

**HOMES FOR THE AGED DIVISION
ACHIEVEMENT OF 2007 OBJECTIVES
FUDGER HOUSE**

Objective	Success	Indicators of Achievement
1. To operate the home in a manner that maintains compliance with applicable legislation, while maintaining innovation and creativity.	Achieved	<ul style="list-style-type: none"> • Monitored and evaluated compliance with applicable legislative standards/regulations through Home Management Committee, Resident Care and Services Committee, Joint Health & Safety Committee and Health Advisory Committee. • Developed an action plan to correct any identified deficiencies. • Provided identified training sessions to staff. • There were no unmet standards/criteria issued by the Ministry of Health and Long-Term Care (MOHLTC) during the 2007 annual MOHLTC compliance review. • There were no unmet standards/criteria issued related to two complaint investigations in 2007.
2. To continue to implement and maintain systems and education processes to achieve a demonstrable culture of safety.	Achieved	<ul style="list-style-type: none"> • Maintained a comprehensive, planned approach to health and safety (H&S). • Established an internal attendance tracking system for H&S. • Supported managers and Joint Health & Safety Committee (JHSC) members' attendance/ participation in corporate H&S training: <ul style="list-style-type: none"> - Full day Competency Training for 5 Senior and Middle Managers - Full day Competency Training for 9 Frontline Supervisors, Part 1 - Half-day Competency Training for 17 Frontline Supervisors, Part 2 - Training on Confined Spaces for 2 JHSC Co-chairs and 2 Local 416 staff • Supported JHSC members to participate in JHSC Certification Training: <ul style="list-style-type: none"> - 11 members of the JHSC attended the Part 1 and 2 Certification Training from November 2006 to December 2007. (Each member spent 5-6 days in training.) - 3 members received their certification prior to 2006 - 93% of the JHSC completed their Certification Training , i.e. 14 members out of 15 • The 2 Co-chairs attended Division H&S Networking Days. • 13 members of the JHSC attended the training session on Health Care Section 21 provided by the Ontario Ministry of Labour. • 6 members of the JHSC attended the City's 9th Annual JHSC Recognition Event.

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		<ul style="list-style-type: none"> Implemented new and revised H&S policies and protocols as per Divisional direction. Strengthened the role and responsibilities of the JHSC. Improved the system of conducting monthly H&S inspections with corrective action plan. Held a H&S day on Dec. 5, 2007 in the home showcasing the work of the JHSC.
3. To continue to strengthen our culture that characterizes services that are respectful, supportive and enable residents to achieve their quality of life priorities.	Achieved	<ul style="list-style-type: none"> Implemented the best practice guidelines related to continence, wound and skin care, falls management and pain management. Continued to implement “Live to Eat” and mealtime assistance through the multidisciplinary teams. Continued to strengthen the customer service approach through the customer service clerk function in the Administrative Support Unit. Continued the implementation of the MOHLTC’s LTC-MH framework. Maintained our strong linkages with the assigned mental health outreach team and the Psychogeriatric Resource Consultant (PRC). Trained 5 new Behaviour Resource Nurses (BRNs) on site. Provided re-education regarding residents’ rights among all staff. Acted on all suggestions from Residents’ Council in a timely manner. Empowered and supported Residents’ Council in its decision making.
4. To strengthen and maintain a planned approach to complying with all of the Required Organization Practices (ROPs), with a corresponding prospective analysis completed.	Achieved	<ul style="list-style-type: none"> Developed the home’s plan to improve safety in the 5 safety areas: culture, communication, medication use, worklife/workforce and infection control, based on the divisional summary and the Canadian Council on Health Services Accreditation (CCHSA) Patient/Client Safety Goals and Required Organization Practices (ROPs). Prepared a prospective analysis to be submitted to the General Manager with the 4th quarter risk management report.
5. To implement e-health initiatives as directed by HFA Management, including Resident Assessment Instrument- Minimum Data Set (RAI-MDS).	Achieved	<ul style="list-style-type: none"> Continued the implementation of RAI-MDS in the home. Participated in the development and implementation of HFA policies and procedures related to RAI-MDS.

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		<ul style="list-style-type: none"> • Reviewed and implemented the revision of policies and procedures to support the full implementation and application of RAI-MDS. • Submitted MDS data to Canadian Institute for Health Information (CIHI) via the MOH portal. • Liaised with Toronto Central LHIN with a view to participate in its local e-health initiatives.
<p>6. To continue to strengthen communication with residents and families in order to increase satisfaction with our information management.</p>	<p>Achieved</p>	<ul style="list-style-type: none"> • Manager(s) attended various Residents' Council meetings, at the invitation of Council, for consultation and sharing of information with residents. • Family Committee regularly invited Managers to share information and provide updates on identified issues and/or projects. • There were an increased number of family members using our website for enquiries. The Manager of Programs and Services monitored and evaluated utilization. • Family members also accessed the e-mail of the respective managers as a tool for communication. They found it effective and efficient. • Provided the new "<i>Just for Families</i>" brochures. • Explored the potential of forwarding the monthly Residents Newsletter via e-mail to family members should it be requested.
<p>7. To maintain the internal and external environment of the home in a way that supports residents' security, safety, dignity and comfort.</p>	<p>Achieved</p>	<ul style="list-style-type: none"> • Construction and opening of the Controlled Smoking Area (CSA) for residents. • Installed a new digital security system with 10 security cameras. • Improved security lighting around the whole building. • Acted on any need for ongoing minor maintenance, e.g. minor wall repair, ceiling tile replacements. • Re-painted 4 dining rooms and 2 residents' lounges. • Replaced floorings on 2 units, 2 Family Rooms, and 2 TV lounges. • Converted the two smoking lounges into lounges with new furnishings. • Replaced all auditorium chairs. • Replaced dining room chairs in Special Care Unit.

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8. To plan for and purchase additional equipment that promotes resident and staff safety.	Achieved	<ul style="list-style-type: none"> Developed a prioritized list of furnishings, equipment for multi-year capital replacement. Established a list of special items for furniture and equipment requiring replacement that will reduce risks to staff safety.
9. To further strengthen staff knowledge and infection prevention and control practices at all levels of the home.	Achieved	<ul style="list-style-type: none"> Informed and trained staff regarding the pandemic plan. Trained staff and implemented the revised procedures re: high and low disinfection. Implemented revised and new divisional policies on infection control. Strengthened communication and reporting re nosocomial infections. Hosted an Infection Control Week in the home to strengthen staff knowledge and shared home specific information/achievements. Achieved 87% staff flu vaccination rate as of December 31, 2007. Achieved 100% of FT staff being mask fit tested and 95% of PT staff, as of December 31, 2007.
10. To focus on staff education and training in quality improvement and indicators.	Partially Achieved	<ul style="list-style-type: none"> The Supervisor of Staff Education (SSE) provided education and training to staff involved in the home's quality improvement projects: Fall Prevention, Restorative Dining and Choice of Beverage. The SSE provided inservices on the Introduction of the New CCHSA Accreditation Program. The inservice package on "Indicators" was partially developed and will be scheduled to be delivered by the SSE in February 2008.
11. To participate in the Mayor's Priorities as assigned by HFA Management.	Partially Achieved	<ul style="list-style-type: none"> Assigned to participate on 3 of the Mayor's priorities. These priorities will be carried over into 2008.
12. To participate in the evaluation of the New Convalescent Care Program (NCCP) coordinated by the MOHLTC.	Achieved	<ul style="list-style-type: none"> Participated in the MOHLTC evaluation of the New Convalescent Care Program (NCCP) coordinated by the consulting group retained by the Ministry. Distributed the MOHLTC satisfaction surveys to NCCP residents from August to October, 2007. Completed the Long-Term Care Stakeholder Survey.