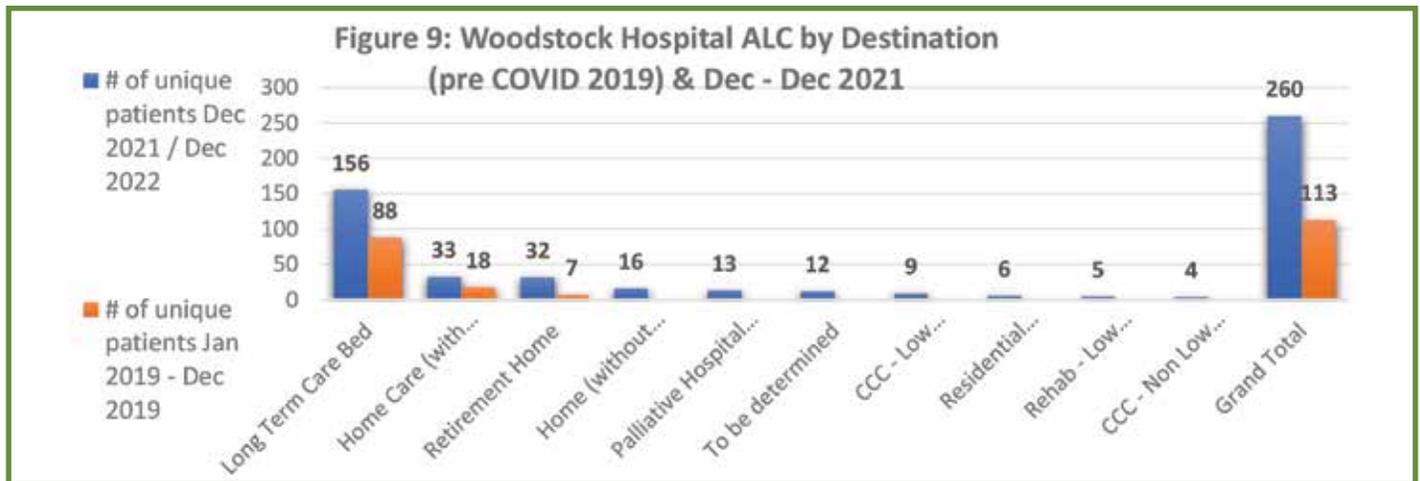
## Map 1: Oxford Current and Future Long-Term Care Beds by Location



The above map clearly shows geographic areas with no LTC Homes/beds.

In addition to older adults residing in the community waiting for an LTC bed are those seniors classified as Alternate Level of Care (ALC), meaning that they are in a hospital bed and their discharge destination is unavailable (or does not exist). Figure 9 below shows the Woodstock Hospital ALC data pre-COVID from December 2019 to December 2022. The ALC number of unique patients waiting in the hospital for an LTC bed has almost doubled since COVID.

Recently, with Bill 7, the ***More Beds, Better Care Act***, patients requiring long-term care as their destination must accept a bed offer within 150 km in southwestern Ontario or pay \$400 per day.



**Table 5: Tillsonburg District Memorial Hospital & Alexandra Hospital Ingersoll Hospitals ALC by Discharge Destination 2019 - 2022**

ALC Discharge Destination	TDMH # of unique patients April 2019 - Mar 31 2020	TDMH # of unique patients Dec 2021 - Nov 30 2022	Alexandra Hospital Ingersoll Hospital # of unique patients Mar 31 2020	Alexandra Hospital Ingersoll Hospital # of unique patients Dec 2021 - Nov 30th 2022
Long-Term Care Bed	17	35	32	37
Home	17	15	1	2
Retirement Home	3	6	1	3
Total Died in Facility	23	29	4	2
Other	34	16	3	8
Average Length of Stay in Days	43.5	46.2	55.8	51.3
Total Days Stay	4266	4896	2346	2723
Total ALC Days	2255	2460	1801	1739
Average ALC Days	23	23.2	42.9	32.8
Total ALC Unique Cases	94	101	41	52

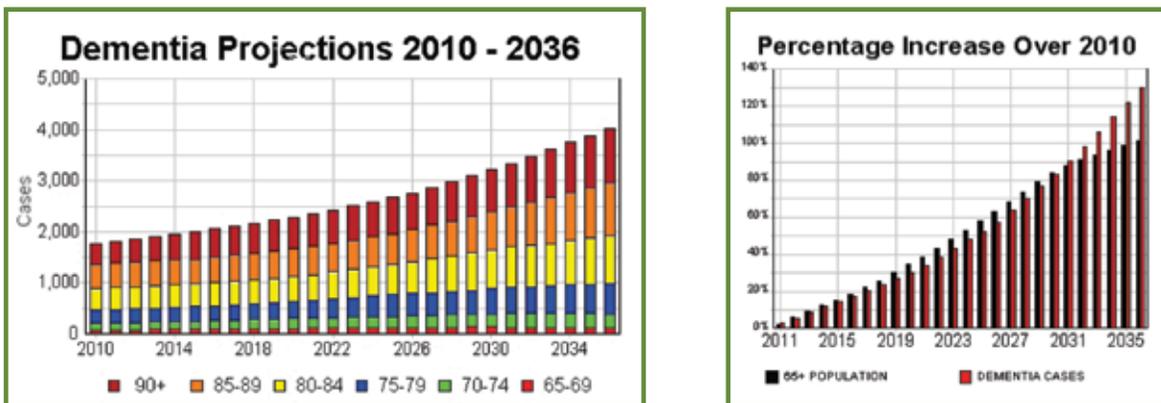
The data shows that the number of unique ALC patients /cases has increased by 11% for TDMH during the past 12 months. Similarly, an increase of 17% for Alexandra Hospital Ingersoll compared to pre-COVID ALC rates.

For both hospitals, transfers and the total number of cases discharged to long-term care increased substantially in the past 12 months by 105.8% for TDMH and 15.6 for Alexandra Hospital Ingersoll.

Interestingly, the number of ALC days decreased by 3.4% for Alexandra Hospital Ingersoll. However, TDMH days increased by 9% in recent months. Both hospitals reported increasing discharges to “other” destinations, such as rehab and mental health services. Deaths captured as an ALC designation for both hospitals include patients classified as palliative. The introduction of Bill 7 is still too early to forecast its impact on long-term care admission patterns. Historically, it is known that patients deemed “hard to serve or challenging” are more likely to be discharged to or accepted by a municipal long-term care home than by private homes.

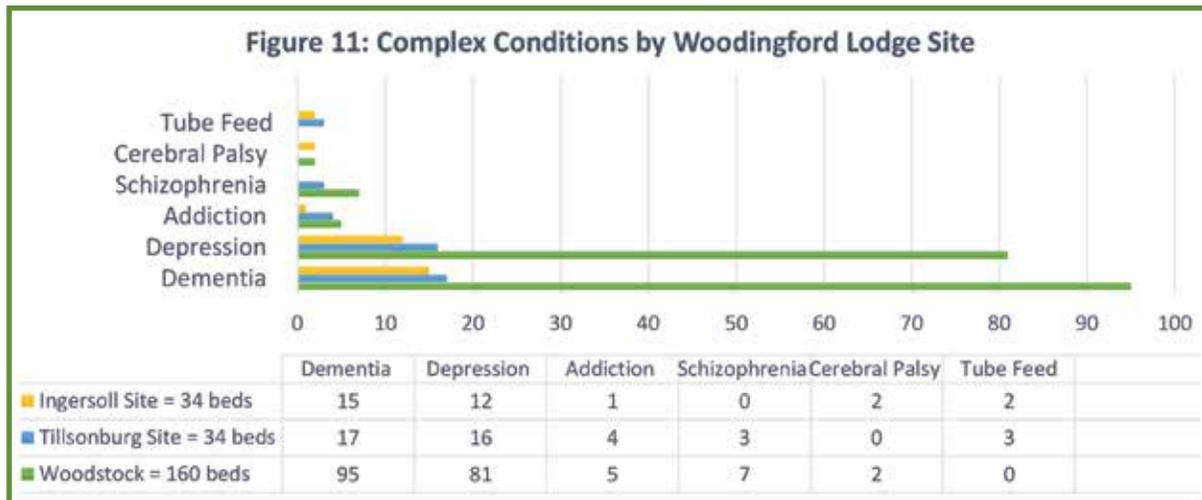
Another forecasting resource from the Seniors Strategy has shown predictive events / conditions correlate to long-term care admissions are falls, uncontrolled incontinence, and Alzheimer’s disease or related dementia. The rate of Alzheimer’s disease and related dementia affects 85% of all individuals admitted to long-term care. According to Dr. R. Hopkins, in 2023, the population aged 65 and older is projected at 25,210 in Oxford County, of which 2,503 people will have Alzheimer’s disease or some form of dementia, such as Parkinson’s disease, vascular dementia, or Lewy Body dementia. Dr. Hopkin’s calculations are based on prevalence and incident rates applied to every Ontario County, regional municipality, or census division. Figure 10 below was extracted from the Geriatric Psychiatry Clinical Bulletin #16 specific to Oxford County.

**Figure 10: Oxford County Dementia Population Projections 2010 – 2036 for Five-Year Cohorts**



The above graph clearly shows that as we age, the likelihood of having dementia increases dramatically.

The above information is vital for Woodingford Lodge because 86% of residents have dementia, with 55% having co-morbid mental health conditions such as depression, bipolar, anxiety, etc. Woodingford Lodge Woodstock is the only long-term care home in Oxford County with a secured unit, a dedicated responsive behaviour team, and an innovative program that helps transition older adults and their families to long-term care from the community. Other unique disciplines that Woodingford has invested in include social services work and infection prevention and control. Figure 11 below highlights complex conditions at Woodingford Lodge's three sites.



Dementia is the most common complex condition experienced at Woodingford, followed by depression, schizophrenia, and addiction. The purpose of a secured unit is to provide a safe and person-centred environment for residents who chronically wander, putting themselves at risk of exiting the home.

A secured unit differs dramatically from a Specialized Behavior Unit (SBU). During the past seven years, the Ministry of Long-Term Care developed guidelines for operating specialized behavioural units that receive dedicated funding, providing higher staffing ratios and more appropriate supportive programming. A separate application / business case must be made to the Ministry to access the dedicated funding. There are no specialized behavioural units in Oxford or the surrounding areas, and referrals to the Parkwood Hospital Geriatric Program (London, ON) are extensively waitlisted. While we can predict the number of people impacted by dementia, we cannot extrapolate a firm rate for the cohort within the dementia population with behaviours. Responsive behaviours are sudden, unpredictable, and out of character.

**In 2022, Woodingford had 26 critical incidents with residents on resident high-levels of aggression. During the same time more than 50 staff incidents/ injuries occurred due to resident-responsive behaviours. The Ministry of LTC was notified as per compliance policies.**

In 2022, Woodingford had 26 critical incidents with residents on resident high-levels of aggression.

During the same time more than 50 staff incidents/injuries occurred due to resident-responsive behaviours. The Ministry of LTC was notified as per compliance policies.

Examples include lashing out physically / resisting care, constantly calling out unable to be comforted, uncontrollable sobbing, verbal and physical threats, throwing objects, and hoarding particularly sharp objects. The benefits of specialized behaviour unit include:

1. Complementing Woodingford's embedded (in-house) Behavioral Supports Team.
2. A SBU is "transitional," meaning that the resident moves back to their prior unit or home once stabilized. This resource would lend additional support to families via the WDL Transitional Program.
3. Housing the SBU at WDL provides the county of Oxford, LTC Homes, with a resource that needs to be added.
4. Woodingford Lodge is one of the few LTC Homes embarking on accreditation. Specialized Behavioral Units function as a tool that furthers the Teams ability to provide person-centric, non-pharmaceutical interventions.

Long-term care residents today have more complex conditions than seniors admitted a decade ago. Groups with specific needs that require acknowledgement include:

- **Peritoneal Dialysis** - no LTC homes in Oxford County currently provides this service. If an Oxford LTC resident needed on-site dialysis, they would have to move to a) Country Terrace, Komoka, Forest Heights Kitchener (WW), Idlewild Manor, Hamilton (HNHB), Arbor Creek, Hamilton (HNHB) and St. Joseph's Lifecare Centre, Brantford.
- **Bariatric Residents** - require unique beds and lifts and pose a risk of injury for LTC staff.
- **Tube-Feed** - WDL is equipped to manage residents requiring tube feed.
- **Older Adults with Developmental Challenges** - many individuals who resided with their parents as opposed to a group home environment are at risk as their family members age and need care for themselves.
- **Younger Adults (<50 years old)** - acquired brain injury, paraplegic/quadriplegic. The younger resident population is in LTC Homes because no other housing options exist.

The list of groups with specific needs is not limited to the above. A more comprehensive review is outside the scope of this report.

### 2.3. Nutritional Services Provided at the Satellite Sites

Nutritional services at Woodingford Lodge provide high-quality, fresh, seasonal food that meets the residents' needs and MLTC standards. The Woodstock site appears to have more events related to the Resident and Family Councils and Food Committee compared to the satellite sites. The Dietician and Nutritional Services Team are active at all three locations, engaging residents and staff. The Ministry's current raw food budget of \$11 per diem/day per resident. The nutrition budget is \$1.2 million annually. A portion of this funding is provided to the two hospitals for purchasing, preparing, and transporting food and beverages to the two-satellite site kitchens.

No memorandum of understanding (MOU) or formalized agreement exists as this "arrangement" between the hospitals and WDL is historical. As previously cited, 160 beds are considered the "ideal" from a critical mass and cost-efficiency perspective. This fact was explored further as it pertains to the two satellite sites, and we learned:

- The thirty-four beds are overseen by two Registered Practical Nurses (RPNs) on a 24/7 basis, each serving a 17-bed pod; in contrast, Woodstock has one RPN for 27 beds.
- Similarly, the physical layout of the dining / servery areas is identical; therefore, when the consultants explored the feasibility of expanding the kitchen by popping it out into the courtyard space, we discovered the following:
  - a. A formal procurement process would be necessary to obtain the services of a builder with engineering experience to design a new kitchen. The same design would be used for both sites and would result in two separate kitchens and serveries (one of each in Ingersoll and Tillsonburg, respectively), supported by new staff members.
  - b. However, once a builder's bid is received, approvals would need to occur quickly as the builder will only guarantee their estimate for one week due to supply chain uncertainties.
  - c. Another critical variable is the need to assess the capacity level of the existing electrical system as it pertains to managing capacity expansion.
  - d. New kitchen equipment (specialized ovens) would be necessary to provide meals for thirty-four people three times per day, plus snacks for each site.
  - e. A different dietary staffing model would need to be developed for Ingersoll and Tillsonburg, which is significantly different from the feedback obtained from staff regarding consistency across sites and equity.
  - f. Transporting food from one kitchen (Ingersoll) to another (Tillsonburg) or vice versa is not recommended as a public health food safety practice.

Expanding the two satellite kitchens has many significant and unanticipated challenges that may need to be rectified despite the willingness on the part of WDL senior leadership to explore various solutions to achieve site equity and cost-effectiveness.

## **2.4. Overarching Themes**

From the engagement process and review of critical documentation, key themes include the following:

### **1. Nutritional Services**

- High-quality services are provided within the current budgetary constraints
- The Nutritional Services Team is responsive to requests whenever possible
- While active, the Resident and Family Councils and Food Committee appear to be limited, with members primarily from Woodstock
- Staff want more choices for residents and are enthusiastic about the new Ministry of Long-Term Care changes to menu planning, specifically the emphasis on “a la carte” options
- Staff want the option to be able to purchase a meal
- Staff want the recreation/activation team to run the Café every day
- More food-related events
- Maintain core foods “meat-and-potatoes” entrées

**The most significant and reoccurring theme was the expressed desire for the two-satellite site dietary services to be provided by Woodingford Lodge.**

Additional themes from the review include:

### **2. Demand versus Supply**

The demand to access Woodingford’s beds surpasses the current supply of beds. Considering that the total number of people over 65 is 24,390 for the entire County, coupled with the wait times and ALC data, the demand (1500 on the waitlist) surpasses the current bed supply of 717 and the future bed supply of 901 based on announcements for new beds in Tillsonburg and Tavistock.

### **3. Long Term Planning Needs (Master Planning)**

Given that Woodingford is currently embarking on an accreditation process as part of its continuous quality improvement program, it is imperative to emphasize the need for a multi-year master plan or roadmap of strategic steps developed through a facilitated multi-stakeholder based collaborative process.

### **4. Groups with Specialized Needs**

Woodingford Lodge already has many of the foundational elements to support serving

groups with specialized needs. A more robust review and analysis of our secured unit, behavioural response team, social service worker, and innovative transitional program (Family Transition Program) before developing a business case to present to the Ministry of Long-Term Care for a Specialized Behavioral Unit.

### **5. Partnerships and Accountability**

As previously indicated, Woodingford does not have a formal agreement with the two hospitals regarding providing dietary services for the satellite sites. It is paramount that Woodingford leadership puts in place a formal agreement that is reviewed key stakeholders annually.

### **6. Cost Efficiency**

The current bed count at the two satellite sites (34 at each site), in combination with elements of the provincial funding policy, presents a challenge to process and cost efficiencies. An example is the Ministry's requirement for registered staff levels, which results in additional 'per bed' cost but no additional 'per bed' funding. Further research and analysis are required to determine solutions that are more sustainable than status quo.

## **Section 3: Recommendations and Conclusion**

Woodingford Lodge has a lengthy history of successfully providing quality care for seniors and vulnerable population groups in Oxford County. The next meaningful step in this evolution is outlined in the following recommendations:

### **3.0. Nutritional Services**

The engagement process resulted in many suggestions for improvement; for brevity's sake, the recommendations are presented in two categories: operational and systemic.

#### **A) Operational Recommendations**

That the Woodingford Lodge Nutritional Services Team, in collaboration with the Continuous Quality Improvement Team and the Accreditation Project Team identify and realistically short-list suggestions cited in this report as they align to ongoing and planned improvement initiatives. For instance:

- Expand the operations of the Café.
- Piloting a meal program for staff, families, and visitors.
- Develop a checklist of this report's suggestions for the Food Committee to review, prioritize, and monitor on a quarterly basis. This checklist could also track resident satisfaction.

- Develop a user-friendly summary of the observations from the Supervisor of Infection Prevention and Control about cross-infection. Consider providing staff in-services and creating Infographic posters to dispel misinformation.
- Be mindful of residents' menu preferences when introducing new foods.
- Develop a realistic staffing model and operating budget for the two satellite sites as a contingency plan if future changes are adopted.

## **B) System Recommendations**

While the scope of this review was to focus on the consistency and quality of the Nutritional Services across the three sites, it quickly became apparent that the more significant, system-wide issues must be addressed to meet the growing and aging population's long-term care needs. To this end, the following recommendations are presented for consideration and further dialogue:

### **3.1. Master Plan for Woodingford Lodge**

- That Woodingford Lodge develops a multi-year Master Plan as a critical roadmap for the guidance of future municipally owned and operated long-term care services in Oxford County.
- As part of the multi-year Master Plan, it is recommended that Woodingford Lodge consider submitting a business case to the Ministry of Long-Term Care for funding of a Specialized Behavioral Unit (SBU).
- That the Woodingford Lodge Master Plan aligns with the Oxford County Strategic Plan along with other critical municipal documents and the Ministry of LTC policies and procedures.

### **3.2. Expansion of Woodingford Lodge Long-Term Care Beds**

- That Woodingford Lodge submits the "Statement of Readiness Form" as a placeholder for further dialogue with the Ministry of Long-Term Care to develop new municipal long-term care beds for Oxford County.
- That Oxford County Council reviews the population figures and the current long-term care bed supply against the evidence showing the demand, e.g., waitlist and ALC information. Oxford County Council is recommended to decide the future state of municipal, not-for-profit, Long-Term Care services.

#### **Options include:**

- Expand the number of beds for each satellite site, including developing a functional kitchen to accommodate WDL staff.
- Expand the number of beds for one satellite site offering the other site as a resource to the hospital.

- o Expand the number of beds for the Woodstock site, given the age of the physical plant and the overarching waitlist numbers.

- o Do nothing.

The time for expansion is now given the re-development opportunities and support articulated by the Ministry of Long-Term Care. Doing nothing is an option for failure.

### **3.3. Develop a Collaborative Memorandum of Understanding**

Repeatedly, Woodingford Lodge demonstrated concrete evidence of local and regional leadership in long-term care. As such, it is recommended that:

- Woodingford Lodge develops a collaborative Memorandum of Understanding (MoU) with the two hospitals (Ingersoll and Tillsonburg). The MOU would outline the current arrangements, expectations, and costs / expenditures.
- Woodingford Lodge Nutritional Services Team meets with the respective hospital dietary supervisor and kitchen staff to address myths surrounding cross-infection.

### **3.4. Develop a Facility Operators Networking Group**

A platform or network is absent for Oxford County Long-Term Care Administrators to meet. It is recommended that Woodingford Lodge take the lead and develop a new group that meets quarterly with standard agenda items such as Infection Control, ALC / Bill 7 Impact etc. Developing a Facility Operators Group could also be extended to Elgin County as a combined administrator's community of practice.

## Conclusion

Woodingford Lodge is one of southwestern Ontario's most progressive and innovative long-term care homes. Under the Province's Modernization Strategy, this Nutrition Services Review was made possible. The review resulted in both operational and systemic recommendations.

Most importantly, the study revealed unanticipated findings regarding the current long-term care bed supply versus the demand, which is timely given the provincial government's unprecedented strategy to expand long-term care. With the current senior population and the next demographic wave, the time is now for Oxford County to embrace this opportunity to grow stronger collectively.

