

LONG-TERM CARE HOMES AND SERVICES DIVISION
ACHIEVEMENT OF 2008 OPERATING OBJECTIVES
Divisional

| Objective | Success | Indicators of Achievement |
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| Governance | | |
| 1. To continue the leadership, support and structure necessary for LTCHS to achieve the updated 2008 deliverables related to the LTCHS multi-year plan for the Mayor's priorities. | Partially Achieved | <ul style="list-style-type: none"> • Continued work on target related to multi-year plan for Mayor's priorities; • Achieved 53% of planned deliverables on either complete, partial or ongoing basis; • Other planned deliverables not achieved due to lack of provisions in approved operating budget and/or lack of successful community alliance to achieve intent |
| 2. To provide City-wide leadership in the implementation of the LTC-Mental Health framework for LTCHs and support the creation of a community framework, contributing to the creation of a seamless system for supporting seniors with mental health issues. | Achieved and Continues into 2009 | <ul style="list-style-type: none"> • Submitted final report to MOHLTC and 5 LHINs related to LTC-MH framework for long-term care homes; • Maintained LTCH work group to guide implementation and monitor problems and pressures in implementation; • Developed indicators for LTCH reporting; • Submitted successful Health System Improvement Plan (HSIP) for the creation of a steering committee to guide development of community framework; • Participated in ongoing Executive Committee re community work and co-chaired ongoing LTCH Work Group re LTCH-MH system work; • Provided education to 3,630 participants in 441 education sessions related to dementia and/or mental health for divisional staff; • Work continues in 2009. |
| 3. To strengthen leadership, integration and enhancement of health services within the City of Toronto, through collaboration with the 5 LHINs, Shelter, Support & Housing Administration (SS&HA), Toronto Community Housing Corporation (TCHC), Toronto Public Health (TPH), Parks, Forestry & Recreation (PF&R) and Emergency Medical Services (EMS). | Achieved | <ul style="list-style-type: none"> • Continued City of Toronto – 5 LHIN Collaborative Table, meeting quarterly, under leadership of Administrator, CWT; • Scheduled attendance by SS&HA, TCHC, TPH, PF&R, SDF&A and EMS to table issues relevant to their operation; • Submitted two (2) successful HSIPs, resulting in 1 new Supportive Housing location (Central Toronto LHIN) and a new Adult Day Program (Mississauga-Halton LHIN); • Submitted update re LHINs to Community Development and Recreation Committee (CDRC), with recommendations approved and acted on by City Council; • Participated in <i>Retirement Home</i> consultation process; • Participated in <i>Long-Term Care Homes Act</i> consultation process, as well as consultation |

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| | | <p>related to <i>Regulations</i> and <i>Sharkey Report</i> (re staffing);</p> <ul style="list-style-type: none"> • Held two (2) <i>LTCH Networking Days</i> related to pandemic planning; • Held education session for all LTCHS manager re pandemic planning and Incident Management System (IMS); • Finalized and released <i>Version 1</i> of Pandemic Plan. |
| <p>4. To prepare for a division-wide 2009 survey under the Qmentum program.</p> | <p>Achieved and Continues into 2009</p> | <ul style="list-style-type: none"> • Successfully negotiated terms of divisional survey with Accreditation Canada; • Created temporary Accreditation Coordinator role and Qmentum Steering Committee to guide and coordinate preparation; • Established work plan and met all established timelines; • Provided education to Advisory Committee on LTCHS and involved selected members in self-assessments; • Submitted interim reports for FH, KA, LL and WM to Accreditation Canada, that met all requirements, resulting in extension of accreditation award for these 4 homes to 2009; • Provided education for all staff in Head Office, in all homes and community-based services; • Ensured practice meets Required Organizational Practices (ROP) and created ROP evidence log; • Created monthly information flyers for staff re Qmentum; • Hosted new surveyor orientation for Accreditation Canada as a learning experience for LL and CL, with information shared throughout the division; • Planned mock surveys for early 2009 to prepare for May 2009 survey visit; • Achieved targets for completion for all instruments (over 2,275 staff completed) and self-assessments, resulting in roadmap with minimal number of flags to guide quality work for the next 3 years (10 High red flags to work on prior to May 2009; 6 Low red flags to work on in year 1; 64 High yellow flags to work on in year 2; 27 Low yellow flags to work on in year 3); • Updated strategic plan, with input from 55 individuals and 100 focus group participants; • Provided ethics enhancement education to 100% of LTCHS managers. |

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| 5. To consolidate individual Human Resources (HR) plans and divisional/corporate initiatives into a written division-wide HR plan that interfaces and supports the City's corporate HR plan. | Achieved | <ul style="list-style-type: none"> • A plan has been developed and published that directly links to the City of Toronto People Plan. Specialists from the HR Division have reviewed our draft plan with their constituents and the Long-Term Care and Services Division has done the same; • Input has been incorporated from both Divisions and the plan has been completed and is being circulated. |
| 6. To continue to strengthen the division's system of integrated quality management. | Achieved and Continues into 2009 | <ul style="list-style-type: none"> • Reviewed and revised terms of reference and guiding policies for the division's integrated quality management approach; • Finalized and introduced expanded and revised framework to guide integrated quality management (IQM); • Posted information re IQM on the division's web site; • Provided continuing education related to IQM through Quality Council; • Created data base of quality plans, projects, audits, prospective analyses, education sessions, etc.; • Completed review and revision of divisional risk indicators with on-track plan to implement in 2009; • Provided repeat education related to near misses, adverse events, sentinel events, root cause analysis; • Initiated revised reporting process to Advisory Committee on Long-Term Care Homes and Services; • Planned and hosted 2nd annual <i>Residents' Councils Summit</i> with attendees from all homes and with 94% extremely satisfied; 75% indicating they learned something new; and 100% requesting future annual <i>Summits</i>; • Continued Ontario Municipal Benchmarking Initiative (OMBI) with results of 3rd highest in satisfaction and 6th lowest in cost out of 15 participating municipalities. |
| 7. To continue to enhance the culture of safety related to workers, residents, clients, families, volunteers and the general public through a team approach. | Achieved and Continues into 2009 | <ul style="list-style-type: none"> • Maintained JHSC Networking on a quarterly basis for shared learning and continuous improvement; • Included H&S training in orientation for all new managers; • Finalized and signed revised Terms of Reference for JHSCs with bargaining units and all |

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| | | <ul style="list-style-type: none"> co-chairs; • Provided additional education re root cause analysis for all JHSCs and management staff; • Continued Musculo-skeletal Disorder (MSD) pilot and divisional implementation; • Introduced <i>Preventing Workplace Violence</i> education; • Piloted <i>Preventing Workplace Bullying</i> education and ongoing staff workgroup, with joint evaluation with CUPE Local 79 and a plan to roll-out across the division in 2009; • Developed <i>Everyone Deserves Respect</i> campaign; • Delivered two (2) inter-home Family Education sessions related to safety (dementia care; infection prevention and control); revised <i>Residents' Safety Plan</i> with Residents' Councils; wrote eleven (11) <i>Just for Families</i> related to safety issues; • Built on successful falls management program to develop division-wide inventory and strategies; submitted to Sibbald Awards related to the falls management work done within the division. |
| 8. To explore options to reduce the City's net contribution and expand partnerships, integrations and collaborative models of care, reporting to the City Manager prior to the 2009 budget deliberations. | Achieved | <ul style="list-style-type: none"> • Merged the Adult Day Programs (ADP) at Seven Oaks and Bendale Acres to create efficiency; • Submitted successful HSIP to open new ADP at Wesburn Manor, in collaboration with Etobicoke Services for Seniors; • Created improved efficiency by expanding Early Return To Work (ERTW) program and reducing WSIB administrative costs; • Finalized LGBT Toolkit, in collaboration with community advisory committee. |
| Proactive & Supportive Organization | | |
| 9. To simplify and streamline LTCHS' purchasing process and customer service function. | Achieved | <ul style="list-style-type: none"> • Established a purchasing work group to oversee the development of new policies, procedures, controls and a users' guide; • Disentangled the procurement activities among Purchasing and Materials Management Dept. (PMMD), Office Support Services (OSS) and LTCHS and clarified roles and responsibilities; • Formally communicated changes and provided staff training; • Introduced electronic processing of Purchase Orders, expanded the use of P-Cards and moved |

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| | | <p>towards the 3-way match;</p> <ul style="list-style-type: none"> • Worked with contract management leads to meet their needs. |
| 10. To update and implement the division's Strategic Information Systems Plan (SISP). | Partially Achieved | <ul style="list-style-type: none"> • Reviewed and updated LTCHS' internet website and launched the intranet; • Provided training, support and facilitated the roll-out of RAI-MDS across the division; • New upgraded TimeKeeper system not yet fully implemented; • Responded to MOHLTC, LHIN and City of Toronto information technology changes and Management Information Systems (MIS) requirements, including E-Health. |
| 11. To develop a plan that will enhance volunteer involvement of youth and the 55+ age group cohort. | Partially Achieved | <ul style="list-style-type: none"> • One in four volunteers are under the age of 18 years; • Youth participation in Toronto Challenge up 15%; • Volunteer Youth Summit to be annual event for networking, planning and program development; • Stakeholder Working Group conducted literature search review related to boomers and the future of volunteering; • Stakeholder Working Group identified short-term projects of interest to those recently retired; • Connection made with CARP and 50Plus websites for recruitment space of specific volunteer needs; • Existing volunteers meeting study criteria were requested to participate in Ontario Institute of Education (OISIE) doctoral candidate survey on retired volunteers; findings will be shared; • Met with Prime Time Learning Director at Ryerson and identified opportunities for outreach to mature students and programs. <p><u>Projected 2009 Steps:</u></p> <ul style="list-style-type: none"> • Pilot with Ryerson Prime Time Learning Centre for mature student programs with residents. • Conduct on-line recruitment for volunteer projects with CARP, 50Plus, Volunteer Toronto Seniors portal, etc. tracking results and retention. • Host Volunteer Youth Summit to plan and develop resident focused programs with inter-generational components. • Include Volunteer Youth Council Terms of Reference in divisional policy (currently home specific). |

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| | | <ul style="list-style-type: none"> • Revise Volunteer Constitution and By-Laws to include Youth Volunteer representation on Executive. • Introduce contribution of hours recognition pins. • Survey volunteers in homes not reached in 2008. |
| 12. To develop a ten-year capital renewal plan for the division that supports resident safety and comfort, and promotes a safe work environment for staff. | Achieved | <ul style="list-style-type: none"> • Redevelopment plan submitted; • Capital maintenance plan and budget submitted. |
| 13. To develop a Divisional Communication Plan taken into account the internal and external stakeholders. This plan is consistent with the Mayor's priorities. | Achieved | <ul style="list-style-type: none"> • The Divisional Communication Plan provides each of the homes and community programs with a common framework; • The Plan was approved by LTCHS Committee; • Defined roles and responsibilities as per the approved plan. |
| Resident Care | | |
| 14. To have each care team implement and evaluate enhanced falls prevention strategies that reduce the risk of and the number of injuries from falls divisionally by a minimum of 20% in 2008. | Achieved | <ul style="list-style-type: none"> • Root Cause Analysis (RCA) completed in 6 out of 10 homes; • Risk reduction strategies developed based on RCA and put into a shared divisional workgroup; • Indicators developed; • Evaluation of trends and degree of injury ongoing; • The number of residents who were transferred to hospital with injury related to falls was 215 in 2008. The total number of hip fractures was 130 or 60% of residents who were sent to emergency post falls. |
| 15. To continue to implement the psychogeriatric and mental health services framework to maximize successful admission placements and strengthen collaboration with both the CCACs and Psychogeriatric Outreach Teams (POT). | Achieved | <ul style="list-style-type: none"> • Homes strengthened partnerships with psychogeriatric outreach teams with improved admission to acute behavioural units for crisis management. Many of the homes have the POT attend bi-weekly or monthly meetings to review progress and evaluate strategies for behavioural response; • Behavioural response training for 30 additional staff coordinated for 2009. |
| 16. To reduce the number of unmet standards in the areas of dietary and environmental MOHLTC compliance. | Achieved | <ul style="list-style-type: none"> • A review of unmet standards for Nutrition and Environmental Services was presented at Support and Administrative Services Committee (SAS) and standing service committees; |

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| | | identifying “hot spots” and patterns of ministry focus. Divisional supports available to address these and all related compliance issues reviewed with SAS and standing services groups. |
| 17. To further develop the interdisciplinary team processes in the provision of resident dining and snack service and to resolve areas of non-compliance and minimize risk of re-issuance in related areas. | Achieved | <ul style="list-style-type: none"> • Interdisciplinary, inter-home working group formed that analyzed root causes and developed plan of action to address divisional issues (i.e. menu, understanding of diet lists) and home issues (i.e. snack carts and cold holding requirements) that are affecting home compliance for snack service. Plan was approved by home management for implementation in the first quarter of 2009. |
| 18. Each home to analyze their clinical risks and identify one focus for QI to improve resident outcomes. | Achieved | <ul style="list-style-type: none"> • Homes analyzed their populations at risk and established risk reduction/prevention programs for the related clinical area; • Community services identified client safety issues and implemented strategies to minimize risks for elopement and candle fires. |
| Resident & Client Services | | |
| 19. To explore integration opportunities with the ongoing operation of the division’s four Adult Day Programs (ADP) with the three LHINs. | Achieved | <ul style="list-style-type: none"> • Options paper completed in 2008 and to be submitted to General Manager 1st quarter 2009; • Seven Oaks ADP successfully integrated into Bendale Acres ADP in 2008. |
| 20. To prepare Community Programs for Accreditation Canada survey. | Achieved and Ongoing | <ul style="list-style-type: none"> • Staff attended PowerPoint Presentation provided by General Manager; • Education provided on standards, ROPs and congruence with policies; • 100% participation in completion of instruments. |
| 21. Contingent upon LHIN awards for Supportive Housing (SH), to plan, initiate and open additional SH sites. | Achieved | <ul style="list-style-type: none"> • Site at 55 Blecker was approved by Toronto Central LHIN and Toronto Council. • Site to open February 2009. |
| 22. To plan, implement and evaluate a pilot project which enhances service delivery to Homemakers and Nurses Services (HMNS) clients by utilizing volunteers for “friendly” phone calls/reassurance. | Partially Achieved | <ul style="list-style-type: none"> • Two volunteers have been enlisted and oriented; • An information brochure about the friendly phone call program has been developed for use. |

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| 23. To further develop and generate GoldCare reports that will assist in the planning of service delivery. | Not Achieved | <ul style="list-style-type: none"> • IT has consulted with the GoldCare provider, and has worked with Support Assistant A to incorporate needed information into fact sheet; • No reports or mock-ups available at this time; • IT is delayed because of upgrade to new version of GoldCare; • To be carried over to 2009. |
| 24. To develop Programs and Services care plans for the RAI-MDS library. | Achieved | <ul style="list-style-type: none"> • Over 10 care plans in total developed for the Programs and Services disciplines. • Care plans not entered in RAI-MDS library due to other priorities of IT. Care plans to be entered into library in 2009. |