

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

Objective	Success	Indicators of Achievement
1. To complete all the reports required at their scheduled time.	Achieved	<ul style="list-style-type: none"> • Due Diligence, internal checklist completed as scheduled. • All surveys sent out as planned. • Flu shot and vaccine letters sent. • Inventory count completed. • MSDS sheets and Disaster box and supplies signed off as scheduled. • Needle sticks injury and reproductive risk infection control checklist reported as required. • RM and QM reports on time. • Quarterly review of emergency plans at home management meetings. • MAPIT not introduced this year.
2. To maintain a minimum of 97% occupancy in the home.	Achieved	<ul style="list-style-type: none"> • Tours offered evenings and weekends. • As of September toured 656 people. • CCAC and discharge planners met with Home. • Lost residents days due to outbreak accounted for.
3. To closely monitor expenditures and to increase reviews in order to operate within 2009 allocated budget by year end.	Achieved	<ul style="list-style-type: none"> • Cumber will end the year with a positive expenditure variance. • All monthly and quarterly reports submitted. • Managers followed absenteeism guidelines.
4. To minimize the number of Ministry of Labour (MoL) orders by meeting all the expected requirements outlined by the Long-Term Care Homes & Services Division.	Achieved	<ul style="list-style-type: none"> • All monthly inspections completed. • All pertinent policies reviewed. • Slips and falls inservices. • All MSD related incidents were investigated. • Monthly review of incidents completed.
5. To clear unmet standards from B 2.4 and P 1.27.	Achieved	<ul style="list-style-type: none"> • Unmet standards were cleared.
6. Infection Prevention and Control	Achieved	<ul style="list-style-type: none"> • Procedure in place in every dirty utility room for sanitizing equipment. • New sanitizers have been purchased, extra basins as well. Painting done in rooms to designate clean and dirty, each item sanitized after single use, placed in bag on labelled shelf. • Staff immunization rate not improved; with H1N1, 62% of staff immunized, for seasonal flu, clinics are ongoing. • 97% of full-time staff tested, 75% of part-time. • Rec/rehab staff have R2A and cloths to disinfect all equipment between uses.

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7. Educational Programs	Achieved	<ul style="list-style-type: none"> • Smart Serve offered to several staff and volunteers who successfully completed: 3 staff; 3 volunteers. • 262 frontline staff and managers attended <i>Bullying in the Workplace</i> training in June. • 70 registered staff received training on HOBIC in March and April. • Several inservices were delivered on <i>Living our Values</i> – 56 staff attended. • Other method of disseminating info was distributing flyers with 9 values and requesting staff to give example of how they lived out one of the values at work; 50 were handed out and ¼ returned responses. • A poster was developed.
8. To review the number of companions, the quality of service provided and the level of risk the home may have with the large number of companions.	Achieved	<ul style="list-style-type: none"> • Sitters are invited to all inservices, and Staff Education has done special inservices just for them on bullying in the workplace. • All units have been made aware that nursing staff is ultimately responsible for all care given to the residents including overseeing the sitters. • We have started a new sign-in system in ASU for all sitters. • At each conference, Nurse Managers ensure that they have an up-to-date list of sitters and acknowledgements signed from sitters and families. • ICP nurse includes sitters in her inservices and walk arounds, i.e. hand hygiene and will re-instruct as necessary.
9. To expand role of Family Council.	Partially Achieved	<ul style="list-style-type: none"> • Family Council did not participate in staff appreciation. • Received annual education. • There is no chair of Family Council to attend Home Advisory Committee.
10. Prepare for Accreditation Canada survey.	Achieved	<ul style="list-style-type: none"> • All preparations completed. • Successful survey in the Division.
11. Staff replacement	Achieved	<ul style="list-style-type: none"> • All issues resolved. • All departments are following same practices as per policy. • Issues related to deadlines and call-in sick daily were resolved through labour relations consultant. • Only few grievances or complaints were related

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12. To implement new regulations Bill 140 related to secure units.	Not Achieved	<ul style="list-style-type: none"> • Regulations for Bill 140 still not completed.
13. HR Plan	Achieved	<ul style="list-style-type: none"> • All employees' files' contents have been reviewed and standardized. • HR policies and procedures have been reviewed by all managers. • Youth volunteer sits on volunteer executive.