

**LONG-TERM CARE HOMES AND SERVICES DIVISION
ACHIEVEMENT OF 2008 OPERATING OBJECTIVES
Wesburn Manor**

Objective	Success	Indicators of Achievement
Leadership and Partnership		
1. To identify one opportunity to support the Mayor's Priorities.	Partially achieved	<ul style="list-style-type: none"> • The number of youth volunteers increased during 2008; • Wesburn Manor had 1 participant in the Youth Summit; • Challenges for daytime attendance at Wesburn Home Advisory difficult due to school commitments of youth volunteers; • One youth has taken on the role of co-convenor of the Volunteer-run Saturday Cappuccino Bar.
Information Management		
2. To finalize kiosk implementation.	Achieved	<ul style="list-style-type: none"> • The kiosk implementation was finalized at Wesburn Manor. There was a delay in installing updated equipment. Remains with LTCHS IT for completion; • QI project with Nursing and ASU to establish one methodology for ordering, maintaining files and administrative processes. Processes to be implemented 1st quarter 2009 (deferred due to outbreak).
Human Resources		
3. To expand upon the culture of safety through further integration of resident safety with staff safety.	Achieved	<ul style="list-style-type: none"> • Resident Safety discussed at Joint Occupational Health & Safety meetings; • During workplace inspections, inspectors identify any risk to worker and residents/members of the public, etc.; • Safety a standing item on Residents' Council agendas; • Safety a standing item on all home committees; • 3 residents attended the Resident Summit Culture of Safety – with falls as the topic; • Accreditation Canada survey instrument further links resident and staff safety reinforcing the culture and integration; • Expression of interest submitted to WSIB for pilot Accreditation Program at Wesburn Manor; • Pilot project related to <i>Bullying in the Workplace</i> further reinforces the culture of safety.

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Resident Care and Services		
4. To continue implementation of Ministry of Health & Long Term Care Mental Health Framework.	Achieved	<ul style="list-style-type: none"> • PIECES framework approved by Resident Care & Services Committee; • 4 case studies completed in 2008 in consultation with RGP and CAMH; • 21 residents referred to CAMH in 2008; • 10 residents being seen monthly by PACE Wesburn Psychiatrist; • 1 psychiatric hospital admission in 2008 (Toronto Rehab Institute).
5. To implement e-health initiatives including MDS-RAI in phase 3.	Achieved	<ul style="list-style-type: none"> • 60 full-time staff and 29 part-time staff trained; • 18 MDS-RAI sessions held; • All components of assessment tool implemented with the exception of RAPS-scheduled for January/February 2009 (quarterly summaries); • Upon completion of RAPS training, we will initiate additional training for care plans; • Once RAPS component is implemented, parallel system to discontinue; • Membership on Mississauga Halton LHIN e-health committee transferred to a member of LTCHS IT Department.
6. To provide ongoing infection prevention and control knowledge of best practice guidelines.	Achieved	<ul style="list-style-type: none"> • IPAC audit completed by IPAC Consultant; • IPAC Nurse Manager hired September 2008; • 5 education sessions on IPAC held with 19 full-time staff and 15 part-time staff attending; • 3 outbreaks in 2008; • Education provided to Family Committee, Volunteer General Members and Home Advisory Committee; • Audit tool developed for PPE carts for use while in outbreak.
7. To prepare ROPs as required for Wesburn Manor; respond to 2005 recommendations from accreditation survey; educate and prepare for LTCHS accreditation in May 2009.	Achieved	<ul style="list-style-type: none"> • Completed ROPs to LTCHS for submission to Accreditation Canada as interim reporting requirement. (Patient Safety, Communication, Medication Use, Worklife/Workforce, Infection Control, Falls Prevention); • Prepared submission to 2005 recommendations; • Both submissions approved by Accreditation Canada (early 2009);

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		<ul style="list-style-type: none"> • Education sessions by S. Pitters/E. Russell held on October 31 – 51 full-time staff and 41 part-time staff attended; • 3 Management education sessions held – 5 full-time and 4 part-time staff attended; • Presentation to Volunteer General Meeting, Home Advisory Committee, Family Committee; • Residents’ Council informed of survey details; • General Staff Meeting to introduce survey instruments on October 29th – 14 full-time and 14 part-time staff attended.
<p>8. To continue ‘Live To Eat’ initiative with emphasis on incorporating into philosophy of dining rather than a ‘program’.</p>	<p>Partially Achieved</p>	<ul style="list-style-type: none"> • Ongoing emphasis on role of the RN/ROPN as the dining captain needed; • Dining Audit results reveal some difficulty in sustainability for some individuals; • Good participation and appreciation related to roles in the dining room for those non-traditional disciplines; • Continued monitoring a priority of Resident Care and Services Committee.
<p>9. To complete a quality improvement project related to improvement of external garden areas.</p>	<p>Achieved</p>	<ul style="list-style-type: none"> • Achieved through the use of contracted landscaper; • Continue to look at improvement initiatives with external groups (students/families/volunteers in 2009).