LONG-TERM CARE HOMES AND SERVICES DIVISION ACHIEVEMENT OF 2009 OPERATING OBJECTIVES TRUE DAVIDSON ACRES

	Objective	Success	Indicators of Achievement			
Le	Leadership & Partnership					
	To link with our community partners to implement the Mayor's priority re the seniors' meals.	Achieved	 Linked with East End Network for added promotion of the initiative. Provided 419 recession meals to the community, 2 Meals-on-Wheels contracts, added bulk contract for day care (seniors) plus several catering contracts from the food and nutrition department. 			
2.	To successfully meet the Compliance standards of Ministry of Health during the annual inspection.	Partially Achieved	 4 unmet standards during annual visit. Standards from previous 2008 now met. 1 unusual occurrence visit – nothing found Dec. 2009. 			
3.	To maintain occupancy rates at greater then 50% for the 2 short stay beds for the year 2009.	Achieved	 Occupancy rate currently 54%. Utilizing 2 hard-to-fill private rooms for short stay and as a result rate has increased. Resident clerk keeps extremely close contact with CCAC co-ordinator re bed availability thus occupancy has increased. 			
4.	To increase the preferred accommodation rate to 60% during 2009.	Partially Achieved	 Varies between 55-56%. Continues to be approx. 28 people in wrong accommodation and will continue to relocate slowly. 0 complaints to date. 			
5.	To continue to plant the trees on the property as identified in 2007 as one of the Mayor's priorities.	Achieved	Cedars planted in centre and side garden during 2009.			
6.	To decorate the 10 spas as identified via the target of the True Revue Advisory Committee and conduct a grand opening to ensure the public are aware.	90% achieved	 Grand Opening held June 2009 for 1st floor east Spa, local paper attended and publicity in news to indicate the True Revue Spa Project. Murals in 10 units, some enhancement pieces waiting to be finished. 			
7.	To support the Mayor's "20 Minute Make-over" and promote cleanliness and order throughout the TDA property.	Achieved	Volunteers, staff completed makeover in April 2009.			
8.	To promote a workplace free of harassment, bullying and violence.	Achieved	Education sessions held Sept. 2009 with over 110 attending plus a day-long session for management team. Health & Safety Committee/Wellness Committee are managing on going program.			

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9. To promote a linkage with the Tamil Community to secure applications and volunteers for the home.	Partially achieved	 Contact made with co-ordinator of the community. Links to volunteers and youth identified. Labour disruption and their demonstration slowed the process and further movement will occur during 2010.
10. To continue to ensure a culture of safety is practiced throughout the home in dealing with all aspects of resident care and staff safety.	Achieved and On-going	 Based on accreditation survey positive feedback, staff are bringing concerns and solutions forward to Health & Safety who is taking the lead on this subject area. Safety Board in place.
Human Resources		
11. To continue to recruit qualified staff and volunteers to meet the human resource needs of the home, residents and team.	Partially Achieved.	 Recruitment continues at all levels. Overtime reduced by greater then 75%. Labour disruption of 2009 slowed the process.
12. To continue to expand the role of the Health & Safety Committee within the home.	Achieved but will continue	Health & Safety taking an active role in many aspects of the operations; staff and managers make up the committee.
13. To grow and develop a social committee within the home.	Achieved	 Social Committee in place. Sponsored a Christmas meal for staff through fundraising, planned outings for staff and their families.
Resident Care and Services		
14. To successfully implement the MDS RAI program.	Achieved	 CMI increased for 2009. Program has been re-organized re the coordination and will continue to monitor.
15. To grow and develop the nurse managers within the home.	Ongoing	Roles altered and this increased their accountability Oct 2009. This is an on going program and process and will continue 2010.
16. To improve the competency of the registered staff component within the home.	Not achieved	On-going.
17. To continue to expand the knowledge of all staff and especially the second floor staff re the care of the cognitively impaired residents and mental health residents.	Partially Achieved	 In services provided regularly. Labour disruption interrupted the process but is resuming during 2010.

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18. To promote and evaluate the falls prevention strategies within the home.	Partially Achieved	Multiple interventions in place: physio assessment after a fall, hip protectors/helmets /mattress on floor, meds reviewed. Continued collection of indicators, first quarter 2010 analysis of the indicators evaluation of the current strategies in use and committee to determine the strategies to retain.
Support Services		
19. To maintain compliance with MOH, MOL, Public Health, MOE during 2009.	Partially achieved	 1 unmet standard during compliance visit has been corrected. No issues or concerns with Public health, MoL, MOE during 2009.
20. To practice at least one emergency code each quarter throughout 2009.	Achieved	Code Black, Code Yellow, Code Green, Code White, Code Red all conducted during 2009.
21. To remain within the budget for 2009 via monitoring and adherence to the budget policies.	Not Achieved	Multiple controls in place, several unexpected expenses, accommodated workers increased costs to resident care in particular.
Programming & Recreation		
22. To ensure the accountability of all staff members: ASU, Programs, Recreation.	Partial Achieved	 Processes and projects implemented to increase the accountability factors re all departments. Resident satisfaction identified re recreation, programs. ASU stabilized with personnel changes, cross training initiatives, policy review.
23. To ensure the department remains within budget throughout 2009.	Achieved	Under budget during 2009, staff coverage charged to nursing and unable to reverse costs to date even though multiple requests.
24. To ensure the application process remains within the designated turnaround time.	Achieved	• Personnel changes brought our turnaround indicator from less then 40% to 90%. New clerk corrected all outstanding issues resulting from the previous situation.
25. To implement the new on-line application process and to act as a trial site.	Achieved	• Utilizing E-health on-line process since April, although approx. 20% applications are provided on-line as partners are not all on-line at this time.