

**HOMES FOR THE AGED DIVISION
ACHIEVEMENT OF 2007 OBJECTIVES
CASTLEVIEW-WYCHWOOD TOWERS**

Objective	Success	Indicators of Achievement
Leadership, Partnership and Community:		
To achieve a successful Accreditation Survey in 2007.	Achieved	<ul style="list-style-type: none"> • The Home's Steering Committee guided the teams to completion of the necessary documentation by March 02, 2007. • The Home's Steering Committee reviewed the completed documentation by March 06, 2007. • Staff was invited to give feedback in May, 2007. • Accreditation results were shared with staff and stakeholders as soon as received. • A celebration of achievement was organized for staff and stakeholders.
<p>To actively explore and implement opportunities in which HFA's expertise and collaborative models of care will influence and assist LHINs.</p> <p>To identify and act on opportunities for additional specialized services in collaboration with the LHINs, evaluating both existing and new services.</p>	Achieved	<ul style="list-style-type: none"> • Worked cooperatively with other City Homes to ensure an integrated, coordinated approach for City health service with respect to the LHINs and their IHSP. Ongoing. • Maintained Administrator/Home Manager involvement in LHIN advisory and planning activities as possible. Ongoing. • Continued to take the lead in the HFA/5 LHIN collaboration. • Used LHIN strategic plans to determine priorities and opportunities. • Developed the partnerships needed to serve the specific client group for specialized services e.g. dialysis-dependent, previously homeless. • Developed proposals, based on emerging LHIN plans, with consideration to resource implications and how best to support system. • Shared service models with all staff.
To develop a Quality Improvement Workplan to strengthen the measurement, evaluation and reporting of quality improvement activities in the Home.	Achieved	<ul style="list-style-type: none"> • Implemented and evaluated "Live to Eat" and mealtime assistance, in accordance with approved HFA plan. Ongoing. • The Site Quality Council Q.I. reviewed the two Home CQI projects, Q.I. processes, documentation and initiatives. • Outcome indicators were determined for each Q.I. initiative and forwarded to the site Q.I. Council. • Developed and implemented enhanced dining room audits, monitoring, measuring and acting on results through a Q.I. process. • Q.I. activities were communicated to Home Management and Home Advisory Committee. • An analysis was completed on all Q.I. activities in the Home.

**ACHIEVEMENT OF 2007 OBJECTIVES
CASTLEVIEW-WYCHWOOD TOWERS**

Objective	Success	Indicators of Achievement
		<ul style="list-style-type: none"> Unit Q.I. activities focused on Gentlecare, Dementia and “Live to Eat”. A report was provided to the Home Site Q.I. Council. Q.I. education sessions were provided to the Home Management Committee and the Home’s Q.I. Site Council. Q.I. quarterly reports were forwarded to the General Manager on a timely basis. Ongoing.
Care and Services:		
<u>Resident Safety</u> To strengthen and maintain a planned approach to complying with all of the ROPs in the Home.	Achieved	<ul style="list-style-type: none"> Developed a prospective analysis and submitted it to the General Manager for consideration by the Home’s Site Q.I. Council. Utilized ROPs to develop a safety plan to improve resident safety in the 5 domains, with a primary focus on medication reconciliation and infection control.
To enhance the quality of life and the quality of care based on identifying resident need using an interdisciplinary team approach. To continue to strengthen our culture that characterizes services that are safe, respectful, supportive and enable residents to achieve their quality of life priorities.	Achieved	<ul style="list-style-type: none"> Reviewed policies and procedures related to skin and wound, falls, stroke, delirium/depression/dementia and pain. Developed audit tools in order to track data. Developed and monitored indicators for evaluation. Implemented the best practice guidelines related to skin and wound management, falls management, stroke care, delirium/depression/dementia and pain management, through a planned process. Provided information and education to staff. Evaluated clinical outcomes.
To operate each Home in a manner that maintains compliance with applicable legislation, while maintaining innovation and creativity. To integrate revised MOHLTC policies and standards into HFA policies and day-to-day practice.	Achieved	<ul style="list-style-type: none"> Reviewed HFA policies that reflect the revised MOHLTC policies and standards. Nurse Managers reviewed standards from CNO regarding medications with their registered staff. Scheduled audits were developed and implemented for: <ul style="list-style-type: none"> content of caddies nail care equipment infection control content of treatment cart storage of equipment and cleaning and disinfecting products foot care schedule and documentation NPCR completion Skin assessment, Braden scale completion and wound management evaluation and completion Medication administration. Ensured timely follow up and correction on all areas of non-compliance (individual gaps in practice,

**ACHIEVEMENT OF 2007 OBJECTIVES
CASTLEVIEW-WYCHWOOD TOWERS**

Objective	Success	Indicators of Achievement
		<p>systemic gaps in practice, gaps in HFA policy).</p> <ul style="list-style-type: none"> Communicated changes to stakeholders, developed and provided training to all appropriate staff. Developed summary reports on MOHLTC compliance (unmets and recommendations) on a monthly basis. Ongoing.
Environment:		
<p>To enhance workplace health and safety awareness and practice among all staff, under the combined leadership of Home Management Committee and the Joint Health & Safety Committee (JHSC).</p>	<p>Achieved</p>	<ul style="list-style-type: none"> Ensured all staff are aware of the HFA health and safety policies which are based on emerging new evidence and legislative requirements. Reviewed the terms of reference for Joint Health & Safety Committee (JHSC), engaging CUPE Local 79 and CUPE Local 416 members in the process. Took steps to ensure the accuracy, consistency and timeliness of all H&S reporting. Revised and expanded workplace checklists to assist JHSC members in completing workplace inspections in specific areas such as food production, nursing areas, environmental service areas, outdoor space, amenity spaces and resident rooms. Reviewed the process of monthly health and safety inspections and made changes necessary to ensure comprehensive identification of hazards, risks, deficiencies and opportunities for improvement. Took steps to clarify roles and responsibilities of JHSC and raise the profile of JHSC in the Home. Developed a standardized process in the Home for JHSC to introduce new corporate H&S policies and guidelines as introduced, to increase staff awareness. Considered other options for health and safety education in the Home. Ensured an annual review of H&S policies and procedures by JHSC that directly related to employee health and safety and infection control.
<p>Establish and maintain a culture and environment that promotes the safety and comfort of residents and safety of staff in partnership with JHSC.</p> <p>Review equipment, materials, processes and physical plant and advocate with MOHLTC and MOL to create home-like environment.</p>	<p>Achieved</p>	<ul style="list-style-type: none"> Maintained vigilance and acted on any need for ongoing minor maintenance (e.g. painting touch-up, minor wall repair, minor ceiling tile replacement, minor floor damage, etc.). Ongoing. Identified and communicated the Home project list and scheduled projects in collaboration with the JHSC team, clarify roles and responsibilities. Completed 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.

**ACHIEVEMENT OF 2007 OBJECTIVES
CASTLEVIEW-WYCHWOOD TOWERS**

Objective	Success	Indicators of Achievement
		<ul style="list-style-type: none"> • Consulted with Residents' Council re their priorities. • Prioritized work related to health and safety and MOL legislative requirements. • Identified furniture and equipment requiring replacement (e.g. feeding chairs, hot food carts that will reduce risk to staff safety. • Developed prioritized list of furnishings, equipment for multi-year capital replacement plan. • Measured number of WSIB and resident incidents, MOL orders and MOHLTC unmets in Home with completed projects and evaluated impact.
Information Management:		
<p>Enhance information systems to support the current and future requirements of the HFA Division.</p> <p>To continue to strengthen communication with residents, families and staff in order to increase satisfaction with our information management.</p>	Achieved	<ul style="list-style-type: none"> • Identified gaps and opportunities for improved communication. • Developed a Home-specific implementation plan based on Home-specific findings. • Developed a Communication Plan for the Home. • Assessed and explored improvements in regards to unit telephones. • Used established indicators to evaluate the success of improvements.
<p>To implement e-health initiatives, including MDS-RAI and Smart Systems for Health Agencies (SSHA).</p> <p>To implement MDS-RAI in the Home.</p>	Achieved	<ul style="list-style-type: none"> • Continued the implementation of MDS-RAI and implemented HFA procedures. Ongoing. • Developed an implementation protocol for Castlevue Wychwood. • Completed an evaluation of MDS-RAI program in the Home. • Provided a written report to Home Management, Manager of Resident Care and the General Manager. • Implemented the revised policies and procedures to support the full implementation and application of MDS-RAI.
Human Resources:		
<p>To be an organization of choice for skilled, engaged and caring staff and volunteers.</p> <p>To continue to implement and maintain systems and educational processes to achieve a demonstrable culture of safety.</p>	Achieved	<ul style="list-style-type: none"> • Implemented MDS and other H&S policies and protocols as assessed and prioritized. Ongoing. • Tracked and acted on WSIB and sick time data. Ongoing. • Implemented standardized attendance tracking system. • Provided revised core Health and Safety training, including WHMIS, Violence in the Workplace, OHS competency, Pandemic Planning, JHSC certification. • Supported manager participation in Corporate H&S training.

**ACHIEVEMENT OF 2007 OBJECTIVES
CASTLEVIEW-WYCHWOOD TOWERS**

Objective	Success	Indicators of Achievement
		<ul style="list-style-type: none"> Mask fit tested new staff and any current staff who had significant facial changes to achieve 75% of staff mask fit tested.
<p>To enhance staff knowledge and practice related to infection prevention and control at all levels of the organization, under the combined leadership of HFA Management Committee and the various infection control committees.</p> <p>To enhance staff knowledge and practice related to infection control.</p>	Achieved	<ul style="list-style-type: none"> Supported the Divisional program for N-95 fit-testing using the Quantitative Porta-Count method. Analyzed the requirements for infection control management in the Home and determined division of work load to ensure requirements were met. Supported the delivery of the Divisional training package by Infection Control Nurses and Educator. Implemented the revised infection control policies and practices in the Home. Ensured all policies and procedures regarding infection control were reviewed by the JOH&S Committee. Developed streamlined reporting template. Consolidated the various tools, audits and reporting templates used for infection control. ASU tracked staff attendance at Infection Control and Health and Safety training with a mechanism of follow up regarding non-attendance by any staff. Supported the Divisional pandemic flu plan and ensured all staff in the Home received training.
<p>Promote quality of work life through recognition, empowerment and career development.</p> <p>To implement the wellness program and produce a Home summary of effectiveness.</p>	Achieved	<ul style="list-style-type: none"> Workplace Wellness/Quality of Worklife Committee suggested "Wellness Program" ideas for the Home. Ongoing. Advertised Wellness Program ideas through the "Gazette" staff newsletter requesting staff input. Ongoing. Workplace Wellness/Quality of Worklife Committee reviewed feedback and selected the most achievable programs for the Home. Ongoing. Provided education in regards to Wellness: <ul style="list-style-type: none"> Violence in the Workplace Financial planning Healthy Lifestyle Nutrition Reported on the impact of the Wellness activities.
Care and Services:		
Implement the best practice guidelines related to skin and wound management, falls management, stroke and pain management.	Achieved	<ul style="list-style-type: none"> Reviewed literature and policy/procedures. Shared information with Nurse Managers and discussed. Developed an action plan for each strategy. Implemented, incrementally, pilot project on each strategy.

**ACHIEVEMENT OF 2007 OBJECTIVES
CASTLEVIEW-WYCHWOOD TOWERS**

Objective	Success	Indicators of Achievement
To continue to participate and fully implement RAI-MDS in the nursing department.	Achieved	<ul style="list-style-type: none"> Continued to provide training to current and new staff in MDS. Ongoing. Continued to utilize 7-day observation for all new admissions in order to document appropriately. Ongoing. Fully implemented RAPS documentation on all units. Provided ongoing training of PCAs on accurate documentation of MDS and NPCR. Ongoing. RAI Coordinator continued to support the units in full implementation of the MDS RAI project through education and completion of documentation, meeting expectations and deadlines. Ongoing. RAI coordinator provided feedback to the DON on the unit needs, progress, barriers and ongoing education for all nursing staff on a quarterly basis.
To ensure that the nursing department meets all the applicable standards and policies related to MOHLTC, HFA, MOL and CNO.	Achieved	<ul style="list-style-type: none"> Nurse Managers reviewed standards from CNO regarding medication administration with their registered staff. Nurse Managers posted medication standards in the medication room. RPNs on each unit continued to complete audits once weekly for 4 months, then monthly and submitted copy to DON. Ongoing. The audits were completed in the following areas: <ul style="list-style-type: none"> Infection control Documentation NPCR completion Medication administration Content of caddies Nail care equipment Content of treatment cart Storage of equipment and cleaning and disinfecting products Skin assessment, Braden Scale completion and wound management evaluation and completion Nurse Managers arranged for skin and wound care inservice to all registered and non-registered staff. RPNs completed the unit audits, followed up on corrective action where appropriate and non-compliance was reported to Nurse Managers for follow up and resolution. Ongoing.
To enhance staff knowledge and day-to-day practice related to infection control in the nursing department.	Achieved	<ul style="list-style-type: none"> Nurse Managers reviewed and implemented revised infection control policies and practices. Infection control audits were completed monthly and copy submitted to DON. Ongoing. Unit audits were kept in a separate binder in the DON's office.

**ACHIEVEMENT OF 2007 OBJECTIVES
CASTLEVIEW-WYCHWOOD TOWERS**

Objective	Success	Indicators of Achievement
		<ul style="list-style-type: none"> • Non-compliance was addressed immediately by Nurse Manager. Ongoing. • Nursing staff continued with mask fit N-95 as per Home schedule. Ongoing. • Nurse Managers ensured staff attended scheduled Home inservices. Ongoing. • Contact precaution measures were implemented for new and readmitted residents for 48 hours. Ongoing. • All new admissions and readmissions were screened for MRSA and VRE. Ongoing.