

**LONG-TERM CARE HOMES AND SERVICES DIVISION
ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
Government Relations		
1. To identify opportunities for enhanced French language services within the division, through research of demographics and collaboration with the French Language community.	Not achieved	Given other priorities, this was not accomplished in 2009 but will be reviewed in 2010.
2. To imbed the leading practices in Lesbian, Gay, Bisexual and Transgender (LGBT) services consistently within the existing three (3) homes and expand to include a fourth (4th) home, based on demographics, community need and capacity.	Achieved	<ul style="list-style-type: none"> • LGBT toolkit completed and distributed within the division and posted on the LTCHS, Rainbow Health Ontario and International Federation of Ageing websites. • As of end-October, LTCHS had over 600 visitors to the LGBT toolkit on the LTCHS website. • LGBT positive services noted as a leading practice in May 2009 Accreditation Canada survey. • LGBT services implemented at Fudger House, True Davidson Acres and Kipling Acres. • LGBT audit verified that 76% of the agreed-upon measures have been implemented and the remaining measures are in progress. • Community programs began planning launch of initiative in the fall of 2009. • LGBT awareness education planned for Bendale Acres, Carefree Lodge and Castlevue Wychwood Towers for early 2010.
3. To expand the Supportive Housing (SH) portfolio based on demographics, community need, and funding opportunities.	Achieved	<ul style="list-style-type: none"> • Submitted two successful proposals under <i>Aging at Home</i> funding; awarded funding to initiate supportive housing services at Winchester Square (South St. Jamestown) and awarded funding to initiate supportive housing services at Cliffwood Manor (Don Mills and Steeles). • Submitted a third proposal to start supportive housing services at Francis Beavis with a satellite at May Birchard (Pape and Dundas), but the results of this call for proposals are not yet known at year-end. • Participated in a 2-day session with the Central East LHIN followed by a request for collaboration to further explore the City's SH model as a promising practice.

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
4. To imbed diversity practice in all aspects of the division's operations, through collaboration and partnership at the local level.	Achieved	<ul style="list-style-type: none"> • Ten interviews were conducted with the homes' Administrators. A series of questions was asked to review the representation of Home Advisory Committees and to determine any future plans to change committee membership. Each Administrator described the composition of the home's resident population and verified that the Home Advisory Committee membership mirrored the current, majority resident population of the home. Each Administrator indicated that a goal over the next few years will be to involve more representatives from the local community on their Home Advisory Committee.
5. To develop a framework and lead the City's work with the International Federation on Ageing (IFA) in creating a World Health Organization (WHO) Global Age-Friendly City in Toronto.	Achieved	<ul style="list-style-type: none"> • Attracted IFA to relocate in Toronto. • Completed a City-wide inventory of age-friendly practices in various divisions. • Continued inter-divisional work group. • Met with the Chair of Community Development and Recreation Committee to plan options. • Collaborated with Toronto Seniors' Forum to profile age-friendly communities at Seniors' Month celebrations in Nathan Phillips Square. • Hosted age-friendly communities' forum in June with invited community agencies and representatives, producing and distributing final report. • Invited as guest speaker at a variety of community conferences related to age-friendly communities. • Developed plan for 2010.
6. To utilize the City of Toronto – 5 LHIN collaborative table as an effective forum for engagement and decision-making related to policy and service delivery that are cross-LHIN boundary and City-wide.	Achieved	<ul style="list-style-type: none"> • Met three (3) times in 2009, with representation from the 5 LHINs and varied City divisions, including LTCHS, EMS, TPH, SSHA and Social Development. • Dealt with a variety of City-wide issues, including EMS offload delays, ED outreach, ALC issues, pandemic planning, mental health issues, homelessness, Aboriginal health issues, funding issues, e-health, alliance with the International Federation on Ageing and age-friendly communities. • Prior to end-year, invited Toronto Community Housing to join collaborative to more effectively address unmet community needs related to mental health through the CoT – 5 LHIN collaborative table.

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
7. To proactively engage and respond to the LTCH Act Regulations consultation and develop a plan to operationalize as required.	Achieved	<ul style="list-style-type: none"> • Participated in MOHLTC committees, work groups, consultations and focus groups related to the draft Regulations. • Drafted and submitted comprehensive responses for both Part 1 and Part 2 consultations for the Regulations. • Awaiting MOHLTC action in 2010.
8. To develop a policy framework related to the campus of care model for a continuum of LTC and community resources.	Achieved	<ul style="list-style-type: none"> • Researched campus of care models in both Canadian and international jurisdictions. • Developed policy framework and conceptual model for the redevelopment of Kipling Acres as a campus of care. • Received City Council approval for capital budget. • Retained architect and initiated design work. • Developed inter-divisional advisory committee to consider possible components of campus. • Developed community reference group, with first meeting in December 2009. • Met with Toronto Office of Partnerships, Toronto EMS, Toronto Community Housing and Build Toronto to start exploring options.
Leadership and Engagement		
9. To collaborate and consult with all stakeholders prior to submission of capital budget specifically for Kipling Acres.	Partially Achieved	<ul style="list-style-type: none"> • Established inter-divisional advisory committee to move project forward. • Capital budget approved by City Council for 192 beds at current KA locations. • Established community reference group, with first meeting in December 2009. • Retained architect and began design work and collaboration with community reference group. • Did not locate 2nd property for remainder of beds.
10. To strengthen the City of Toronto (CoT)-5 LHIN meetings by ensuring inclusion of CoT health-related divisions to discuss common policies at quarterly meetings by December 31, 2009.	Achieved	<ul style="list-style-type: none"> • Met three (3) times in 2009, with representation from the 5 LHINs and varied City divisions, including LTCHS, EMS, TPH, SSHA and Social Development. • Dealt with a variety of City-wide issues, including EMS offload delays, ED outreach, ALC issues, pandemic planning, mental health issues, homelessness, Aboriginal health issues, funding issues, e-health, alliance with the International Federation on Ageing and age-friendly communities. • Plan developed for 2010 to focus on ED/EMS issues and mental health issues as priorities.

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
11. To participate in Workplace Safety and Insurance Board (WSIB) Accreditation pilot project at Wesburn Manor by December 31, 2009.	Partially Achieved	<ul style="list-style-type: none"> Established a WSIB Accreditation Steering Committee with membership consisting of Head Office, Wesburn Manor, CUPE Local 79 Health and Safety representatives and OSACH as accreditation partner. Identified project as joint Continuous Improvement project under Mayor's Initiatives. As WSIB had not finalized their accreditation program, LTC commenced with OSACH's program which has been considered as equivalent. Awaiting word on WSIB's program. Participating in OSACH Accreditation pilot project evaluation. 3/5 pillars completed to date. Anticipated completion end 2Q 2010.
12. To prioritize and implement the Human Resource Plan (HR) based on need.	Achieved	<ul style="list-style-type: none"> 2009 priorities fully implemented. HR Workgroup meeting in 2010 to continue priority actions for 2010 and 2011. People Plan and Divisional Plan congruent, initiatives for 2010 identified.
13. To further develop a plan that will enhance volunteer involvement of the 55+ age group cohort.	Partially Achieved	<ul style="list-style-type: none"> Caring Clown pilot with Ryerson mature students to begin clown shows and practicum in 4 homes in 2010; full page article on volunteers with recruitment push in Fall edition of Our Toronto newsletter generated dozens of calls of interest; Toronto Challenge participants who are 50+ years = 29%; regular use of on-line websites targeted to mature volunteers in use for recruitment of daytime volunteers – CARP, Zoomer, 50Plus, linkingboomers, Volunteer Toronto Seniors portal
14. To expand the number of Volunteer Youth Councils.	Achieved	<ul style="list-style-type: none"> Youth Councils operating in all homes; 1 in 3 active volunteers are under 18 years of age and account for 22,000 hours of service; Students Supporting Seniors Award given to Kipling Acres Youth Council at Toronto Challenge; annual Youth Summit had 25 reps from 8 homes – evaluation indicated 85% are “definitely” committed to getting more youth involved with the residents at the Home; 96% said they would recommend Long-Term Care Homes and Services as a place to volunteer; and 89% rated their experience as a team member in the group exercises as either “very good” or “excellent”.

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
15. To respond to questions on Accreditation Canada's Worklife and Patient Culture survey by May 2009.	Achieved	<ul style="list-style-type: none"> • Used Qmentum Quality Performance Roadmap (QPR) to establish initial and ongoing action plan(s), using a quality improvement approach • Quality of Worklife group/committee in each home and community-based services developed and implemented work plans based on assessed needs. • Divisional Quality Performance Roadmap finalized with action plan and completion of tasks, with 2010 action plan established.
Integrated Quality Management (Quality, Safety, Risk, Resource Utilization)		
16. To review and improve the divisional Admission Process with a focus on collaborating with external stakeholders to find creative solutions to all pressures.	Achieved	<ul style="list-style-type: none"> • Quantifiable improvement though participation in Emergency Department (ED) diversion project was achieved with the total number of consultations for CWT at 99, of those 24 were transferred to the emergency department for further assessment (76% of residents were assessed and safely treated in the home). In the case of Fudger House, 60 residents were seen for consultation with 8 being transferred to hospital (87% of residents were assessed and safely treated in the home). Although participation at Lakeshore Lodge is still relatively new, to date there have been 4 on-site visits and 8 telephone consultations; 100% of residents were assessed and safely treated in the home. • All homes will be engaged in ED outreach and/or nurse practitioner led work in 2010.
17. To profile the division's quality improvement achievements through publications and submissions to CHEQA, OANHSS, Public Service Quality Fair, Homefront, Inside Toronto, and internal stakeholders.	Achieved	<ul style="list-style-type: none"> • Various submissions were made to OANHSS, CHEQA, Toronto Innovation, Showcase Ontario and Ontario Health Quality Council. There were 16 Quality Improvement articles in Homefront in 2009.
18. To ensure that staff is knowledgeable of their role in Required Organizational Practices (ROPs) and that they implement these practices in their daily work.	Achieved	<ul style="list-style-type: none"> • Completed staff education related to ROPs in all homes, community programs and head office. • Produced monthly educational flyers with focus on ROPs. • Implemented and revised/refined action to improve compliance with all ROPs on ongoing basis. • Reinforced ROPs on ongoing basis with all staff.

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
		<ul style="list-style-type: none"> • Completed comprehensive falls prevention strategy. • Completed comprehensive wound care strategy. • Completed pilot project related to suicide prevention. • Met 100% of ROPs in final report from Accreditation Canada.
19. To ensure that the division is prepared for the May 2009 on-site accreditation survey.	Achieved	<ul style="list-style-type: none"> • Maintained Qmentum Steering Committee for accreditation planning. • Completed planning in all homes, community programs and head office. • Provided staff education related to accreditation, ROPs, tracers in all homes, community programs, head office, Advisory Committee on LTCHS, Inter-Home Advisory Committee. • Prepared and distributed monthly newsletters about accreditation facts prior to survey. • Achieved exceptional forecast report with three (3) unmet (out of 619 criteria). • Developed and fully implemented quality roadmap for the three (3) unmet. • Recognized for three (3) leading practices. • Awarded final report with 100% compliance with all quality dimensions, standards, criteria and ROPs.
20. To provide leadership and coordination in a “Safer Healthcare Now!” opportunity for improvement that is division-wide, enhances the sharing of lessons learned and is both division-wide and location-specific.	Achieved	<ul style="list-style-type: none"> • The division has experienced a 50% reduction in hip fractures YTD at end-November when compared to 2007 data. The division focused on falls as a “Safer Healthcare Now!” opportunity for improvement.
Information Management and Communication		
21. To update (including an assessment of the current and future Information & Technology (IT) resource requirements) and implement the division’s Strategic Information Systems Plan (SISP).	Partially Achieved	<ul style="list-style-type: none"> • The 3-year SISP (2010 to 2012) was updated. • Many of the initiatives of the previous SISP (2007 to 2009) were implemented. • IT resource assessment is outstanding.

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
22. To actively participate in City's Web 2.0 initiatives.	Achieved	<ul style="list-style-type: none"> • Requests to Corporate I&T to have Volunteer Co-ordinators gain access to a Volunteer blog were denied. • Any new opportunities will continue to be assessed for their usefulness to LTC.
23. To improve computer literacy in the division.	Not Achieved	<ul style="list-style-type: none"> • Not completed as the Information Technology needs assessment is still outstanding.
24. To identify and implement the priority strategies included in the communication plan.	Achieved	<ul style="list-style-type: none"> • The communications work group met throughout the year to develop and guide the implementation of the Communication plan. • Selected and defined priority tasks from the approved communications plan for the 2009, 2010 and 2011 work plans. • Divisional name change communicated to all internal and external stakeholders, installed kiosks in all homes; accreditation achieved and results communicated to all internal and external stakeholders; 2009 Report Card completed; <i>Just for You</i> publications updated and sent to all homes for distribution; Excellence in Volunteering Event held and well attended by our volunteers; successful fundraising event at Castlevue Wychwood Towers; successful Toronto Challenge. • Working in partnership with the LHINS, CCACs, MOHLTC, MoL, City Divisions. • Working in collaboration with the Ontario Quality Council on various quality improvement initiatives in our homes, e.g. Castlevue Wychwood Towers, Cummer Lodge, Wesburn Manor and Lakeshore Lodge. • Enhanced the Division's website.
25. To implement Health Outcomes for Better Information and Care (HOBIC).	Achieved	<ul style="list-style-type: none"> • Wireless infrastructure was implemented in all 10 homes. • Laptops and carts for use with the wireless network were purchased. • GoldCare HOBIC software was acquired and implemented in all 10 homes. • Registered staff in all 10 homes was trained on HOBIC assessments and as of end of June 2009 all Homes were doing HOBIC assessments and transmitting data to HOBIC database. • Homes are connecting to HOBIC and downloading reports.

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
26. To implement e-Health strategies of the GTA LHINs.	Achieved	<ul style="list-style-type: none"> The four Homes in the T.O. Central LHIN (CWT, FH, TDA and LL) were part of an eReferral pilot and implementation and are receiving referrals electronically from CCAC using the Resource Matching & Referral system (RM&R).
27. To implement MAPIT.	Partially Achieved	<ul style="list-style-type: none"> Risk Management indicators were reviewed and revised by a working group. A temporary solution was implemented for 2009 while new indicators were configured in MAPIT. Work is continuing to design screens, etc. in MAPIT.
28. To implement eMAR and ePen.	Partially Achieved	<ul style="list-style-type: none"> ePen is implemented on all resident care areas at CWT as a pilot test site. A Vulnerability Assessment (VA) of the application and the data transmission processes is underway. Once any issues resulting from the VA are resolved, it will be implemented in the remaining 9 homes.
29. To implement an automated staff scheduling/time and attendance system.	Partially Achieved	<ul style="list-style-type: none"> Several solutions were assessed and a decision was made to proceed with a system (Quatro Time) that is already in use by several other City Divisions. Business Requirements, Statement of Work (SOW), Implementation plan were completed. System configuration, testing and implementation to commence in January 2010.
30. To enhance information management systems related to Personal Health Information (PHI) and other applicable privacy.	Partially Achieved	<ul style="list-style-type: none"> Provided staff education related to <i>Municipal Freedom of Information and Protection of Privacy Act</i> (MFIPPA), <i>Personal Health Information Protection Act</i> (PHIPA), <i>Quality of Care Information Protection Act</i> (QCIPA). Achieved zero complaints under MFIPPA or PHIPA disclosure. Achieved zero significant privacy breaches. Sustained minor privacy breaches, including individual staff member posting of resident's photo on Facebook; unauthorized vendor accessing one healthcare record; unauthorized person assisting to file incident reports in one isolated situation; contracted lab provider losing a limited amount of PHI of two (2) residents on a stolen USB; all breaches investigated and acted on to prevent recurrence.

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
		<ul style="list-style-type: none"> • Inadvertently received information intended for another healthcare recipient in three (3) occasions; notified the other healthcare provider of their breach and ensured follow up. • Designed but did not fully initiate Quality of Care Committee; to be pursued in 2010.
Safety		
31. To reassess/strengthen safety culture and support the integration of safety strategies into all planning, training, implementation and evaluation (residents, clients, families, staff).	Partially Achieved	<ul style="list-style-type: none"> • > 12 education sessions provided for resident and clients related to safety (i.e. falls, medication management and infection prevention) • Care plan library interventions all developed with safety interventions included • Staff training sessions related to safe lifts and transfers done in each home on each shift. • Policies and procedures format revised to include a safety alert as appropriate. • 35 staff participated in education related to medication management safety sponsored by ISMP. • Implemented improved system of staff nametags in all homes.
32. To collaborate with CUPE Local 79 on continuous improvement projects by year-end and achieve quantifiable improvements in each. <ul style="list-style-type: none"> • Accreditation • WSIB • iGuard • Preventing MSDs • Prevention of Bullying • Return to Work of Injured Employees 	Achieved	<ul style="list-style-type: none"> • Met with CUPE Local 79 twice regarding continuous improvement projects, in addition to CWT-specific meetings. • WSIB Accreditation program further delayed by WSIB; OSACH Health and Safety management System implemented as alternative at WM with limited CUPE involvement. • iGuard implemented successfully with high staff satisfaction rate. • MSD pilot project completed at CWT and to be used to guide revisions to divisional approach in 2010. • Prevention of Bullying education and Prevention of Workplace Violence education completed in all homes, community programs and head office. • <i>Everyone Deserves Respect</i> posters implemented. • 9 injured part-time workers returned to work in pilot project with successful results.

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
33. To develop and maintain effective systems related to resident/client safety and communicate results in a timely, effective manner in each home, community-based services.	Partially Achieved	<ul style="list-style-type: none"> Designed safety alert format to notify all homes and community services of high safety risk noted in outer jurisdictions, to sue the lessons learned in risk mitigation within the division; to be implemented in 2010. Prospective analyses completed in all homes and community programs. Maintained safety as a component of shift-to-shift reports.
34. To act on identified priorities for enhancing resident/client safety through established Standing Service Committees, Quality Councils and/or Quality Teams: 1. managing behaviours; 2. medication managements; 3. pain management; 4. falls prevention; 5. skin and wound care.	Partially Achieved	<ul style="list-style-type: none"> Enhanced clinical protocols developed for care related to behavioural management, medication management, pain management and falls management; skin and wound management deferred to 2010. Reviewed processes and systems related to high risk medications and revised to improve safety. Focused quality improvement work was completed related to medication reconciliation, falls management, pain management and behavioural care.
35. To enhance the division's OH&S management system, assessing/strengthening the functionality of IRS, reducing LTI and demonstrating leadership to make the division's workplace safe.	Achieved	<ul style="list-style-type: none"> Used Joint Health and Safety Committee (JHSC) Networking to identify priorities/ways to improve communication and actions about worker safety issues and continued to build the Internal Responsibility System (IRS). Held 4 Networking sessions to finalize Hazard Identification Document (HID), prepare proposals for sustaining bullying initiative, sharing best practices and provide training on delivery of H&S education. Used Safe at Work Ontario framework to guide OH&S work: Competence – well functioning JHSC with regular meetings, issues resolution and certified members, Training of new JHSC members and management. Commitment – H&S policy manual reviewed and updated. H&S agenda item for LTC and Home meetings. Capacity – liaised with Corporate H&S, OSACH and WSIB. Preventing Workplace Violence – completed 3 phase training program for staff. Prevention of MSDs – completed training on corporate policy in 2009 and CWT continuous improvement initiative to be completed end

**ACHIEVEMENT OF 2009 OPERATING OBJECTIVES
DIVISIONAL**

Objective	Success	Indicators of Achievement
		<p>February/2010.</p> <ul style="list-style-type: none"> • Policy written on reporting to MoL related on occupational illness and critical injuries. • Continue/strengthen statistical reporting regarding WSIB incidents (trends and benchmarks with OSACH data) and use data to guide action plans in each home/community program; redesign WSIB reports to improve relevance of data in assessing/analyzing risks and hazards. • Continue to build partnerships and collaboration with H&S managers, OSACH, MoL, etc. in prevention and education focus. • Provided input to corporate H&S on JHSC certification proposal. • Successfully implemented iGuard, a personal protective systems for HMNS staff.
36. To implement a surveillance tracking system consistently across division (with IT data base).	Partially Achieved	<ul style="list-style-type: none"> • Unit infection baseline on e-system; however, continues to be monitored manually. • Statistics reported as required by Accreditation Canada. • Hand-wash training repeated using PIDAC document and at the time of all outbreaks. • Delivered one LTCHS Infection Prevention and Control Networking Days to 70 participants. • Installed puncture-proof biohazard containers in all public washrooms and staff locker rooms.