

**HOMES FOR THE AGED DIVISION
ACHIEVEMENT OF 2007 DIVISIONAL OBJECTIVES**

Objective	Success	Indicators of Achievement
Care and Services:		
To continue to strengthen our culture that characterizes services that are respectful and supportive and enable residents to achieve their quality of life priorities.	Partially Achieved	<ul style="list-style-type: none"> • Eight (8) of the ten (10) homes participated in the formal implementation of one RNAO best practice guideline; these included continence, skin and wound management, 3 D's and falls management. Implementation in each home was identified as a QI enhancement and is reported through QI site council. • Evaluation of clinical outcomes is ongoing and reported through QI council. • RNAO and BP Champions meetings are scheduled for 2008 to provide a forum to discuss implementation lessons learned, barriers, internet access and sustainability.
	Achieved	<ul style="list-style-type: none"> • The inter-home, inter-disciplinary 'Live to Eat' committee met twice in 2007. • An excel tool was developed to assist homes in summarizing and interpreting the results of their Dining Audits. This monitoring assists each home to develop plans to continuously improve their dining service. • A marketing plan was developed and implemented to involve volunteers in dining assistance in conjunction with the Manager of Fundraising and Volunteer Programs. • The role of the Volunteer in the dining room was clarified by supporting policy and training programs. • Plans are underway to develop and produce a dining video as a tool to further the education of HFA staff.
	Achieved	<ul style="list-style-type: none"> • Conducted a comprehensive post implementation evaluation of the customer service function. A report with recommendations for improvement will be considered by senior divisional management in early 2008. • Continued to enhance focus on and respect for residents' rights amongst all staff. Inservices on Resident's Rights were offered to staff in all homes. • Offered specialized Customer Service Training to 14 Customer Service Clerks. • Acted on all non-compliance related to residents' rights. • Acted on all suggestions from Residents' Councils in a timely, comprehensive manner.

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		<ul style="list-style-type: none"> Analyzed and acted on home-specific <i>Your Opinion Counts</i> results.
Environment:		
To complete the 2007 capital maintenance projects as identified and prioritized through HFA analysis and the Building Condition Assessment thus contributing to safe environments and the reduction of accidents and incidents.	Achieved On-going	<ul style="list-style-type: none"> 2007 Capital Plan developed in consultation with homes and distributed once approved. Projects proceeded with minimal disruption to resident services and in accordance with approved MOHLTC operational plans. Projects focused on addressing MOHLTC Unmet Standards issued and/or maintaining compliance MOHLTC and MOL requirements: <ul style="list-style-type: none"> Flooring replacements Parking Lot resurfacing HVAC Upgrades Elevator Upgrades
To maintain the internal and external environment of each home in a way that supports residents' security, safety, dignity and comfort.	Achieved	<ul style="list-style-type: none"> On-going maintenance was carried out in each home to support resident and staff safety and comfort. Projects completed that support this objective included: <ul style="list-style-type: none"> Ceiling tile replacement Home painting program Minor building repair contract Landscaping enhancements GentleCare Projects (BA, CFL and SO Resident Area and Nursing Station renovations).
To plan and purchase additional equipment that promotes resident and staff safety.	Achieved	<ul style="list-style-type: none"> Each home was provided with an equipment condition assessment template to identify their multi-year capital equipment replacement plan. DOC/Ns completed this assessment and prioritized list for 2008 budget planning. Top priorities were identified to promote staff safety and reduce risks and included electric Hi-Low beds and sanitizers. An additional 371 electric beds and 24 sanitizers were purchased and installed. Divisional implementation of individual resident glucometers and single-use disposable lancets were effected in the fall of 2007. Ongoing use of SEMD, i.e. retractable needles, was sustained throughout 2007. A Divisional contract was established to standardize floor mats that are compactable and allow for ongoing disinfection to support resident safety. Staff education and training for safe use of equipment conducted. Written protocols and

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		guidelines revised as required.
To further strengthen staff knowledge and infection prevention and control practices at all levels of the organization.	Partially Achieved	<ul style="list-style-type: none"> • An analysis of the SARS Commission Report was completed and a report was submitted to the General Manager in July 2007. • Key SARS Commission concepts and recommendations were incorporated into the Pandemic Planning process and Infection Control policy review. The Divisional Pandemic Plan Committee included interdisciplinary membership from management, CUPE 79 and 416 and with representation from all Homes. • Education sessions delivered in each Home, Homemakers and Nurses Services/Supportive Housing and Head Office. • HFA participated in the Toronto area Pandemic Planning Education. • Achieved over 86% mask fit testing for both full-time and part-time staff.
Information Management:		
To reduce (and eliminate, wherever possible) the duplication of data collection and storage.	Achieved	<ul style="list-style-type: none"> • Analyzed existing data collection processes and identified data related to medications as an area for automation. • Participated in a MOH e-Health initiative to integrate an electronic transfer of data from pharmacies to existing resident care systems. • Worked with the software vendor to create and implement an electronic MAR which would eliminate data entry of medication information into RAI-MDS.
To implement e-Health initiatives, including RAI-MDS and Smart Systems for Health Agencies (SSHA).	Partially Achieved	<ul style="list-style-type: none"> • Phase 1 and 3 RAI-MDS homes successfully completed the first upload, sending over 15,000 documents to the MOHLTC for transmission to CIHI by the end of October 2007. • Delivered initial introductory RAI-MDS education and training for the 5 Non-RAI homes with LTC-CAP. • 5 Non-RAI Homes were successfully selected in the MOHLTC Phase 5 RAI-MDS Implementation. • Initiated RAI-MDS care plan library linked to RAPs and AROs. • Developed and submitted a proposal with Campana, Medical Pharmacies Group Inc. and Toronto Homes for the Aged to the MOHLTC on electronic completion of the MDS Section U.

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To improve resident information management, providing opportunities for staff to upgrade their computer skills as required.	Partially Achieved	<ul style="list-style-type: none"> • Verification of computer skills a component for the hiring for part time registered staff. • The 5 RAI-MDS homes (Phase 1 and 3) have successfully improved registered staff's computer skills on each resident home area. • Phase 5 RAI-MDS homes' assessment of registered staff computer skills in progress. Links established to ASU Support Assistant A to provide basic computer training.
To continue to strengthen communication with residents and families in order to increase satisfaction with our information management.	Achieved	<ul style="list-style-type: none"> • Following a successful kiosk pilot at Wesburn Manor, kiosks are now being installed at the other nine Homes. • The HFA website continues to be reviewed and updated to better meet the needs of clients, families and the community. • 'Just for Families' topics have been agreed to: 6 were written and produced. There were also 4 other topics which have been prepared for production in 2008. • Some Homes have revisited and updated their in home-specific brochures. • The Division conducted a review of the various avenues available to residents and families to communicate their satisfaction and/or concerns.
Human Resources:		
To continue to implement and maintain systems and educational processes to achieve a demonstrable culture of safety.	Achieved and ongoing	<ul style="list-style-type: none"> • Updated divisional WHMIS policy and performance review form to include new product WHMIS review and annual department-specific reviews for Nursing, Nutrition and Building Services. • Held 4 information and education sessions for JHSC co-chairs. • Achieved JHS certification for 75% of JHSC members. • Achieved almost 100% attendance at H&S training for all managers and RN-in-charge.
To develop and implement enhanced approaches to support management succession and employee career development.	Achieved and ongoing	<ul style="list-style-type: none"> • Established an interdepartmental committee; reviewed retirement and turnover rates for all HFA staff. Nurse Managers and DON positions were targeted. • Established a baseline cost for the hiring of a new DON, developed a plan for a program to assist Nurse Managers to consider their career goals. • Held a focus group to present program plan to Directors of Nursing and Nurse Managers. Identified potential mentors.

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		<ul style="list-style-type: none"> Negotiated with Corporate HR to open up enrolment into 2 corporately offered management training programs.
To respond to the learning needs of staff in relation to computerization and use of information management systems.	Partially Achieved	<ul style="list-style-type: none"> Implemented new systems in accordance with City of Toronto direction, SISP, HFA Management strategic plan and impact on clients. Installed and tested upgraded version of time and attendance system, TimeKeeper; implementation to occur in 2008.
Leadership and Partnership:		
To actively explore and implement opportunities in which HFA's expertise and collaborative models of care will influence and assist LHINs in their integrated health service plans, in a way that benefits Toronto's citizens.	Achieved	<ul style="list-style-type: none"> Designed and maintained City of Toronto – 5 LHIN Collaborative Table, meeting quarterly to discuss city-wide issues and engage in joint planning; at these meetings, addressed issues such as LTC, EMS Offload Delays, public health interests, Supportive Housing, Health Services for homeless and underhoused, etc. Sixteen (16) HFA staff participate on LHIN committees.
To lead implementation of the LTC-MH framework for LTCHs within MOHLTC Toronto Region.	Achieved	<ul style="list-style-type: none"> LTC-MH steering committee guided implementation for all Toronto LTCHs, MH outreach teams, psychogeriatric consultants and other partners. Produced and distributed “toolkit” re dementia care for all Toronto LTCHs, along with educational resource and CDs. Hosted workshops to guide implementation and to share leading practices. Final report to be written in first quarter of 2008.
To contribute to the City's response to provincial consultation regarding the regulation of retirement homes.	Achieved	<ul style="list-style-type: none"> In collaboration with other Cluster A Divisions developed a response to the provincial consultation on retirement home regulation. In addition, through invitation, met with the Seniors Secretariat to further discuss response.
Client Services:		
To explore the feasibility of expanding ADP hours at the Bendale site in 2007-2008 within established budget.	Achieved and Ongoing	<ul style="list-style-type: none"> Conducted survey with existing ADP clients who identified interest in evening and weekend services. Bendale hosted an Open House for community service providers and families. Survey developed for community services and agencies.

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To continue to promote, influence and inform LHINs, MOHLTC, and CCACs regarding the value of community based programs and the continuum of care offered by Toronto HFA.	Achieved	<ul style="list-style-type: none"> • Community Programs represented at LHINs collaborative meetings with the City of Toronto Divisions. • Pre-Proposals developed and submitted to LHINS for Supportive Housing and ADP Program. • Submitted request for increased funding for HMNS to MOHLTC (not successful).