Final Report of The Provincial Implementation Plan for the Stevenson Review

(Maples Personal Care Home COVID-19 Outbreak: External Review Final Report, January 2021)

Respectfully submitted to the Minister of Seniors and Long-term Care

February 2022

Manitoba

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A MESSAGE FROM THE MINISTER OF SENIORS AND LONG-TERM CARE

Between October 20, 2020 and January 12, 2021, a serious outbreak of COVID-19 occurred at the Maples Long Term Care Home. Seventy-three staff and 157 residents tested positive, and 54 residents died. The government commissioned an external review, led by Dr. Lynn Stevenson, and accepted all of the report's 17 recommendations for action.

This is the final report of the work that followed to address the recommendations made in the Stevenson Review, and to build a stronger foundation for improved seniors care in Manitoba. The work is presented under four main themes to capture the breadth of change and improvement for all personal care homes in Manitoba: resident safety; staffing complements; pandemic preparedness; and communication with families and staff.

We would also like to acknowledge the many system leaders, consultants, personal care home operators and other staff involved in supporting change, and their key roles in planning, providing oversight and advice, and developing practical resources and tools for implementation. We have set a way forward which is outlined in the pages of this report.

Next, the work of government will be to ensure that the responses identified in this report are fully implemented and the gaps that were uncovered during the COVID-19 outbreaks have been closed. This report is a blueprint toward an integrated system of care where families and residents can have confidence that their needs are addressed. In the coming months, the department of Seniors and Long-term Care will advance this work. Our government recognizes the importance of changes outlined in these pages, and commits to continued progress and sustained action following this report.

Hon. Scott Johnston, Minister
Manitoba Seniors and Long-term Care

Hon. Audrey Gordon, Minister
Manitoba Health

1. INTRODUCTION

Following the COVID-19 outbreak-related deaths and illness that occurred in the fall of 2020 at the Maples Long Term Care Home, the Manitoba government commissioned Dr. Lynn Stevenson to lead an external review (referred to in this report as the Stevenson Review).

On February 6, 2021, then Minister of Health and Seniors Care, the Honourable Heather Stefanson, accepted all the report's findings and recommendations. The direction provided to the Stevenson Review project team was to develop action plans and implement each of the 17 recommendations outlined in the external review applying a provincial lens and to encompass all licensed personal care homes (PCHs) within Manitoba, regardless of ownership or governance structures.[1]

2. PREPARING THE WAY

In February 2021, Manitoba Health convened an implementation planning team, composed of an external chairperson with extensive health care system leadership experience, representatives from each of the service delivery organizations (SDOs), PCH operators, as well as Shared Health and the department. The team's mandate was to develop a high-level work plan that addressed each of the Stevenson Review's 17 recommendations.

The planning team reviewed all of the recommendations and either separated or bundled them together into 13 work groupings. A lead organization for each set of work was identified, sub-tasks were developed, the required skills/expertise of the working group members were outlined, and groups with related interests and knowledge that should be consulted were identified. Recommendations were further divided into short, medium-and long-term time frames.[2] Time frames were determined, based on the complexity of the work required to respond to the recommendations.

The chairperson, working with each lead organization, then finalized work group membership, based on the required expertise for that particular improvement area. Membership included representatives/operators from private, public and not-for-profit long-term care sites, the First Nations PCH Network, SDOs (regional health authorities), Shared Health, Manitoba Health and representatives from the Long Term Care Association of Manitoba and the Manitoba Association of Residential & Community Care Homes for the Elderly.

The work groups commenced their work following directional letters from government to each lead organization and to each working group member, outlining the expectations and timelines for completion.

An integration team comprised of the chairperson, a project manager, secretariat and representatives from Manitoba Health and Shared Health was formed to support the work groups and assist them in addressing barriers.

To provide leadership guidance as the work progressed, a steering team was assembled, comprised of a broad membership, including CEO representation from the SDOs, the long-term care associations, private and not-for-profit operators, Shared Health and Manitoba Health. The steering team reviewed, critiqued, accepted/endorsed and forwarded reports to government leadership for final approvals.

The organizational and governance structure played an important role in supporting the integrity of the response to the Stevenson Review recommendations. (See Appendix 4 for governance structure.)

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[1] Appendix 2 contains a list of acronyms used in this report.

[2] Definitions: *Short term* - work will be completed within 0 to three months; *medium term* - work will be completed within three and nine months; *long term* - work will take longer than nine months.

3. WORKING TO MAKE A DIFFERENCE

Over the past year, significant work has been undertaken by the teams of people and organizations working on the Stevenson Review to develop responses to all 17 recommendations outlined in the initial report. This means that positive changes are underway and will continue to be implemented, to the benefit of PCH residents, their families, and staff over the next months and onward.

Collectively, the responses to the Stevenson Review are establishing a strong foundation to protect residents, support staff and rebuild confidence for Manitobans in the province's personal care home system. While a majority of the responses focus on improving PCH pandemic preparedness and response, many outcomes from the work will also serve to improve resident safety and quality of care beyond pandemic times within the PCH sector.

The Province is committed to aligning and advancing health resource planning to address infection control, long-standing staffing challenges in PCHs, and to build a more stable staffing complement for personal care homes. Improved communication with families and staff during times of stress and trauma has already been actioned, and has informed principles and tools to improve cross-system communication, as well. A table listing the responses and outcomes completed by each work group can be found in Appendix 1.

Key Responses and Outcomes

All 17 recommendations and working group responses have been grouped under four key themes:

> 1) Resident Safety
> 2) Staffing Complements
> 3) Pandemic Preparedness
> 4) Communication with Families and Staff

1. **Resident Safety** – Dr. Stevenson identified concerns in PCHs in the areas of infection prevention and control and medical oversight during a serious outbreak that contributed to virus transmission and slow escalation of medical issues. Also noted was the lack of clinical guidance documents specifically for PCHs to help manage outbreaks.

   - Provincial infection prevention and control LTC program - To address these gaps, an infection prevention and control (IPAC) provincial program has been developed for the long term care sector. The program increases the number of IPAC-trained staff at the provincial, regional and PCH site level and provides a standardized program with requirements for audits and monitoring. A website with a LTC section has been created for PCH operators and IPAC staff to find the most current expectations and guidance, resources and auditing and monitoring tools. IPAC-specific education and competency criteria have been developed for staff working in these roles and for all workers, including casual staff, working in a PCH.

   - Medical oversight and serious outbreak guidance – Improvements have been made to increase medical oversight and ensure medical on-site visitation during serious outbreaks. A medical long-term care leadership structure has been detailed to provide consistent medical guidance and communication between provincial medical leads, regional medical leaders and medical leads in PCHs. These medical leads will also have responsibilities to support IPAC activities, and to ensure that on-site visits occur as required during serious outbreaks. The Medical Bylaw Rules and Regulations have been revised to include guidance for medical oversight during a pandemic. It has been shared with SDOs in a ministerial directive letter as an expectation to all SDOs regarding PCH Service Purchase Agreement required services.

2. **Staffing Complements** – The Stevenson Review identified that PCHs and other sectors of the health care system were experiencing shortages in direct care staffing that were exacerbated during the outbreak when staff became ill and were absent from work. There were also problems with processes to escalate staffing shortages and obtain redeployments. Dr. Stevenson also noted shortages in dedicated long-term care IPAC staffing in the province.

- PCH Staffing Plan – To address these issues, an overall staffing plan to increase staffing for PCHs has been developed, recommending increases for direct care nursing, health care aides, allied health staff, IPAC staff and housekeeping. A recruitment plan has been developed, including options for recruitment strategies, such as increasing the number of direct care staff graduating from provincial training programs, and providing options for students early in their training so they choose PCH as a career. As well, the plan includes a strategy to reduce reliance on agency and overtime staffing. Allied health staffing increases are recommended to bring all PCHs up to a common baseline standard of care, so that residents experience improvements in quality of life care as well as in direct nursing care. Alignments with broad health human resource planning are underway to advance and action recommended staffing increases for PCHs and to ensure that plans for training and recruitment support the staffing requirement.

- Staffing Increases – Over the next year, new staff will be hired and trained to lead and implement the IPAC program. The majority of those staff will be placed directly into PCH sites across the province as dedicated IPAC resources, along with a regional infection control structure that includes regional leads and one overall provincial program lead.   Additionally, new housekeeping positions will be added to PCHs to ensure sites are able to meet IPAC standards of cleanliness at all times, including during an outbreak or pandemic.

3. **Pandemic Preparedness** – The Stevenson Review noted that clinical guidance documents available to PCHs were often focused on prevention, rather than managing outbreaks, were unwieldy or duplicative, and it was hard to ensure that the most current guidance was being used.

- Provincial LTC Pandemic Plan – To ensure all PCHs have a common approach to preparing for, and dealing with, a serious outbreak or pandemic, a Provincial LTC Pandemic Plan was developed and implemented in June 2021. The plan provides the most standardized guidance in key clinical areas – staffing preparedness and training; human resource planning and pandemic staffing; family visitation and communication; medical oversight; escalation triggers and decision-making. The pandemic plan also contains outbreak task checklists to help sites ensure that, in the event of a serious outbreak, all tasks are completed to recommended guidance, and to help staff manage tasks well and effectively during outbreaks, when stressful conditions are present. Outbreak task sheets organize pandemic guidance in a clear, implementable format that staff can have confidence is up-to-date and provincially-standardized. The plan has been revised twice since its initial release to include the evolving and most current guidance, information and resources. The most recent plan (updated in January 2022) provided updated information in IPAC, including a link to the newly developed website, posting new resources and audit sheets for PCH to manage serious outbreaks, and communication with families.

- Provincial Health Incident Command – The provincial health incident command is the table of health experts who lead a pandemic or significant provincial health event. Its structure has been updated to include a PCH pandemic liaison to improve communication between provincial, regional and site leaders as pandemic daily issues are managed and decisions are made that impact PCH operators and residents. Tools to clarify pandemic leadership roles at all levels, and triggers to signal escalation of urgent staffing or medical issues have been developed. Training on the LTC pandemic plan and on emergency preparedness is being offered across the province to regional staff and PCH operators.

- Provincial Pandemic LTC Communication and Website – A long-term care COVID website was created to provide a centralized source of the most current COVID guidance, resources and updates. A rapid communication distribution chain was established to ensure daily updates were provided quickly to regional leaders and also to operators. The site also provides links to psychological and trauma supports for staff who experienced losses and trauma in the pandemic. Direction was provided to SDOs and to PCH operators to ensure that provincial COVID guidance and resources were followed and utilized in whole, and were not re-written or re-formatted at local levels.

- PCH Emergency and Situational Analysis – The Stevenson Review identified that there was no information technology system in place to gather important information at a regional or provincial level on critical staffing shortages, or on resident health and safety. In response, new information technology situational awareness tracking tools are approved for expedited implementation to all PCHs. The new technology will provide HR tracking to assist with staff redeployment and bed mapping to improve overall system awareness. Additionally, PCHs will implement standardized emergency colour codes to ensure a common emergency language is used between all sectors of care, and eChart will be implemented to improve PCH access to important health information including immunization status. These improvements in emergency technology and awareness will improve health system response during serious outbreaks. They will also provide PCHs with a common set of emergency management tools for use in pandemic.

4. Communication with Families and Staff – Communication with families is very important at all times, but especially during a serious outbreak. Dr. Stevenson noted that families reported concerns with communication, both in the frequency of communication and in the ability for families to directly connect with residents when visitation is not permitted.

- Communication Guidance and Checklists – The pandemic plan includes guidance and family-focused principles for communication during pandemic and during non-pandemic times. The communication materials help ensure that PCH operators designate a staff person responsible for timely communication with families. They also ensure that PCHs have up-to-date information on family contacts. In-person visitation during a pandemic may not be possible, so guidelines have been provided to facilitate virtual options for residents and family to "see" each other. To further support virtual family visitation, enhancements to internet connectivity for all PCHs are being made through the implementation of satellite internet at sites. This will make an important difference in rural and remote northern communities, and also provide a reliable back-up for urban sites to ensure emergency connectivity is always available.

- Provincial PCH Website – Manitoba Health has created a PCH website to help families and the public find important information about PCHs. The province is also currently updating the PCH standards and licensing process. Consultations are being planned in 2022 to include the voices of families and residents and to inform other ongoing improvements to the long-term care system.

- Mental Health and Addictions at Shared Health, with various partner organizations, has provided access to trauma counselling and other supports for staff and families, and offered resiliency training for managers. A set of tools and resources to help staff deal with trauma and build resilience are available on the Shared Health long-term care COVID website.

4. The Way Forward

Dr. Stevenson stated that there were gaps between provincial planning tables and between provincial, regional and site operators in planning, decision-making, and communicating. The work that has been completed to date has begun to close these gaps but there is still work to do. The province, service delivery organizations and PCHs have been involved in the implementation of this work at every stage, and continue to be committed to full implementation of the recommendations.

In January 2022, the Manitoba government established a new department, Seniors and Long-term Care, with a mandate to ensure full implementation of the Stevenson Review recommendations. This includes providing oversight to ensure PCH integration in health system planning.

A provincial Long-term Care Integration Network will be established in 2022 to ensure PCHs are fully part of clinical and resource planning, and are well-positioned to deliver long-term care services as the health care system continues to evolve. A PCH liaison position will be established to help forge relationships between operators across the province and with leaders in LTC at regional and provincial levels. The province is now reviewing proposals prepared by the working groups and will continue to lead oversight on implementation of changes to staffing plans for PCHs to address gaps identified in staffing.

A multi-faceted approach will be used to ensure ongoing oversight and monitoring to track that the changes outlined in this report have been fully implemented and will continue to be sustained. This includes issuing accountability letters, following established progress-monitoring processes for recommendations, and reporting on progress to provincial planning tables and executive leadership.

At the end of her report, Dr. Stevenson highlighted the importance of adopting "a humanistic and compassionate approach with LTC residents, their families and the staff who care for them". The work delivered by the Stevenson Review working groups provides that road map and also sets a foundation for the way forward.

APPENDIX 1 – STEVENSON REVIEW – COMPLETION REPORT

Facilities

Recommendations (as per the external review final report)	Lead Organization	Work Completed
1-6	WRHA	The Winnipeg Regional Health Authority has completed addressing recommendations 1 to 6 from the Stevenson Review for the Maples Long Term Care Home (see Progress Report for the Provincial Implementation Plan for the Report of the Maples Personal Care Home COVID-19 Outbreak August 2021).

Province-wide

Recommendations (as per the external review final report)	Lead Organization	Working Group Deliverable	Work Completed
1-6	Manitoba Health and Seniors Care	• Create a Provincial Long-term Care/Personal Care Home Pandemic Plan with working group 7. • Develop Pandemic/Outbreak Task Sheets for personal care homes.	A Provincial Long-term Care/Personal Care Home Pandemic Plan has been created. This pandemic plan establishes a standardized approach for service delivery organizations (RHAs), operators and personal care home facilities to plan, prepare and respond to outbreaks and pandemics. The pandemic plan includes standardized templates to support organizations and facilities to respond to provincial communication, guidance and direction in the event of future outbreaks. It also identifies staffing "triggers" for PCHs to utilize in a pandemic in relation to medical oversight, infection control and direct staffing. The Provincial Long-term Care Pandemic Plan was released in June 2021 for implementation across all PCHs. Subsequent updates to the plan have occurred in November 2021 and January 2022. Implementation of the plan by service delivery organizations and PCH sites is a provincial requirement and is part of ongoing monitoring.
7	Shared Health, Emergency Continuity Management	• Create a Provincial Long-term Care/Personal Care Home Pandemic Plan with working groups 1 to 6. • Complete an environmental scan and gap analysis of all service delivery organizations and PCH sites.	Emergency continuity management was integrated into the provincial long-term care pandemic plan. This section helps sites plan and maintain operations during a pandemic. The environmental scan and gap analysis informed how best to implement the pandemic plan and ensured a standardized long-term care system approach to future pandemics.

Recommendations (as per the external review final report)	Lead Organization	Working Group Deliverable	Work Completed
8: Part A	Manitoba Health and Seniors Care, Services and Commissioning Branch	• Ensure adherence to the Dec. 7, 2019 standardized provincial service purchase agreement template by all service delivery organizations and personal care homes.	Service purchase agreements have been modernized and standardized as part of the overall health system transformation. A ministerial directive letter was sent in February 2022 to the service delivery organizations to ensure regional health authority, operator and personal care home facility compliance with the provincial IPAC LTC program, the requirement for medical oversight in PCH, and the implementation of the provincial LTC pandemic plan.

Work will continue in 2022 to complete standardization of service delivery schedule agreements to include requirements listed in the ministerial directive letter. |
| 8: Part B | Shared Health, Chief Medical Officer | • Develop the medical advisor role.
• Develop pandemic physician daily visits.
• Revise medical bylaw rules. | Roles and responsibilities for medical advisor and physician visit protocols have been developed to improve medical support and practitioner care for personal care home residents during a pandemic outbreak. The medical staff bylaw, rules and regulations have been revised to include a section specific to pandemic.

Adherence to medical bylaw rules and regulations, and roles for service delivery organizations and site medical leads, is required under ministerial directive and is part of ongoing monitoring. |
| 9 | Shared Health Provincial Integration | • Update the health incident command's structure and roles.
• Strengthen communication between health incident command and service delivery organizations and personal care home sites.
• Conduct an evaluation with stakeholders on proposed revisions to the health incident command structure. | An evaluation with a wide variety of system stakeholders was completed to update the health incident command communication process. The health incident command structure includes a PCH pandemic liaison role, clarified roles and responsibilities, and a process for escalation of the issues between health incident command, service delivery organizations and long-term care/personal care homes during a pandemic.

The revised health incident command structure, roles and responsibilities and triggers for escalation have been included in the provincial LTC pandemic plan |

Recommendations (as per the external review final report)	Lead Organization	Working Group Deliverable	Work Completed
10	Shared Health Communications	• Reorganize the provincial COVID-19 web site to improve access to COVID-19 information specific to long-term care/personal care homes.	The long-term care COVID website was established early on in the pandemic as a resource for health care workers and operators. Resources for long-term care/personal care homes have been updated and these resources are now reorganized as guidance documents on a dedicated LTC webpage. The webpage brings together COVID-19 information, guidance, and resources documents for LTC. The documents are co-located, maintained and updated. This reorganized webpage streamlines and improves access to the most recent information and guidance, allowing long-term care/personal care home operators to review, at a glance, the complete provincial guidance and resource information related to COVID-19.
11	Shared Health Emergency Continuity Management	• Develop standardized provincial approaches to implement and support the provincial long-term care/ personal care home pandemic plan.	Work was completed to update the LTC pandemic plan released in January 2022 to include the most recent infection prevention and control resources, and various sections on escalation triggers to include staff triggers, medical triggers and IPAC triggers. Resources to improve situational analysis and Internet connectivity have been identified. The planning for education and training to support PCH staff to implement improved emergency continuity management is underway and the training will be offered in 2022 to all PCHs to support their enhanced pandemic preparedness.
12	Shared Health Clinical Services Planning	• Develop a long-term care and personal care home provincial report with a focus on ensuring that personal care homes are an integral part of the continuum of care in the health care system.	Work has commenced to renew, revise or repeal provincial PCH policies. This work will be completed in 2022. Formation of the PCH integration network is beginning to ensure the integration of PCHs with long-term care system planning and also ensuring that PCHs are consistently and comprehensively included as an integral part of broader health care system planning in all aspects. Integration of Stevenson Review work responses and outcomes will be aligned with the Seniors Strategy. Monitoring of provincial/SDO and site adoption and implementation of all Stevenson Review responses and outcomes has begun and will be ongoing.

Recommendations (as per the external review final report)	Lead Organization	Working Group Deliverable	Work Completed
13	Winnipeg Regional Health Authority and Rural/Northern SDOs	Develop: • Infection prevention and control outbreak plans • Infection prevention and control education and monitoring standards • An infection prevention and control staffing guideline • An infection prevention and control provincial program standard	A provincial infection prevention and control long-term care program has been approved to increase trained IPAC staffing resources at the provincial, regional and PCH site levels. The program will also provide standardized policies, guidance, education, staff competencies and training. IPAC outbreak plans and resources, as well as guidance for ongoing audits and monitoring in personal care homes, are available on a new dedicated website. A funding proposal for increased housekeeping resources is being reviewed to ensure housekeeping infection prevention and control standards are met.
14 and 15	Shared Health Emergency Continuity Management	Develop: • Overall staffing plan • Pandemic staff redeployment plan • Recruitment and retention plan for personal care homes	Staffing increases have been recommended for direct care staff (nursing and health care aides) and allied health to be implemented in phases as training seats graduate staff in these areas. Plans to increase available training seats and improve recruitment are underway. Guidelines for PCH staffing redeployments have been created and included in the LTC pandemic plan. Work has already begun to align staffing increases with broad health human resource planning to support the recommended staffing plan for additional direct care staff in PCH.
16	Manitoba Health and Seniors Care, Licensing and Compliance	• Phase One – Begin personal care home standards modernization. • Phase Two – Complete personal care home standards modernization.	The working group has reviewed issues emerging from other working groups to inform a planned update of PCH standards, which is expected to continue into 2022 and 2023.

Recommendations (as per the external review final report)	Lead Organization	Working Group Deliverable	Work Completed
17: Part A	Manitoba Health and Seniors Care Quality and Patient Experience	Develop: • Personal care home communication toolkit • Personal care home communication plan • Central government communication plan	The working group has developed communication resources to support communication at the personal care home site, service delivery organization and provincial levels. These tools have been incorporated into the LTC pandemic plan and implemented. They will help organizations communicate effectively with the public and with families during pandemic outbreaks and other crises. A new PCH website has been launched to improve ease of access for families and the public seeking PCH information and resources.
17: Part B	Shared Health, Mental Health and Addictions	Develop: • Psychological support services for personal care home staff • Psychological support documents for personal care home staff • Psychological support resources for personal care home residents	The working group has developed and implemented psychological health and wellness resources and supports for long-term care/personal care home staff. Supports to assist staff to deal with grief and loss, trauma, critical incident stress management, resilience, and mental health and wellness have been offered at both a targeted level and broadly throughout the long-term care/personal care home system. Psychological and wellness supports are posted on the long term care COVID website and will continue to be made available to long-term care/personal care home staff through ongoing employee assistance programs, Manitoba Blue Cross and other staff wellness programs.

Appendix 2 – Acronym List

The following is a list of acronyms used in this document.

ACRONYM	FULL TITLE	ACRONYM	FULL TITLE
		PCH	Personal care home
HR	Human Resources	RHA	Regional Health Authority
IPAC	Infection prevention and control	SDO	Service delivery organization
LTC	Long-term care	SH	Shared Health

Appendix 3 – Acknowledgements

Following is a list of individuals that worked in various capacities to address the Stevenson Review recommendations between February and December 2021. Their involvement and contributions have played a fundamental role in grounding and advancing the work started by Dr. Stevenson and the residents, families and staff at Maples Long Term Care Home.

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Lindy Stanford

Twyla Storey

Gina Trinidad

Julie Turenne-Maynard

Michelle Turnbull

Lori Ulrich

Laurie Unrau

Joanne Warkentin

Barbara Wasilewski

Kimberly Weihs

Jo-Ann Welham

Robert West

Kristyn Wickdahl

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Marianne Woods

Leona Wright

Brent Wynnyk

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Appendix 4 – Governance Structure

Steering Team
To oversee the entire portfolio of work regarding the Maples Report Implementation Plan

Integration Team
To address issues arising from working groups and remove barriers

Working Group for Recommendation 1 -6
Chair: MH – Planning and Knowledge Management

Stakeholder Consultation Required

Short Term

Working Group for Recommendation 7
Chair: SH – Emergency Response Services

Stakeholder Consultation Required

Short Term

Working Group for Recommendation 8A
Chair: MH - Health Services Commissioning

Stakeholder Consultation Required

Long Term

Working Group for Recommendation 8B
Chair: SH - Medical Clinical Leadership & Health Workforce

Stakeholder Consultation Required

Long Term

Working Group for Recommendation 9
Chair: SH - Health System Integration & Quality Outcomes

Medium Term

Working Group for Recommendation 10
Chair: SH - Strategic Communications & Stakeholder Relations

Short Term

Working Group for Recommendation 11
Chair: SH – Emergency Response Services

Long Term

Working Group for Recommendation 12
Chair: Shared Health

Stakeholder Consultation Required

Long Term

Working Group for Recommendation 13
Chair: WHRA - Infection Prevention and Control

Stakeholder Consultation Required

Long Term

Working Group for Recommendation 14 & 15
Chair: SH - Health Workforce

Long Term

Working Group for Recommendation 16
Chair: MH - Licencing and Compliance

Stakeholder Consultation Required

Long Term

Working Group for Recommendation 17A
Chairs: MH – Quality and Citizen Experience / Finance – Communications and Engagement

Medium Term

Working group for Recommendation 17B
Chair: SH - Mental Health and Addictions

Short Term