

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

Objective	Success	Indicators of Achievement
1. To further develop a plan that will enhance volunteers involvement of the 55+ age group cohort	Achieved	<p><u>Ryerson Prime Time Learning Centre</u></p> <ul style="list-style-type: none"> Met with the Director of the Ryerson Prime Time Learning Centre in March 2009 to identify opportunities for outreach towards mature students. Selected to participate in the program “Caring Clowns”, a program for students who are 55 plus. The Volunteer Coordinator of Fudger House made a presentation to the Ryerson students involved in the “Caring Clowns” regarding the volunteer services of the home/division. Students were invited to tour Fudger House in November 2009 and had an opportunity to participate in a resident party. The students are scheduled to have 3 performance sessions for the residents at Fudger House, commencing January 26, 2010. <p><u>On-line Recruitment of Volunteers</u></p> <ul style="list-style-type: none"> 70% of the volunteers (28/40) were recruited on-line. 58 % of recruited volunteers (14/40) are over 55+. 70% of recruited volunteers (28/40) stayed past 6 months.
2. To respond to questions on Accreditation Canada’s Worklife and Patient Safety Culture survey by May 2009.	Achieved	<ul style="list-style-type: none"> 100% of staff responded to the Accreditation Canada’s Worklife Pulse survey and Patient Safety Culture survey. Shared results of the two surveys with staff at various meetings including General Staff, Home Management, Quality Site Council, multidisciplinary and departmental meetings. Collected staff input/suggestions to develop a Qmentum Quality Performance Roadmap (QPR). Used QPR to establish an action plan, using a quality improvement approach. Implemented action plan with a strong focus on staff wellness and stress reduction. Provided an Introduction to Mindfulness Meditation training. Eight staff attended. A quiet area is available in the Training Room for meditation. The Senior Human Resources Consultant presented an overview of the Employee Assistance Program (EAP) to staff. Staff expressed interest in participating in a Quality of Worklife Group

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		which will be formalized in 2010.
3. To implement the HealthForceOntario Inter-Professional Care/Education Project with The Michener Institute (Chiropody Student Placement)	Achieved	<ul style="list-style-type: none"> • Held planning meetings with The Michener Institute to establish an implementation plan. • Discussed/communicated progress of the project with the Fudger House Home Management Team. • Developed an orientation package for the clinical instructors and placement students. • Provided orientation. • Held information session with residents who may wish and consent to participate. • The first clinic will be held on January 18, 2010.
4. To explore a new partnership with a community agency/organization with expertise in care provision to HIV/AIDS patients/clients.	Achieved	<ul style="list-style-type: none"> • Established a new partnership with Casey House. • Casey House offered training/mentoring support to Fudger House staff when their HIV/AIDS clients were admitted. • Mutual agreement this past year to repatriate resident(s) back to Casey House for end of life if needed. No residents required repatriation in 2009. • Fudger House staff attended the HIV/AIDS and Mental Health Series sponsored by Casey House. • Casey House and Fudger House jointly offered "An Introduction to Mindfulness Meditation" training sessions to staff of the two organizations and the neighbourhood community.
5. To ensure that staff are 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"> • Reviewed and interpreted Required Operational Practices (ROPs) with all staff. • Distributed and reviewed monthly Qmentum flyers with focus on ROPs. • Completed home specific 2009 ROPs document for submission to Accreditation Canada. • Communicated /shared any new/innovative practices related to ROPs to Quality Site Council, Home Management and departmental meetings. • On-going monitoring compliance with ROPs, involving staff and taking corrective action/enhancing practices as needed.
6. To ensure that the home is prepared for the May 2009 on-site accreditation survey.	Achieved	<ul style="list-style-type: none"> • Successful Accreditation.

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<p>7. To reassess/strengthen safety culture and support the integration of safety strategies into all planning, training, implementation and evaluation (residents, families, volunteers and staff).</p>	<p>Partially Achieved</p>	<ul style="list-style-type: none"> • Sixty-seven percent (67%) of JHSC members received certification part 1 and 2 training. This was due to change in membership (3 new members). Certification training sessions were full or cancelled in 2009 during the strike. Members will be rebooked in 2010. • Provided various safety education sessions to Residents' Council, Family Committee and staff. • Implemented the 2009 Residents' Safety Plan in collaboration with Residents' Council and Home Management. • Continue to enhance staff competence in Hazard Identification (HD), risk assessment and knowledge transfer to improve processes and outcomes (e.g. slips and falls, wellness promotion, high risk medications, hand-hygiene, needle safety). • There were no unmet Ministry of Health and Long-Term Care standards related to resident safety. • There were no Ministry of Labour orders related to worker safety. • There were no needle stick injuries.
<p>8. To develop and maintain effective systems related to resident safety and communicate results in a timely, effective manner.</p>	<p>Achieved</p>	<ul style="list-style-type: none"> • Completed one prospective analysis and shared lessons learned. • Conducted a root cause analysis on outbreak management and applied lessons learned to action plan. • Delivered repeat education sessions related to near misses, adverse and sentinel events. Staff are able to identify and distinguish near misses, adverse and sentinel events. This was evident as staff are able to code near misses, adverse or sentinel event on the revised Resident Incident and Medication Incident forms accurately. • Incorporated a strong focus on safety into operation on a consistent basis. Safety is everyone's business.
<p>9. To act on identified priorities for enhancing resident/client safety through established Home Management Committee, Resident Care and Services Committee and Quality Site Council:</p> <ol style="list-style-type: none"> 1. managing behaviours; 2. medication managements; 	<p>Achieved</p>	<ul style="list-style-type: none"> • Implemented the revised Medication and Treatment Incident form. Utilized Nursing Practice forum to share incidents of medication/treatment and altered methods to enhance resident safety. • Based on audit results, the Resident Care and Services Committee (RCSC) established an action plan to improve the provision of end of life care with the focus on comfort and safety.

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3. pain management; 4. falls prevention; 5. skin and wound care		<ul style="list-style-type: none"> • Commenced a falls prevention quality improvement project in Special Care. • Strengthened the functioning/effectiveness of the Skin and Wound Care Committee. Statistics reviewed and discussed at the RCSC. Developed action plan with a multi-disciplinary approach.
10. To enhance the home's Occupational Health and Safety (OH&S) management system, assessing/strengthening the functionality of Internal Responsibility System (IRS), reducing Lost Time Injuries (LTI) and demonstrating leadership to make the home's workplace safe.	Partially Achieved	<ul style="list-style-type: none"> • There were no Ministry of Labour orders. • Number of Lost Time Injuries remained the same from 2008-2009. • Used Joint Health and Safety Committee (JHSC) Networking to identify priorities /ways to improve communication and actions about worker safety issues; continue to build the Internal Responsibility System (IRS). • Empowered the JHSC to take leadership and responsibility to identify workplace hazards, observe safety practices, share and/or re-instruct staff, involve in safety training, co-ordinate JH&S Day and Infection Control Week. • Discussed and reviewed WSIB incidents at Home Management, JHSC and departmental meetings. Developed action plan to prevent future occurrences. • Provided a series of training on Preventing Workplace Violence to all staff on all shifts such as the "Workplace Violence" education session by the Corporate HR Consultant (124 staff attended), "Bullying in the Workplace" workshop by an external consultant ((150 staff attended). There was evidence of transfer of knowledge. • Provided inservices on the use of retractable needles to all registered staff. • There were no needle stick injuries in 2009. • Conducted training on Musculoskeletal Disorders (MSD) to all new hires. • Reinforced the Minimal Lift policy and ensured all slings are maintained as per policy.
11. To implement Health Outcomes for Better Information and Care (HOBIC).	Achieved	<ul style="list-style-type: none"> • Implemented wireless infrastructure. • Trained all registered staff and non-registered nursing staff on the observation and assessment criteria. • Received carts and awaiting laptops delivery from Head Office, for use with the wireless network. • Installed GoldCare HOBIC software.

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		<ul style="list-style-type: none"> Implemented HOBIC assessments. Conducted audits to support quality improvement initiatives.
12. To implement eHealth strategies of the GTA LHINs.	Achieved	<ul style="list-style-type: none"> Staff attended planning meetings as a member of the Resource Matching Referral Long-Term Care Pilot Group, an initiative of the Toronto Central LHIN. Staff received training on e-referrals. Received 32 e-referrals for LTC placements.
13. To implement MAPIT (Measure, Analyze, Plan, Improve with Technology) as per divisional plan.	Not Achieved	<ul style="list-style-type: none"> Await divisional implementation plan.
14. To proactively engage and respond to the Long-Term Care Homes Act Regulations consultation and develop a plan to operationalize as required.	Achieved	<ul style="list-style-type: none"> Fudger House was one of the Long-Term Care Homes selected by the Ministry of Health and Long-Term Care to participate in a consultation session in the development of regulatory policy. The Long-Term Care Homes Act Project team was on site on January 12, 2009 to engage stakeholders (residents, family and staff) in three separate LTC Home Dialogue sessions. All three groups indicated it was a positive experience. They were pleased with the opportunity to participate and contribute. The Administrator participated in the division review of the Part 1 of the proposed initial draft regulations under the Long-Term Care Homes Act.
15. To integrate the leading practices in Lesbian, Gay, Bisexual and Transgender (LGBT) services within the home.	Achieved	<ul style="list-style-type: none"> Completed the divisional LGBT Inclusive Audit in June 2009. Increased and consistent attendance at Molly Wood (a LGBT Seniors Social Club) activities. Increased number of outings in the gay village/community. Increased number of outreach activities. Continue to utilize the divisional LGBT Tool Kit for continuous service enhancements. Molly Wood residents attend the Older LGBT weekly group at the 519 Community Centre with support from volunteers. Post LGBT activities in the monthly <i>Notes and Quotes</i> newsletter. Distribute LGBT activity flyers throughout the home to make activities more visible and accessible.

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		<ul style="list-style-type: none">• Anecdotally, during one of the regularly scheduled Molly Wood activities, residents expressed that they feel safe at Fudger House.