

**HOMES FOR THE AGED DIVISION
ACHIEVEMENT OF 2007 OBJECTIVES
KIPLING ACRES**

Objective	Success	Indicators of Achievement
<p>Care and Services:</p> <p>To implement the MOHLTC's LTC-MH Framework using a collaborative model of care approach and create an integrated, responsive system for residents and families.</p>	<p>Achieved</p>	<ul style="list-style-type: none"> • Maintained relationship with already existing mental Health resources in place, i.e. CAMH outreach, PIECES trained staff, PRC, monthly visits by Psychiatrist. Home physicians available daily for reassessments. • Consistent follow-up to referrals has been maintained. • Manager of Programs and Services is a member of the Mental Health Steering Committee. • Roles of program staff have been developed and integrated into the Divisional action plan. • DON attended the MOH information session on the Framework in October. The training manual has been made available to the Nurse Managers, the SSE, and the Manager of Programs and Services. • Training on aspects of the framework and the Divisional action plan will commence in 2008. • Admission applications are assessed. Behaviours are noted and discussed with the unit staff where applicable. • Positive comments from unit staff about early identification of risk areas. • DON and Manager Programs & Services have identified potential staff for role of Behavioural Response Nurse. Reviewing proposal submitted by SW staff. Will be evaluating feasibility in early 2008. • DON and Nursing managers have identified staff on evening and night shifts who would be appropriate for PIECES training. • Breakfast Liaison meeting with partners held in Dec. 2007 • Agreement with HRRH to enhance involvement with application process, including pre-approval site visits.
<p>To utilize ROPs to develop an in-home plan to improve safety in the 5 domains, with a primary focus on medication administration, fall assessment and infection control.</p>	<p>Achieved</p>	<ul style="list-style-type: none"> • Safety walkabouts by senior management started in May and took place approximately every month. Staff have provided positive comments. Resident safety goals have been presented for discussion at JH&S, Family Committee, Registered Nursing Staff, and HMC. Article was written for Kipling Kronikle. • The facility minimizes the use of high risk medication. Staff practice in accordance with College of Nurses Standards. Safe medication

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		<p>practice is a standing topic at Registered Nursing Staff meetings.</p> <ul style="list-style-type: none"> • FMEA done on Sliding Scale Insulin and process reviewed with physician and nursing staff • Third quarter stats have been analyzed and reviewed with staff. Additional high-low beds and side rails were distributed to the units where falls prevention was a priority. • The formation of a Falls Prevention Program was discussed with Nurse Managers and SSE. To be implemented in early 2008. • Policy on reassessments was reviewed with registered staff.
To continue to enhance focus on and respect for residents' rights amongst all staff.	Achieved	<ul style="list-style-type: none"> • Re-education was offered to all staff regarding residents' rights. • A new resident complaint/concern log has been implemented to ensure that all non-compliance related to residents' rights is followed up immediately. The data will also be used to evaluate the effectiveness of the Home's ongoing education related to Residents' Rights. • Residents' Rights were reviewed at a Residents' Council meeting and suggestions sought on how to ensure that residents' rights are respected. • The Administrator also spoke about Residents' Rights at General Staff meetings and at a Family Committee meeting. • An indicator of the success of the re-education of staff regarding Residents' Rights was that the Home was not issued any unmet standards regarding Residents' Rights during the 2007 Annual Compliance Review.
Human Resources:		
To further strengthen staff knowledge and infection prevention and control practices at all levels in the Home.	Achieved	<ul style="list-style-type: none"> • All unmet criteria from the 2006 Annual Compliance Review were cleared and there were not any unmet standards relating to infection control issued during the 2007 Annual Compliance Review. • During the year, ongoing monitoring continued to ensure that improvements were sustained. • Staff knowledge was reinforced with ongoing discipline specific education, which included an evaluative component. • As of December 31, 2007 97% of full-time and 83% of part-time staff were mask-fit tested. • Another indicator of success was that the Home did not experience any outbreaks during 2007.

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To establish quality workplace initiative(s) to enhance job satisfaction and retention.	Partially Achieved	<ul style="list-style-type: none"> Decided to delay staff survey and use Accreditation Worklife Pulse Survey Results which allows staff to complete the survey online. We are awaiting the results of the survey which had a 51% response rate. Employee Wellness Needs Survey developed and to be distributed with pay stubs in Jan. 08 and will be used to determine topics for future education sessions. During QI Awareness week, recognized individual staff for making a difference and outstanding teamwork. The following in-services were offered to staff: Glycemic Index, Nutrition, Healthy Work Environment. A program outline which will be implemented in Jan. 08 has been developed for a staff Spiritual Care Group. Presentation by Toronto Public Health on “Why Healthy Employees are Good for You” took place in February. A wellness flyer published by our contracted physiotherapy service provider is distributed to staff throughout the year, as well as the Division’s quarterly Health and Safety Matters newsletter.
Information Management:		
To develop a written communication plan that identifies stakeholders, communication methods and information requirements	Partially Achieved	<ul style="list-style-type: none"> Due to the focus on addressing compliance issues, it was decided to wait until the latter part of 2007 to develop plan as part of Accreditation preparations. A Worklife Pulse Survey was completed in December by 51% of the staff. The results relating to communication will be used to determine how best to get the message out. Family/Unit team meetings have been established to help improve communication between unit staff and residents. Unit QI teams were established, which also provide a communication link between management and staff. Administrator continues to be a member of the LHIN 5 Accountability Group and the Services for Seniors Core Group. The communication plan will be developed in conjunction with the 2008 review of the Division’s communication plan.

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Environment:		
To develop multi-year landscape plan.	Achieved	<ul style="list-style-type: none"> Completed master plan with costing acquired by year end. Topographical survey of land immediately surrounding KA building acquired September 2007. Project deferred to 2008 season.
To maintain the internal and external environment in a way that supports residents' security, safety and dignity.		<ul style="list-style-type: none"> Creation of 2 new planting beds and enhancement of one existing bed completed in May 2007. Partnership established with Westway Horticultural Group for on-going and future projects. Gala took place October 26, 2007. Raised \$28,000 towards project. Kipling Acres to be included in network's profile of potential sites for community garden. (Dec. 2007). During 2007, five shower tub/tub rooms were renovated, resulting in a more spa/homelike experience for the residents. A new resident lounge was completed on the 4 North unit. It provides a bright and homelike environment, which includes a fireplace, wood laminate flooring and large television. New furniture was purchased for the residents' rooms, lobby and the cafeteria, as well as more comfortable stacking chairs were purchased by the volunteers for use in the auditorium and atrium during resident events. In memoriam boards were put up on all the units, as were new activity boards which are updated daily and provide additional information such as the weather that day.
Leadership, Partnership and Community:		
To update Home strategic plan and mission statement.	Partially Achieved	<ul style="list-style-type: none"> Due to a competing priority to address compliance issues, the strategic plan was not finalized in 2007. Completed internal and external scan and identified challenges and opportunities and got feedback on strategic direction of Home via meetings with stakeholder/partner groups. Utilizing feedback from stakeholder/partner groups, the Home will complete Strategic Plan in first quarter of 2008.

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To operate Home in a manner that maintains compliance with applicable legislation, while maintaining innovation and creativity.	Achieved	<ul style="list-style-type: none"> • Although the new <i>Long Term Care Act</i> Regulations are not in place yet, the Home focused its education efforts on ensuring that the Home was prepared and in compliance with the new Act. • Education sessions included abuse, restraints, nutrition/hydration, skin/wound management and residents' rights. • The Family Committee and Residents' Council were informed about the changes that will be taking place as a result of the new Act. The Home has implemented the new requirement to respond to complaints/concerns within 10 days. • As a result of the Home's efforts to address issues identified during the 2006 Annual Compliance review, all unmet standards relating to resident safety, infection control and residents' rights practices were cleared. This was in large part due to a new education package (Making It Happen) which was jointly developed by the Home and its Divisional Quality Improvement partners.
To explore partnership opportunities with the South Asian community.	Not Achieved	<ul style="list-style-type: none"> • The Home tried to build on the partnership it began developing with the Goan Association in 2006. Unfortunately, we were not able to grow this partnership to a point where a cluster could be created in the Home. • During 2007, a monthly dinner program was implemented for our South Asian residents. A family member of one of our South Asian residents coordinates this program, which includes the residents' native foods.