HOMES FOR THE AGED DIVISION ACHIEVEMENT OF 2007 OBJECTIVES TRUE DAVIDSON ACRES

Objective	Success	Indicators of Achievement
To build relationships within the Central Toronto LHIN boundaries to ensure the home and Long Term Care is recognized within the LHIN structure.	Achieved	 Members of the management team have attended approx. 6 initiatives (information sessions, proposal discussion, meet CEO, etc.). Appointment to LHIN associated committees – Administrator is a member of the Back Office Council of Toronto Central LHIN, sub committee for back office integration. TDA hosted a LHIN meeting February 2007. A number of new programs or partnerships formed with health care partners within the LHIN boundaries to support the needs of the agencies within the LHIN.
		 East York Meals-on-Wheels – Sept./07 approx. 40 meals/day Harmony Hall – Sept./07 community programs, transportation and part of the Meals-on-Wheels program. Offered Lunch-n-Learn Dec. 12/07 to partners from a variety of sources to better introduce TDA's abilities – attendance 30+
To successfully meet the compliance standards of Ministry of Health during the annual inspection.	Achieved	 Outcome met for 2007. Met the annual compliance review with 0 unmet standards. Met for 2007.
To achieve a three-year accreditation as a result of the survey participation May 2007.	Achieved	• A three-year accreditation award post survey. Positive staff and manager comments re the process post survey.
To maintain occupancy rates at greater then 97% for the year 2007 at True Davidson Acres in long term care beds and to increase the occupancy of the short stay beds to above 55%.	Achieved	 LTC occupancy remains at 99%. Short stay - 60% Goal met but needs to carry into 2008 to maintain this outcome.
To promote and market True Davidson Acres to CCAC and to the community at large as a first choice location for admission.	Achieved	 Wait list has grown to over 90. Our turn-around indicator with CCAC is 100% within 5 days as reported by CCAC.
To increase revenue generated by the dietary department throughout the year of 2007.	Achieved	 Surpassed budget by 13% approx. re revenue. Has successfully confirmed 2 meals-on-wheels contracts producing approx. 80 meals per day. Provided 4 resident /family diners which generated approx. \$1,000.00 per event.

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		• Provided various catering events - funerals, external requests.
To increase the number of trees planted on the property as one of the Mayor's priorities for 2007.	Not Achieved. Deferred to 2008.	 Administrator and maintenance have reviewed the property and identified locations for trees to be planted. Request has been sent to the tree planting group for approximately 20 trees to be planted on the TDA site during 2007. Outcome: Tree planting organization has deferred planting process till 2008. This will carry over till 2008. # of trees planted on the property of TDA.
To beautify the home with paintings and/or murals to recognize the cultural likes and dislikes of the populations.	Achieved	 Murals both wall paper based and paint have been added to the home. All are resident directed and beautify the home. A Bistro area has been developed and the cognitively impaired unit has been decorated with murals to reduce exit seeking and reduce agitation in conjunction with other forms of programming.
To introduce and educate the LGBT concepts to staff, students, volunteers and the general public and be identified as an LBGT-friendly home to be admitted to.	Achieved	 Program Manager and Administrator sit on sub- committees: education (Administrator) and programming (Program Manager). All managers and counsellors have attended a workshop at Fudger House re LBGT. Several sessions have been attended at the community centre. Input has been provided to the Divisional Tool Kit. TDA has hosted meetings throughout the year and established programs to support the initiative, e.g. Pride celebration, dining club.
To ensure a culture of safety is practiced throughout the home in dealing with all aspects of resident care and staff safety.	Achieved	 Education has been provided both face-to-face and in print re all aspects of safety, e.g. medication, hazard identification, etc. A Safety board has been established and maintained in the main floor for all to view. A Health & Safety week was presented during September with hazard identification. The H&S Committee contains a sub-group Staff Wellness and are taking on a large role to establish this culture within the home. Education has been provided to Resident Council and Family Circle. All ROPs met during the Accreditation Survey.

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To promote the home as a site for positive student experience and potential post experience employment to new graduates.	Achieved	 The Educator, Administrator and Program Manager have made contact with college and university contacts and have successfully hosted RPN placement, BSN placement, counsellor placement and Food and Nutrition placements during 2007. We have had approximately 45% of the student placements provide resumes to HR which is an excellent recruitment tool. Qualitative results from student and faculty evaluation have been positive and increased numbers requesting placement for 2008.
To educate and certify staff and administrator re the needs of health and safety.	Achieved	 5 Registered staff managers completed the level 1 or 2 Health and Safety for supervisors. Administrator completed the supervisory course for H&S. Level 1 OH&S certified = 50% of Committee Level 2 OH&S certified = 50% of Committee
To improve the residents' quality of life through improved knowledge of Resident's Rights. (Residents and Staff).	Achieved	 The home has posted the colour pictoral versions of Residents' Rights in both official languages on every unit. The educator has provided sessions for staff, volunteers and students re Residents' Rights, choice, and privacy.
To improve the efficiency and safety of medication administration through the implementation of the multi-dose strip package system.	Achieved	• Implemented the multi dose package system of medication administration. Staff, residents positive regarding this system. Need for government stock reduced and medication errors reduced.
To ensure all staff, volunteers, students, visitors, families and managers practice good infection control processes at all times.	Achieved	 Education has been provided to all staff re infection control practices, hand washing, personal protective equipment use and pandemic planning. Consistent cleaning techniques have been utilized by the housekeeping staff. # of outbreaks during 2007 = 0.
To develop and deliver innovative new programs at a variety of day and evening times for the home's population.	Achieved	 Home Advisory is participating in the weekly 5West Morning Coffee program; program continued to grow throughout the first quarter. University of Toronto Community Outreach students volunteered their services; they provided programming and helped decorate residents' rooms. Entertainers have been increased.

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		 Volunteer committee funded bus trips twice per month. A new intergenerational community partnership with a Special Needs school has been developed; children provide a monthly program at TDA. Family Circle has started to provide monthly resident celebrations; Valentine's and St. Patrick's. Under Occupational Health & Safety, Complementary Care and Social Work have developed a monthly Wellness Program for staff. 2 monthly community bus trips are scheduled. 8 programs are scheduled daily; 2 programs in the morning and 2 in the afternoon/evening and on weekends Hired performers to provide Karaoke Friday evenings; performers are hired for the residents' monthly birthday parties and special events – Valentine's, St. Patrick's. Wednesday and Saturday evening Movie Program in place. The True Harmony Resident Choir has been established.
To enhance the customer service functions, avoid duplication, streamline processes.	Achieved	 Revised technological procedures being utilized to streamline billing and record keeping processes. Full implementation of Customer Service at TDA from 6:00 AM until 8:00 PM, 7 days per week. TimeKeeper training provided to two part-time Customer Service Clerks. Staff cross-training provided for additional coverage. Qualitatively – evaluation by residents and families = positive. Evaluation of process by staff = positive.