

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

Objective	Success	Indicators of Achievement
1. To build linkages and partnerships with other organizations.	Achieved	<ul style="list-style-type: none"> • Increased community partnerships by 50%; • Exploring opportunities to share space for two community partners related to seniors program and ambulatory care clinic; • 25 partners attended Kipling Acres (KA) 50th anniversary; • Worked effectively with community partners to meet needs of community; • Worked effectively with: Central West LHIN LTC Network; Central West Regional Infection Control Network; Humber River Regional Hospital; CAMH Outreach Team; Reconnect Mental Health Services; Central West CCAC; Rexdale Community Health Centre (CHC); Toronto Police Service (TPS), Division 23; Humber College; William Osler Hospital; Christian Horizons.
2. To prepare for a division-wide 2009 survey under Qmentum program.	Achieved	<ul style="list-style-type: none"> • Developed quality performance roadmap (QPR) action plan on red flags related to divisional effective organization self assessment; • Developed QPR action plan on red flags related to KA self assessment; • Developed QPR action plan for KA unmet criterion related to fully documented preventive maintenance program in forecast report; • Final report verified full compliance with all requirements related to fully documented preventive maintenance program; • Prepared 4 display boards on QI projects; • Increased awareness related to required organizational practices (ROP); • Conducted ethics workshop for Resident Care team.
3. To link with our community partners to implement the drop in services for low income seniors.	Partially Achieved	<ul style="list-style-type: none"> • Distributed posters to community partners; • Set up meetings with community partners x 6; • Attended seniors fair at local RR to market services; • Assigned staff member on permanent modified work to support drop in activities; • Tracked and submitted weekly stats.

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4. To maintain occupancy rates at greater than 50% for short stay beds and over 80% for convalescent care beds.	Achieved	<ul style="list-style-type: none"> • Conducted promotional sessions x 3; • Increased occupancy /month and year end : long-term care 98.1%; convalescent care 85.9%; short-stay 55.3%; • Attended West Toronto CCAC-convalescent care meetings x2.
5. To continue to ensure a culture of safety related to workers, residents, families, volunteers and the general public.	Achieved	<ul style="list-style-type: none"> • Imbedded a culture of safety into daily operations (e.g. 24-hour nursing report, morning report with home management team, safety standing agenda item); • Implemented security upgrades related to security access control, surveillance cameras and parking lot lighting; • Education and reporting of near miss, sentinel event and adverse event; • Weekly Admission Committee reviews CCAC applications (special attention to behavioral assessments); • Behavioral support team has representative from JHSC; • Crisis discharge planning where warranted; • Maintained effective IRS for occupational health and safety management system; • Developed criteria for safety champion of the month.
6. To strengthen communication with all stakeholders internally and externally.	Achieved	<ul style="list-style-type: none"> • General staff meetings x2; • Quarterly Family Information Nights; • Family Committee meetings x3; • Monthly QI unit meetings; • Expanded membership on HAC by 50%.
7. To strengthen leadership skills within the management team.	Partially Achieved	<ul style="list-style-type: none"> • Quality management (QI and RM) reports submitted as per schedule; • Monthly review of HR and payroll processes; Improved accuracy in payroll, as seen by decreased pay period adjustments, improved leave request back up; • Implemented systems to manage quality, safety and risk, with effective follow up; • Improved fiscal responsibility related scheduling as per budget, sick time, overtime and WSIB; • Quality monitoring as per schedule; • Increased team cohesiveness.

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8. To successfully implement MDS RAI program.	Achieved	<ul style="list-style-type: none"> • Conversion of all assessments, RAPS and care plans; • RAI days assigned to units; • RAI champions per unit; • Building capacity for permanent registered staff; • Certificate of completion received May 2009; • Quarterly reports from CIHI Aug. 2009.
9. To successfully implement HOBIC.	Achieved	<ul style="list-style-type: none"> • HOBIC training done x 159; • Assigned areas for laptops/carts on units in designated area. •
10. To implement the new CCAC application process on line.	Achieved	<ul style="list-style-type: none"> • Training for Health Partner Gateway completed and backup assigned in ASU; HGP on line.
11. To enhance communications with all stakeholders by implementing division's Communication Plan.	Partially Achieved	<ul style="list-style-type: none"> • Regular meetings, use of bulletin board, etc. for enhanced communication; • Informal feedback to staff to recognize accomplishments provided regularly; • Strengthened KA's capacity to adapt to new technology changes and effectively use new technologies- CIHI reports; • Implemented incident management system (IMS) that supports decision making; • Excel indicators introduced July 2009.
12. To develop a plan that will enhance volunteer involvement of youth and the 55+ age group.	Achieved	<ul style="list-style-type: none"> • Continued recruitment of youth and 55 plus volunteers; • Succession planning with Volunteer President; • Increased youth participation on younger adult unit and in weekend programs and special events - 30 students; • Toronto Challenge Youth Council award; • Youth Council participation in 50th anniversary, Antique Car Show and Car Wash and Christmas Party.
13. To promote a workplace free of harassment and bullying.	Partially Achieved	<ul style="list-style-type: none"> • Implemented <i>Everyone Deserves Respect</i> program; • Provided Prevention of Workplace Bullying education (208 staff attended); • Provided Prevention of Workplace Violence education (183 staff attended); • In-services on Code White x 67; • Joint Health and Safety Committee (JHSC) took on responsibility for championing bully-free environment as part of IRS; • Supported social and wellness committee

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		activities; <ul style="list-style-type: none"> • Shared results of wellness committee survey.
14. To continue to expand role of JHSC.	Achieved	<ul style="list-style-type: none"> • 75% of JHSC members are certified; • MSDs and infection prevention and control (IPAC) presented at new staff orientation by JHSC members; • All managers trained within 6 months of employment.
15. To have all operational areas supported for staff replacement (call-in).	Achieved	<ul style="list-style-type: none"> • Support assistant position C in place since May 2009 to do staff replacement for call-in work; • Training done re: policies and systems (e.g. related to staffing and scheduling).
16. To promote and evaluate the falls prevention strategies in the home.	Achieved	<ul style="list-style-type: none"> • Evaluated falls prevention program; • Reduction of falls in 2009 by 40%; • ROP implemented in daily practice; • Fall indicator data shared at unit and committee meetings; • Root cause analysis completed in relation to resident at high risk for falls and strategies implemented; • Root cause analysis completed in relation to falls with fracture and strategies implemented; • QI storyboard completed related to falls prevention using plan-do-study-act (PDSA) cycle; • Use of MDS-RAI statistics at unit and committee meetings.
17. To grow and develop the Nurse Manager team in the home.	Partially Achieved	<ul style="list-style-type: none"> • Enhanced managers' visibility on units; • Encouraged leadership courses in HR, IPAC, change management and conflict resolution; • Held education sessions related to labour relations, staffing, investigations and grievances; • Pursued agreement with nurse practitioner with WOHC and Central West LHIN; • Work plan developed with staff education to build capacity within home management team, nurse management team and registered staff; • Provided leadership and team development program for home management team with consultant; • One Nurse Manager took additional leadership course.

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18. To implement the LTC mental health framework.	Achieved	<ul style="list-style-type: none"> • RN acts as behavioural support lead; • Monthly clinic with G-MHOT; • Case rounds bi-weekly; • Regular training days scheduled with PRC for behavioural support team, registered staff and PCAs; • Completed QI project storyboard related to behavioural support utilizing PDSA cycle; • 9/16 criteria in place from LTC mental health framework checklist; • Indicator data verifies decreased resident-to-resident aggression and responsiveness related to care strategies; • Staff training provided: behavioural support (10); PIECES (7); U-First (35); Enabler (4); 3 Ds (30); • Focused education on dementia and mental health topics.
19. To reduce the number of unmet standards in resident care and nursing MOHLTC compliance;	Achieved	<ul style="list-style-type: none"> • Education sessions on MOHLTC standards; • Quality monitoring of key processes related to environment, meal service, snack and preventative maintenance.
To reduce the number of unmet standards in dietary and environmental service reviews from TPH, MOHLTC and Maxxam.	Partially Achieved	<ul style="list-style-type: none"> • Unmet criterion from complaint, annual and special visits MOHLTC; reissue x 1.
	Partially Achieved	<ul style="list-style-type: none"> • Unmet criteria/recommendations from special visits and reviews from MOHLTC, Toronto Public Health (TPH) and Maxxam; reissue x 2.
20. To analyze clinical risk indicators and improve IDT problem solving.	Partially Achieved	<ul style="list-style-type: none"> • Regular meetings with Nurse Managers, Registered Dietitian and Nutrition Managers; • Review utilization of supplements and trays with a goal of decreasing by 10%; • Review of indicators related to wound care and nutritional care at RCT and MAC.
21. To further develop the interdisciplinary team processes in the provision of resident dining and snack service.	Achieved	<ul style="list-style-type: none"> • Education of nursing, personal care and food services staff related to new snack protocol and nutrition standards; • Embraced Live to Eat principles; • Implemented Restorative Feeding as a pilot on one unit (PDSA) then roll out; • Nursing staff supervising and serving in dining rooms; • QI leads to complete meal service, snack and

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		tray audits as per schedule; • Reduced Floor 3 from two settings to one to improve workload and dining experience.
22. To be leader in IPAC.	Partially Achieved	• Daily surveillance forms are completed on all units; • Hand hygiene audits are 100% compliant; • No respiratory outbreaks in 2009; • Increase staff flu vaccines from 70% to 90%; • Preventive solution audits are 100% compliant; • Education on appropriate glove use for all staff; • Staff immunization rates above provincial average.
23. To develop and maintain effective OHS management system.	Partially Achieved	• No orders from Ministry of Labour (MoL); • MoL health sector plan readiness assessment fully implemented; • Emergency codes are tested, documented and evaluated at least once quarterly; • Tests related to: fan out August 2009; code white x2 and missing resident x2; • Plan developed to ensure essential knowledge and quizzes and fire safety knowledge 100% complete by year-end; • N-95 mask fit testing fully completed and in compliance at year-end.
24. To complete capital improvements to enhance safety and provide homelike environment as approved by City Council.	Partially Achieved	• Replaced lounge furniture on One East; • New blinds in lounge of Floor 4S; • Murals completed in dining areas and home areas; • Servery completed on 1E and 4N; 4NE pending; • Resident washroom vanities replaced; • Main kitchen lighting and Nutrition Manager office relocation; • Continued to enhance tub/shower rooms to provide pleasant bathing experience; • Kitchen lighting and cleanliness project completed; • Capital renewal approved by MOHLTC, City Council and Central West LHIN; • City Council approved Architect; • Community Reference Group formed to provide input into design and planning phase; • Information bulletins regarding redevelopment x3.