Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System

The Honourable Eileen E. Gillese
Commissioner

Commission d'enquête publique sur la sécurité des résidents des foyers de soins de longue durée

L'honorable Eileen E. Gillese
Commissaire

In the matter of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System, pursuant to the Order in Council 1549/2017 and the *Public Inquiries Act, 2009*

AFFIDAVIT OF MICHELLE CORNELISSEN

I, Michelle Cornelissen, of the City of Hamilton, in the Province of Ontario, MAKE OATH AND SAY:

1. I am a witness to the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System (the "Long-Term Care Homes Inquiry"). I have firsthand knowledge of the matters to which I hereinafter depose. Where I do not have firsthand knowledge, I have identified the source of my information and belief and believe it to be true.

2. I worked as an RPN at Cama Woodlands in Burlington, on and off, from 2004 until 2010. I graduated as a Registered Nurse ("RN") from Ryerson in 2010. In 2010, I worked at Point Click Care's head office. In 2011, I was a Co-Director of Care at Alexander Place in Hamilton. Upon leaving Alexander Place, I worked at St. Olga's in Hamilton as the Director of Care from 2011 until it closed and amalgamated with Cama Woodlands in or around 2014. In 2014, I assumed a similar nursing management position at Cama Woodlands until November 2015 .

3. Thereafter, in 2015, I became Director of Care at Henley House in St. Catharines. However, because that required me to drive an hour and a half from home, I took the position as Director of Care at Telfer Place on April 4, 2016. I left Telfer Place in October 2016 to take a position at Baywoods Place Long-Term Care in Hamilton, as it was closer to my home. I am currently the Executive Director (Administrator) at Baywoods Place, which is a Revera long-term care home.

AGENCY USE AT TELFER PLACE

4. In or about early 2016, I was contacted by a colleague who advised me that the position of Director of Care at Telfer Place was open. I interviewed with Dian Shannon, the Executive Director (Administrator) and the Regional Clinic Manager, Cheryl Muise. I attended two days of classroom orientation which was given either by the Regional Manager or the educator from another Revera home, I do not recall which. I also took a two-day orientation course for Registered staff that Revera provided.

5. I replaced Dan Relic as Director of Care at Telfer Place. He was not there when I started. I never met him. The Associate Director of Care at Telfer Place was Lindsay Astley.

6. Attached hereto and marked as Exhibit "A" to my Affidavit is a copy of the Position Summary for Director of Care [Doc ID LTCI00072705].

7. Telfer Place is a smaller home so its resources are limited. The role of the Director of Care at Telfer Place was different from what I had experienced as Director of Care in St. Olga and Henley House. For instance, at Telfer Place, the Director of Care was

responsible for scheduling and for sick call coverage. I wasn't accustomed to that. At Telfer Place, I was also responsible for entering payroll. At St. Olga and Henley House, I had always had either a ward clerk or a business manager who would complete these tasks.

8. Scheduling is very time-consuming. It is a huge task. If someone called in sick, I would have to go through the call-in lists pursuant to our staff's seniority and our Collective Agreement with the Christian Labour Association of Canada ("CLAC"), who represented all of Telfer Place's unionized employees, including Registered Staff and PSWs. Shortly after I started working at Telfer Place in April 2016. I had to plan the summer schedule because Telfer Place creates the staff schedules about three months in advance. That was very time-consuming.

9. When I started working at Telfer Place, the home relied on agency nurses to fill vacancies in the nursing schedule. I am advised by Cheryl Muise that Telfer Place had, as of December 2015, began to formulate a Staffing Action Plan. Attached hereto and marked as Exhibit "B" to this Affidavit, is a copy of the Telfer Place – Staffing Action Plan which has been updated from time to time [Doc ID LTCI00072530]. I have not previously seen this document but it does reflect some of the initiatives in which I was involved.

10. In terms of staffing, attached hereto and marked as Exhibit "C" to this my Affidavit is a copy of Telfer Place's Staffing levels between September 2015 and April 2018 [Doc ID LTCI00072535]. With respect to the time period of April 2016 to October 2016, this accords with my recollection of the staffing levels of that time.

11. One of the first things I did when I arrived at Telfer Place was to start to interview and hire additional permanent staff to cover open lines and to add additional staff to our part time and casual pool. I was hiring both PSWs and Registered staff. Using Agency staff was more expensive for Telfer Place. If we had an open line and hired staff, it would cost less. An open line is one that is not covered by an existing staff member.

12. I hired two RN graduates through the New Grad Initiative. One on days and one on evenings. The program provided six months of funding for a full-time Registered Nurse provided that we would guarantee that we could employ them afterwards for full-time or part-time positions. It is my understanding that Telfer Place hired both of these graduates after I left Telfer Place.

13. At Telfer Place, in 2016, there was only one Registered Nurse on shift. There were 45 residents at Telfer Place. In my view, a 1 to 45 ratio is too high. While I was at Telfer Place, Dian Shannon and I discussed the ratio.

14. Recruitment of nurses was fine. Although, prospective nurses were sometimes scared off by the ratio at Telfer Place. It was a challenge for Telfer Place to retain Registered staff because of its ratio. That said, retention of Registered staff is challenging in the long-term care industry more generally.

15. The hospitals, for example, have a ratio for RNs of 1 to 6. Long-term care also pay less than hospitals. We don't see nurses come from acute care very often. Further, new graduates are not often interested in working in long-term care. They may seek out positions in long-term care for general nursing experience but, once they have the opportunity, they typically move to an acute care setting. In nursing school, RN students

do not complete a rotation in long-term care facilities. As an RPN student, your very first clinical rotation is typically in a long-term care facility, however, it consists primarily of the PSWs' tasks.

16. In terms of Agency nurses, I believe that when I began working at Telfer Place, we used two agencies - Lifeguard and Dawn of Angels. Shortly after I arrived, we also commenced using A-Supreme Care Services. I recall that Telfer Place entered into its own contract with A-Supreme Care Services, but I understand that no one has been able to find a copy of Telfer Place's contract.

17. Prior to joining Telfer Place, I understand that Telfer Place used Lifeguard frequently and that Elizabeth Wettlaufer was often provided to Telfer Place by Lifeguard as an Agency nurse. I had never heard of Lifeguard before I started to work at Telfer Place. I was not involved in entering into the contract with Lifeguard, as that contract was already signed by the time that I came to Telfer Place.

18. In terms of the process of scheduling an Agency nurse, I would call the Agency and let them know the shift we needed covered. I would tell the Agency that I preferred someone who would have been at Telfer Place before because, otherwise, we would have to do an orientation and we preferred agency staff who were familiar with our residents. We would typically set up four hours of orientation before a new nurse from an Agency was assigned as the charge nurse for the home..

19. I understand that Revera had a policy for External Service Provider Agencies in 2016, but I was not familiar with it at the time. Attached hereto and marked as Exhibit "D" to this my Affidavit is a copy of the policy [Doc ID LTCI00025535].

20. At the time that I started at Telfer Place, my understanding was that all staff (including agency staff) had to have a clear criminal record check, including a vulnerable sector screen. It was the practice at the time to rely on the agencies to ensure that their staff met these requirements. As the Director of Care, I never requested from an Agency proof that those checks had been obtained. Currently, at Baywoods Place, the practice is to maintain a separate file on each Agency staff person and to require that the Agency provide proof of the criminal record check and vulnerable sector screen.

21. While I was at Telfer Place we were able to reduce Agency usage during my time. We did this primarily by adding to the casual/part time staffing pool and by hiring the two RNs from the new graduate initiative. My understanding is that Telfer Place continued to use Agency nurses after I left but it has not used any Agency nurses in 2018.

ELIZABETH WETTLAUFER

22. When I arrived at Telfer Place I found that the record-keeping was a little disorganized. There were stacks of paper not filed. In my experience there should be a file for each staff/agency member. When I became Director of Care, I don't believe I found a file on Elizabeth Wettlaufer.

23. I don't recall if Dian Shannon and I spoke specifically about Elizabeth Wettlaufer after I was hired. Further, I do not recall having any discussions with Lindsay Astley about Elizabeth Wettlaufer prior to the events of April 2016.

24. My practice is that if we experience any difficulty with an Agency nurse, we ask the agency not to send that person back. Typically, while I would investigate any issues

45. After Elizabeth Wettlaufer's offences came to light, Cheryl Muise, Lindsay Astley and I spoke with the police on October 4, 2016. We undertook an investigation following the October 4, 2016 interaction with the police. Subsequent to the investigation, Cheryl Muise completed an Adverse Event Retrospective Review Report, which I have now reviewed. In this report, Cheryl Muise identified a "severe long term staffing shortage" which led to "significant agency use" as being a factor that contributed to the event because Elizabeth Wettlaufer was an Agency nurse and, but for Telfer Place's severe staffing shortage, Agency nurses wouldn't have been in our home Attached hereto and marked as Exhibit "I" to this my Affidavit is a copy of that Report [Doc ID LTCI00025852].

46. Since my time at Telfer Place, Revera has made the following companywide changes:

    a. in 2016, Revera standardized and simplified all of its policies so that they are now in a 2-page format;

    b. in June 2016, Revera rolled out an enterprise-wide contract management solution called "My Contracts". The new online system stores all contracts, agreements, licenses, and other regulatory documents related to each home. Templates are provided online for any vendors the home requires;

    c. in late 2017, Revera implemented a new documented investigation and discipline process for unionized staff. The home's operations team is responsible for gathering documents and conducting the investigation. Revera's Labour Relations team provides recommendations thereafter; and

d. under the direction of Revera's National Director of Clinical Support it is also undertaking a review to enhance Revera's medication incident reporting in order to provide better individual analysis and to form a standard process for quarterly medication incident reviews. I have no additional information with respect to the scope of this review.

THE IMPACT OF ELIZABETH WETTLAUFER'S OFFENCES

47. In my view, long-term care needs more funding to support a higher staff complement. With additional support, we might be able to watch for and focus on discrepancies and inconsistencies or have more time to investigate and respond to the little complaints that pile up. We need concrete action to address the staffing shortages. This would include additional funding and regulated staffing ratios. The requirement to have an RN in a long term care home 24/7 is very difficult to meet. I would rather have a full time RPN member in the home than bring in an RN from an Agency. Permanent staff are familiar with the residents, the routines and policies, and are known to residents and staff. I believe that there also has to be greater education and exposure in nursing school to the long-term care industry.

48. I am concerned that the current Ministry regulations and its penalties are so severe that people will fear entering into the long-term care industry.

49. I swear this affidavit for no improper purpose.

SWORN BEFORE ME at the City of Saint Thomas, in the County of Elgin on June 26, 2018

Commissioner for Taking Affidavits
(or as may be)

Michelle Cornelissen

Michelle Cornelissen

This is Exhibit "A" referred to in the Affidavit of Michelle Cornelissen, sworn June 26, 2018

Commissioner for Taking Affidavits (or as may be)

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Position Summary

Director of Care (LTC)

Reporting to the Executive Director of the home, the Director of Care is responsible for planning, directing, coordinating and supervising the overall nursing program for residents within the home.

KEY RESPONSIBILITIES

- To facilitate and promote the interdisciplinary approach within the home through the Nursing, Dietary, Activation, Environmental Service and Administrative Departments
- To review all resident applications for admission to determine appropriate level of care; assist with processing of admission and discharge papers
- To implement and monitor control and safekeeping of drugs and narcotics supervise the drug administration program including the administration of medication by all registered staff
- To direct and monitor the maintenance of health care records to ensure compliance with regulations and quality care for the resident
- To participate in Care Conferences as appropriate, meet with residents/family to resolve problems/ concerns/complaints
- To assist the Executive Director by collaborating with the Medical Advisor to ensure that medical attention and records are in compliance with regulations
- To hire, orient, schedule To assist the Executive Director in ensuring staff are knowledgeable about Resident Bill of Rights and Health and Safety Standards
- To monitor and review resident care staff compliance with all facility policies and procedures, including safety rules and safe working practices
- To comply with all relevant Provincial and Federal Acts and Regulations
- To assist the Executive Director with budget preparation and implementation for the Nursing Department
- To participate in the review process by regulatory bodies
- To investigate complaints
- To co-ordinate and monitor the Infection Control Program for the Nursing Department
- To assume administrative duties as required in the ED's absence

- To uphold and promote the organization's values and philosophy relating particularly to ethics, morality, and integrity as set out in Revera's Code of Conduct
- To complete all other duties as assigned
- Supervise and evaluate the performance of nursing personnel; including use of disciplinary process in conjunction with Executive Director

QUALIFICATIONS

- Minimum of one (1) year of experience working as a Registered Nurse in the long-term care sector
- Minimum of three (3) years of experience working as a Registered Nurse in a managerial or supervisory capacity in a health care setting
- Current registration as a Registered Nurse with the applicable Provincial license body is required as well as the successful completion of Nursing Unit Administrator Program, BScn, MN, or equivalent and a program in Gerontology or equivalent
- A minimum of three years relevant experience in organizational management and/or long-term care
- Current C.P.R. designation required
- Demonstrated leadership and communication skills
- Possession of strong motivational, team building and time management skills
- Professional competencies related to life-long learning, public relations and health environment awareness
- Must be computer literate in Microsoft Office Suite
- Proficiency in a second language is considered an asset.

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This is Exhibit "B" referred to in the Affidavit of Michelle Cornelissen, sworn June 26, 2018

Commissioner for Taking Affidavits (or as may be)

April 25th –

Telfer Place – Staffing Action Plan

LTCI00072530

Quality Improvement Action Plan: Telfer December 2015

Improvement Opportunity RAI and clinical	Action	Timelines	Action Update	Action Update
Recruitment and Retention of new hires High agency use, Registered staff have to stay over an hour past shift to complete all work Registered staff are working 19 days in a row and DOC and ADOC do meds and fill in as well. Agency do not want to return due to complaints that workload is too heavy	GOAL two registered staff days and evenings Monday to Friday as budget allows.			
Medications: 1 nurse to give meds for 45 residents- new hires leave because of workload, agency staff do not want to return: a) Medication times require streamlined as administration times are every half hour on eMAR b) Excess supplements- double the expected per diem rate c) Medication compression is needed d) Will require two med carts for new model	1. To have TAE from classic care come in and do review of medication times and compress 2. Contact Classic care to bring in another med cart 3. Ensure that medications arrived divided by home area and not alphabetically 4. Review supplement list and administration times with FSM and RD 5. Shift routine to be completed 6. Cheryl did a list of all medications being administered at odd times and sent to pharmacist for review 1/15/16 1. Cheryl has sent Dian recommendations for moving RAI C hours to evenings with additional med administration times for consideration- to reduce evening workload. RAI C currently working full day shift Monday to Friday	Completed by March1	Cheryl spoke with FSM and they will be moving to 'food first' process to reduce supplement costs and medication administration times Cheryl notified Donna regarding change in units for Feb. 1 day shift Kilean's shift routine used as reference Tae has reviewed medications and made recommendations- follow-up needed with MD	1/12/16 Med cart will arrive on the 27th Home goes live Feb 1 with two med carts1/12/16 RPN has agreed to work shorter shifts Monday to Friday to accommodate new model Shift routine for day RPN completed by Lindsay

	Update 2017 Two med carts working well with two registered staff on duty. Med compression has been done x 2. Med compression to be done again now that we have new medical director and new pharmacy. Nurses instructed not to answer phones during med pass- memo to families on the best time to call. Instructions to office staff to take a message or ask families to call back if they call during med admin times. Instructions to PSW staff regarding when and how to interrupt a nurse during med passes. New phone line installed for doctor's and pharmacy to be able to reach the nurse during med pass times. DO NOT disturb sign posted on med carts.			
Processes: a) Phone lists out of date b) Grab and go binders for quick and easy access- high risk binder review c) Organize forms d) Current binders requires review for accuracy and that they are current (e.g. deaths- coroner number is wrong) e) Audit to ensure current tools are used (24 hour report, huddles, weights) and are effective f) Create skin tear grab and go kits g) Camera is missing- have recreation staff keep resident pictures current	1. Adrienne came in and organized forms by clinical program 2. Michelle C. created checklists for clinical programs and posted in charting room 3. Cheryl updated 'death' binder 4. Cheryl taught WCC to take pics with mobile device and upload into PCC 5. Jim created an improved huddle process 6. Weight action plans audited and remains in good standing			March 2017completed

Quality Improvement Action Plan: Telfer December 2015

Staffing model: new nursing model needed for sustainability- currently 17,000 over spent in nursing mostly due to agency bills. Home has high CMI for next year- mostly due to increased frailty of residents- more than half require extensive to total assistance to eat- therefore PSW hours cannot be re-allocated to registered staff hours. 30 hours per week of RPN hours- re-allocated to floor 12 hour RN shifts to be considered. Collective agreement does not support 12 hours shifts unless the RNs agree. RNs may agree if there is support on the floor (3 large med passes are required for day shift) Consider changing from 6-6 to 7-7 due to supper pass and last minute charting? Sample schedule: Days RN 6 to 6 RPN 7 to 1300 Evenings: RN 6 to 6 RPN 4-8 (looking at the restorative care lead line for funding for now) Exploring how the schedule will work with 12 hours shifts- concern is when a 12 shift needs to be filled – it will harder to fill For 12 hour shifts we need 14 shifts covered in 2 weeks- sample schedule shows that 4 RNs can	ADOC/DOC and RMCS created 2 samples of a 12 hour shift schedule today to present to registered staff for the next schedule. Jan 5/16 Dian and Sherri met with union 12 hour shifts not acceptable to registered staff 2 RN applications received- 1/15/16- offer letter is going out for one RN Home is set for go live two registrants on days Monday to Friday Feb. 1 2016 Update: Home hired two registered nurses via New grad initiative one has remained as casual and one has remained as part -time nurse (back up WCC and Continence lead) Starting April 1 2017 two registered staff are now scheduled for days and evenings. Recruitment remains an ongoing process.			New nursing model now fully implemented. April 2017

Quality Improvement Action Plan: Telfer December 2015

cover – sick calls will continue to be an issue until new staff can be recruited Self-scheduling model was suggested				
Documentation: Registered staff will need to be retrained on coding New ADOC and RAI C onboarding	Cheryl created new coding assignment by clinical leads. Education provided to Continence lead, pain lead and BSO lead. Further education provided to registered staff by attending coding and beyond.		August 2017- requires constant review by RAI C	
August 3 2017 Home received compliance order for RN 24 hour coverage Home requires 6 RNs to cover current 8 hour shifts. Home has 8 RNs one just resigned today (for full time job) leaving 3 FT and 4 part time RNs are now on staff. NOTE: 12 hours nursing schedule will require 4 full time nurses plus casual for call-ins 8 hours nursing schedule requires 3 full time plus 3 part time plus casual for call-ins	Action Plan: Continue with med compression strategies Revisit 12 hour shifts for RN coverage for high need times such as vacation and holidays as we have a different staffing complement then when we approached them previously Michele/Jim to be the 'RN on the floor' when home staffing plan calls for 2 RPNs" this is when no RNs available to work Continue to recruit RNs Work on absenteeism with the two evening nurses that frequently call in Conduct 'scheduling' meetings with registered staff prior to high need times to ensure that vacations/time offs can be granted and still staff the floor.			

This is Exhibit "C" referred to in the Affidavit of Michelle Cornelissen, sworn June 26, 2018

Commissioner for Taking Affidavits (or as may be)

REVIEW OF LTC STAFFING LEVELS - TELFER PLACE

Month/Year	Shift	Discipline	Hours Scheduled
September 2015	Day	RN	7.5 hours
		RPN	7.5 hrs Mon, Tues, Thurs, Fri
		PSW	4 X 7.5 hrs & 1 X 6 hrs
	Evenings	RN	7.5 hours
		RPN	0
		PSW	4 X 7.5 hrs & 1 X 4 hrs
	Nights	RN	1 X 7.5 hrs
		RPN	
		PSW	1 X 7.5 hrs
December 2015	Day	RN	7.5 hours
		RPN	7.5 hrs Mon, Tues, Thurs, Fri
		PSW	4 X 7.5 hrs & 1 X 6 hrs
	Evenings	RN	7.5 hours
		RPN	0
		PSW	4 X 7.5 hrs & 1 X 4 hrs
	Nights	RN	1 X 7.5 hrs
		RPN	
		PSW	1 X 7.5 hrs
December 2016	Day	RN	7.5 hours
		RPN	7.5 hrs Monday- Friday
		PSW	4 X 7.5 hrs & 1 X 6 hrs
	Evenings	RN	7.5 hours
		RPN	0
		PSW	4 X 7.5 hrs & 1 X 4 hrs
	Nights	RN	1 X 7.5
		RPN	
		PSW	1 X 7.5 hrs
April 2017	Day	RN	7.5 hours
		RPN	7.5 hrs Monday- Friday
		PSW	4 X 7.5 hrs & 1 X 6 hrs
	Evenings	RN	7.5 hours
		RPN	0
		PSW	4 X 7.5 hrs & 1 X 4 hrs
	Nights	RN	1 X 7.5 hrs
		RPN	
		PSW	1 X 7.5
December 2017	Day	RN	7.5 hours
		RPN	7 hrs every day
		PSW	4 X 7.5 hrs & 1 X 5.5 hrs & 1 X 4 hrs
	Evenings	RN	7.5 hours
		RPN	5 hrs
		PSW	4 X 7.5 hrs & 1 X 7 hrs
	Nights	RN	1 X 7.5
		RPN	
		PSW	1 X 5 hrs

Month/Year	Shift	Discipline	Hours Scheduled
April 2018	Day	RN	7.5 hours
		RPN	7.5 hrs every day
		PSW	4 X 7.5 hrs & 1 X 5.5 hrs & 1 X 4 hrs
	Evenings	RN	7.5 hours
		RPN	5.5 hrs
		PSW	4 X 7.5 hrs
	Nights	RN	1 X 7.5
		RPN	
		PSW	1 X 8 hrs & 1 x 6 hrs

This is Exhibit "D" referred to in the Affidavit of Michelle Cornelissen, sworn June 26, 2018

Commissioner for Taking Affidavits (or as may be)

SECTION:	**Risk Management**	**INDEX:** LP-C-60
SUBJECT:	External Service Provider Agencies	**PAGE:** 1 of 4
APPROVED BY:	VP, Clinical Services and Quality	**Effective Date:** April 2011 **Revised Date:** Aug. 2012 *New SOP links Feb. 2014*

STANDARD

Accountability and quality risk management standards will be clarified and communicated to external service provider agencies.

External service provider agency staff may be utilized for two reasons:

- Staff replacement; and
- Private duty care/services requested by the Resident/Client/designate for a variety of reasons.

Revera Home Health (RHH) is the preferred external service provider agency for the provision of staffing for Revera Retirement (RET) and/or Revera Long Term Care (LTC), within legislative requirements and whenever possible, for private duty care/services for individual residents. RHH meets all required quality and risk standards, and employees from RHH have completed Revera general/frontline employee orientation components, meeting all requirements of the Orientation Checklist.

We have an obligation to allow Residents/Clients/designates to contract private duty care providers and will encourage all agencies to follow the guidelines outlined in Table A below; however, Revera must balance the private contract in place with our obligations to ensure Resident safety and wellbeing in our homes. Furthermore, we must meet jurisdictional procedures and visitor responsibilities. The responsibilities are reflected in Revera policy and procedures, including visitor responsibilities. Revera will not recommend any external service provider agencies that do not comply with its requirements.

STAFF REPLACEMENT

The risk management and accountability for the use of external service providers for staff replacement is the responsibility of the long term care home. The Executive Director (ED) is responsible to ensure that an agreement is established with the External Service Provider Agency to ensure that the requirements, outlined in Table A, are met. The use of external service providers for staff replacement will comply with all applicable union agreements in place at the Home.

PRIVATE DUTY

Private duty services, obtained from an external service provider agency, are the responsibility of the individual initiating the services, not the LTC home.

Revera/RHH staff and volunteers cannot be hired as individuals directly by Resident/ Client/designate for private duty services. Revera/RHH employees can be hired through RHH to provide private duty services. RHH is a preferred provider as they meet all Revera Risk Management standards. The ED can provide a brochure to the family for this service.

Definitions

Designate: any person with the legal authority to make decisions on behalf of the Resident.

PURPOSE

To assure the continuous provision of care to Residents and support Residents/Substitute Decision Makers/designates/families in the safe hiring of private duty companions.

NATIONAL OPERATING PROCEDURE

1. The Home will maintain a list of alternate external service provider agencies within their respective communities that meet Revera's standards. The agency must provide evidence of the following requirements:

TABLE A – Revera Standards

Standard	Requirements
Insurance	Comprehensive liability insurance is in place that provides a minimum coverage of $5 million per occurrence.
Criminal Record Check	A process is in place to ensure that all employees assigned to the Revera Home have a clear criminal record check and vulnerable persons screening.

Standard	Requirements
WSIB/WCB	There is evidence that the agency is in good standing with the provincial Workers' Compensation Board.
Employee Fitness	A process is in place to ensure that all employees assigned to the Revera Home have clear 2 step TB status upon hire, and have been advised to follow guidelines as set out by the Public Health Agency of Canada related to immunization of health care workers.
Other	All employees assigned to the Revera Home are able to communicate with staff in the predominant language of the home (i.e. English, or French if applicable).

2. External service provider staff will be oriented to the LTC site according to Table B:

TABLE B - Orientation

Staff Replacement	Private Duty
• RHS staff hired for staff replacement will complete a general orientation which is documented on the Orientation Checklist [*LTC-L-20-05*]. A Registered Staff orientation checklist will be completed for those in charge positions [*LTC-L-20-10*] • The on site orientation completed at the home prior to the first shift is paid for by the LTC site. This can be shared when it benefits both parties.	• These individuals are hired by the Resident/Client/designate. LTC homes can provide brochures from external service provider agencies that meet the requirements outlined in Table A. • Site-specific orientation is facilitated by a member of the management team.

Confidential and Proprietary Information of Revera Inc.

• Site-specific orientation is facilitated by a member of the management team.	

Note: All Registered Nurses must also complete the Revera RN/RPN/LPN/Charge Nurse orientation which is provide regionally and or by the site based on the established registered staff orientation program.

3. Management at the Home will ensure external service provider employees sign in and out of the home using the site-specific External Service Provider Employee Sign-In Sheet [*LTC-L-20-15*] on arrival at and departure from the site.
4. Management will have a process in place to discuss Resident/Client/designate concerns/suggestions regarding care by the external service provider employee, including but not limited to agency, regulatory bodies, policies, services, as required.

STANDARD OPERATING PROCEDURE (province-specific)

LP-C-60-05-ON ~ General Orientation Checklist - Ontario

LP-C-60-10-ON ~ Reg. Nurse Orientation Checklist - Ontario

QUALITY MANAGEMENT

All programs have a Quality Management component that includes outcome indicator tracking as well as CQI audit tools to monitor outcomes and identify opportunities for Quality Improvement.

EDUCATION/RESOURCES

A comprehensive education program will be available.

OUTCOME

Revera quality risk management and client safety standards will be met.

This is Exhibit "E" referred to in the Affidavit of Michelle Cornelissen, sworn June 26, 2018

Commissioner for Taking Affidavits (or as may be)

Medication Incident Report

Home Name: Telfer Place	Date of Incident: 3/31/16	Time of Incident: 0800
Resident Name: [redacted]	Time Incident Discovered: 14:00	

Reported To: ☑ Resident/POA Date/Time: 3/31/16 14:30 ☐ Pharmacy Service Provider Date/Time: ☑ Attending Physician Date/Time: 3/31/16 14:30 ☑ Director of Care Date/Time: 3/31/16 ☐ Prescriber Date/Time: ☐ Medical Director Date/Time: ☐ RN(EC) Date/Time:

Written Description of Incident: Am dose of Kadian 10mg signed for not given. Am dose of Kadian 20mg signed for not given.

Incident Discovered By: ☑ Nurse ☐ Pharmacy ☐ Physician ☐ Resident ☐ Resident Caregiver ☐ Other:

Origin of Incident: ☐ Pharmacy ☑ Nursing ☐ Physician | Rx Type: ☐ New ☑ Repeat | Rx Number(s):

Medication(s) Involved: Kadian 10mg, Kadian 20mg

Route of Administration/Dosage Form:
☑ Oral – tablet/capsule ☐ Topical – cream/ointment/lotion ☐ Ophthalmic ☐ Injection ☐ Inhalation ☐ Rectal
☐ Oral – liquid ☐ Transdermal ☐ Otic ☐ Infusion ☐ Nasal ☐ Other:

Resident Outcome:
☐ Category A – no error (near miss)
☐ Category B – error did NOT reach resident – no harm
☑ Category C – error did reach resident (includes omissions) – no harm
☐ Category D – monitoring/intervention required – no harm
☐ Category E – temporary harm/intervention required – harm
☐ Category F – temporary harm/hospitalization required – harm
☐ Category G – permanent harm – harm
☐ Category H – intervention required to sustain life – harm
☐ Category I – death

Type of Incident: *Check most applicable description; type of incident classification does not apply to outcomes of Category A*
☐ Dose Omission – Strip Med ☐ Improper Dose – Under Dose ☐ Wrong Resident ☐ Wrong Time ☐ Monitoring Error – Drug/Drug Inter'n
☑ Dose Omission – Non Strip Med ☐ Improper Dose – Extra Dose ☐ Wrong Drug ☐ Wrong Duration ☐ Monitoring Error – Drug/Food Inter'n
☐ Wrong Strength/Concentration ☐ Wrong Admin Technique ☐ Wrong Dosage Form ☐ Expired Drug ☐ Monitoring Error – Allergy Documented
☐ Improper Dose – Overdose ☐ Wrong Route of Admin ☐ Wrong Rate ☐ Monitoring Error – Drug/Disease Inter'n
☐ Other: ☐ Monitoring Error – Clinical

Causes – Communication:
☑ Not applicable
☐ Misread or didn't read
☐ Misinterpretation
☐ Order not received
☐ Verbal miscommunication
☐ Illegible handwriting
☐ Abbreviations
☐ Non-metric units of measure
☐ Look-alike/sound-alike
☐ Decimal point
☐ Trailing zero
☐ Leading zero

Causes – Labeling:
☑ Not applicable
☐ Labels of dispensed product
☐ Immediate container labels
☐ Carton labeling of product
☐ Insufficient reference material

Causes – Packaging Design:
☑ Not applicable
☐ Inappropriate packaging or design
☐ Dosage form confusion
☐ Device - malfunction
☐ Device – wrong selection
☐ Device – oral measuring device
☐ Device - infusion

Causes – Human Factors:
☐ Not applicable
☐ Knowledge deficit
☑ Performance deficit
☐ Miscalculation of dosage/rate
☐ Stress – high volume or workload
☐ Incorrect programming into database
☐ Confrontational/intimidating behaviour
☐ Error in stocking / restocking / cart filling
☐ Transcription – original to eMAR/MAR/DRB
☐ Inadequate screening for allergies/interactions
☐ Incorrect selection from a list by computer operator
☐ Drug prep – wrong drug added
☐ Drug prep – wrong amount of active ingredient
☐ Drug prep – wrong amount of diluent
☐ Drug prep – wrong diluent
☐ Drug prep – failure to activate delivery system

Contributing Factors:
☐ Not applicable ☑ Noise level ☑ Frequent interruptions/distractions ☐ Communication systems ☐ Stock (Gov't/Emerg/Kit) ☐ Patient counseling
☐ Lighting ☐ Training ☐ Staffing (coverage, float, agency) ☐ Policy and procedures ☐ Pre-printed med orders ☐ Other:

Analysis of Incident: Medication was presigned for but not poured right after presigning & was missed. Nurse did not double check before final signing

Corrective Action Plan: Nurse will pour each medication immediately after presigning & double check med was given before final signing.

Signed/Dated by Person Preparing Report: Betty Wettlaufer RN 3/31/16 Signed/Dated by DOC: [illegible]

**See reverse for instructions to complete this form

Adapted from the NCC MERP Taxonomy of Medication Errors

Proprietary to Classic Care Pharmacy
a division of CentricHealth

Form 7.3 – Last modified: November 13th, 2014

This is Exhibit "F" referred to in the Affidavit of Michelle Cornelissen, sworn June 26, 2018

Commissioner for Taking Affidavits (or as may be)

Medication Incidents Home | View .PDF Report | Edit this Medication Incident Report

Location: Telfer Place
Resident PCC Number: 04152
Room Number: 103-C

Date Completed: Monday, July 11, 2016
Date and Time of Incident: 3/31/2016 8:00:00 AM
Date and Time Discovered: 3/31/2016 2:00:00 PM

Name of Drug:	Dosage:	Discrepancy Noted:
Kadian	20mg	After Medication

Type of Error:

- ☐ Wrong Resident
- ☐ Wrong Medication
- ☐ Wrong Time
- ☐ Wrong Route
- ☐ Wrong Dose
- ☐ Wrong Reason
- ☐ Wrong Documentation
- ☑ omission

Description of Incident:

- ☑ Omission (Medication not given)
- ☐ Extra Dose
- ☐ Unordered Medication
- ☐ Expired Medication
- ☐ Documented Allergy
- ☐ Discontinued Medication
- ☐ Incorrect Label
- ☐ Incorrect Packaging
- ☐ Incorrect Dispensing
- ☐ Transcribed Incorrectly
- ☐ Order Transcribed in Wrong MARS
- ☐ Failure to Sign Mar within 72 Hours
- ☐ Medication Left at the Bedside
- ☐ Failure to Record Administration Leading to Repeated Subsequent Administration
- ☐ Misplaced on Resident Home Area/Med. Found on Floor

Contributing Factors:

- ☐ Illegible Handwriting
- ☐ Ambiguous and Incomplete Order
- ☐ Miscommunication (Wrong Medication Ordered)
- ☐ Assignment Conflict (Short Staff)
- ☑ Interruptions
- ☐ Sound-alike Medication Names
- ☐ Look-Alike Medication Product
- ☐ Resident off Home/Residence (LOA)
- ☐ Inadequate Transcription
- ☐ Order Transcribed Incorrectly

Comments:

Medication was presigned for but not poured-nurse did not double check before final signing

Follow-Up:

MD Notified: No
Family Notified: 3/31/2016 14:21 PM.
Pharmacy Notified: Yes
Adverse Effects for Resident: No.
Resident Transferred to Hospital: No.

Recommendations to prevent future incidents:

Nurse will pour each medication immediately after first signing and double check that med was given before final signing.

Name and designation of staff involved:

Beth Wettlaufer RN Agency

Name and designation of individual completing report:

Michelle Comelissen, Dir of Care

IT Service Desk: 1-866-275-7348 reveraliving.com terms of use site map © 2016 Revera Inc.

This is Exhibit "G" referred to in the Affidavit of Michelle Cornelissen, sworn June 26, 2018

Commissioner for Taking Affidavits (or as may be)

elfer Place
245 Grand River St N, Paris ON N3L 3V8
[redacted]
www.reveraliving.com

Respect | Integrity | Compassion | Excellence

From: Heidi Wilmot Smith [mailto:[redacted]
Sent: Wednesday, May 04, 2016 3:56 PM
To: Michelle Cornelissen
Cc: Taryn Smith
Subject: RE: Reported RN Incident

Michelle:

Taryn and I have met with Bethe.

Would it be possible to meet one day next week?

May 10 is not possible for me.

Best regards,

Heidi Smith

From: Michelle Cornelissen [mailto:[redacted]]
Sent: Wednesday, April 20, 2016 3:38 PM
To: [redacted]
Subject: Reported RN Incident

Hello Heidi,

As discussed today on the phone we have had reported issues with the RN Beth.

1. An incident was reported this morning by our PSW who worked with Beth last night. This PSW reported a workplace injury to Beth; there was no incident report completed. Also the injury was a result of a Resident to which I could find no documentation at all related to Residents identified behaviors in his chart. The PSW identified to the Beth that she was concerned for the safety of the Resident and of other Residents due to demonstrated behaviors and requested that Beth check on him frequently but noted that in fact Beth did not and failed to further inform oncoming staff of the issues experienced throughout the night?
2. Further the physician was in today and brought up concerns related to Beth as well and did not feel confident in her abilities to assess our Residents and carry out basic nursing duties. The physician also mentioned that he felt she lacked accountability as a nurse and to the Residents of the home.

As you mentioned Heidi it has been brought to your attention regarding the vulgar and inappropriate comments made by Beth when speaking with our staff.
From this point forward Telfer Place would no longer be comfortable utilizing Beth as a Registered Nurse in our Home.

This is Exhibit "H" referred to in the Affidavit of Michelle Cornelissen, sworn June 26, 2018

Commissioner for Taking Affidavits (or as may be)

2. Further the physician was in today and brought up concerns related to Beth as well and did not feel confident in her abilities to assess our Residents and carry out basic nursing duties. The physician also mentioned that he felt she lacked accountability as a nurse and to the Residents of the home.

As you mentioned Heidi it has been brought to your attention regarding the vulgar and inappropriate comments made by Beth when speaking with our staff.
From this point forward Telfer Place would no longer be comfortable utilizing Beth as a Registered Nurse in our Home.

Thank you,

Michelle Cornelissen RN BScN

Director of Care

Telfer Place
245 Grand River St N, Paris ON N3L 3V8
Direct 519-442-4411 Ext.2003 Fax 519-442-6724
michelle.cornelissen@reveraliving.com
www.reveraliving.com

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This is Exhibit "I" referred to in the Affidavit of Michelle Cornelissen, sworn June 26, 2018

Commissioner for Taking Affidavits (or as may be)

QUALITY IMPROVEMENT
ADVERSE EVENT RETROSPECTIVE REVIEW

revera

HOME/RESIDENCE:	Telfer	DATE OF EVENT:	September 6 2016
REVIEW REQUESTED BY:	Lisa Vaughan	TITLE:	Provincial Manager of Clinical Services
REVIEW COMPLETED BY:	Cheryl Muise	TITLE:	Regional Manager of Clinical Services

DESCRIPTION OF ADVERSE EVENT (Provide a brief explanation of what occurred)

Police officer contacted the home on Sunday Oct. 2. They asked if they knew the nurse Elizabeth Wettlaufer and if we had a resident by the name of Sandra Towler. The nurse on duty was nervous and did not want to give any information. Nurse did not take any of the Officer's information but did notify manager on Call Vickie Miller letting her know the Officer said she would contact the Executive Director on Monday. Police Officer did not make contact on the Monday. Police officer [P.E.] arrived at the home Tues Oct. 4th and spoke with [C.M.] RMCS; [M.C.] DOC and [L.A.] ADOC to ask questions about an agency nurse Elizabeth (Bethe) Wettlaufer. Officer [E] states that this agency nurse checked herself into care feeling suicidal. During the course of her discussions with psychologist she has admitted to killing 8 long term care residents with high doses of short acting and long acting insulin. She attempted 2 others but they survived. One of the residents who survived was our resident Sandra Towler. She stated that she made the attempt in the winter of 2016. A quick preliminary review of the chart did not show any significant incidences. The police officer called the next day to state that another nurse was mentioned by Elizabeth Wettlaufer- indicating that Elizabeth administered the insulin but the nurse (Dianne Beuregard) came in on the next shift and gave treatment that prevented her death. The chart was reviewed again showing that there was a significant event that occurred on Sept 7 2015 on nights following an evening shift in which Elizabeth worked. This information was provided to police as well as Dianne Beuregard's contact information.

As of today the college of nurses website states that Elizabeth is entitled to practice nursing in Ontario with no restrictions.

Dianne was interviewed by police at her home last week on Oct 6 at her home.

At the time of this report SDM of Sandra Towler have not been notified. We are awaiting police instructions.

Police stated on Oct 11 2016 to [R.F.] that homicide victims families will be notified first.

TIMELINE: (Record the sequence of events related to the event as confirmed through review of documents, interviews with staff, Residents/family)

LTCI00025852

Sept 6 evening shift 22:24 agency nurse Elizabeth Wettlaufer charted:
Sandy refused to have a bath this afternoon. Will attempt tomorrow

Sept 7 night shift 2:24 Telfer nurse Dianne Beuregard charted:
At 0120 during incontinent care Sandy was not responding to staff.
Sandy was pale in color.
Skin cold, clammy and diaphoretic.
Unresponsive to verbal and painful stimuli.
T-35.0 BP103/64 P77 R16 Oxygen saturation 92% on room air.
Blood sugar 2.2
911 called at 0130.
Paramedics arrived at 0140.
IV started in right arm.
IV dextrose given by paramedics.
After 20 minutes Sandy was responsive and conversing with staff.
Speech clear.
Denied pain at the time.
No nonverbal indication of pain or discomfort noted.
Equal hand grips bilaterally.
2 cookies and 1 glass of apple juice taken with no difficulties.
At 0220 Blood sugar 6.7.
BP106/66 P55 R16 T35.6
No transfer to hospital needed as Sandy was her normal self.
Will continue to monitor.

Sept 7 0420 Telfer nurse Dianne Beuregard charts
POA called and spoke with POA's wife about hypoglycemic episode. Daughter in law stated they will come in for a visit today.

Sept 7 05:48 Telfer nurse Dianne Beuregard charts that blood sugar drops to 3.7. Applesauce given. Dr. called

Sept 7 day shift Telfer nurse Marlena Amaral checks blood sugar hourly and results 3.7; 3.4; 3.8; 2.7; orange juice, yogurt, breakfast given blood sugar up to 5.3 at 9:38 am. 7.7 by 11 am and 8.4 by 1400- son visited. Dr. updated and blood sugar checks can be increased to qid once blood sugars remain over 5.

Sept 7 evening shift Agency nurse Elizabeth Wettlaufer charts:
Blood glucose tested q 2h as ordered. All values were above 5. Sandy ate only half of her supper. She drank 500ml of chocolate milk and ate a piece of pie.
It is noted that blood sugar levels have been recorded in the pulse section of electronic chart in

error by this nurse

Sept 8 night shift Telfer nurse Dianne Beuregard charts at 0017:
At 2220 B.S 3.4
Sandy was sleepy but able to rouse.
250ml of apple juice given with a packet of sugar.
Writer called POA at 2230 and left message to contact Telfer to discuss Sandy. Sandy's blood sugars have been difficult to stabilize today even with all the added glucose.
Sandy transferred to BGH at 2240 for further assessment due to low blood sugars, and difficulty to stabilize. Second message left with POA at 2300 to call writer back at Telfer Place.

Sept 7 0050 ER record: Sent by LTC with hx of persistent low blood glucose- checking BS Q1H no insulin use. Diamacon discontinued yesterday- patient states eating well. Denies sweats tremors unable to describe symptoms of low BG. No infection symptoms. 0205 CBS 8.5 continue frequent glucose checks. If persistent Janumet to Metformin RX given.

Sept 7 2345 blood work all CBC, general chemistry and lytes all within normal range except Eosinophils elevated 0.6 (normal 0 to 0.4) random glucose 4.2

Sept 8 0535 Telfer nurse Dianne Beuregard charts:
Sandy returned at 0345 via trans care. At 0345 B.S 7.7
Sandy alert and conversing. Report from BGH indicates if persistent low blood glucose of less than 5.0 change Janumet to Metformin 500mg 2 tabs BID
250ml chocolate milk given and settled to bed.
At 0530 B.S 5.8 Rouses easily.
Continue with frequent blood glucose checks. If persistent B.S <5.0 fax pharmacy script enclosed. No return call from POA this shift. Will notify oncoming shift.

Sept 8 0811 Telfer nurse Tricia Gray reports blood sugar is 5.1

Sept 8 1520 late entry by Telfer nurse Susan Farley regarding call to Dr. Raja requesting glucagon prn. Dr. Raja states just give orange juice as needed continue holding Diamacron BS at 1500 was 8.3

Sept 9 0530 Telfer nurse Dianne Beuregard charts:
Blood sugars have been checked Q2H as ordered.
2230 B.S 5.7
0100 B.S 4.3 250ml apple juice given and a yogurt.
0300 B.S 7.1
0500 B.S 4.1 250ml chocolate milk and 1 cookie given
Sandy rouses easily when spoken to, alert and talkative at each check.

Plan: Oncoming shift will be made aware. Continue with blood sugar monitoring

Blood sugars continue to be taken and stable with the exception of one reading on nights when it dips between 4 and 5.

Sept 10 Telfer nurse Marlena Amaral updates doctor;
Writer contacted Dr. Raja re: update for Sandra. Advised MD that resident's blood sugars have been stable, but during nights, it is lower and interventions with OJ and choc milk have been given to stabilize. Writer advised of B.S levels on nights and days.
Requested clarification re: Janumet medication, advised him that it has been held on occasion as nursing measure.
New orders rec'd- hold Janumet, continue to hold Diamicron and change blood sugar checks to q4hrs. Writer advised MD that resident did not receive bloodwork at hospital and advised last blood work rec'd at facility was Aug.10/15.
New orders faxed to pharmacy. Dr. Raja has requested we contact him at his office tomorrow for verbal update. Added to day calendar for tomorrow

Blood sugars continue to be taken as ordered and remain over 5

Sept 12 at 1421 Agency nurse Elizabeth Wettlaufer charts: Blood sugar stable at 7.6

Sept 16 1330 Dr. Williams charts 9 days- episode of unconsciousness attributed to hypoglycemia. Treated with IV glucose by EMS subsequently transferred to BGH ER later in the evening with ongoing clinical hypoglycemia ?reason. Labs at BGH and LTC reviewed. Dramicon and Janumet recent CBG F 9 -10 R 14-16 vs stable bp average 110/60 on PCC chest clear. Metformin low dose resumed

Sept 22 Dr. Williams no further hypoglycemic episodes.

Sept 23 Dr. Williams Diabetic reassessment

Oct. 23 no further hypoglycemic spells. General condition stable.

INVOLVEMENT OF THIRD PARTIES (Referrals, family support, vendors, Ministry, Corporate, Internal Committees)

Ambulance at time of incident
ER visit Sept 8
Ministry of health at time of police inquiry
Police as part of investigation
Corporate- hot issue team
RMCS- Cheryl Muise
RMER and acting ED Ruthanne Foltz
RDO- Trish Nolen
Dr. Raja
Lifeguard Temp agency

POLICY AND PROCEDURES (Identify those that relate to the event e.g. documentation, reporting, equipment safety etc.)

Resident abuse; medication management

CLINICAL NOTATIONS (Record significant clinical care PROVIDED as it relates/applies to the adverse event such as labs, x-rays, medication changes, assessments completed)

Resident with normally stable blood sugars had an unusual hypoglycemic event.

Resident's medications on Feb. 6:
ASA 81 mg 0800
Lasix 40 mg 0800
Diamicron MR 30 mg 0800
Lactulose 667 mg 20 mls 0800
Ebixa 10 mg 0800
Coversyl 4 mg 0800
Zocor 40 mg 2000
Vit B 12 1200 mcg 0800
Vit D 1000 u 0800
Symbicort 2 inhalations 0800 and 1700
Janumet 850/50mg 0800 and 1700
Exelon patch once daily
Lactulose 30 ml prn
Milk of Magnesium 30 ml prn

blood work:
hemoglobin A1C: Aug 10/15 6.3
hemoglobin A1C: Aug 15/16 6.3

Diagnoses:
Vit B 12 deficiency
Asthma
Hearing loss
Alzheimer's
Stroke
Benign Hypertension
Dysphagia and aphasia
Osteoporosis
Type 2 diabetes
Hyperlipedemia

CLINICAL PERFORMANCE (Indicate the level/category of Staff involved, dates of education, orientation etc.)

Cross reference done on resident deaths and agency nurse's shifts while working shifts at Telfer: no evidence of foul play noted at this time.

Resident #	Date passed	Dates nurse worked	Notes
	2/24/2015	worked Feb. 15, 16, 19 and then not again until April 24	No evidence . Sent to hospital with bowel obstruction passed away in hospital
	4/17/2015	not scheduled, worked Feb. 19 and then not again until April 24	No evidence Change in condition April 13
	4/20/2015	not scheduled, worked Feb. 19 and then not again until April 24	No evidence. Slow decline
	5/29/15	Worked May 27 days	No evidence. Slow decline and was already palliative
	6/27/15	Worked June 24 and then June 29	No evidence. Slow decline r, was palliative
	7/21/15 bed given up	Passed in hospital- likely stroke or coronary	No evidence. Had not been eating well, falls, July 13 days appeared shaky and increased anxiety. Agency nurse worked night before. July 14 shaky/restless pain left side of chest
	11/23/15	worked Oct 19 and not again until Dec. 5	No evidence
	Jan. 11/16	Jan 8 and not again until Jan. 15	No evidence Had pneumonia- palliative care orders Jan. 7
	Jan. 16/16	worked Jan 8 days and Jan 12 days and	No evidence

		Jan 15 and Jan 16 nights	Change in condition Jan. 11 came back from hospital Jan 12 palliative.
	Jan. 19/16	agency nurse worked Jan 8, Jan 15, 16 nights and then not again until Jan 21. Resident would have already been transferred to hospital	No evidence Jan. 15 transferred to BGH- did not return to the home
	Jan. 28/16	agency nurse worked Jan 26 nights then on 29th evenings	No evidence Had been refusing to eat/drink Notes that insulin was being held 26, 27, 28 passed on 28th
	Feb. 25/16	agency nurse worked Jan 31 and not again until Feb 26 2 eve	No evidence
	Feb. 29/16	agency nurse worked Feb 25	Had been having vomiting and diarrhea during Norwalk outbreak
	Apr. 9/16	agency nurse worked Apr 4, 8 days	Had been doing poorly- eating and drinking she wouldn't keep oxygen on

ACTION ITEMS IN RESPONSE TO EVENT (List the actions that have been completed or planned (include dates)

SIGNATURE OF PERSON COMPLETING THIS REVIEW Cheryl Muise **DATE:** 12-Oct-16

FACTORS CONTRIBUTING TO THE EVENT

Severe long term staffing shortage at Telfer has lead to significant agency use.
Measures have been put in place to reduce agency use at Telfer.