

APANS Health Services  
Parklane Terrace

STRATEGIC PLAN

2021/2022





## History of APANS Health Services

As a refugee of the war Norbert Schuller came to Canada to start a new life. He trained to become an architect and was able to share his talent in a wide variety of areas including education, commercial and nursing homes. Ann immigrated to Canada from England and worked hard to establish herself as a registered nurse. It's little wonder that when these two met they had a shared vision of quality care.

Norbert and Ann Schuller entered into the business of Long Term Care in the early 1980's. The first home they purchased was Middlesex Terrace. Over the next few years they purchased a number of homes and established themselves as APANS Health Services (Andrew, Peter, Ann, Norbert, Schuller). Both Norbert and Ann worked hard to develop an organization that respects the individuality of the residents and staff. Along with their sons, Andrew and Peter, they have built a health system that is upheld by their core value of choice. Ensuring this is present when making decisions the chain is a value driven organization. Sadly, Norbert passed away in 2008. His legacy lives on in the daily efforts of the dedicated team at APANS Health Services.

APANS now consists of 5 homes; Copper Terrace; Grace Villa; Middlesex Terrace; Park Lane Terrace; and Richmond Terrace along with a corporate team. The homes span a geographical area from Hamilton to Amherstburg Ontario. The group collectively serves approximately 1000 residents annually. They employ over 725 staff and interact with a variety of union and non-union groups.



## WE CARE...

About belonging

About supporting autonomy

About respectful relationships

About our staff who honor those we are privileged to serve

...BECAUSE YOU MATTER

## VISION

To pioneer the possibilities of life's next chapter

## VALUES

We are not bound by our traditions; we are inspired by them

## Our Core Value: CHOICE

C OMPASSION

H OLISTIC

O PEN

I NTEGRITY

C ARING

E THIC

APANS Health Services  
Park Lane Terrace  
2021  
SWOT Assessment

<b><u>Strengths:</u></b>	<b><u>Weaknesses</u></b>
<ul style="list-style-type: none"> <li>● Building is homelike – offer secure unit, Palliative suite, family DR</li> <li>● CMI increase this year</li> <li>● Falls program exceptionally well done</li> <li>● Couples Suites – 4 available</li> <li>● Medical Advisor – is readily available, resourceful, current, communicates with staff, residents, family</li> <li>● CARF – received another 3-year accreditation, prepping for the next accreditation in 2021.</li> <li>● Open Door Policy – if there is a concern management will listen</li> <li>● Educational Opportunities – promote personal growth – Park Lane willing to support workshops and courses for staff – funding and scheduling</li> <li>● Full time Physiotherapy onsite</li> <li>● Variety of programming is extensive including contracted programs i.e. music therapy, pet therapy, esthetician</li> <li>● Resident Focused Care</li> <li>● General Attitude of being proactive</li> <li>● Resident Recognition – life milestones, celebration of life</li> <li>● Staff Appreciation – throughout the year, longevity awards</li> <li>● Feeding certificate offered to all staff</li> <li>● High risk rounds – including proactive approach to risk management. Inc; Braden falls, restraints, responsive behaviors</li> <li>● Prompt access to consultations with Health Care Professions (i.e. Pharmacist).</li> <li>● Consulting dietitian through Seasons Care</li> <li>● Dynamic management team</li> <li>● Palliative care carts are available on all units</li> <li>● Keeping POAs informed</li> <li>● Alternative worker in place and</li> </ul>	<ul style="list-style-type: none"> <li>● Recruitment and Retention of staff is a challenge</li> <li>● Incontinent budget and fluctuation in use</li> <li>● A/C at the back of the building can fluctuate.</li> <li>● Attendance Management program</li> <li>● Available and reliable transportation for residents</li> <li>● Staying within budget</li> <li>● Continued dependance on agency staffing to staff the building</li> <li>● Working short</li> <li>● Organization of Storage items</li> <li>● Esthetics of home, decorations of home are in need of updating especially carpeted areas</li> <li>● Resident washroom at front not close to the dining room</li> <li>● Paging does not enter the office area, kitchen and some areas in the home</li> <li>● Recruitment and retention of qualified, and reliable staff can be a challenge</li> <li>● Noise level at front of building is exhausting for all</li> <li>● No GPA trainers and training</li> <li>● Difficult communication with some families</li> <li>● Not enough secure space for dementia care</li> <li>● Lack of wander guard</li> <li>● RAI MDS inconsistency in charting</li> </ul>

<p>functioning well</p> <ul style="list-style-type: none"> <li>• Collaboration of managers and front-line staff</li> <li>• Improved security with cameras inside and outside, alarms on door</li> <li>• External/corporate support</li> <li>• Using technology ie facetime, zoom for communication</li> <li>• Improved compliance</li> </ul>	
<p><b><u>Opportunities</u></b></p> <ul style="list-style-type: none"> <li>• Growth of Interdisciplinary participation on Teams, Committees</li> <li>• LHINS – opportunity to network with the LHIN</li> <li>• Increase in use of technology</li> <li>• Continue to improve on Resident centered care</li> <li>• Continued strengthening of the Nursing Rehab program via education and communication</li> <li>• Restructuring of our building – from B to A</li> <li>• New policies being rolled out that gives more defined direction aligned with legislation</li> <li>• Continue to boost staff morale</li> <li>• GPA trained coaches and staff</li> <li>• 12 hour shifts/creative scheduling options</li> <li>• Recruitment</li> <li>• Clinical Connect</li> <li>• Develop flexibility of staff to work throughout the home</li> <li>• Replacing aging lifts and equipment</li> <li>• Pleasurable dining</li> <li>• Call bell response</li> <li>• Public Health trialing new surveillance sheet opportunity for collaboration</li> <li>• RAI coding to improve CMI</li> <li>• Opportunity to improve shift to shift and department to department communication</li> <li>• Improve move in process for a smoother person-centered approach to the care we provide</li> </ul>	<p><b><u>Threats</u></b></p> <ul style="list-style-type: none"> <li>• Outside influences – funding structure, MOLTC standards and inspection protocols</li> <li>• Increasing expectations from the resident/families</li> <li>• Staffing shortages of qualified/suitable candidates – throughout area, province</li> <li>• Aging workforce</li> <li>• Threat of current and ongoing Pandemic</li> <li>• RAI-MDS – unknown funding for CMI</li> <li>• Economic uncertainty, impact of covid pandemic on the home and the economy</li> <li>• Physical build of Willow Grove and Cedar Ridge – C standard</li> <li>• Food challenges with rising cost of food</li> <li>• Younger residents</li> <li>• Social media/media</li> <li>• Complex care of residents and high-risk responsive expressions</li> <li>• Resident making personal attacks at the homes’ integrity</li> <li>• Family interpretation of issues in the home</li> <li>• Staff resistant to change</li> <li>• Dependency on use of agency staff</li> <li>• Managing the budget envelopes and the threat to the budget caused by COVID</li> <li>• Lawsuit</li> <li>• Fire sprinkler system</li> <li>• Cost of supplies</li> <li>• Affects of the ongoing pandemic</li> </ul>





# Pursuit of Excellence

To create a framework that supports a meaningful way of life for residents.

To create an exquisite dining experience for residents.

To support a safe and comfortable environment for residents, staff and families.



# Join our Conversation

To develop a process to communicate public reports.

To standardize our reporting processes throughout the organization.

To communicate a consistent portrait of our image using a variety of media.

# Team Engagement

To create a recruitment and development process for our team.

To develop a wellness program that meets the needs of our team.

To develop a work place culture that meets our mission.

# Financial Sustainability

To maximize the Case Mix Index at each of the homes.

To appropriately manage the costs related to WSIB.

To be fiscally responsible.

# Strategic Planning Fall 2021

## Overview

At this session we met as a management team inclusive of or VP of Quality. This year was an opportunity for professional growth as many members of our team had participated in the past and only required minimal training on the process of Strategic Planning. Further, our team had been engaged in the Strategic process throughout the year and were well versed in current and future trends to highlight in our plan. We will invite residents, family members and front-line staff to give input through the surveys to enhance our strategic direction for 2022. It is important to take a moment to review APANS Mission Vision and Value Statements which was to be our guiding principles as we discuss our goals for 2022.

We reviewed our SWOT Assessment – Strengths, Weaknesses, Opportunities and Threats. What have we achieved or continue to strive to reach; what opportunities did we identify, can we move them up to our strengths, have we overcome threats do we have new threats. We were able to move opportunities for 2021 to strengths, demonstrating that we have made considerable strides to improving the home. We also maintained CARF accredited status.

We reviewed our goals representing the four pillars: Pursuit of Excellence, Join the Conversation, Team Engagement, Financial Sustainability. Although there is a Lead Director, each of us play an integral role in achieving and sustaining the goals. We discussed the outcomes, determined if we met the goals in 2020 and then developed a set new of goals for 2022 and assigned each Director to take a lead for a least one of the goals representing the four pillars.

We took this opportunity to review the Resident Satisfaction Survey. These had also been integrated into the development of our strategic direction in providing excellence in care and services and attaining a healthy workplace.

We, the leaders, desire to achieve success in giving those we are privileged to serve a life worth living in a caring and supportive environment that they call home and a place where people want to come to work... because you matter!

**ACCESSBILITY PLAN**

**PARK LANE TERRACE**

**2021**

## Quality Improvement Worksheet

Suggested areas to be addressed: Environmental, Architectural, Attitudinal, Financial, Employment, Communication, Transportation, etc.  
Working to meet the needs of Persons served, personnel, other stakeholders.

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
<b>Architectural</b>							
Bathroom accessibility at front; Door width of bathrooms at front is not suitable for wide wheelchairs. Bathroom size is a challenge due to equipment use.	Increase door width and bathroom size during redevelopment of Willow and Cedar MOH Funding for redevelopment of B and C Homes.  Replace counter tops	Medium	Unknown	APANS	Unknown	Deferred to time of redevelopment	HO Facilities Manager
Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Lack of storage space at front of building	Consider with plan for redevelopment of front. MOH Funding for redevelopment of B and C Homes.  Clean corridor area	Medium	Unknown	APANS	Unknown  Complete annual clean out in linen rooms  Annual	Deferred to time of redevelopment, Moved O2 tanks out of nursing station to service corridor, Tena has its own room  Completed clean out April 2021  Completed quarterly in 2021	Facilities Manager  Home Managers  Managers

<b>Challenge</b>	<b>Solution</b>	<b>Priority</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
Fire Safety at front – no sprinkler system in the event of a fire. Note: All other precautions are installed.	Consider with plan for redevelopment of front MOH funding for redevelopment of B and C Homes.	Medium	Unknown	APANS	2025	Plan is being developed through HO.  Annual assessment completed in October	DES
Windows and screens need to be replaced including window cranks	Audit of all windows to project timeline for replacement/repair	High	Low	DES	OA budgets over multiple years	Window cranks and service on the windows in the home in 2020. Three windows were replaced in 2021.  Continue to review annually	DES
<b>Challenge</b>	<b>Solution</b>	<b>Priority</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
<b>Environmental</b>							
Heating/Cooling within the building is not consistent in all locations		Medium	Unknown	Building Maintenance	End of Redevelopment	Deferred to head office for capital project  System upgrades completed in July 2021. Further investigation being completed by head office to determine opportunities to fix issues identified.	DES
Décor in Tub and shower rooms is very institutional –	Work with staff and residents on	Medium	Depends on plan for the BR	Building Maintenance	Continue to do redecorating in the tub rooms	Management team completed upgrades in July 2021	DCS/ DES/ED

needs to be reviewed	units with this project				throughout the home		
<b>Challenge</b>	<b>Solution</b>	<b>Priority</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
Preventative Maintenance throughout the Home	DOC, Admin & H&S go through home to identify areas of need. Reference inspection reports from the MOH, Public Health and Fire Dept.	High		Other Accommodation	December 2022	On Going  Call bell audits, door audits, Gazebo removed in 2020, new concrete poured in SR court yard and added walkway.  Replaced 3 concrete pad in court yard outside of café and repaired large crack. Completed April 2021	Health & Safety And all Directors
<b>Challenge</b>	<b>Solution</b>	<b>Priority</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
<b>Attitudinal</b>							
Work on Staff recognition opportunities to improve staff moral.	Review and revise staff appreciation events. Increase number of events throughout the year.  Relaunch wellness committee	High  high	\$2000  none	All dept. budgets  Wellness fundraises for budget	Dec 2021  Dec 2021	June 2021 Staff appreciation BBQ and annual awards, celebrated staff response to outbreak resolutions, gift cards for early bird surge completion. October 2021 Ice cream truck for all staff provided by resident council  June 2021 and ongoing monthly events for staff  Launched April 2021	All Managers



<b>Challenge</b>	<b>Solution</b>	<b>Priority</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
Residents and their families have increasing expectations	Continue to ensure that the services we offer are clear at every step in the admission process and throughout their stay at the home. Tour, application, admission contract review, MDC and newsletter.	High	Unknown	N/A	Dec 2021	April 2021 and ongoing. New Zoom Calls with families is working out well.	All employees
<b>Challenge</b>	<b>Solution</b>	<b>Priority</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
Code of Conduct related to staffing	Education and follow up with staff on appropriate communication and sharing of information, coaching and counselling of staff	High	Minimal relates to LR	All	Dec 2021	September 2021, Coaching and counselling of staff consistently with follow up and education, deter social media exposure and sharing/comments, education on performance standards, focus on harassment and bullying.	Directors

<b>Challenge</b>	<b>Solution</b>	<b>Prior ity</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
<b>Financial</b>							
Ensure resident accounts are paid in full	Monitor monthly AR reports with head office.  Contact families as soon as an issue is found	Medium	Unknown		Dec 2022	Complete and on track with processes October 2021	ED  Dir of Business Services
CMI uncertainty can adjust our budget	Continue to monitor changes in resident condition.  Maintaining a list of residents who have a combination of NR and PT to ensure maximized funding.	High	Unknown	Nursing & Programs	April 2021	September 2021 CMI has increased this year by 3 points.	DCS
<b>Challenge</b>	<b>Solution</b>	<b>Prior ity</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
<b>Employment</b>							
Recruitment of Staff is a challenge	Proactive recruitment for staffing.	HIGH	Unknown	Advertising Budget	Dec 2022	In 2021 several staff went off due to Covid related concerns, single site legislation, and medical issues. Staffing is extremely low, we are	DBS DOCS

	Utilize appropriate websites for our area.  Investigate school job fairs for possible recruitment opportunities.					using agency staff full time to help staff the home	
<b>Challenges</b>	<b>Solution</b>	<b>Priority</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
Retention – Challenges around retaining new staff in all departments	Adequate training and cross shift training for employees  Working on scheduling revisions to help with retention by offering more full-time lines, particularly 12 hour shifts.	HIGH	Oriental Cost	Departmental Budget	Dec 2022	Cross training of staff and QCA's completed May 2021  Trial of 12 hour shifts was proposed in February however there was no success in the plan. Will re-address in 2022.	ED Dir CS CS coordinator
Succession Planning in all departments	Anticipate and plan for staff potential	Medium	Unknown	Departmental Budget	Dec 2022	Review completed annually. ED education offered to one manager per year. DOCS considered for 2022	Managers

	retirement, LOA's etc.						
<b>Challenge</b>	<b>Solution</b>	<b>Prior ity</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
<b>Communication s</b>							
To continue to enhance communication with family, POA and staff.	<p>Monthly newsletter.</p> <p>Use of One Call Now</p> <p>Maintain Family Forum meetings at lunch</p> <p>Memos and dept. meetings</p> <p>Maintain Family and Residents invitations to CQI meeting.</p>	Low	Cost in time to collect this information.	Admin budgets.	Dec. 2022	<p>Monthly effective January 2021 &amp; ongoing</p> <p>Review opportunity to have family meetings as needed due to change from family council to family forum.</p>	ED DBS
<b>Transportation</b>							
Resident Transportation is a challenge outside of the town limits,	<p>Lobby politicians</p> <p>Added use of Student First and Sharp</p>	Medium	Unknown		Dec. 2022	<p>Transportation company is changed with contract annually.</p> <p>E-Ride in place but is quite unreliable especially for dialysis appointments.</p>	Management

Paris Taxi is accommodating for special events planned by resident family.	for resident outings.						
<b>Challenge</b>	<b>Solution</b>	<b>Priority</b>	<b>Cost</b>	<b>Funding Source</b>	<b>Due Date</b>	<b>Actual Date</b>	<b>Person Responsible</b>
<b>Other:</b>							
As part of HQO initiative falls reduction is a challenge	Continue to do high risk rounds which includes increasing assessment process Conduct root cause analysis	High	Unknown	MOH: nursing budget; equipment budgets	December 2022	January 2021 High risk rounds are done monthly  The team continues to notify DOCS of all falls as they happen. Care team to review	ADOCS

**CULTURAL COMPETENCY PLAN**

**PARK LANE TERRACE**

**2020**

## Cultural Competency Quality Improvement Worksheets

Working to meet the needs of Persons served, personnel, other stakeholders

Goal	Indicators	Activities	Timeline	Status	Date Completed	Person Responsible
<b>Age/Gender</b>						
To work with the younger population appropriately addressing their individual needs  Younger ADULT PROGRAMS – AGE Appropriate  Monthly Travel Lounge Themed Presentations from Activity connection resources	Review Resident satisfaction survey	Annual resident satisfaction survey.  Develop purposeful activity through the use of the tuck shop for residents to gain self worth	Sept 2020  December 2021	Use students to assist with survey	Sept 2020	Director of P&SS  Director of P&SS
Goal	Indicators	Activities	Timeline	Status	Date Completed	Person Responsible
To offer gender appropriate programs that meet the changing needs of our residents  Jehovah witness programming	Improved satisfaction on annual survey.	Develop specific themed areas in the homes to address gender specific activities.  Consult with resident’s council to develop a plan	December 2021  September 2021			Director of P&SS  Director of P&SS

<p>A lot more out of region applications with ethnic background diversity</p> <p>Families bringing cultural dishes from home</p>						
Goal	Indicators	Activities	Timeline	Status	Date Completed	Person Responsible
Socioeconomic						
<p>Research funding opportunities for resident programs</p> <p>New resident on sunrise in June = new independent programming</p>	<p>Ensure residents are able to participate in all programs and outings regardless of socio-economic</p>	<p>SW research resident opportunities</p> <p>Rate reductions to assist residents in appropriate co-pay. Assistance for residents to obtain appropriate subsidy.</p>	<p>June 2021</p> <p>July 2021</p>	<p>SW is working with residents identified by staff.</p> <p>DOBS working with residents as needed.</p>	<p>July 2020 and ongoing</p>	<p>SW</p> <p>Dir of business services</p>
<p>To improve communications with residents, staff and families who have limited English proficiency</p>	<p>Translation of information on as needed basis.</p> <p>Available use of I-Pad for translation</p>	<p>Sign boards in resident rooms</p> <p>Bill of Rights translated as needed</p>	<p>Summer 2021</p>	<p>Currently use family members/staff members who speak and understand</p>	<p>Summer 2020 and ongoing</p>	<p>All Staff</p>



<p>Utilize the internet based resource to provide language, music, cultural preferences to residents ( Hungarian, Portuguese etc.)</p>	<p>Review list of staff who speak different language</p>	<p>Determine culture of our residents – German, Hungarian, French Q-cards being used as needed to help multi-lingual residents</p>	<p>December 2021</p>	<p>English and the “mother tongue” of resident to translate information and build tools to assist staff with ADL’s</p> <p>Lists of common words/phrases are developed on a one to one basis to assist with daily provision of care.</p>		
Goal	Indicators	Activities	Timeline	Status	Date Completed	Person Responsible
Culture						
<p>Individual cultural differences are recognized in the delivery of resident care to mesh with our resident centered approach.</p> <p>Work with new residents who</p>	<p>Resident Centered Plans formally address and document cultural variables inclusive of Culture, Age, Gender, Sexual Orientation, Spiritual beliefs Socioeconomic status and Language</p>	<p>If there are individualized cultural needs for a resident, they would be outlined in their Plan of Care.</p> <p>Develop a specialized plan of care to meet the</p>	<p>December 2021</p> <p>Upon move in</p>	<p>Currently working with residents and families to ensure that this is being addressed in a timely manner.</p> <p>Use of pictures with resident</p>	<p>September 2020 and ongoing</p>	<p>DOCS and ADOCS</p> <p>Multi-disciplinary team</p>

have special cultural needs  Food based of Culture and client groups Aboriginal Based Programming requested (once things open up)		residents cultural needs				
Goal	Indicators	Activities	Timeline	Status	Date Completed	Person Responsible
To identify current practices within the Home that are utilized to recognize or celebrate Cultural Diversity.	Evidence of Cultural Events throughout the Home.	Themed meal days for both staff and residents to highlight different staff cultural backgrounds.	December 2021	Pride month signage on our front lawn, should this be reviewed with Resident Council? All lives matter		Program Director & Dietary
<b>Persons Served</b>						
To ensure alignment of program policies and procedures with culturally competent principle and practices	Program policies and procedures are regularly reviewed and revised to reflect awareness and importance of Cultural Competency	Review and assess new program policies and procedures. As policies and procedures are reviewed, they are examined for CC content	April 2021	June 3		Multi-disciplinary team
Goal	Indicators	Activities	Timeline	Status	Date Completed	Person Responsible
To improve the communication within the family when needs arise	Facilitate open communication with the family.	Education opportunities are required by all staff.	December 2021	Ongoing	September 2020 & On-going	Multidisciplinary team

caused by family dynamics	Resident specific education for staff as needed on individual sexual preferences, cultural differences, race, religion, etc.  Annual Surge Learning	New care conference process has been a significant improvement Zoom calls, one calls and emails to families for updates Accommodations made with families regarding indoor, outdoor, skyping and facetime visits	December 2021	Use of the social worker to assist resident and family dynamics  Care conferences assist with establishing a common plan that can be upheld despite family dynamics	March 2020 & ongoing  Reviewed June 3	Multidisciplinary team
Goal	Indicators	Activities	Timeline	Status	Date Completed	Person Responsible
<b>Spiritual Beliefs</b>						
Further develop access to spiritual care during palliation	Ensure all residents have appropriate access to meet their spiritual needs at end of life	Jehovah's witness group organized at end of 2019 Updated list in the chapel for spiritual guidance in the community since we don't have a pastor in house Two staff being trained in palliative education	December 2020		Reviewed June 3 Covid limits participation, 4 volunteers are ready to go when able	Director of PSS and ADOCs
<b>/vbnm,.Sexual Orientation</b>						
Ensure staff understand the	Respect of privacy for residents.	Educate staff on the corporate	Spring 2021	Program developed by	June 2020 & ongoing	DOCs, ADOCs

importance of individual sexual, intimacy in LTC		algorithm and policy for intimacy and sexuality in LTC		head office and shared with the homes	Reviewed at Resident Council in May, re-unification of spouses, training in surge June 3	
Culturally sensitive appropriate recognition of individualized identification		New question on LHIN application asks M, F or other Resident & spouse privacy  Staff will identify their preference	Spring 2021		June 3rd	
Race		All residents are welcome in our organization regardless of race, creed or colour.  Employees are hired according to the best person for the position regardless of race, creed, or colour	December 2021		Reviewed June 3	

This plan was reviewed at the Managers meeting held February 2<sup>nd</sup>. There are no further revisions to the plan.

We will conduct another review again in 6 months, right now in the pandemic 67890-with 25 empty beds we will have a significant changeover in residents and meeting their cultural needs may be significantly different from when this exercise was undertaken.



# **RISK MANAGEMENT PLAN**

**Park Lane Terrace**

**2021**

# Risk Management Quality Improvement Worksheet

Working to meet the needs of Persons served, personnel, other stakeholders

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
Maintaining a secure environment	<p>Threat to safety with open doors</p> <p>General public, resident family visitors</p> <p>Advocate for the possible use of cameras in halls and public areas</p>	Monitor for potential threats and escalating situation.	<p>Door audits, window audits</p> <p>Double chain and screwed screens</p> <p>Accushield</p> <p>Covid restrictions-one entry/ exit point enhanced in May 2021 following IPAC audit</p>	Investigate possible use of exterior stakeholders i.e. police, MOLTC, Pinkertons	<p>The back-exit door is secure at 9 pm, cameras on all doors, and exterior cameras, alarms added to all doors that have keypad, gate on sunrise secured. Quotes for wander guard for 2021, (deferred)</p> <p>Emergency codes were updated. (code training continues for all shifts)</p>	<p>Cameras installed in 2020 to common areas</p> <p>Timer set at front door 6pm-6am during COVID and one at back door.</p> <p>Keypads installed to doors for tub rooms, server doors and treatment rooms 2021</p> <p>March 2021- Front door was the only entry/ exit point</p>	<p>ED</p> <p>ITX Solutions</p>
The threat of influenza and/or pandemic and/or infectious outbreaks.	High risk of prevalence for influenza cases in resident and staff due to inadequate staff		Annual Flu Clinics – increase number of “official” flu clinics provided to staff. To enhance communication of	Education – regarding vaccinations will be provided to staff, families, volunteers and	Staff who do not receive immunization are required to provide proof of Tamiflu script annually, with	<p>January &amp; February 2021</p> <p>No outbreaks related to Influenza since the wearing of</p>	IPC Committee

						<p>masks has been in place, residents also not being Dx with influenza. The residents remain covid free</p>	
<b>Identification of Loss Exposure</b>	<b>Evaluation and Analysis of Loss Exposure</b>	<b>Identification of How to Rectify Identified Exposures</b>	<b>Implementation of Actions to Reduce Risk</b>	<b>Reporting Results of Actions Taken to Reduce Risk</b>	<b>Inclusion of Reduction in Performance Improvement Activities</b>	<b>Actual Date</b>	<b>Person Responsible</b>
	<p>Immunization rates.</p> <p>COVID rates high in the community</p>	<p>Education sessions for staff, volunteers and family members</p>	<p>Clinics by posting signs throughout the Home and by word of mouth.</p> <p>Communication – continued communication with health unit, families, staff and community partners. Continuing involvement in local IPAC meetings.</p> <p>COVID clinic in the home to provide immunizations to staff and residents, PH came on site for further clinics, vaccine now provided to the DCS to do residents, staff and essential</p>	<p>Residents commencing in October to provide time for staff to consider options. Education will also include revisions to Staff Exclusion Policy.</p> <p>STATS – Review Resident and Staff immunization rates annually at PAC, and management meeting.</p>	<p>Proof of purchase during the outbreak</p> <p>Number of staff immunizations</p> <p>Number of resident immunizations</p> <p>Number of staff refusing to take immunization and/or Tamiflu.</p>	<p>Ongoing collection of immunization rates for staff, allied health and Residents. % of compliance reported regularly</p> <p>Currently working to obtain 95% vaccination rate for COVID at 90% as of Oct 2021</p>	

			caregivers in the home (July 2021)				
The front of the building improvement in aesthetics	The front area is older and requires ongoing improvements	Plan of action for painting and ongoing repairs.	Implement plan for improvement	Added flooring as needed  Painting all home areas	Monitor satisfaction surveys. Ongoing painting projects.	Spring 2021  Ongoing	ED, DES
<b>Identification of Loss Exposure</b>	<b>Evaluation and Analysis of Loss Exposure</b>	<b>Identification of How to Rectify Identified Exposures</b>	<b>Implementation of Actions to Reduce Risk</b>	<b>Reporting Results of Actions Taken to Reduce Risk</b>	<b>Inclusion of Reduction in Performance Improvement Activities</b>	<b>Actual Date</b>	<b>Person Responsible</b>
	To keep up with competitors  Follow up on MOH, Public Health and Fire Dept, reports	Plan for painting unit Ongoing surveillance of unit for improvement needs.  Plan for dining room improvements	Privacy curtains purchased fall 2021  Dining room chairs and common area furniture Summer 2021  New dining table purchased April 2021. With cohorting we needed more tables Increased wide beds and mattress with capital funds in July 2021		New furniture in dining room, new beds, touch up painting, ½ door installed in front nurses station, lock on cedar work room door replaced, Cedar & Willow split for COVID, resident council donation for outside furniture for staff, outside repairs in courtyard	January 2021 purchased privacy curtains  April 2021 purchased dining room tables	
Family expectations of care may be a challenge for the physician as well as the team.	The public perception and internet access to information is making it difficult to manage family expectations. The challenge to	Open communication with family.  Educate family on resident needs and progression of	Strong customer service from the beginning to develop a strong tie with the family.  Proactive meetings with difficult families	Monitor each family to ensure we are aware of challenges	Weekly one calls to families throughout COVID, more rapport, respect & credibility with families, monthly newsletter	March 2021 & Ongoing	Management Team



	homes for not being able to justify information is creating a difficult	disease process as needed.  Ensure the family is notified in a timely fashion to ensure they are	as needed to circumvent needs.  Open communication and open-door policy to		updates, no trespass order in place  Regular covid updates to families continues July 2021  Resident satisfaction questionnaire feedback from Family Council requests a family satisfaction survey	Updates to families started in June 2021 Now on going	
<b>Identification of Loss Exposure</b>	<b>Evaluation and Analysis of Loss Exposure</b>	<b>Identification of How to Rectify Identified Exposures</b>	<b>Implantation of Actions to Reduce Risk</b>	<b>Reporting Results of Actions Taken to Reduce Risk</b>	<b>Inclusion of Reduction in Performance Improvement Activities</b>	<b>Actual Date</b>	<b>Person Responsible</b>
	Environment for staff  Exposure from high profile cases in current media have created mistrust in the industry	Made aware of needs and changes	Stay ahead of the issues		With communication improving family involvement in plan of care		
The home is having difficulty recruiting and retaining	We currently have several empty lines in all departments.	Ongoing advertising for positions as well as interviewing and orientation	Encourage student placements  Maintain staff recognition program	Monitor resignations vs new hires	alternative worker, signs on the lawn, contingency plans in place for	May, June, July, Aug increased agency use to cover summer vacations.	All Managers

qualified staff in all departments	<p>We are not getting applicants when advertising</p> <p>Staff replacement for the holidays is not available making it difficult for staff to take vacation.</p>	<p>Try not to pull staff during orientation</p> <p>Create opportunities to partner with teaching institutions</p>	<p>Investigate the use of the website for recruitment, improve website recruitment.</p> <p>The use of Maxwell Management for recruiting purposes.</p> <p>Plan A recruitment</p> <p>Sign on front lawn</p> <p>2 foreign workers recruited and hope to have them start in June 2021</p>	<p>Monitor empty lines in each department</p> <p>Amalgamate lines</p>	<p>working short, using RN's in RPN lines, formulated relation with Conestoga College for nursing, attended job fair the new Orientation meeting is improving the ability to assess for further training</p> <p>Indeed postings, hopes of QCA's staying on as Alt workers, Plan A usage, 18 QCA's hired</p> <p>Coordination of training &amp; orientation has improved</p>	<p>Corporate team assisting with keeping Indeed postings refreshed</p> <p>Contracts signed with 3 local colleges to take students Spring 2021</p> <p>Awaiting arrival of TFW's</p>	
<b>Identification of Loss Exposure</b>	<b>Evaluation and Analysis of Loss Exposure</b>	<b>Identification of How to Rectify Identified Exposures</b>	<b>Implementation of Actions to Reduce Risk</b>	<b>Reporting Results of Actions Taken to Reduce Risk</b>	<b>Inclusion of Reduction in Performance Improvement Activities</b>	<b>Actual Date</b>	<b>Person Responsible</b>
The homes wait list for perspective residents is reasonable. The threat is due to	<p>We currently have 30+ people on the list.</p> <p>Significant reduction in the</p>	Reduced wait list will result in difficulty maintain the 97% for full funding.	Reduced funding will reduce the ability to maintain proper staffing levels for the residents in the home.	Continued attendance AT LHIN meetings to improve relationship with LHIN team.	Waitlist took a dip due to the recent negative media 30+ names on waitlist, mostly basic	Ongoing work on image of home in the community.	DOCS

the negative media and maintaining the preferred accommodation applicants.	number of preferred accommodations to the list.	Reduced preferred accommodation will result in reduction funding for added programs.			accommodation, high percentage for secure unit.  Feedback from resident and family satisfaction surveys are analyzed for annual improvement initiatives.		
There is an increased number of residents using powered wheelchairs.  Difficulty consistently following safe practice.	Increased damage to the building  Concern of safety of co-residents and staff. Scooters are not permitted for indoor use.  Testing of resident's capability to continue using motorized	Ongoing assessments of residents for safety and capability of use.	Investigate option of removing right of use inside the home if not using safely. Use by use review. Document review of risk with resident.	Plan developed with successful outcomes.  Ongoing training testing and auditing of safe use.	Reviewed policy for power use inside the home.  Educate residents and families.  PT assessment for residents as needed.  Option to create contract for all residents who use power wheelchair	January 2021 & ongoing	PT/ADOCs The number of residents using motorized wheelchairs in the home has decreased by two. We hope to have a further reduction as the year progresses.  One resident had significant injury to leg while using motorized chair
<b>Identification of Loss Exposure</b>	<b>Evaluation and Analysis of Loss Exposure</b>	<b>Identification of How to Rectify Identified Exposures</b>	<b>Implementation of Actions to Reduce Risk</b>	<b>Reporting Results of Actions Taken to Reduce Risk</b>	<b>Inclusion of Reduction in Performance Improvement Activities</b>	<b>Actual Date</b>	<b>Person Responsible</b>
	Equipment inside the building.						

Elopement risk	<p>The home currently has residents who are exit seeking</p> <p>Acuity of new admissions</p>	<p>Increase programs and sensory stimulation.</p> <p>Awareness of staff for residents who are at risk</p>	<p>Enhanced sensory rooms throughout the home</p> <p>Offer variety of programs.</p> <p>Montessori programs</p> <p>Wandering risk and behavioral assessments</p>	<p>Identification bracelets</p> <p>Single door access</p>	<p>Travelling music themed rooms</p> <p>1:1 Pinkertons, resources rooms for residents/family, rummage rooms, independent outlets, PRC involvement</p> <p>wandering registry, enhanced window security on Sunrise, enhanced signage to alert visitors of risk, 910 meetings with BSO, and PRC, Social worker is very important to avert risk, Senior's mental health outreach, keypads are alarmed, using DOS, window and door audits</p>	<p>New sensory devices attached to the walls in sunrise and twin May 2021</p> <p>Family donation to enhance Sunrise with new sensory tools</p> <p>Change in BSO staff person has been a big improvement overall.</p> <p>January 2021 &amp; ongoing</p>	Dir PSS
<b>Identification of Loss Exposure</b>	<b>Evaluation and Analysis of Loss Exposure</b>	<b>Identification of How to Rectify Identified Exposures</b>	<b>Implementation of Actions to Reduce Risk</b>	<b>Reporting Results of Actions Taken to Reduce Risk</b>	<b>Inclusion of Reduction in Performance Improvement Activities</b>	<b>Actual Date</b>	<b>Person Responsible</b>

					improved communication with Physician		
Public Reputational Risk	Negative Media	Staff huddles regarding media, one calls and zoom calls with families  Maintaining open lines of communication with families	Complete resident and staff survey, created mini survey's	The survey participation was 95% of residents.  Both Councils had input into the survey	Negative media  Some media for exceeding MOH directives on attestation, Clear of COVID, no outbreaks Good communication and f/u with families	Spring 2021  April to Oct 2021	ED, all staff
Maintain Compliance achieved in 2020	Attaining and maintaining compliance.	Developing and enforcing good practices  Auditing and coaching regularly.  Corporate support and structured change initiatives	Established Programs leads to maintain mandatory programs  Implementation of staff education surrounding MOLTC regulations  Staff compliance with policy and procedure  ADOCS' completing regular auditing to ensure compliance	Significant Auditing, data analysis & trending.	Cleared the outstanding 7 Compliance orders and 2 DRs	July 2021  CIS's remain low, only 6 to July 2021. Most recent CIS will have a citation related to late reporting by the PSW.  Still awaiting the Enviro compliance plan to be cleared.	Management team

# **TECHNOLOGY PLAN**

**Park Lane Terrace**

**2020/2021**

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
Tablets on Snack/Beverage Carts & Serveries	Determining funding	8-10 k per home	Looking for correct devices – Barb contacted Grace Villa	ITX Solutions	Spring 2021	April 6, 2021	Copper Terrace completed, rest of the homes to come once funding determined  Received tablets for table side select in the dining rooms. Working with Meal Suite to get training for our staff to implement them.
Intouch Computer component of TV Info Boards updated with Pharmacy Change	Review contract and formalize	Unknown	Getting content ready to go, meal choices and weekly menu at a glance need to be changed easily when substitutions occur  Ongoing cost of the system	IITX Solutions and ED	Spring 2022  Need to revise new pharmacy	In touch updated Spring 2021	Pharmacy service provider change has affected this project
Computers/Laptops have a 5-7-year lifecycle typically  Laptops and desktops throughout the home	Replace as they fail, however good idea to budget for 5-8 per year	Each computer with software is approx. \$1000-\$1300		Eds, ITX Solutions	Annual Budget	Completed March 2021 40K in capital	Continue to add under guidance of ITX Solutions

were assessed, revised or replaced						Annual updates	
<b>Software</b>							
Connection to E-Connect for all homes	Corporate office and Director of	Based on Resident population,	Training time, policy development	DOCS & VP of Best Practice and Innovation	Spring 2021	Spring 2021	Completed for all homes Spring 2021 Working through login issues with the home.
<b>Goal</b>	<b>Action Required</b>	<b>Cost Associated</b>	<b>Challenges</b>	<b>Responsible Person</b>	<b>Target Date</b>	<b>Actual Date</b>	<b>Status</b>
	Clinical Services collaborating on set-up through PCC	Approx. .04 cents per diem					
<b>Security/Confidentiality</b>							
Symantec Antivirus. Malware Renewal	Renew antivirus	Unknown		ITX Solutions	Spring 2021	Spring 2020	
Confidentiality Declarations are signed at hire and annually. Remote access confidentiality form is also signed by all employees who have remote access.	Annual education in Surge Learning shall include training on confidentiality and signing declaration	None	None		April 2020	October 2021	Done through surge annually
Next Generation Firewall Renewal	Renew subscription to get protection current and replacement hardware	\$500 - \$1000 depending on size of the device at the home	Security is becoming something that requires keeping on top of	ITX Solutions	Yearly, renewal 3-year period 2023	Completed March 2021	Renewed as they come up for renewal



	under warranty program. When renewed it is important to upgrade firmware as well.		things and it is critical that we continue to keep the networks as secure as possible				
<b>Assistive Technology</b>							
Assistive Computer systems in all Homes available to all residents	To maintain equipment and accessibility for resident Computers in the Homes	\$500 annually	Maintaining a schedule for accessibility For all residents	Director of Programs and Support Services	Annual budgeting	Feb 2021	Resident computer and 5 IPADS used for skyping 1:1 music opportunities. <ul style="list-style-type: none"> <li>Facilitating cultural programs using tablets YouTube/music/food/dance)</li> <li>6x new MP3 Players on each unit. All varieties of music</li> <li>Variety of adaptable headphones to accommodate for Hearing barriers</li> <li>Working with a community resource to facilitate computer training sessions for seniors</li> <li>BSO donated IPOD, Bluetooth speakers for resident use</li> <li></li> </ul>

<b>Goal</b>	<b>Action Required</b>	<b>Cost Associated</b>	<b>Challenges</b>	<b>Responsible Person</b>	<b>Target Date</b>	<b>Actual Date</b>	<b>Status</b>
Wireless System refresh at Park Lane Terrace	Wireless System is getting very old, should be replaced before it fails as we can't be without it	12K	Wireless systems are getting old, and much better technology exists		2020	February 2020	
POC Kiosks, require upgrades as needed	None		POC Kiosks are aging and will need to be replaced		Dec 2020	May 2020- 4 Kiosks replaced in hallways Some Dining room kiosk replaced	
<b>Goals</b>	<b>Action Required</b>	<b>Cost Associated</b>	<b>Challenges</b>	<b>Responsible Person</b>	<b>Target Date</b>	<b>Actual Date</b>	<b>Status</b>
Communication tool by the punch clock	Investigate the opportunity to have a communication screen in the staff room	Unknown	Maintaining information  Installation  Cost	ITX Solutions  Executive Director	Dec 2022	October 2021 (Looking at TV at punch clock for staff updates	Punch clock moved due to COVID

	Consider the use of paper tools						
Make improvements to the Portable phones throughout the home- as they are not consistently working	Investigate the signal strength and work with IT to determine if a stronger signal is possible	Unknown	Cost  unknown	ITX Solutions  Executive Director	September 2021	March 29 <sup>th</sup> 2021 and ongoing	Significant issues ongoing – back of house has problems with ongoing internet and portable phone use Many Portable phones are missing will need to be replaced
<b>Home Specific</b>	<b>Action Required</b>	<b>Cost Associated</b>	<b>Challenges</b>	<b>Responsible Person</b>	<b>Target Date</b>	<b>Actual Date</b>	<b>Status</b>
Addressable call bell software	Revise the software to be able to track call bells ringing and the risk of call bell parts not being available	\$65,000	Exorbitant Cost	DES	September 2022		2 panels replaced – Need to add to 2022 capital
Improve accessibility of kiosks from dining rooms	Move kiosks to another area so they can be used	unknown	Where to mount	ITX	March 2021	March 2021	Completed
Streamline recreation and rehabilitation documentation process.	APANS to collaborate with Wellbi to develop a standardized platform for recreation/rehab documentation	Subscription cost of approx \$1500 per year.		APANS Leadership team  DOPASS	November 2021		
Group drive cleanup (PLT)	The home is to work collaboratively	Unknown	Time	All Leadership team	March 2022		

	with ITx Solutions to organize the group drives within the home.						
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# **Parklane Terrace**

## **Attendance Strategic Planning**

### **Leadership Team:**

Executive Director – Carol Bradley

Director of Clinical Services – Jessica Marcotte

Associate Director of Clinical Services – Yvonne Adebo

Associate Director of Clinical Services – Amber Potter

Director of Business Services – Nikki Schermerhorn

Director of Environmental Services – Barry Lee

Director of Programs and Support – Alexandra Seymour

Direct of Culinary Services – Amanda Sager

Infection Control Lead – Kim Kroeplin

RAI Coordinator – Christina Yates

Corporate - Joe Anne Holloway; Susan Hastings



APANS

Health Services

### **Home Strategic Direction Goals for 2021-2022**

#### **1. Team Engagement:**

**Goal:** To improve communications within the home. This will be measured from the staff survey question #2. We will increase the positive outcome by 10% from a base of 66% to 76%.

#### **Objectives:**

- Develop super users to help educate staff on the communication page in PCC
- Decrease silos of home areas
- Decrease silos of departments
- Increase the staff homes' knowledge so that each department connects
- Establish awareness of programs and program leads
- Re-establishing opportunity for in-person meetings for registered staff and PSWs
- Trial communication books on each unit
- Weekly huddles on Thursdays 1000 & 1500

#### **Outcomes:**

#### **Leads:**

ED, ADOCS 1&2



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## **Home Strategic Direction Goals for 2020-2021**

### **2. Financial Sustainability:**

#### **Goal**

- To maximize the case mix index by increasing our CMI from a baseline of 1.0423 to 1.05 by April 2022
- Reduce the use of agency

#### **Objectives:**

- Audit residents charts for accuracy
- RAI coordinator continues to audit residents electronic and paper charts when coding
- New admission checklist developed to ensure capturing all necessary items in plan of care
- Complete plan of care audits quarterly. Trend and Analyze for improvements
- The audits are analyzed and dictate a lot of the same issues which relate to immunizations, care planning items, which will be addressed with pharmacy roll out in September 2020 and with education for staff
- Once new corporate policy roll out occurs nursing team will implement admission, and quarterly audits to ensure all clinical components captured at the time of coding, opposed to afterwards
- Work with corporate consultant to develop strategies
- No new strategies
- Implement corporate strategies as directed
- No new strategies directed
- The home maintains AIS testing annually for all employees
- This was completed by all employees who code RAI in 2020
- We will have all employees who code complete the training by end of 2021
- Monitor the internal CMI monthly and address deficiencies
- Monthly the RAI coordinator provides the DOCs a list of those assessed during that time period and if their RUG scores have increased or decreased and the reasoning
- Provide training for all new hired on PCC and RAI MDS through the training portal
- RAI coordinator and nursing team to work on documentation education - care planning education as well as PCC to optimize funding opportunities

- Monitor and maximize restorative nursing
- Nursing restorative meetings continue to occur monthly to review caseload as well as new potentials and discharges
- Challenges around staffing have led to difficulties completing nursing restorative at times
- Our most recent CMI has noted that nursing restorative is not being maximized at the 5%
- COVID has impacted the nursing restorative program and we will continue to monitor for further financial impact however the MOH has dictated that funding will be maintained for a certain period
- Registered staff to monitor the restorative nursing team
- ADOC continues to lead and monitor the nursing restorative program
- ADOC plans monthly meetings and tends to the follow up
- DOCs and ADOC discuss the challenges pertaining to nursing restorative and work with the scheduler to develop plans that limit or prevent using nursing restorative for front line PSW

## **Outcomes**

### **Lead**

DOBS, RAI Coordinator





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## **1. Pursuit of Excellence:**

### **Goal**

To improve the overall resident satisfaction with their meals from a baseline of 87.4% by 5% to 91.77% based on the Resident Satisfaction Survey, specifically where residents indicate “I enjoy the food that is provided to me.”

### **Objectives:**

- Complete mini audits at time of meals, across all meals, to determine resident satisfaction with meal – put focus on those residents who have previously answered no to “I enjoy the food provided to me”
- Include residents in determination of meals provided through regular food committee meetings
- Include families in resident’s dietary plan of care
- Use themed food days to introduce special food items to residents and celebrate special holidays/nationalities seen within our home
- Engage residents in special clubs, (ie mens breakfast monthly, take-out lunch meals monthly by unit, etc) to incorporate positive events with meal times
- Continue to ensure timely and comprehensive follow up on concerns/complaints r/t food/dining service
- Provide families with a safe, COVID-19 friendly space to enjoy meals with their loved ones including the option to purchase a meal ticket

### **Outcomes:**

**Lead:** DCS + DOPASS



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## **Home Strategic Direction Goals for 2020- 2021**

### **1. Join our Conversation:**

#### **Goal**

To improve the perception of the complaint process as indicated in the question “When I have raised concerns or complaints, they are resolved to my satisfaction,” from a baseline of 85.3% by 5% to 89.6% by August, 2022.

#### **Objectives**

- Launch new complaint process from the new policies and procedures.
- Educate staff and families on the difference between a formal written complaint and other matters that require follow up
- Educate staff on their autonomy to address a complaint within their scope of practice and appropriate documentation
- Promote staff communication regarding concerns from families to management if they cannot be managed by the frontline staff
- Focus on timely complaint follow up and that their satisfaction has been documented
- Maintain open door policy for residents and families
- Timely follow up from any resident/family council concerns
- Ensure trends that ED identifies from complaints analysis are reviewed quarterly at quality meetings and action plans are put in place to prevent future concerns/complaints

#### **Outcomes**

- 

#### **Lead:**

DOCS + DPSS



## PLT Strategic Direction Goals for 2021

### **1. Team Engagement:**

To develop a wellness program that meets the needs of our team. This will be measured from the staff survey question number 1. We will increase the positive outcome by 4% from a baseline of 4.06 to 4.22 by May 1, 2021.

### **Objectives:**

- Further develop the wellness program.
- Develop a program that addresses a wide variety of wellness opportunities for our employees that includes body mind and soul.
- Create a list of fun events to engage staff. I.e. "Park Lane Bucks", positivity campaign.
- Consider reestablishing the shout outs.
- Continue to publicly appreciate staff for real time events.

### **Outcomes:**

**Lead** DES and DPSS

### **Team Engagement (DOPASS & DCS) June 2021**

\*GOLD STAR PROGRAM – July 2021 (see Attached)

### **\* Monthly Themed Days –**

JUNE CHOC Ice Cream Day

JULY – ICECREAM SANDWICH DAY (CANADA THEMED) DRESS IN RED

AUGUST – BBQ

SEPT –50/50

OCTOBER – HALLOWEEN DRESS UP COSTUME

NOVEMBER – 50/50- Soup Day

DECEMBER – Themed Dress up days and Monthly draws

Attendance awards, anniversary

## **2. Financial Sustainability:**

To maximize the case mix index (CMI) by increasing our paid CMI by 0.01 from a baseline of 1.0237 to 1.0337 by April 2021.

### **Objectives:**

- Audit resident charts for accuracy.
- Complete 5 Plan of Care Audits quarterly. Trend and analyze for improvements.
- Work with corporate consultant to develop strategies.
- Implement corporate strategies as directed.
- The home maintains AIS testing annually for all employees that do coding.
- Monitor the internal CMI monthly and address deficiencies.
- Provide training for all new hires on PCC and RAI-MDS through the training portal.
- Monitor and maximize restorative nursing.
- Registered staff to monitor the restorative nursing team.

### **Outcomes:**

#### **Lead** DOCS and DBS

Reduce the use of agency

Objectives:

Audit residents chart for accuracy

- RAI coordinator continues to audit residents electronic and paper charts when coding
- New admission checklist developed to ensure capturing all necessary items in plan of care

Complete plan of care audits quarterly. Trend and Analyze for improvements

- The audits are analyzed and dictate a lot of the same issues which relate to immunizations, care planning items, which will be addressed with pharmacy roll out in September 2020 and with education for staff
- Once new corporate policy roll out occurs nursing team will implement admission, and quarterly audits to ensure all clinical components captured at the time of coding, opposed to afterwards

Work with corporate consultant to develop strategies

- No new strategies

Implement corporate strategies as directed

- No new strategies directed

The home maintains AIS testing annually for all employees

- This was completed by all employees who code RAI in 2020
- We will have all employees who code complete the training by end of 2021

Monitor the internal CMI monthly and address deficiencies

- Monthly the RAI coordinator provides the DOCs a list of those assessed during that time period and if their RUG scores have increased or decreased and the reasoning

Provide training for all new hired on PCC and RAI MDS through the training portal

- RAI coordinator and nursing team to work on documentation education - care planning education as well as PCC to optimize funding opportunities

Monitor and maximize restorative nursing

- Nursing restorative meetings continue to occur monthly to review caseload as well as new potentials and discharges
- Challenges around staffing have led to difficulties completing nursing restorative at times
- Our most recent CMI has noted that nursing restorative is not being maximized at the 5%
- COVID has impacted the nursing restorative program and we will continue to monitor for further financial impact however the MOH has dictated that funding will be maintained for a certain period

Registered staff to monitor the restorative nursing team

- ADOC continues to lead and monitor the nursing restorative program
- ADOC plans monthly meetings and tends to the follow up
- DOCs and ADOC discuss the challenges pertaining to nursing restorative and work with the scheduler to develop plans that limit or prevent using nursing restorative for front line PSW

### **3. Pursuit of Excellence:**

To support a safe and comfortable environment for residents, staff and families by reducing the number of incidents of responsive expressions from resident to resident by 5 annually from a baseline of 155 to 150 by December 31, 2021

#### **Objectives:**

- GPA type training for all staff. Got 10 spots from BSO for virtual training, 5 PSW's in the course
- Investigate the opportunity of certifying in home GPA trainers. Not during pandemic due to staffing
- Collaborate with community partners to provide training support. Collaborated with Proresp and BSO, still awaiting NLOT replacement, Pharmacy, Sr mental health, Baycrest, LHIN education
- Work with BSO and PRC on individual resident cases. Continues through 910, in house BSO lead changed and is an improvement
- Investigate opportunities to purchase appropriate equipment for resident safety. New sensory devices and abby bd, falls equipment
- Continue to support and coach staff regarding specific incidents. Trigger analysis. BGH collaboration for DC's transisiton and follow up with Baycrest on upcoming items
- Hands on coaching with specific situations. continues
- Education for registered staff on proper documentation.
- Endeavor to fill all shifts in advance through aggressive recruiting.
- Reduce Pinkerton usage increase use and code whites and new admissions related to pandemic admission changes

#### **Outcomes:**

**Lead** ED and ADOCS #1

Amended goal: due to staffing shortfall and continued Covid measures where classroom setting/community partnerships are not achievable, we have amended our goal to:

To support a safe and comfortable environment for residents, staff and families by mitigating risk of exposure to Covid 19 and undertaking measures to limit the risk of outbreak within the Home. Our goal is to have zero covid outbreaks in the home and zero resident illness related to Covid 19.

#### **4. Join our Conversation:**

To improve the image of the home within our team by improving the positive response to question 13 in the employee survey by 5% from a baseline of 3.53 to 3.71; and question 30 in the resident survey by 5% from a baseline of 81.03 to 85 by September 2021.

#### **Objectives:**

- Continue to provide staff appreciation events regularly to feedback positive messages.
- Initiate staff needs surveys.
- Continue recruitment efforts.
- Educate staff to not share unnecessary information that impacts the resident's emotional wellbeing.
- Engage family in recreation activities.
- Enhance recreation activities for residents.
- Inclusion of residents and families in the Plan of Care.
- Continue to ensure timely and comprehensive follow up on concerns/complaints.
- Promoting wellness programs.

#### **Outcomes:**

**Leads:** DCS and ADOCS #2 - The "A" team