

**HOMES FOR THE AGED DIVISION
ACHIEVEMENT OF 2007 OBJECTIVES
WESBURN MANOR**

Objective	Success	Indicators of Achievement
Leadership and Partnership:		
Identify two opportunities to support the Mayor's Priorities.	Achieved	<ul style="list-style-type: none"> Increased number of youth volunteers. Initiated discussion with Silverthorne Collegiate regarding youth program. Mural project with arts schools dependent upon financial resources. Contacted 2 community partners – one community college and one secondary school. Unable to enter into partnership due to financial restrictions. Toronto Police Services contacted to provide education related to "identity theft". Date scheduled for early 2008. Toronto Fire Services participated in education related to facilities annual evacuation exercise.
Information Management:		
Evaluate Information Kiosk.	Achieved	<ul style="list-style-type: none"> Evaluation completed in June 2007. Recommendations pending implementation at a Divisional level.
Human Resources:		
Continue to implement a culture of safety.	Achieved and ongoing	<ul style="list-style-type: none"> Revised JHSC inspection checklist, inspections completed monthly starting February, results posted for all staff, corrective measures successfully implemented and monitored. Mandatory training code white, eye wash stations, WHMIS, Infection Control. HFA Administrator lead on H&S matters. Work plan developed. Violence in the workplace assessment completed, JHSC evaluation conducted.
Review/revise Communication Plan.	<p>Not achieved</p> <p>Achieved</p> <p>Achieved</p>	<ul style="list-style-type: none"> Volunteer communication centre deferred due to cost containment. Enhanced communication to families regarding outbreak status and guidance and direction to minimize spread of infection. Pilot of cell phone with improvement to reception within Home environment. Recommendation made to purchase 3 phones at Wesburn Manor to improve family, resident, external communication and contact in response to identified issues and concerns (family, physicians, YOC, Operational Review).

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Resident Care and Services:		
Support implementation of Ministry of Health & Long Term Care Mental Health Framework.	Achieved	<ul style="list-style-type: none"> • Participated in MOHLTC Mental Health Outreach Committee. • Weekly meetings with CAMH/PACE West resources. Regular scheduled visits, assessment and referral to Geriatrician/ Psychiatrist. • Enhanced Alzheimer Certificate training for PCAs (32 graduates-2007). • 'U-First' training for 7 PCAs/1 RN. • Currently have 4 PIECES-trained staff and 3 enablers. • Developed 'Draft' proposal for submission to RCSC regarding access and process to utilize trained staff. • Case study review of residents with behavioural response issues. Note that additional case reviews are recommended in 2008.
Implement e-health initiatives including MDS-RAI in phase 5.	Achieved	<ul style="list-style-type: none"> • Linkages established and ongoing with Mississauga Halton LHIN. • Application for Phase 5 MDS-RAI submitted and accepted for 2008. • Proposal for Alzheimer Adult Day Program submitted to Mississauga Halton LHIN. • Participate on LHIN Long-Term Care Administrators group.
Implement Quality Improvement Program to increase management and prevention of falls.	Achieved	<ul style="list-style-type: none"> • Falling Leaf project initiated, implemented and ongoing evaluation scheduled for 2008. 41 residents assessed; 50% reduction in falls in first month following implementation
Continue 'Live To Eat' program.	Achieved	<ul style="list-style-type: none"> • Nutrition Manager participated in HFA Committee activities. • 'Live to Eat' a standing item at Resident Council, Family Committee, General Staff Meetings and RHA Meetings. Some challenges sustaining RHA specific schedules for non-traditional staff related to work demands, absenteeism, etc.
Identify 2 areas of care that demonstrate best practices.	Achieved	<ul style="list-style-type: none"> • Palliative Care education by Dr. Larry Librach, Mt. Sinai, Temmy Lettner, Palliative Care Chair presentation to 30 staff. End of Life Care processes and key avenues and methodologies to minimize pain identified. To implement Palliative Care Team in 2008. • Wound Buster Committee implemented in November 2007. Case review of each resident

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		<p>with wounds identified and scheduled for review bi-weekly.</p> <ul style="list-style-type: none"> • Intensified working relationship with ET-St. Elizabeth related to management and care of residents with skin breakdown.
Streamline admission/discharge processes.	Achieved	<ul style="list-style-type: none"> • Meeting held with P&S, Nursing, Housekeeping related to process including identification of roles and responsibilities. Improvement noted in room readiness and overall management of admissions/discharges. Noted that at times, issues occur dependent upon individual actions.
Respond to legislative changes as a result of Bill 140, <i>The Long Term Care Act</i> .	Achieved	<ul style="list-style-type: none"> • Two unmet standards cleared from previously issued annual review. • Two new unmet standards issued as a result of 2007 annual review. • Monthly weight system planned not utilized due to complexity of input/management. Alternate system to be used in 2008. • Food & Fluid intake monitoring sheets discontinued. Emphasis on education to ensure completion of NPCR to reflect resident current intake.