Faithfully Serving Seniors with Heartfelt Care

75 YEARS

1945 2020

BETHANIA MENNONITE
PERSONAL CARE HOME

Annual Report to the Members of the Corporation

2020- 2021

Your History.....

Your Legacy.....

Your Bethania.....

MISSION STATEMENT

Bethania, a Mennonite Organization, provides compassionate, outstanding long term care and affordable housing for seniors

VISION STATEMENT

The Bethania Group is recognized for excellence in faith based personal care services and housing for seniors

OUR VALUES

1. ***Respect*** *for individual rights*
2. ***Dignity and support*** *of Residents self- worth*
3. ***Integrity*** *of staff*
4. ***Hope*** *in faith*

OUR STRATEGIC PRIORITIES 2019- 2021

Our Residents

- Strategy 1: Enhance Resident Centred Quality Care

Our Community

- Strategy 2: Engage our Supportive Communities
- Strategy 3: Increase our Fundraising Effectiveness

Our Staff

- Strategy 4: Cultivate a Highly Qualified, Compassionate and Innovative Workforce

Our Organization

- Strategy 5: Secure the Financial Sustainability of our Programs and Operations
- Strategy 6: Identify New Business Opportunities in Personal Care and Affordable Housing
- New Strategy 7: COVID & Other Infectious Disease Prevention and Control

MESSAGE FROM THE BETHANIA GROUP BOARD CHAIR

So do not fear, for I am with **you**; do not be dismayed, for I am your God. **I will** strengthen **you** and help **you**; I **will** uphold **you** with my righteous right hand. Isaiah 41:10

Our Mission

Bethania, a Mennonite Organization, provides compassionate, outstanding long term care and affordable housing for seniors.

God's Grace is and has been sufficient to the task before us.

The spiritual meaning of grace blends well with our Mission Statement in that it is the **concept of receiving something from someone and passing it on until the environment around you begins to change drastically**.

The tasks before us this past year have been daunting.

Our 75th Anniversary Fundraising Dinner was postponed twice (hopefully to 2022) and yet the support from our donors has been one of generosity.

To give you a feeling of the intense atmosphere in our facilities, here are excerpts of a diary of events presented to the Board by our CEO, Gary Ledoux.

***"BETHANIA/PEMBINA OVERVIEW** (Jan 19/21):*

- ❑ *Total PCH Resident cases - 33 (all BMPCH)*
- ❑ *Total deaths - 12 (38% MR)*
- ❑ *Total recovered - 11*
- ❑ *Total active Resident cases - 0*
- ❑ *Total staff cases - 3 PPMPCH; 2 BMPCH*
- ❑ *Total staff recoveries - 5*

- } *March 2020 Public Health declares COVID emergency; we shut down all family visits - mainly positive family response*
- } *Implement staff screening and use of PPE (masks and eye shields)*
- } *June 1 opened outdoor visits for family and others(Mb move to Orange Level)*
- } *July 13 opened up in door visits*
- } *August 4 allowed 4 Designated Family caregivers to have in - room visits(unlimited)*
- } *September 3 reduced DFCs to 2 for in - room visits*
- } *Oct 29th One Staff positive case at Pembina; implement outbreak plan; start contact tracing of Residents and staff; put high contact Residents on Orange level precautions; swabbed 15 Residents - all negative; other staff directed to go for testing - all negative*
- } *Locked down that Wing; meals served in - room; Staff full PPE when providing care*
- } *Implemented our family/public communication plan - includes calling all families; shut down all outdoor visits*
- } *Oct 30 Public Health Order declares a Red Critical level in Winnipeg; we shut down outdoor and in door visits - mainly positive family response*
- } *Nov 2nd shut down in - room visits at Bethania and Pembina Place*

} *Nov 7 One staff and One Resident case BMPCH on 100 Wing (launch Covid Care and Recovery Room)*
Implement Outbreak Plan: start contact tracing of Residents and staff; put high contact Residents on Orange level precautions; Staff full PPE when providing care; swabbed 23 other Residents - all negative; staff directed to go for testing - all negative.

Locked down that Wing and all Wings; meals served in room;

Implemented our family/website communication plan - includes calling all families; shut down all outdoor visits

} *Nov 9 second 100 Wing Resident positive test from hospital - moved to CCRR*
} *Nov 13 & 14 Two more staff cases at PPMPCH; all Residents test negative*
} *Nov 15 1st Resident BMPCH passes away; 2nd recovers Nov 18*
} *Nov 20th Positive Resident on 500 Wing*
} *Nov 24 – Dec 22 14 cases 500 Wing and 1 new staff positive case BMPCH; 14 in CCRR; 5 deaths*
} *Dec 23rd outbreak over - CCRR empty*

} *Dec 24th 3 new Resident cases 300 Wing; mass Resident testing & retesting; declare new outbreak*
} *Dec 27th 7 more positive cases 300 Wing*
} *Jan 2 3 more cases 300 - 14 Residents now in CCRR; retesting all 300 Wing Residents*
} *Jan 9th 1 new positive case 300 Wing*
} *Jan 3 - 11th 4 deaths, 3 recoveries, 7 still in CCRR*
} *Jan 11 – 17th 4 recoveries*
} *Jan 20th – last 3 Residents recover CCRR empty "*

All this had to be done while under the suspension of our volunteer program and while the extra work of refurbishing Arlington House was underway.

One can only imagine the increased workload and stress this placed on our staff.

And this is where God's Grace comes into the picture.

The task before us seemed insurmountable. The work seemed endless. The future was bleak and yet He came through with Grace, sufficient to the task before us. Praise be to God!

God Bless.

Henry Neudorf – Board Chair

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

In our last AGM Annual Report, we described our initial actions in response to the emerging threat of COVID-19 within our PCHs and our Housing operations, from late February to September 2020. After October 2020, the pandemic exploded across the province and had its most devastating effects on PCH residents. From August 2020 to March 2021, 36 PCHs in Winnipeg had resident and/ or staff outbreaks and by March 2021, 463 of the 815 COVID related deaths in Winnipeg were among PCH Residents.

In his message, our Board Chair has chronicled the time line of our COVID-19 journey and listed some of our key infection prevention and control measures. The remainder of our brief report will describe the key issues in our outbreak response, the impacts of this pandemic on our Residents, families, and staff, the challenges in COVID prevention in our Seniors Housing and what the future may hold.

It is important to note that as this is being written, we are experiencing a fourth wave of the pandemic in Manitoba due to the more infectious Delta variant, which in the main affects the unvaccinated. This story therefore is not over and we remain vigilant and focused on preventing the spread of COVID-19 in our PCHs and Seniors Housing, to protect our Residents, Families, Staff and Tenants as we move into 2022.

Please continue to keep our Residents, families, Tenants, staff and Board in your prayers.

Gary J. Ledoux
CEO

2020-2021 Annual Report

(October 2020 – September 2021)

1. Outbreak Response: Bethania Mennonite PCH

At Bethania, as noted, 33 Residents contracted COVID 19, 22 recovered but tragically 12 perished during the period from November 2019 to January 2021. On February 4th, we were able to declare the outbreak over (Pembina Place thankfully had no Resident cases but registered our first staff case on October 30th). Both our PCHs each had four staff test positive who all recovered over time. The following were the most important issues concerning our response to the outbreak at Bethania.

- When Bethania had one staff and two Residents test positive November 7th, we implemented our full Pandemic Outbreak Plan. The first actions were to isolate the two Residents in our COVID Care and Recovery Room, to lock down all the Units and to shut down all visiting in the facility. We had planned that the TeaHaus would serve as the CCRR however, in August 2020 Shared Health required PCHs to have set aside indoor visiting rooms (or pods) for families and the TeaHaus was rebuilt to meet this demand. We had to then pivot and make the Chapel and Park

Area the isolation room for Residents with COVID. Fortunately, we had most of our preparations in place but did need to order special items like the portable sink. We were also able to seal off this area and provide a separate office for the staff on shift and in addition to commodes, there was a bathroom available in another office for Residents who remained ambulatory. Moving Residents to this special care area as soon as test results were known, shutting down Units and trying to limit Resident to Resident contact were key factors in limiting the spread of the virus on the Units.

- At the height of our outbreak, 14 Residents were in the CCRR requiring more staff resources for appropriate care. Finding Nurses and HCAs willing to volunteer in the CCRR began to be an ongoing problem and our Director of Care and Resident Care Manager were forced to work a number of CCRR shifts. We are eternally grateful to the Nurses and HCAs who did work in the CCRR and our Chaplin, for their courage and dedication to our Residents care. In addition, we had made the decision to "over staff" Nurses and HCAs on all shifts in the spring of 2020. These extra staff proved critical in covering sick leaves, for the extra care required by Residents isolated in their rooms, for meal assist and to some extent to offset the single site staffing order. Other Directors, Managers, administrative and Allied Health staff were also assigned to in-room meal delivery, staff screening shifts, and meal assisting. Assigning Nursing and Housekeeping staff to one Unit as much as possible played a role in preventing staff to Resident infection across Units.
- Another key control strategy was to undertake thorough contact tracing to identify whom positive staff or Residents would have been in close contact with during their communicability period, in order to have these persons monitored and tested. As cases continued to present in other Units, contact tracing became a major time-consuming activity and frequent COVID testing of Residents demanded more and more time from Nursing management. Getting Resident test results back from the provincial Lab was for the most part timely, however, notification of staff test results varied from a few days to two weeks at the longest. There were also occasions when the advice from Occupational and Environmental Health to staff about the imperative of going for testing or remaining at home to monitor symptoms rather than coming to work was contradictory.
- Ensuring consistent and proper staff use of PPE and implementing and monitoring multiple infection control measures and screening were major preoccupations of our Nursing leadership and Directors. All staff were very diligent in following PPE guidelines and hand hygiene practice. Best practices in IPC were constantly changing and staying current with new directions from Manitoba Public Health, Shared Health and the WRHA at times became overwhelming. Another essential prevention strategy was the daily screening of staff before the start of each shift seven days a week and also for visitors for indoor visit areas or in-room visits. This required a significant demand on workloads and for months on end Directors, Nurse Leadership, Managers and other administrative and Recreation, staff were required to fulfill these roles. As provincial, federal and NGO funding became available in late December 2020 and into 2021, we were able to hire part time staff and students to carry out most of the staff and visitor screening functions.
- Containing the spread of the virus between Residents on a Unit and between Units was the most challenging problem. Even with severe measures such as isolating each Unit, shutting down the main and satellite dining rooms and providing in-room meals, assigning staff to one Unit only as possible, trying to limit resident movement on their Units, and moving positive case Residents to the CCRR asap, resident to resident infections still occurred. Our review suggests that the 8 – 14 day communicability period combined with initial negative COVID tests for those who were

infected, delayed their transfer to the CCRR until they showed symptoms and positive test results. In that communicability period and perhaps before the shutdown measures were fully implemented, any close contact between Residents in dining areas or on a Unit and the use of shared bathrooms contributed to the spread. Fortunately, concentrated IPC measures, and our decision for more frequent testing of asymptomatic Residents, stopped the transmission by the end of December.

- It is certain that the roll out of vaccines for Residents in January and again in February 2021 and for staff starting in December has been the primary factor in preventing any further infections especially from the new Delta variant. Ensuring that indoor and in-room general visitors are fully vaccinated and screening all visitors has been another key measure of protection. We had timely support from almost all families in getting consent for these vaccinations and the vast majority of staff are now vaccinated as well. Based on our impending implementation of the staff mandatory vaccination public health order, there are only a few PCH staff who refuse vaccinations and who will require frequent rapid testing in order to stay employed. As we move into the 3rd COVID booster and seasonal Influenza shots for Residents in October and for staff in November, we anticipate a very high uptake and another important level of protection.
- There were many different players providing direction on infection control measures and practices, vaccine administration, family visitation principles and directives, screening and testing of staff and residents, use of PPE, and so on. This included the Chief Public Health Officer and Chief Nursing Officer, Manitoba Health, Shared Health (and its COVID subgroups), the Vaccine Implementation Taskforce and the Winnipeg Regional Health Authority-Long Term Care. The sheer volume of information being circulated and updated on a weekly and often daily basis was impossible to absorb. While the information was usually very helpful, at times it was contradictory or lacked an understanding of PCH operations, practices and procedures. The frequency of meetings with the WRHA was time consuming yet a necessary forum for updating and discussion. The reporting burden to many of the organizations noted above also became too taxing taking valuable time away from outbreak management and other demands. Some reports asked for the same information given to another agency, so coordination of information collection would have been welcomed. Also, there were a few announcements by the Province about visitation openings for example, that were not communicated first to PCHs nor were we ready to implement. This put PCHs in an awkward position of having to explain delays to families. Notwithstanding these issues, we are grateful for the extraordinary leadership, assistance and guidance that the above named groups provided throughout the pandemic. The senior leaders and staff of these organizations were under enormous and relentless pressure to prevent, control and end the epidemic and they performed with great distinction. Hana Forbes and her staff at WRHA Long Term Care deserve a special acknowledgement for their unwavering support and assistance and for bringing our issues forward to Shared Health, Public Health and the other key players. And finally, we acknowledge our MARCHE colleagues who shared best practices, advocated for our issues and provided moral and other support during the outbreaks.

2. Impacts on Residents, Families and Staff

- It is impossible to assess the full impact of our COVID outbreak and especially the various visitation shutdowns, on our Residents and families. The primary impact during the rise of PCH Resident

cases and during our own outbreak, was the fear and anxiety of transmission. Every communique we posted about new Resident or staff cases, increased this anxiety. Keeping families and residents updated on the prevention and control measures we were implementing helped assuage these concerns to some extent. Informing families when their loved one contracted COVID and keeping them abreast of their status was a priority for CCRR staff. In some cases, families choose to be with their loved one in the CCRR near end of life and when they passed away. In these cases spiritual care and support was offered to families but also to other Residents and staff who knew these deceased Residents and were also grieving the loss. There was a significant reduction in the constant fear and uncertainty when Residents and staff vaccinations began in December 2020 and became the turning point in getting the epidemic under control in PCHs.

- From March 2020 until July 2021, there were long periods where all in facility visits were suspended and even indoor/outdoor visiting was ended during our Code Red shut down. While we provided virtual visiting using Google Duo it was not appropriate for all Residents and could not take the place of in person visiting. As time went on, we saw and felt the sadness and loneliness in many of our Residents and families and shared the sense of helplessness in the face of this pandemic. Hard choices had to be made however, to stop the spread of COVID in PCHs, which had devastating effects on a number of homes and killed hundreds of PCH Residents in Winnipeg. Our Health Care, Recreation and Spiritual Care staff took all measures to comfort and reassure Residents during lock downs and support them on a one to one basis to our best capability. As group programming for Recreation and Spiritual Care was suspended, innovations arose such as using our CCTV system to provide access to community church and internal services and using WEBEX to allow access for family members for memorial services for Residents who had passed. Recreation staff also read correspondence from families, assisted in virtual visits, did one to one recreation activities and provided news updates on public health issues and changes.
- Despite their lack of access for in person visiting for long stretches of time and their understandable concerns for the health and emotional wellbeing of their loved ones, so many families expressed their support for our staff and the restrictive measures we had to impose. A number of families provided money or gift cards for staff meals as a thank you. Others emailed messages of encouragement or took the time to say thank you when they were visiting. Many Residents also spoke of their appreciation for our staff. We cannot adequately express how much this meant to all of us because we shared in their frustration and sadness that separation was causing. This more than compensated for the few family members who directed their criticism of restrictions and other frustrations at our staff, which was at times very demoralizing.
- Many staff suffered from a persistent and high level of anxiety about our Residents, themselves, their families and their colleagues especially during our outbreak. Until the vaccinations rolled out, staff lived under the real day-to-day threat of infection for over 12 months. Directors, Nurses and other staff who worked significant overtime or in the CCRR, became emotionally and physically exhausted. Some Directors in fact worked 40, 50 or more days in a row without any rest. As time passed, a COVID "fatigue" set in. Having to be screened every day, wear PPE, eat meals in segregation and take many other precautions became burdensome. Providing education on IPC best practices and prevention and control measures and promoting vaccinations was a constant activity using daily huddles, town halls, website posting and emails and sharing public health updates and evidence. Our management tried our best to reassure staff and maintain

morale, by having popcorn and ice cream days, providing meals and recognizing outstanding contributions. We also promoted links to EAP and provincial and NGO community mental health supports and services and encouraged staff to reach out for help when needed. Our senior director group for example had a series of "leadership under crisis" sessions provided by EAP-Blue Cross. Only time will tell however how many of our staff are suffering or will suffer from PTSD, manifesting in psychological, emotional, interpersonal and physical problems. Our responsibility will be to implement strategies to help staff identify and seek help for these issues to recover from this trauma.

3. **COVID Impact in Seniors Housing**
    - Without health care staff available in the senior's buildings we own or manage for others, we had to rely on tenant compliance with public health orders such as masking and physical distancing in public areas. Our building managers played a key role in monitoring and trying to enforce compliance by providing masks and common area hand hygiene stations and screening staff, contractors and other external service providers.
    - During the Red Level restrictions we also shutdown visitations by family and friends, suspended our congregate meal programs and closed common sitting areas, as preventive measures. Staff also provided tenants with key updates from Manitoba Health, Public Health and Shared Health on personal protection procedures and prevention behaviors. Linking with visiting Home Care providers was an additional strategy to ensure tenants were receiving the information and support they needed.
    - There was confusion on the role of Public Health in providing on site services or supporting our restriction measures. As such, tenants who contracted COVID managed on their own or were transferred to hospital. Public Health enforcement was helpful in one building but resources limited support. More timely and frequent on site tenant vaccination clinics were also needed. The WRHA and Manitoba Housing are reviewing these issues for future planning.
    - As the tenants in our buildings live independently and may come and go as they please and in that the COVID status of visitors- when allowed- was unknown, the exposure to community-based transmission was impossible to control. To date, ArlingtonHaus had 18 tenants and 1 staff contract COVID; two tenants passed and KingsfordHaus had 3 tenants and 1 staff affected; all recovered. All other buildings reported no cases but we must point out these tenants may not have shared their COVID status with our building staff.
    - While the WRHA did not provide vaccination clinics for Seniors Housing tenants, our Tenant Resource Coordinators worked closely with Pharmacies to provide on site COVID vaccine clinics. Many tenants took advantage of this on site option rather than having to go to a vaccine Super Site.
    - It was a combination of most tenants following public health orders, our restrictions on visitation, closing common areas, providing masks and hand sanitation, screening, suspending new admissions and especially the vaccination clinics for tenants, that prevented wide spread outbreaks.

4. **The Path Forward**

- We are vigorously maintaining our screening, PPE use, Resident symptom monitoring and other IPC measures as this fourth wave surges. It is probable that COVID-19 will continue to mutate and stay in circulation in much the same manner as Influenza, requiring annual inoculations. There are prevention measures as well that we may implement for any infectious disease threat, such as insisting families wear PPE during influenza season.
- We are currently preparing for the 3rd vaccine and Influenza immunizations for Residents and staff in October and November. In September, the province finally decided that all health care staff must be vaccinated or be subject to frequent testing, so we are having to determine how to roll out the rapid testing in a validated fashion. Fortunately, we have only a few unvaccinated staff in both our PCHs and Housing buildings who will require testing to continue their employment.
- The many recommendations in the Stephenson Report on the Maples COVID Outbreak prepared for the Minister of Health, will have profound positive effects on long term care in Manitoba. Both Doris Furtado and I were selected to represent PCHs on two of the key Maples Working Groups. There is already a new Pandemic Plan, clarity on outbreak roles and responsibilities and strengthened IPC measures/protocols and it is anticipated that increased PCH staffing levels will be approved and funded in the near future. MBS members will recall that MARCHE has been advocating for increased resources for over seven years.
- We must avoid letting the negative impacts of this pandemic overwhelm us. Rather to move forward, we are using the lessons learned to strengthen our Infection Prevention and Control and Pandemic Outbreak Plans. However, it is equally important we identify what must be strengthened or developed to provide for the essential social, spiritual and emotional needs of our Residents during such a crisis. We will be reaching out to our Residents and families to help us in creating the strategies, which can meet these needs.

Acknowledgements

We do want to again recognize and thank the Provincial and Federal governments and the Winnipeg Foundation for their generous funding support used to hire additional staff for screening, visitation support and other pandemic needs.

We say goodbye to Darlene Klassen, Resident Care Manager, Pembina Place PCH who has taken a new more senior position with the Convalescent Home PCH. She will be missed and we wish her well in her role. A belated welcome to Cheryl Tereck, who joined the Bethania Group in March 2020 as our new Accounting and Finance Manager. Cheryl hit the ground running and has done extraordinary work over the past 18 months. Also, a warm welcome to her new boss Kevin Vovchuk, Director of Finance and Facilities. Kevin joined us in October 2020 in the height of the pandemic and just as our outbreak began. He certainly "jumped in with both feet" and performed not only his "normal" work at a superior level but has been an essential part of our senior management team as we confront the COVID crisis and its impacts.

Our Board of Directors have consistently provided sound advice and unwavering support for our staff and myself over the past 17 months. Their messages of encouragement and words of appreciation have meant a great deal to all of us. They provided their oversight of our pandemic response along with our ongoing

operations by virtual means with great patience and understanding. We thank them for their care, concern and dedication.

Finally, the Board of Directors and I want to acknowledge and express our deepest gratitude to my Directors and all the staff of the Bethania Group. So many of you have displayed great courage and extraordinary resiliency in rising to the many challenges we have faced over the past 17 months. Despite your own anxiety and personal risk of infection, you put the health and safety of our Residents and Tenants first and foremost. Families, Residents and Tenants I know join us in expressing our deepest appreciation for your sacrifices and care.

Board of Directors

- Henry Neudorf, Brigitte Kutasiewich, Shellie Sklepowich, Erna Braun, Lawrence Hamm, Erica Wideman, Lawrence Toet, Herb Schaan, Joan Ernst Drosdoski, Darren Quiring, Irene Goerz, Martin Enns, Susan Schmidt.

Director Management Team

- Doris Furtado, Director of Care; Ferd Funk, Director of Spiritual Care/Chaplain; Kevin Vovchuk, Director of Finance and Facilities; Daphne Froese, Director of Food & Support Services; Kim Newbold, Director of Human Resources; Sergio Cohen, Director of Environmental Services & Building Operations; Dianne Nixdorf, Director of Therapeutic Recreation & Volunteers; Kim McMillan, Senior Administrative & Fundraising Coordinator; Gary Ledoux, CEO

Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the LORD your God will be with you wherever you go." [Joshua 1:9]

Gary J. Ledoux, CEO
The Bethania Group
October 2021