

The Corporation of the City of Kawartha Lakes

Agenda

Victoria Manor Committee of Management Meeting

VMC2018-02

Monday, March 19, 2018

9:30 A.M.

Human Services Boardroom

322 Kent Street, Lindsay, Ontario

Members:

Councillor Doug Elmslie

Councillor Gerard Jilesen

Councillor Mary Ann Martin

Councillor John Pollard

Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

	Pages
1. Call to Order	
2. Adoption of Agenda	
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4. Deputations and Presentations	
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9. Closed Session	
9.1 Closed Minutes, Victoria Manor Committee of Management, January 15, 2018, Municipal Act, 2001 s.239(2)(b)(d)(g)	

- 9.2 Victoria Manor Confidential Operations Report to Committee of Management, January 2018, Municipal Act, 2001 s.239(2)(b)(d)(e)
- 9.3 Victoria Manor Confidential Operations Report to Committee of Management, February 2018, Municipal Act, 2001 s.239(2)(b)(d)(e)
- 9.4 Personnel Issue – verbal update – Rod Sutherland, Municipal Act, 2001 s.239(2)(b)
- 10. **Matters from Closed Session**
- 11. **Other New Business**
- 12. **Next Meeting**
April 16, 2018, Victoria Manor Boardroom, commencing at 9:30 a.m.
- 13. **Adjournment**

The Corporation of the City of Kawartha Lakes
Minutes
Victoria Manor Committee of Management Meeting

VMC2018-01
Monday, January 15, 2018
9:30 A.M.
Victoria Manor Boardroom
Victoria Manor, Second Floor
220 Angeline Street South, Lindsay, Ontario

MEMBERS:
Councillor Doug Elmslie
Councillor Gerard Jilesen
Councillor Mary Ann Martin
Councillor John Pollard
Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1. CALL TO ORDER

Chair Elmslie called the meeting to order at 9:42 a.m. Councillors G. Jilesen, M.A. Martin and K. Seymour-Fagan were in attendance.

Manager of Resident and Family Services Holly Speedie, Director of Human Services Rod Sutherland and Executive Assistant Holly Russett were also in attendance.

2. ADOPTION OF AGENDA

VMCM2018-001

Moved By Councillor Martin

Seconded By Councillor Seymour-Fagan

That the agenda be adopted as circulated.

CARRIED

3. DISCLOSURES OF PECUNIARY INTEREST

There were no declarations of pecuniary interest noted.

4. DEPUTATIONS AND PRESENTATIONS

4.1 Recreation and Leisure Presentation by Holly Speedie

VMCM2018-002

Moved By Councillor Martin

Seconded By Councillor Jilesen

That the presentation by Holly Speedie, Manager of Resident and Family Services, regarding Recreation and Leisure, be received.

CARRIED

5. APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING

5.1 Open Minutes, Victoria Manor Committee of Management, December 18, 2017

VMCM2018-003

Moved By Councillor Martin

Seconded By Councillor Seymour-Fagan

That the minutes of the Victoria Manor Committee of Management meeting held on December 18, 2017, be adopted as circulated.

CARRIED

6. BUSINESS ARISING FROM PREVIOUS MEETINGS

None

7. CORRESPONDENCE

None

8. REPORTS

8.1 Victoria Manor Operations Report to Committee of Management, December 2017

VMCM2018-004

Moved By Councillor Jilesen

Seconded By Councillor Seymour-Fagan

That the Victoria Manor Operations Report to Committee of Management, December 2017, provided by Sienna Senior Living, be received for information.

CARRIED

8.2 VMC2018-01 Victoria Manor Resident Satisfaction Survey

VMCM2018-005

Moved By Councillor Martin

Seconded By Councillor Jilesen

Resolved That Report VMC2018-01, "Victoria Manor Resident Satisfaction Survey", be received.

CARRIED

9. CLOSED SESSION

VMCM2018-006

Moved By Councillor Martin

Seconded By Councillor Jilesen

That the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Monday, January 15, 2018 Closed Session Agenda and that are permitted to be discussed in a session closed to the public pursuant to Section 239(2) of the Municipal Act, S.O. 2001. S.25

CARRIED

10. MATTERS FROM CLOSED SESSION

None

11. OTHER NEW BUSINESS

Councillor Elmslie shared information regarding a falls prevention and education approach in the Netherlands. Holly Speedie received the information for further review.

12. NEXT MEETING

February 19, 2018, Victoria Manor Boardroom, commencing at 9:30 a.m.

13. ADJOURNMENT

VMCM2018-010

Moved By Councillor Jilesen

Seconded By Councillor Seymour-Fagan

That the Victoria Manor Committee of Management Meeting adjourn at 10:10 a.m.

CARRIED



**The Corporation of The City
Of
Kawartha Lakes**

**Human Services Department
Memorandum**

To: Victoria Manor Committee of Management
From: Pamela Kulas, Administrator
Date: March 19, 2018
RE: 2017 Short-Stay Respite Care Bed Program – Approval 2 beds

Attached is the Central East Local Health Integration Network approval for 2 Short-Stay Beds at Victoria Manor effective January 1, 2018 to December 31, 2018.

Resolved That “2018 Short-Stay Respite Care Bed Program – Approval 2 Beds” letter, be received for information.



2018 Short Stay
Respite Approval Lett

**Human Services Department
PO Box 2600, 322 Kent Street West, Lindsay, ON K9V 4S7
Tel: (705) 324-9870 fax: (705) 328-2875
website: www.kawarthalakes.ca**

Harwood Plaza
314 Harwood Avenue South,
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Ajax, ON L1S 2J1
Tel: 905 427-5497
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Téléphone : 905 427-5497
Sans frais : 1 866 804-5446
Télécopieur : 905 427-9659
www.centraleasthin.on.ca

SENT ELECTRONICALLY

Ms. Pamela Kulas
Administrator
(City of Kawartha Lakes)
Victoria Manor Home for the Aged
220 Angeline St S
Lindsay, ON K9V 0J8

Dear Ms. Kulas,

Re: 2018 Short-Stay Respite Care Bed Program

The Central East Local Health Integration Network (Central East LHIN) has received your Long-Term Care Home's (LTCH) 2018 Short-Stay Respite Care Bed Program survey.

The Central East LHIN is pleased to advise you that your request to operate 2 Short-Stay beds in 2018 has been approved, effective January 1st, 2018 to December 31st, 2018.

The Central East LHIN will formally notify the Ministry of Health and Long-Term Care (MOHLTC) of its decision to approve your request regarding the Short - Stay Respite Bed Program in 2018.

If you have any further questions or concerns, please do not hesitate to contact Emily Van de Klippe at Emily.vandeklippe@lhins.on.ca or 905-427-5497 ext. 3213.

Sincerely,



Lisa Burden
Vice President – Home and Community Care
Central East Local Health Integration Network

c. Jo-Ann Rodrigues, Financial Officer, Financial Management Branch, MOHLTC



January 2018 Victoria Manor Operations Report to Committee of Management

Non-Confidential Report

Submission Date: March 19, 2018

Information for the Month of: January 2018

Financials

VICTORIA MANOR

Executive Summary Statement of Earnings
December 2017

		Current Month					Year-to-Date				
		Actual	Actual PRD	Budget	Budget PRD	Variance	Actual	Actual PRD	Budget	Budget PRD	Variance
Resident Days		5,019		5,069		(50)	59,093		59,681		(588)
Occupancy %		97.53%		98.5%		-1.0%	97.5%		98.5%		(1.0%)
Nursing Envelope Funds		569,882	113.54	551,377	108.78	18,505	6,533,418	110.56	6,436,745	107.85	96,672
Nursing Expenses		741,460	147.73	616,242	121.58	(125,218)	6,991,290	118.31	6,969,079	116.77	(22,210)
Net Nursing Envelope		(171,578)	(34.19)	(64,865)	(12.80)	(106,713)	(457,872)	(7.75)	(532,334)	(8.92)	74,462
Program Envelope Funds		60,912	12.14	60,571	11.95	342	716,253	12.12	712,847	11.94	3,406
Program Expenses		61,740	12.30	58,217	11.49	(3,523)	681,989	11.54	675,242	11.31	(6,747)
Net Program Envelope		(827)	(0.16)	2,354	0.46	(3,181)	34,263	0.58	37,605	0.63	(3,341)
Food Envelope Funds		46,314	9.23	44,127	8.71	2,187	528,785	8.95	515,802	8.64	12,983
Food Expenses		43,257									

		8.62	44,127	8.71	870	523,435	8.86	515,802	8.64	(7,633)
Net Food Envelope	3,057	0.61	-	-	3,057	5,350	0.09	-	-	5,350
Accommodation Revenue	355,212	70.77	321,844	63.50	33,368	3,975,385	67.27	3,771,492	63.19	203,892
Accommodation Expenses										
Dietary Expenses	97,851	19.50	93,454	18.44	(4,397)	1,086,833	18.39	1,059,329	17.75	(27,504)
Housekeeping Expenses	44,486	8.86	40,336	7.96	(4,150)	474,523	8.03	452,705	7.59	(21,818)
Laundry Expenses	21,237	4.23	16,918	3.34	(4,319)	207,198	3.51	190,369	3.19	(16,830)
Maintenance Expenses	72,124	14.37	40,890	8.07	(31,234)	544,490	9.21	461,660	7.74	(82,830)
Administration Expenses	105,380	21.00	46,794	9.23	(58,586)	571,395	9.67	545,834	9.15	(25,561)
Facility Expenses	85,899	17.11	93,384	18.42	7,485	990,375	16.76	1,113,197	18.65	122,821
Accommodation Expenses	426,977	85.07	331,776	65.45	(95,201)	3,874,815	65.57	3,823,093	64.06	(51,722)
Other Accommodation - NOI	(71,765)	(14.30)	(9,932)	(1.96)	(61,833)	100,570	1.70	(51,600)	(0.86)	152,170
Over/Under Adjustment	(174,698)	(34.81)	(62,511)	(12.33)	5,350	(423,609)	(7.17)	(494,730)	(8.29)	5,350
Net Operating Income	(246,463)	(49.11)	(72,443)	(14.29)	(174,019)	(323,039)	(5.47)	(546,330)	(9.15)	223,291
Capital Reserve	(55,037)	(11)	(26,761)	(5)	(28,276)	(321,131)	(5)	(321,131)	(5)	-

Net Income (Loss)

(301,499)	(60.07)	(99,204)	(19.57)	(202,295)	(644,170)	(10.90)	(867,461)	(14.53)	223,291
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VICTORIA MANOR

Variance Explanations

December 2017

	Current Month			Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
NURSING REVENUE	569,882	551,377	18,505	6,533,418	6,436,745	96,672
<p>MTD Nursing revenue is favorable (\$19K) mainly due higher BSO funding (\$16K), and higher pay equity funding (\$2K).</p> <p>YTD Nursing Revenue is favorable (\$97K) due to monthly high wage cost transition funding received from MOH not included in budget (\$29K), higher RPN initiative revenue (\$2K), higher Hi-Intensity Claims revenue (\$63K), and higher BSO funding (\$2K).</p>						
NURSING EXPENSES - DIRECT	611,485	561,842	(49,643)	6,188,997	6,312,380	123,383
<p>MTD Direct wages are unfavorable (\$50K) due to higher PSW wages (\$21K), higher RPN wages (\$15K), higher RN wages (\$35K), higher BSO wages (\$15K), offset by lower benefits (\$31K), lower agency wages (\$4K), lower MDS RAI (\$1K).</p> <p>YTD Direct wages are favorable (\$123K) mainly due to lower RN wages (\$23K), lower RPN Wages (\$1K), lower BSO wages (\$2K), lower MDS RAI wages (\$13K), lower benefits (\$101K), lower RN and RPN Agency (\$86K), offset by higher PSW wages (\$102K).</p>						
NURSING EXPENSES - ADMIN	129,975	54,400	(75,575)	802,293	656,699	(145,594)
<p>MTD Nursing Admin expenses are unfavorable (\$76K) mainly due to higher medical supplies (\$79K), higher wages (\$1K), offset by lower purchased services (\$2K), lower equipment expenses (\$1K), lower high intensity costs (\$1K).</p> <p>YTD Nursing Admin expenses are unfavorable (\$146K) mainly due to higher wages (\$11K), higher medical supplies (\$109), higher hi-intensity costs (\$63K), higher computer repairs (\$1K), higher physician on call (\$1K), offset by lower staff cost (\$6K), unused travel budget (\$3K), lower incontinent supplies (\$2K), lower purchased services (\$20K), and lower equipment expense (\$8K).</p>						

PROGRAM REVENUE	60,912	60,571	342	716,253	712,847	3,406
<p>MTD Program revenue is in line with budget.</p> <p>YTD Program revenue is favorable (\$3K) mainly due to pay equity funding received but not budgeted (\$1K) and higher physio funding (\$2K).</p>						
PROGRAM EXPENSES	61,740	58,217	(3,523)	681,989	675,242	(6,747)
<p>MTD Program expenses are unfavorable (\$4K) mainly due to higher wages (\$1K), higher supplies (\$3K), and higher equipment expenses (\$1K), offset by lower physio and exercise expenses (\$1K).</p> <p>YTD Program expenses are unfavorable (\$7K) due to higher equipment expenses (\$10K), higher physio and exercise expenses (\$1K), and higher staff cost (\$1K), offset by lower supplies (\$2K), and lower purchased services (\$4K).</p>						
FOOD REVENUE	46,314	44,127	2,187	528,785	515,802	12,983
<p>MTD Food revenue is favorable (\$2K) due to increase in per diem funding to \$9.</p> <p>YTD Food revenue is favorable (\$13K) due to increase in per diem funding to \$9 effective July 2017.</p>						
FOOD EXPENSES	43,257	44,127	870	523,435	515,802	(7,633)
<p>MTD Food expenses are favorable (\$1K).</p> <p>YTD Food expenses are unfavorable (\$8K).</p>						
ACCOMMODATION REVENUE	355,212	321,844	33,368	3,975,385	3,771,492	203,892
<p>MTD Accommodations Revenue is favorable (\$33K) mainly due to higher preferred private revenues (\$8K), higher basic accommodation revenue (\$1K), high wage cost transition funding received not budgeted (\$1K), vendor rebates received but not budgeted (\$23K), and other revenue from hair care and foot care (\$2K), offset by accreditation funding budgeted but not received (\$2K).</p> <p>YTD Accommodations Revenue is favorable (\$204K) mainly due to higher preferred private revenues (\$87K), higher basic accommodation revenue (\$5K), high wage cost transition funding received not budgeted (\$9K), vendor rebates received but not budgeted (\$87K), other revenue from hair care and foot care (\$2K), and prior period reconciliation impacting revenue (\$34K), offset partly by accreditation funding budgeted but not received (\$20K).</p>						
DIETARY EXPENSES	97,851	93,454				

			(4,397)	1,086,833	1,059,329	(27,504)
<p>MTD Dietary expenses are unfavorable (\$4K) due to higher dishes, cutlery, and utensil expenses (\$7K) offset by lower wages (\$3K).</p> <p>YTD Dietary expenses are unfavorable (\$27K) mainly due to higher wages (\$20K), higher benefits (\$4K), higher supplies (\$2K), higher dishes, cutlery and utensils (\$10K), offset by lower equipment expenses (\$8K).</p>						
HOUSEKEEPING EXPENSES	44,486	40,336	(4,150)	474,523	452,705	(21,818)
<p>MTD Housekeeping expenses are unfavorable (\$4K) due to higher wages (\$4K) and higher benefits (\$1K), offset by lower equipment expenses (\$1K).</p> <p>YTD Housekeeping expenses are unfavorable (\$22K) mainly due to higher wages (\$12K), higher benefits (\$10K), higher chemical and cleaning supplies (\$2K), higher paper supplies (\$2K), offset by lower equipment expenses (\$2K), and lower other supplies (\$2K).</p>						
LAUNDRY EXPENSES	21,237	16,918	(4,319)	207,198	190,369	(16,830)
<p>MTD Laundry expenses are unfavorable (\$4K) mainly due to higher bedding and linen (\$4K).</p> <p>YTD Laundry expenses are unfavorable (\$17K) due to higher wages (\$8K), higher chemical and cleaning supplies (\$3K), and higher bedding and linen (\$7K), offset by lower equipment expenses (\$1K).</p>						
MAINTENANCE EXPENSES	72,124	40,890	(31,234)	544,490	461,660	(82,830)
<p>MTD Maintenance expenses are unfavorable (\$31K) due to higher building repair expenses (\$1K), higher electrical expenses (\$3K), higher heating expenses (\$26K), higher maintenance contracts budget (\$2K), higher landscaping (\$2K), offset by lower elevator expenses (\$1K), lower equipment expenses (\$2K), and lower fire system (\$1K).</p> <p>YTD Maintenance expenses are unfavorable (\$83K) due to higher wages and benefits (\$9K), higher plumbing repairs (\$31K), higher HVAC expenses (\$62K), higher generator expenses (\$13K), higher fire system (\$6K), higher building repairs (\$8K), and higher electrical expenses (\$17K); these are offset by lower benefits (\$1K), lower elevator expenses (\$8K), lower equipment expenses (\$8K), lower landscaping expenses (\$12K), lower lighting expenses (\$3K), lower maintenance contracts (\$16K), lower grease trap cleaning (\$1K), lower pest control (\$2K), lower supplies expenses (\$11K), and unused staff costs budget (\$1K).</p>						
ADMINISTRATION EXPENSES	105,380	46,794	(58,586)	571,395	545,834	(25,561)

MTD Admin expenses are unfavorable (\$59K) due to higher professional fees (\$60K), higher wages (\$1K), higher equipment expenses (\$4K), higher staff costs (\$3K), higher supplies (\$8K), higher collection fees (\$1K), offset by recovery of bad debts (\$12K), unused wages-agency budget (\$3K), lower purchased services (\$2K), lower postage and courier (\$1K), and lower communication expenses (\$1K).

YTD Admin expenses are unfavorable (\$26K) mainly due to higher collection fees (\$2K), higher computer expenses (\$9K), higher professional fees (\$64K), higher purchased services (\$6K), higher staff costs (\$3K), higher supplies (\$8K), higher travel (\$1K), bad debt expense (\$15K), offset by lower wages and benefits (\$11K), unused wages-agency budget (\$37K), unused association fees budget (\$4K), lower accreditation (\$4K), lower equipment expenses (\$23K), lower communication expenses (\$3K), and lower postage and courier (\$1K).

FACILITY EXPENSES	85,899	93,384	7,485	990,375	1,113,197	122,821
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MTD Facility expenses are favorable (\$7K) due to lower hydro expenses (\$14K), lower water and sewage (\$2K), offset by higher gas expenses (\$5K), and higher management fees (\$3K) .

YTD facility expenses are favorable (\$123K), due to lower hydro (\$116K), lower water (\$19K), lower waste removal (\$2K), offset by higher management fee (\$15K).

CAPITAL PURCHASES	-	10,118	10,118	331,236	121,416	(209,820)
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Capital Purchases include:

JAN 2017 - Flooring (\$9,616), Replacement of fridge condensing unit (\$8,243).

FEB 2017 - Automatic door (\$4,020), Common area furniture (\$13,895).

MAR 2017 - New tubs (\$3,358), Power supply to AC system for dining room (\$1,272), Screen blind for Elord living room (\$275).

APR 2017 - Installation of HVAC system (\$133,942), Tub room phase 4 (\$27,423).

MAY 2017 - Resident room furniture (\$4,377), Installation of two ductless condensing units (\$22,174).

JUN 2017 - No capital purchases.

JUL 2017 - Panasonic wireless phones installation (\$36,760).

AUG 2017 - Resident Cafe (\$882), Replacement of "F" Unit (\$21,865).

SEP 2017 - Counter tops (\$608); York roof top replacement (\$10,665).

OCT 2017 - Portable Phones (\$11,611.63), Wardrobe Cabinet (\$4,268.18).

NOV 2017 - Sofa, chairs (\$7,924.67), Vaga furniture (\$6,008.31), Arm chairs (\$2,047.90).

DEC 2017 - No capital purchases.

Scorecard: Quality

1) Canadian Institute for Health Information (CIHI) quarter 2 (July to September 2017) and 3 (October to December 2017) results.

Indicator	Q2-3 Current Performance	Target
Reduce transfers to Emergency department	26.94	37.00
Improve Resident Satisfaction	92.00	89.00
Reduce Antipsychotic medications	22.11	24.00
Reduce stage 2-4 pressure ulcers	4.34	4.50
Reduce the number of falls	22.90	23.00
Reduce the number of restraints	7.24	3.10

2) LTC: MOH Compliance Orders / Inspection Findings Summary:

Inspection Report Date	Purpose of Visit	WN/ VPC/ CO	Findings Summary
No visits in January			

Scorecard: People

1) Employee Engagement Survey

- 7 team members were recognized by family members and peers through the Spot A Star program
- 2018 Operational planning day was held on January 26, 2018. 30 people in attendance. Team member engagement solutions were identified as priorities to include in the homes Long Term Care Quality Improvement Plan

Sienna Support Services Updates

Sienna Partner Visits

- January 26 – Resident Experience Partner
- January 30 – Clinical Partner

Projects, Location Events and other

- Leadership Strategic Planning January 9 and 10
- Physicians Orders Management System through Point Click Care was implemented in nursing January 15 and 16. All Registered staff received education
- Operational Planning Day January 26
- The Gathering Place now offers a lunch special monthly

Long Term Care Update

1. Occupancy (data since last report):

- 97.5% occupancy
- 2 Discounted Private or Semi-private beds (under 60%)

- 13 move ins and 13 discharges

2. Regulatory visits i.e. MOL, Public Health:

Visitor	Date	Drivers and Actions
No regulatory visits this month		

3. Written & Verbal Complaints Summary:

Complaint	Date	Outcomes
No complaints		

4. Compliments Summary:

Compliment	Date	Outcomes
Received email from family member thanking staff for the wonderful care they provide	January 21, 2018	Information shared with team members
Volunteer wrote a letter to in follow up to the recent media coverage re resident to resident abuse. Volunteer stated that her deceased father who was a resident at Victoria Manor had nothing but wonderful care.	January 29, 2018	

5. OH&S Issues (as applicable):

OH & S Issue	Date	Outcomes
No issues noted		

6. Resident & Family Satisfaction Survey (as applicable):

Resident & Family Satisfaction Survey Scores	Date	Outcomes
Resident & Family Satisfaction Survey results	January 2018	Administrator will attend resident council meeting to ask residents

shared with resident and family councils		what actions they would like to see in place to address the bottom 3 results
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7. External vacancies and hires:

Position	Full Time Vacancies	Part Time Vacancies	External Hires	Current Status
RN	1	1	0	Screening of resumes and interviews completed weekly
RPN	0	0	0	
PSW	0	3	0	Screening of resumes and interviews completed weekly
Building Services	0	0	0	
Dietary Aide	0	0	0	
Cook	0	1	0	
Life Enrichment	0	0	0	
Reception	0	0	0	

8. Any updates re Resident/Family Councils:

Council	Date	Outcomes/ Comments
Meeting scheduled April 11, 2018		Family Satisfaction Results will be reviewed and action plan developed

9. Any contract updates i.e. Pharmacy Services / TENA / etc.:

Contracts	Date	Outcomes/ Comments
Reviewing all service contracts in 2018		Goal is to ensure all contracts are in place

10. Capital Expenses:

Issue & date	Total Spent @ 01/31/18	Approved Budget
VM18-01 Circulating Pipe Repairs	0	\$33,000
VM18-02 Kitchen Steamer and Soup Kettle Replacement	0	\$20,000
VM18-03 Resident Room Furniture Replacement	0	\$22,000
VM18-04 MacMillan Common Area Furniture	0	\$18,476
VM18-05 Hi Low Electric Beds	0	\$12,000
VM18-06 2 nd Served Renovations	0	\$40,000
VM18-07 Blixer	0	\$6,000
Total 2018 Approved Capital		\$151,476.00
Total 2018 Remaining		\$151,476.00

11. WSIB updates:

Accidents	Incidents	Lost Time	Medical Attention	Outstanding WSIB for Month	Ongoing Outstanding WSIB Claims
0	6	0	1	1	0

12. Environmental concerns & emergency preparedness:

January Date	Code Practiced	Outcomes/ Barriers
January 21, 2018 at 11:30 am; January 20, 2018 at 4:30 pm; January 22, 2018 at 4:18 am	Code Red	Education provided to agency registered staff



February 2018 Victoria Manor Operations Report to Committee of Management

Non-Confidential Report

Submission Date: March 19, 2018

Information for the Month of: February 2018

Financials

VICTORIA MANOR Executive Summary Statement of Earnings January 2018

	Current Month					Year-to-Date				
	Actual	Actual PRD	Budget	Budget PRD	Variance	Actual	Actual PRD	Budget	Budget PRD	Variance
Resident Days	5,010		5,069		(59)	5,010		5,069		(59)
Occupancy %	97.36%		98.5%		-1.1%	97.4%		98.5%		(1.1%)
Nursing Envelope Funds	553,794	110.54	555,591	109.61	(1,798)	553,794	110.54	555,591	109.61	(1,798)
Nursing Expenses	608,765	121.51	606,351	119.62	(2,415)	608,765	121.51	606,351	119.62	(2,415)
Net Nursing Envelope	(54,972)	(10.97)	(50,759)	(10.01)	(4,212)	(54,972)	(10.97)	(50,759)	(10.01)	(4,212)
Program Envelope Funds	60,912	12.16	61,136	12.06	(224)	60,912	12.16	61,136	12.06	(224)
Program Expenses	59,430	11.86	56,617	11.17	(2,813)	59,430	11.86	56,617	11.17	(2,813)
Net Program Envelope	1,483	0.30	4,519	0.89	(3,036)	1,483	0.30	4,519	0.89	(3,036)
Food Envelope Funds	46,314	9.24	46,314	9.14	-	46,314	9.24	46,314	9.14	-

Food Expenses	45,593	9.10	46,314	9.14	721	45,593	9.10	46,314	9.14	721
Net Food Envelope	721	0.14	-	-	721	721	0.14	-	-	721
Accommodation Revenue	329,112	65.69	331,005	65.30	(1,894)	329,112	65.69	331,005	65.30	(1,894)
Accommodation Expenses										
Dietary Expenses	93,093	18.58	91,681	18.09	(1,412)	93,093	18.58	91,681	18.09	(1,412)
Housekeeping Expenses	41,063	8.20	41,243	8.14	180	41,063	8.20	41,243	8.14	180
Laundry Expenses	16,867	3.37	18,316	3.61	1,450	16,867	3.37	18,316	3.61	1,450
Maintenance Expenses	42,631	8.51	44,524	8.78	1,893	42,631	8.51	44,524	8.78	1,893
Administration Expenses	41,898	8.36	42,889	8.46	991	41,898	8.36	42,889	8.46	991
Facility Expenses	89,270	17.82	127,928	25.24	38,659	89,270	17.82	127,928	25.24	38,659
Accommodation Expenses	324,821	64.83	366,581	72.32	41,760	324,821	64.83	366,581	72.32	41,760
Other Accomodation - NOI	4,291	0.86	(35,576)	(7.02)	39,866	4,291	0.86	(35,576)	(7.02)	39,866
Over/Under Adjustment	(53,489)	(10.68)	(46,240)	(9.12)	721	(53,489)	(10.68)	(46,240)	(9.12)	721
Net Operating Income										

	(49,198)	(9.82)	(81,816)	(16.14)	32,618	(49,198)	(9.82)	(81,816)	(16.14)	32,618
Capital Reserve	(12,623)	(3)	(26,761)	(5)	14,138	(12,623)	(3)	(26,761)	(5)	14,138
Net Income (Loss)	(61,821)	(12.34)	(108,577)	(21.42)	46,756	(61,821)	(12.34)	(108,577)	(21.42)	46,756

Variance Explanations

	Current Month			Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
NURSING REVENUE	553,794	555,591	(1,798)	553,794	555,591	(1,798)
MTD & YTD Nursing revenue is unfavorable (\$2K) mainly due lower BSO funding (\$1K), and lower Hi-Intensity claims revenue (\$1K).						
NURSING EXPENSES - DIRECT	550,106	555,569	5,463	550,106	555,569	5,463
MTD & YTD Direct wages are favorable (\$5K) due to lower RPN wages (\$2K), unused PSW-HIN supplementary staffing budget (\$1K), lower BSO (\$1K), lower benefits (\$8K), lower MDS-RAI (\$1K), offset by higher RN wages (\$6K) and higher PSW wages (\$1K).						
NURSING EXPENSES - ADMIN	58,659	50,781	(7,878)	58,659	50,781	(7,878)
MTD & YTD Nursing Admin expenses are unfavorable (\$8K) mainly due to higher wages (\$3K), higher benefits (\$1K), higher equipment expenses (\$3K), higher medical supplies (\$2K), offset by lower staff cost (\$1K).						
PROGRAM REVENUE	60,912	61,136	(224)	60,912	61,136	(224)
MTD & YTD Program revenue is in line with budget.						
PROGRAM EXPENSES	59,430	56,617	(2,813)	59,430	56,617	(2,813)
MTD & YTD Program expenses are unfavorable (\$3K) mainly due to higher wages (\$3K).						
FOOD REVENUE	46,314	46,314	-	46,314	46,314	-

MTD & YTD Food revenue is in line with budget.						
FOOD EXPENSES	45,593	46,314	721	45,593	46,314	721
MTD & YTD Food expenses are favorable (\$1K).						
ACCOMMODATION REVENUE	329,112	331,005	(1,894)	329,112	331,005	(1,894)
MTD & YTD Accommodations Revenue is unfavorable (\$2K) mainly due to accreditation funding budgeted but not received (\$2K), vendor rebates budgeted but not received (\$3K), lower other revenue from haircare and foot care (\$1K), offset by higher preferred private revenues (\$4K).						
DIETARY EXPENSES	93,093	91,681	(1,412)	93,093	91,681	(1,412)
MTD & YTD Dietary expenses are unfavorable (\$1K) due to higher wages (\$4K), higher equipment expenses (\$1K), offset by lower benefits (\$1K), lower dishes, cutlery, and utensil expenses (\$1K), and lower supplies (\$1K) .						
HOUSEKEEPING EXPENSES	41,063	41,243	180	41,063	41,243	180
MTD & YTD Housekeeping expenses are in line with budget.						
LAUNDRY EXPENSES	16,867	18,316	1,450	16,867	18,316	1,450
MTD & YTD Laundry expenses are favorable (\$1K) mainly due to lower benefits (\$1K).						
MAINTENANCE EXPENSES	42,631	44,524	1,893	42,631	44,524	1,893
MTD & YTD Maintenance expenses are favorable (\$2K) due to lower building repair expenses (\$1K), lower generator expenses (\$1K), lower heating and air conditioning (\$4K), lower cleaning and maintenance (\$2K), lower plumbing (\$2K), lower supplies (\$1K), offset by higher wages (\$1K), higher electrical expenses (\$1K), higher equipment expenses (\$2K), higher fire system (\$1K), higher landscaping and snow removal (\$5K).						
ADMINISTRATION EXPENSES	41,898	42,889	991	41,898	42,889	991
MTD & YTD Admin expenses are in line with budget.						
FACILITY EXPENSES	89,270	127,928	38,659	89,270	127,928	38,659

MTD & YTD Facility expenses are favorable (\$39K) due to lower hydro expenses (\$27K), lower water and sewage (\$10K), and lower management fees (\$1K).						
CAPITAL PURCHASES	-	10,118	10,118	-	10,118	10,118
Capital Purchases include: JAN 2018 - No capital purchases.						

Scorecard: Quality

1) Canadian Institute for Health Information (CIHI) quarter 2 (July to September 2017) and 3 (October to December 2017) results.

Indicator	Q2-3 Current Performance	Target
Reduce transfers to Emergency department	26.94	37.00
Improve Resident Satisfaction	92.00	89.00
Reduce Antipsychotic medications	22.11	24.00
Reduce stage 2-4 pressure ulcers	4.34	4.50
Reduce the number of falls	22.90	23.00
Reduce the number of restraints	7.24	3.10

2) LTC: MOH Compliance Orders / Inspection Findings Summary:

Inspection	Purpose of Visit	WN/ VPC/ CO	Findings Summary
------------	------------------	-------------	------------------

Report Date			
No visits in February			

Scorecard: People

1) Employee Engagement Survey

- 11 team members were recognized by family members and peers through the Spot A Star program
- Long Term Care Quality Improvement Plan is being developed to address results

Sienna Support Services Updates

Sienna Partner Visits

- February 22 and 23–Quality Informatics Partner
- February 28 – Clinical Partner

Projects, Location Events and other

- Hosted Mental Health First Aid for Seniors offered through Behaviour Support Ontario February 14 and 15
- Wellness Fair held on February 28, 2018. Vendors and service providers from the community attended

Long Term Care Update

1. Occupancy (data since last report):

- 97.4% occupancy
- 2 Discounted Private or Semi-private beds (under 60%)
- 16 move ins and 13 discharges

2. Regulatory visits i.e. MOL, Public Health:

Visitor	Date	Drivers and Actions
No regulatory visits this month		

3. Written & Verbal Complaints Summary:

Complaint	Date	Outcomes
Written-Family felt staff did not address dental concerns when family requested assistance	February 13, 2018	Dental hygienist information provided to required team members. Dental services will be reviewed at all move in conferences.

4. Compliments Summary:

Compliment	Date	Outcomes
Received a card from a family member regarding team members in Victoria house. Family impressed that we always knew where resident was, kept up to date, tender care. Wonderful care during the residents last few hours. All special and caring people who should be proud of what you do.	February 3, 2018	Information shared with all team members

5. OH&S Issues (as applicable):

OH & S Issue	Date	Outcomes
The location of beds in resident rooms is creating health and safety issues for team members. Team members are unable to disengage call bells without overexerting arms and shoulders	February 2018	Building Service Manager will take the lead, create a plan to return all beds to their correct and safe location. This work will be completed in collaboration with the Joint Health and Safety Committee.

6. Resident & Family Satisfaction Survey (as applicable):

Resident & Family Satisfaction Survey Scores	Date	Outcomes
Resident & Family Satisfaction Survey results shared with resident and family councils	February 2018	Administrator will attend March 2018 resident council meeting to ask residents what actions they would like to see in place to address the bottom 3 results

7. External vacancies and hires:

Position	Full Time Vacancies	Part Time Vacancies	External Hires	Current Status
RN	2	4	0	Screening of resumes and interviews completed weekly
RPN	0	0	0	
PSW	0	3	0	Screening of resumes and interviews completed weekly
Building Services	0	0	0	
Dietary Aide	0	0	0	
Cook	0	1	0	Screening of resumes and interviews completed weekly
Life Enrichment	0	0	0	
Reception	0	0	0	

8. Any updates re Resident/Family Councils:

Council	Date	Outcomes/ Comments
Meeting scheduled April 11, 2018	April 11, 2018 at 7:00 pm	Family Satisfaction Results will be reviewed and action plan developed

9. Any contract updates i.e. Pharmacy Services / TENA / etc.:

Contracts	Date	Outcomes/ Comments
Reviewing all service contracts in 2018	January 2018 – December 2018	Goal is to ensure all contracts are in place

10. Capital Expenses:

Issue & date	Total Spent @ 01/31/18	Approved Budget
VM18-01 Circulating Pipe Repairs	0	\$33,000
VM18-02 Kitchen Steamer and Soup Kettle Replacement	0	\$20,000
VM18-03 Resident Room Furniture Replacement	0	\$22,000
VM18-04 MacMillan Common Area Furniture	0	\$18,476
VM18-05 Hi Low Electric Beds	0	\$12,000
VM18-06 2 nd Served Renovations	0	\$40,000
VM18-07 Blixer	0	\$6,000
Total 2018 Approved Capital		\$151,476.00
Total 2018 Remaining		\$151,476.00

11. WSIB updates:

Accidents	Incidents	Lost Time	Medical Attention	Outstanding WSIB for Month	Ongoing Outstanding WSIB Claims
0	8	0	0	0	0

12. Environmental concerns & emergency preparedness:

Date	Code Practiced	Outcomes/ Barriers
February 18, 2018 at 11:00 am; February 22, 2018 at 4:18 am; February 28 at 4:30 pm	Code Red	Provided education to new registered staff

The Corporation of the City of Kawartha Lakes
Victoria Manor Committee of Management
Report VMC2018-02

Meeting Date: Monday March 18, 2018

Meeting Time: 9:30 a.m.

Meeting Place: Human Services Boardroom, 322 Kent St. W., Lindsay

Subject: Victoria Manor Family Satisfaction Survey

Author Name and Title: Pamela Kulas, Administrator

Recommendation(s):

Resolved That Report VMC2018-02, “2017 Family Satisfaction Survey”, be received.

Director

Other

Background:

ProMatura, the third party research and consultancy firm was chosen to administer the 2017 Family Satisfaction Survey. In addition to the questions regarding satisfaction, this survey also analyzes the drivers of Family satisfaction. Evidence based survey theory is used to weight questions and determine the areas of care and service delivery that have the greatest influence on satisfaction. Surveys for Families were available at reception in a paper format or on-line using a survey link included in a letter sent from the Administrator.

The survey instrument included 20 Overall Satisfaction questions. Families answered the Overall Satisfaction questions using a 5-point Agreement Scale and a 5-point Satisfaction Scale. See table 1

Table 1

Question	Scale Used
My family member has made friends with other residents at this care community.	<p>AGREEMENT SCALE</p> <p>5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree</p>
My family member feels safe and secure in this care community.	
My family member feels "at home" in this care community.	
This care community appears to run smoothly.	
I am willing to recommend this care community to others.	
The staff is friendly in this care community.	
The staff is competent to do their job.	
I am satisfied with the level of communication from the care community.*	
I feel comfortable approaching the staff with my concerns.*	
The staff are responsive to my concerns.*	
The atmosphere at this care community (landscaping, noise level, odour, etc.) is pleasant.*	
I feel welcome when I visit my family member at this care community.*	
I am happy my family member and/or I chose this care community.*	
I am satisfied with the leadership team at this care community.*	
I feel supported because of how the staff relate to me.*	
I have a sense of connection with staff and feel seen, heard and valued.*	
I feel accepted by the staff.*	
Staff understand my feelings.*	

* New in 2016.

Drivers of Satisfaction were included in this year's survey. These are the areas that have the greatest impact on Families overall satisfaction in our home. While scores in each area are important, focus on the Drivers of Satisfaction will have the most significant impact in being able to specifically address opportunities for improvement.

A total of 166 surveys were available for Families and 76 were completed for a response rate of 46%. The average response rate among all Sienna Families was 36%.

Results:

Results of the survey were compared to all long term care homes owned and managed by Sienna Senior Living.

The overall 2017 Family satisfaction score was 85% compared to the 2016 Family satisfaction score of 83%, an increase of 2%.

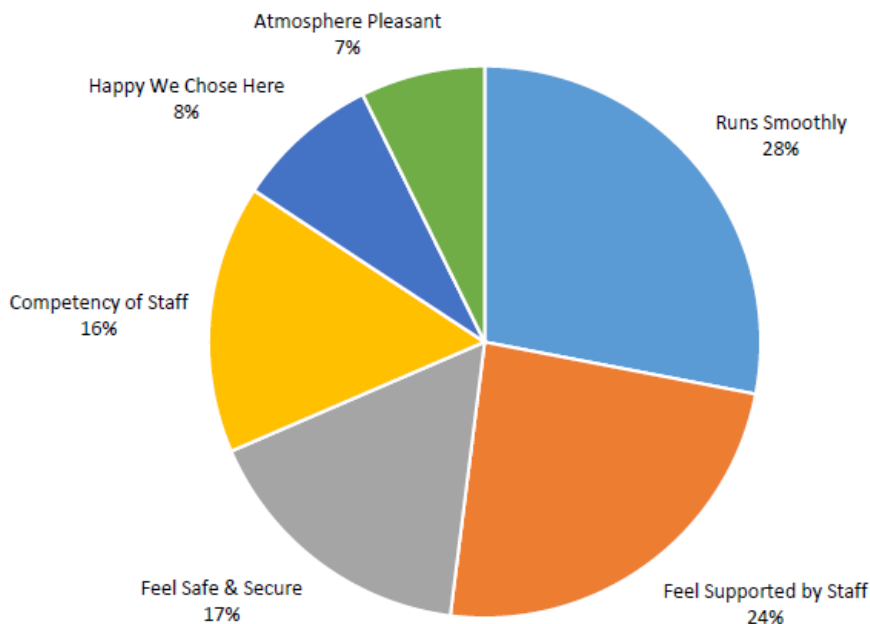
Of the 20 Overall Satisfaction Scores, 19 scores were at or better than the Sienna average.

The area scoring below the Sienna average was:

- My family member has made friends with other residents in the care community

The primary driver of overall satisfaction among families of Victoria Manor is “Runs Smoothly” at 28%. See Table 2

Table 2



The next steps in the process are to review the top 3 areas of satisfaction and the top 3 areas for improvement with Family Council. The results of those discussions will form an action plan to improve areas that stakeholders are most concerned about.

Consultations:

Sienna Senior Living

Attachments:



2017 Victoria Manor
Family Satisfaction Su

Director: Rod Sutherland
Phone: 705-324-9870 ext. 3206
E-Mail: rsutherland@kawarthalakes.ca

2017 Family Satisfaction Survey Results

Victoria Manor

SIENNA SENIOR LIVING

Provided by:



**19 County Road 168
Oxford, MS 38655**

www.promatura.com



2017 Family Satisfaction Survey Results

Executive Summary

Summary of Results

Overall Satisfaction Score Among Family

Average of Positive Responses for
“Quality of Life, Quality of Services, and Willingness to Recommend”

2016	2017
82%	85%

Survey Response Rate Among Family

	2016	2017
Surveys Distributed	166	166
Surveys Received	76	76
Response Rate	46%	46%

What Drives Satisfaction Among Family Members

We found that Runs Smoothly was a big piece of what drove family satisfaction this year.

You should continue to focus on providing great service in this area along with raising the bar wherever it is required.

Summary of Results Among Family

Top 3 Items with Positive Responses - Family

	2016	2017
1. Friendliness of Staff	4.47	4.49
2. Comfortable Approaching Staff	4.35	4.40
3. Feel Welcome	4.32	4.36

Top 3 Items for Improvement - Family

	2016	2017
1. Made Friends	3.70	3.56
2. Feel at Home	3.71	3.83
3. Communication from Residence	3.90	3.99



2017 Resident Satisfaction Survey Results

Report

Introduction

This report summarizes the results of the Sienna Senior Living Family Satisfaction Survey conducted by ProMatura Group, LLC, for Victoria Manor.

The survey instrument included 20 Overall Satisfaction questions. Family members answered the questions using a 5-point Agreement Scale and a 5-point Satisfaction Scale.

The survey also included space for respondents to provide comments; these comments are included in a separate file accompanying this report.

The survey questions and scales used are listed on the following page.

Overall Satisfaction Questions

OVERALL SATISFACTION QUESTIONS

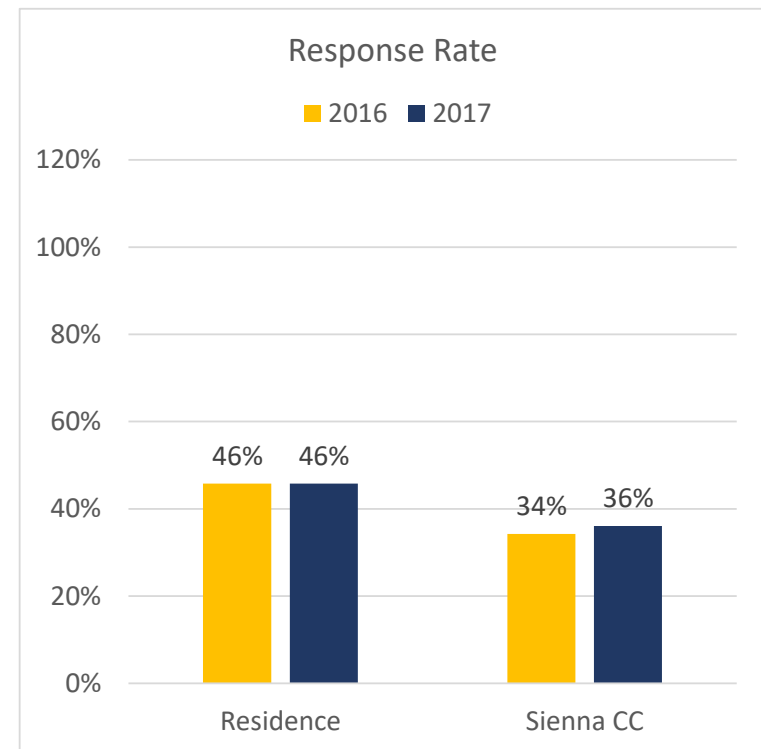
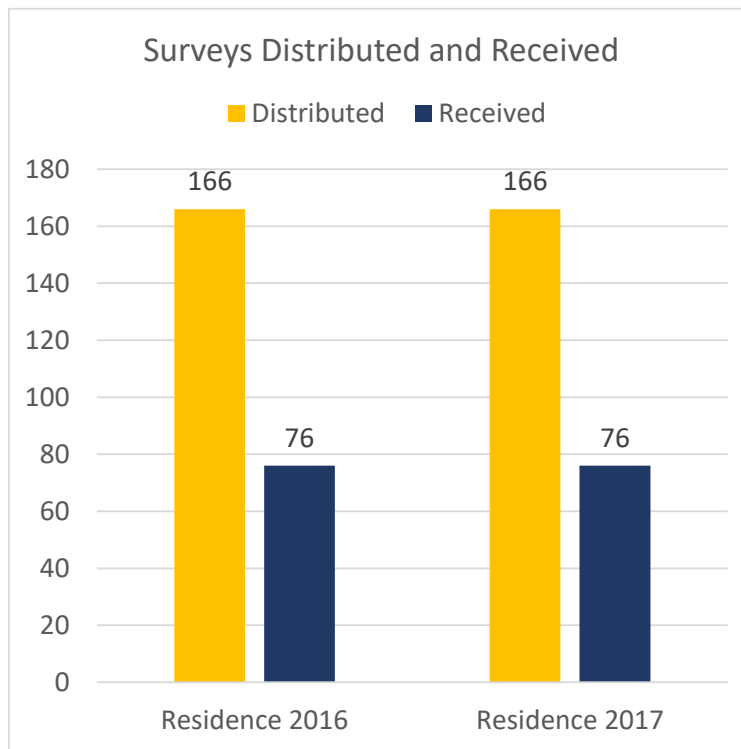
Question	Scale Used
My family member has made friends with other residents at this care community.	<p>AGREEMENT SCALE</p> <p>5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree</p>
I feel that my family member feels safe and secure in this care community.	
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This care community appears to run smoothly.	
I would recommend this care community to others.	
The staff is friendly in this care community.	
The staff appear to be competent to do their job.	
I am satisfied with the level of communication from the care community.	
I feel comfortable approaching the staff with my concerns.	
The staff are responsive to my concerns.	
The atmosphere at this care community (landscaping, noise level, odour, etc.) is pleasant.	
I feel welcome when I visit my family member at this care community.	
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I feel supported because of how the staff relate to me.	
I have a sense of connection with staff and feel seen, heard and valued.	
I feel accepted by the staff.	
Staff understand my feelings.	

Overall Satisfaction Questions

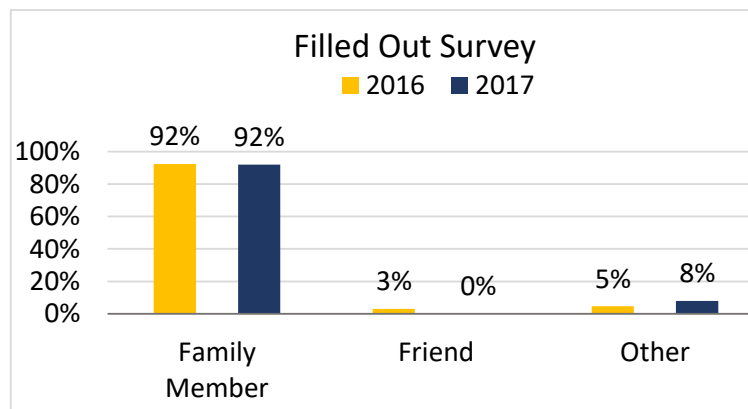
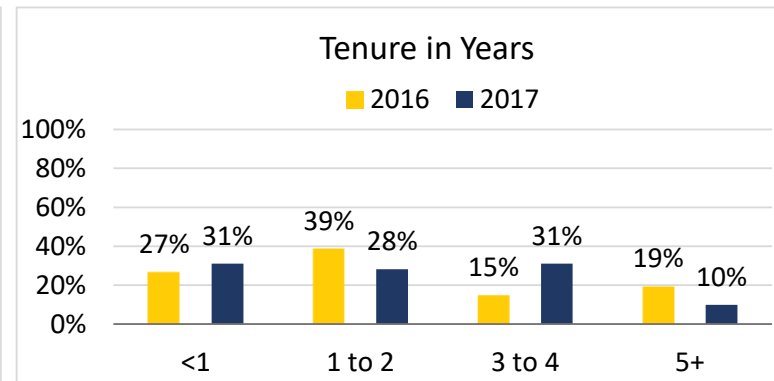
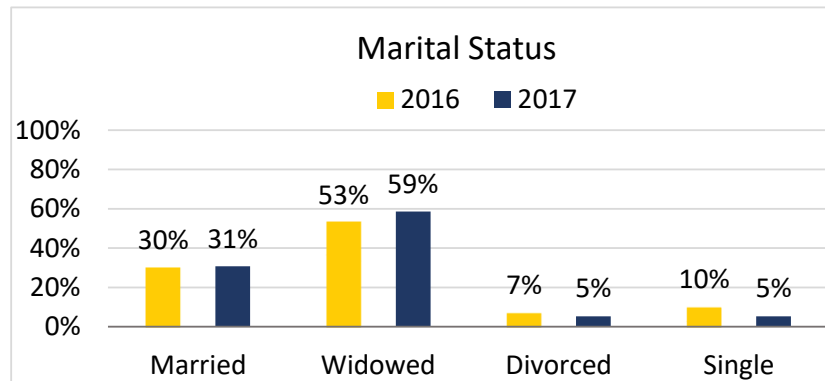
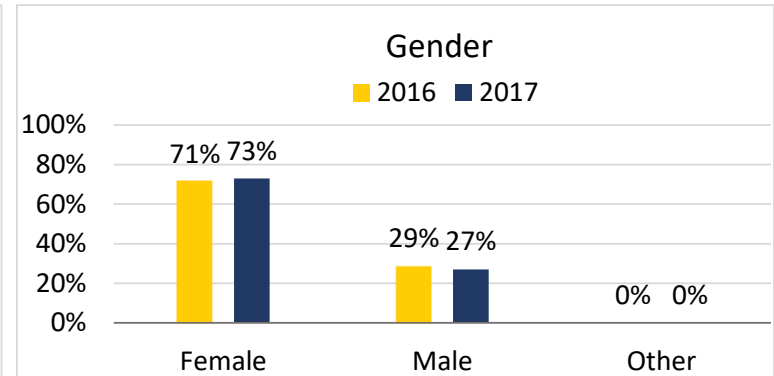
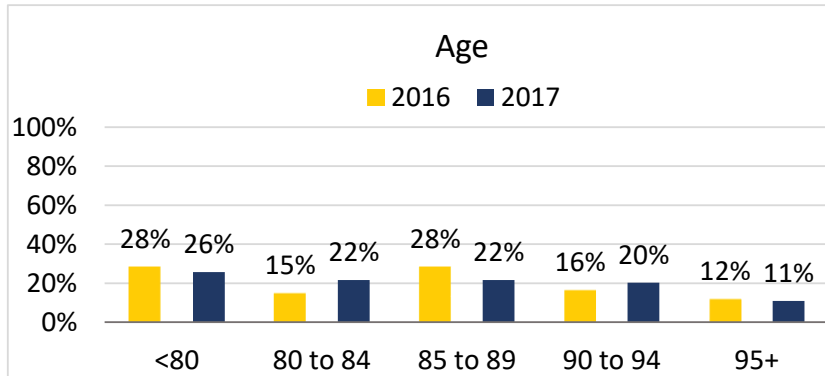
OVERALL SATISFACTION QUESTIONS	
Question	Scale Used
My family member's quality of life at this care community.	SATISFACTION SCALE 5 = Very Satisfied 4 = Satisfied 3 = Neutral 2 = Dissatisfied 1 = Very Dissatisfied
The quality of services at this care community.	

Survey Response Rate

A total of 166 surveys were distributed to Victoria Manor family members and 76 were completed for a response rate of 46%. The average response rate among all Sienna Care Communities is 36%.

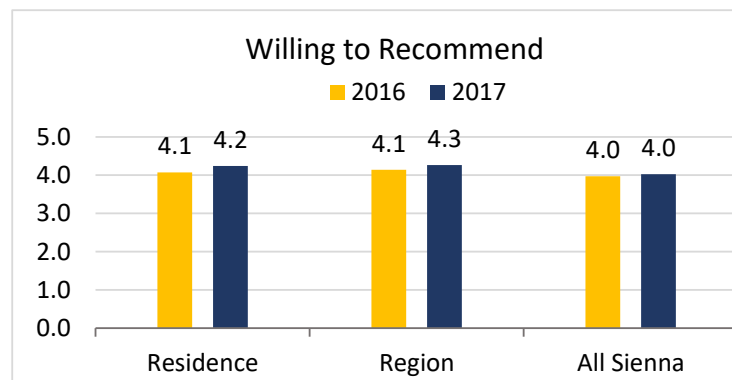
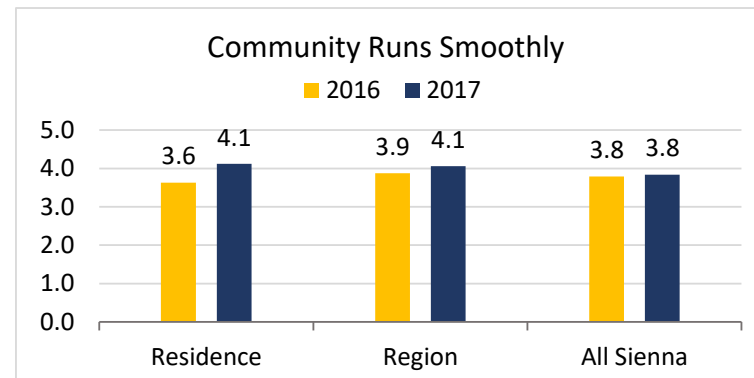
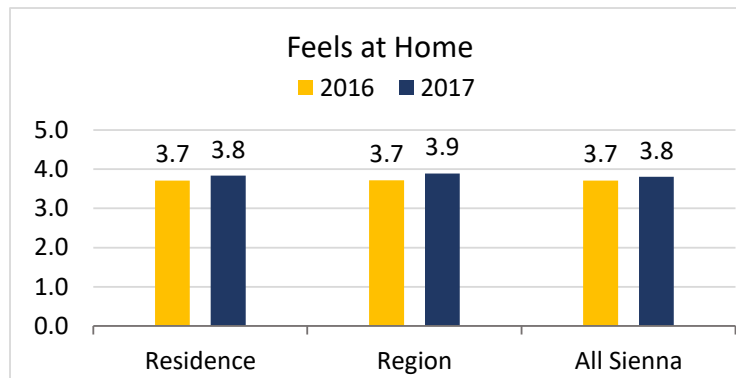
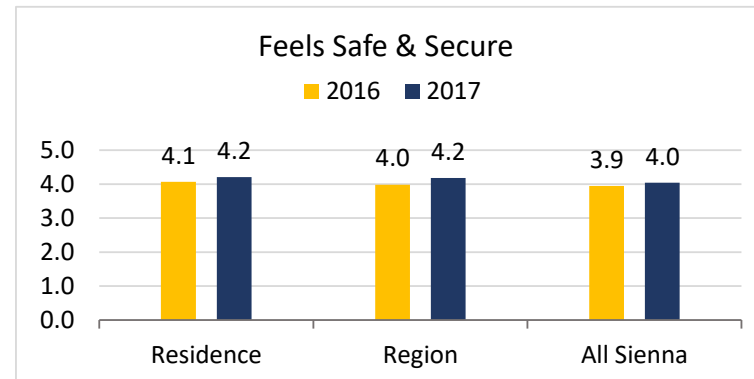
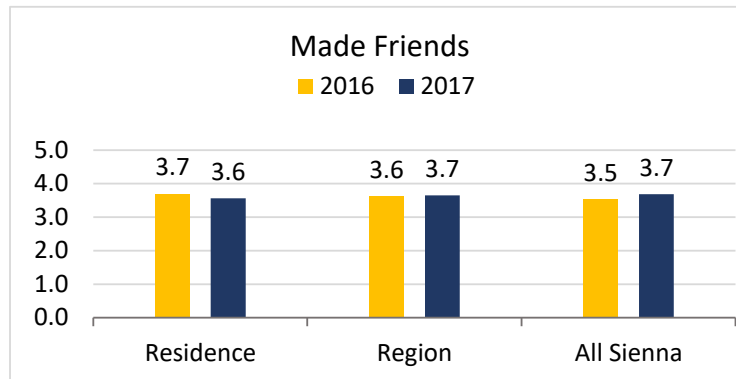


Demographic Profile



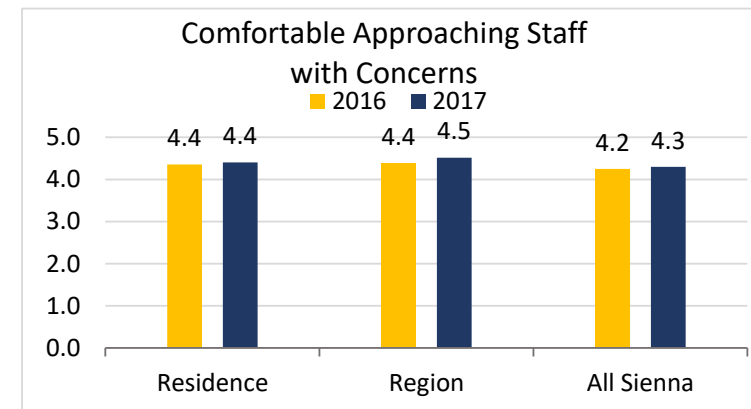
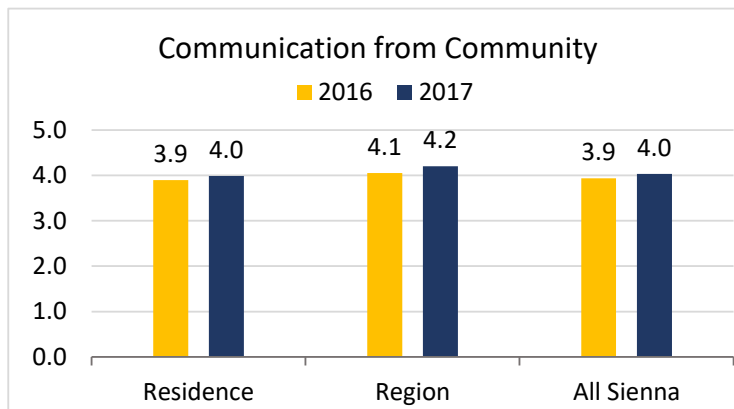
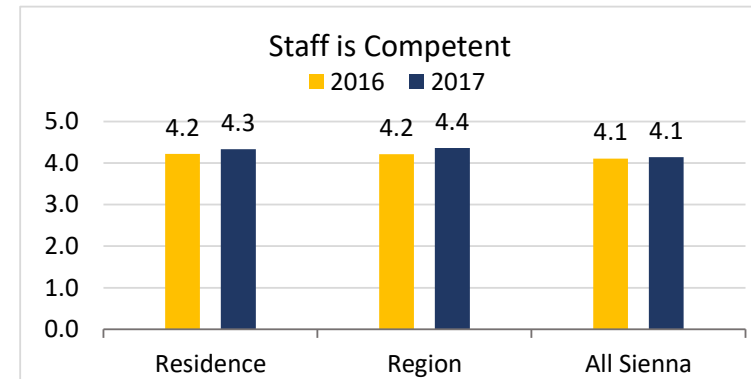
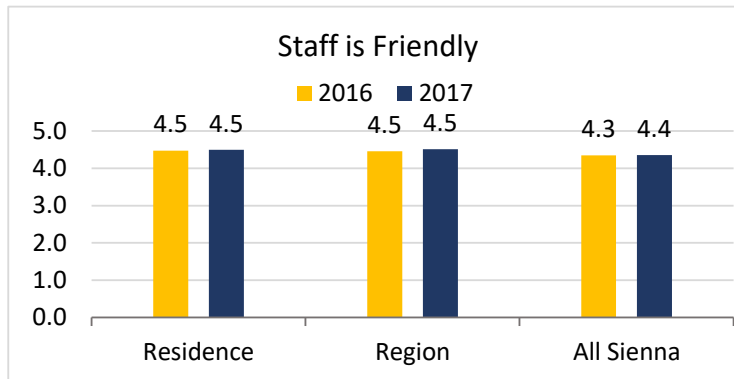
Overall Satisfaction Scores

Score of 5 is Best



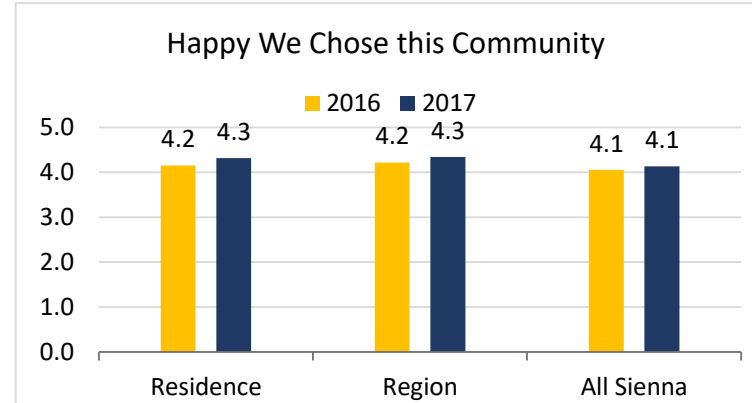
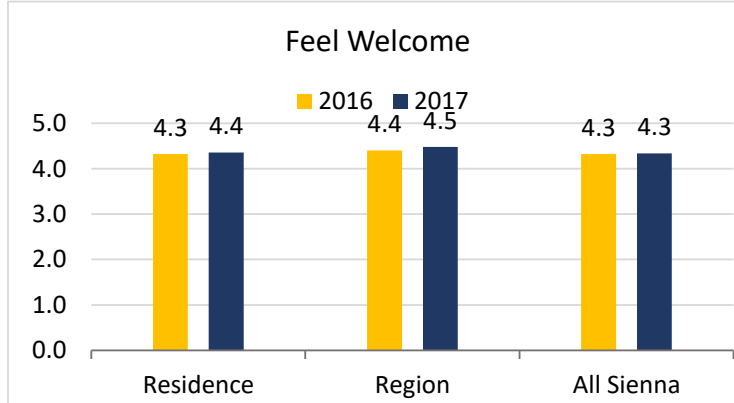
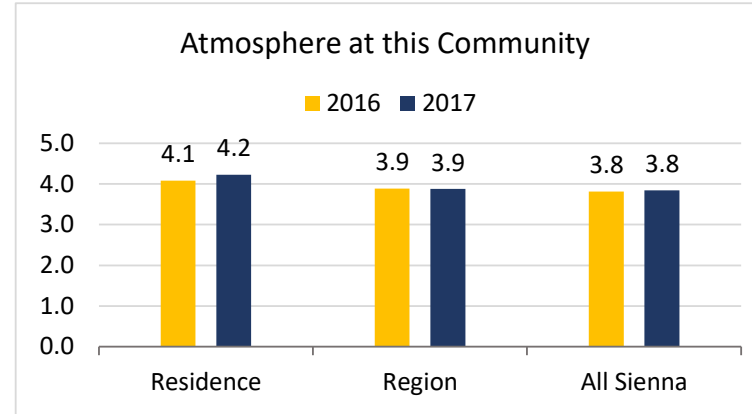
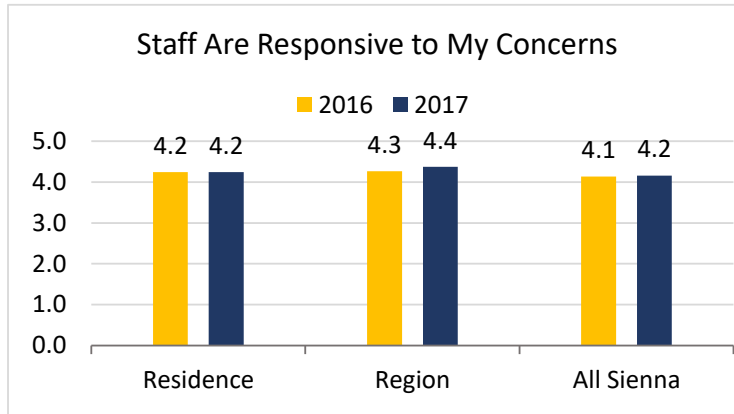
Overall Satisfaction Scores

Score of 5 is Best



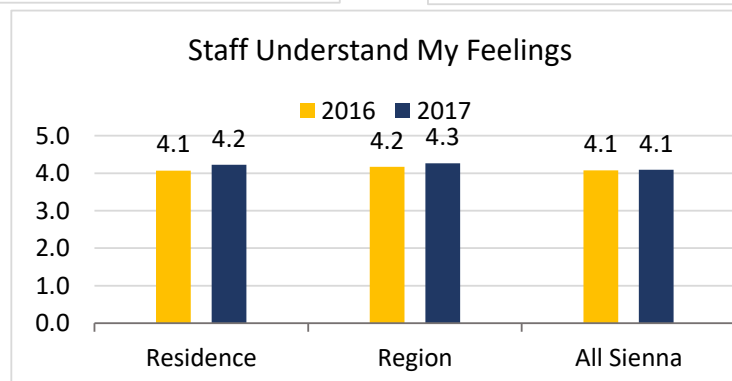
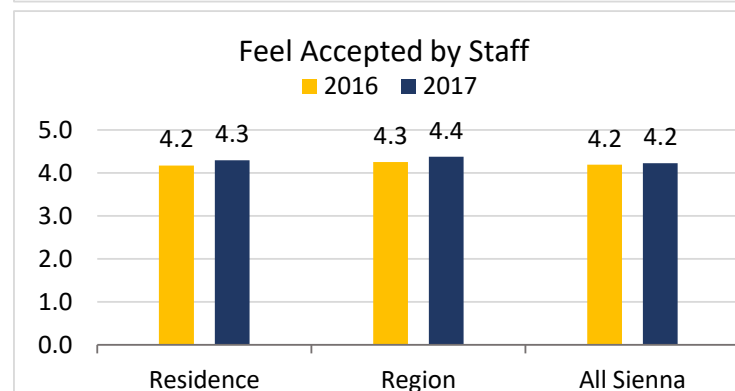
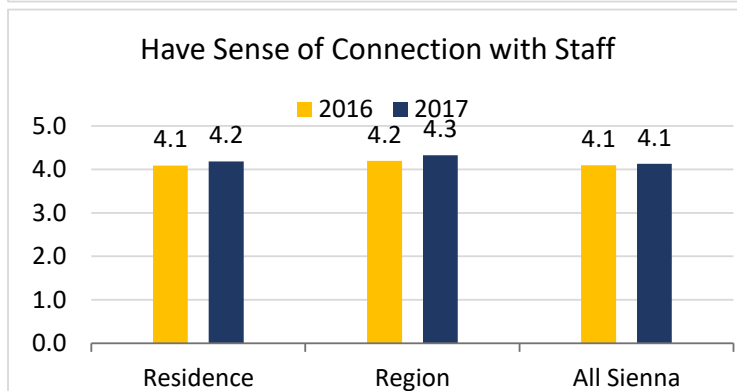
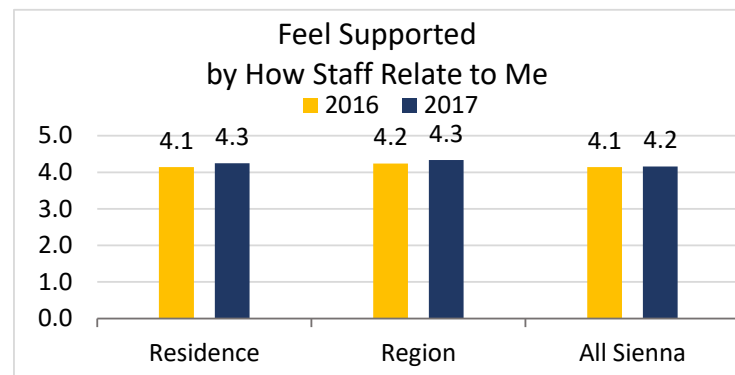
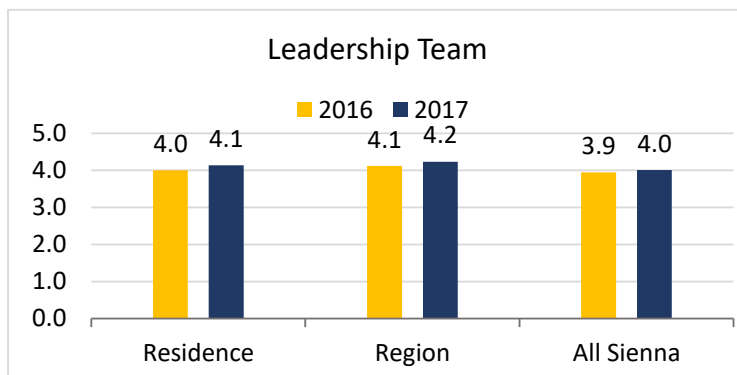
Overall Satisfaction Scores

Score of 5 is Best



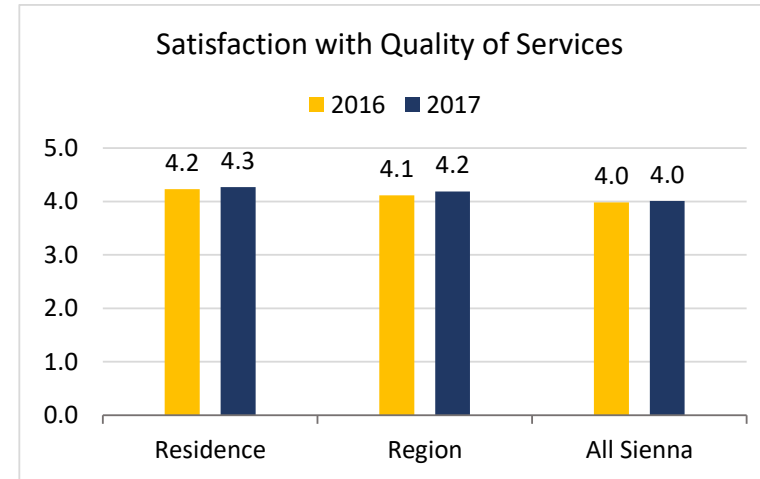
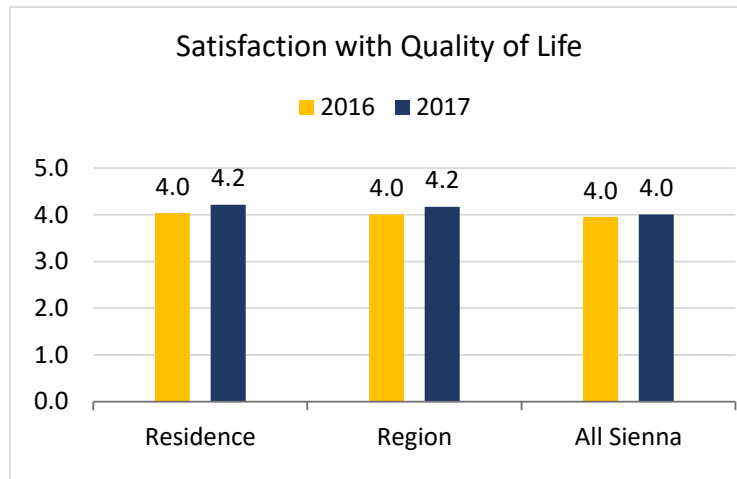
Overall Satisfaction Scores

Score of 5 is Best



Overall Satisfaction Scores

Score of 5 is Best



Drivers of Satisfaction Scenario

Drivers of Satisfaction are the areas that have the greatest impact on the survey respondents' overall satisfaction within your Community. Any improvement you can make in these areas over the next year should increase overall customer satisfaction. These drivers were calculated specifically for Victoria Manor.

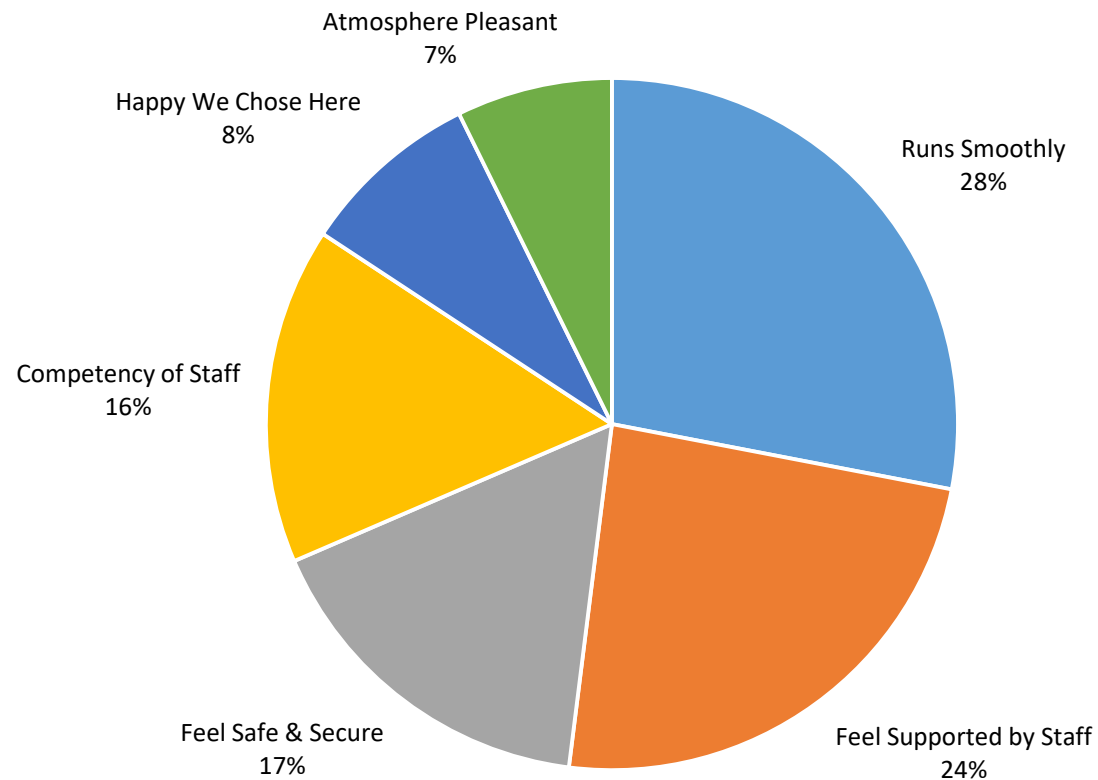
Your Drivers of Satisfaction can be found on page 17 of this report. A careful review of the Drivers of Satisfaction specific to your community will be important, as this will be your main area of focus for the coming year in regards to your survey action plan.

While your scores in each area are important, focusing on the Drivers of Satisfaction will have the most significant impact. Where scores are lower than average, it would be necessary to work to bring them higher. Even where scores are good or higher than average, you will want to both maintain your current practice and see where you can improve, knowing these areas are extra important to residents.

Drivers of Overall Satisfaction

Aggregate of Overall Satisfaction Questions

The chart below shows the primary drivers of overall satisfaction among family members of Victoria Manor. The chart does not tell us how your community performed in these areas, but it shows what is impacting overall satisfaction the most (either positively or negatively). Refer back to the Average Score pages to see how you scored in each of these areas. Any improvement in the areas shown in the chart should also improve your residents' overall satisfaction with Victoria Manor.



The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2018-03

Meeting Date: March 19, 2018

Meeting Time: 9:30 a.m.

Meeting Place: Human Services Boardroom, 322 Kent St. W., Lindsay

Subject: County of Simcoe White Paper: Seniors Campus

Author Name and Title: Rod Sutherland, Director of Human Services

Recommendation(s):

Resolved That Report VMC2018-03, "County of Simcoe White Paper: Seniors Campus", be received for information.

Director

Other

Background:

In 2017 the County of Simcoe developed a White Paper Campuses (Attachment A) to document their experience in redeveloping one of their municipal Long Term Care Homes as part of a larger campus for seniors. Georgian Village opened in 2013 incorporating:

- Independent living for seniors in Garden Homes and Apartment Suites
- Retirement Living
- Affordable Housing
- A 143-bed Long-Term Care facility

The community also includes support services and programs for residents.

The County of Simcoe is sharing the White Paper to support other municipalities that may be considering some form of campus design in the development or redevelopment of their long term care homes.

An application for the redevelopment of Victoria Manor, as a new 160-bed facility, is currently being developed.

Rationale:

The 'campus' concept relating to seniors services is not unique to the County of Simcoe or new to the sector, however, there could be benefits to considering aspects of their approach as a municipal development.

The timing of the redevelopment of Victoria Manor provides as opportunity to consider alignment with other municipal initiatives and support other community needs.

The need for both Affordable Housing and Supportive Housing for seniors is well documented locally. The Centralised Wait List for subsidised housing, maintained by the City's Housing Help Division, currently has 491 senior (age 60+) households from Kawartha Lakes only, representing 37% of the total wait list. Of the 491, 68% (335 households) are awaiting housing in Lindsay. Creating new Affordable Housing is a goal of the City's Strategic Plan, Ten-Year Housing and Homelessness Plan, Poverty Reduction Strategy and Sustainability Plan.

Through the City's Housing Help Division and the Kawartha Lakes Haliburton Housing Corporation (KLHHC) there is potential to develop and/or deliver both of these. The timing of the next funding phase of the Province's Investment in Affordable Housing program, expected in 2020, could be an opportunity to fund much of a Housing development at a campus site. Further discussions will take place with KLHHC on co-ordinating plans for future builds.

There have also been informal discussions with staff of the Ross Memorial Hospital (RMH) as well as the Central East Local Health Integration Network (LHIN) regarding the need for supportive housing to help address the high Alternate Levels of Care at the RMH.

Further opportunities for collaborations could exist in both the public and private sectors for market rate seniors housing and other support services. Discussions with Sienna staff have also included references to a campus approach for a redeveloped Victoria Manor. Sienna staff continue to have a key role in our redevelopment planning at this stage.

In the current development of the application to redevelop Victoria Manor, there is not a requirement to define the ultimate design of the building or scope of a potential campus project. If consideration is given to incorporating some degree of a campus model, a feasibility study or design could be completed in 2019 or 2020.

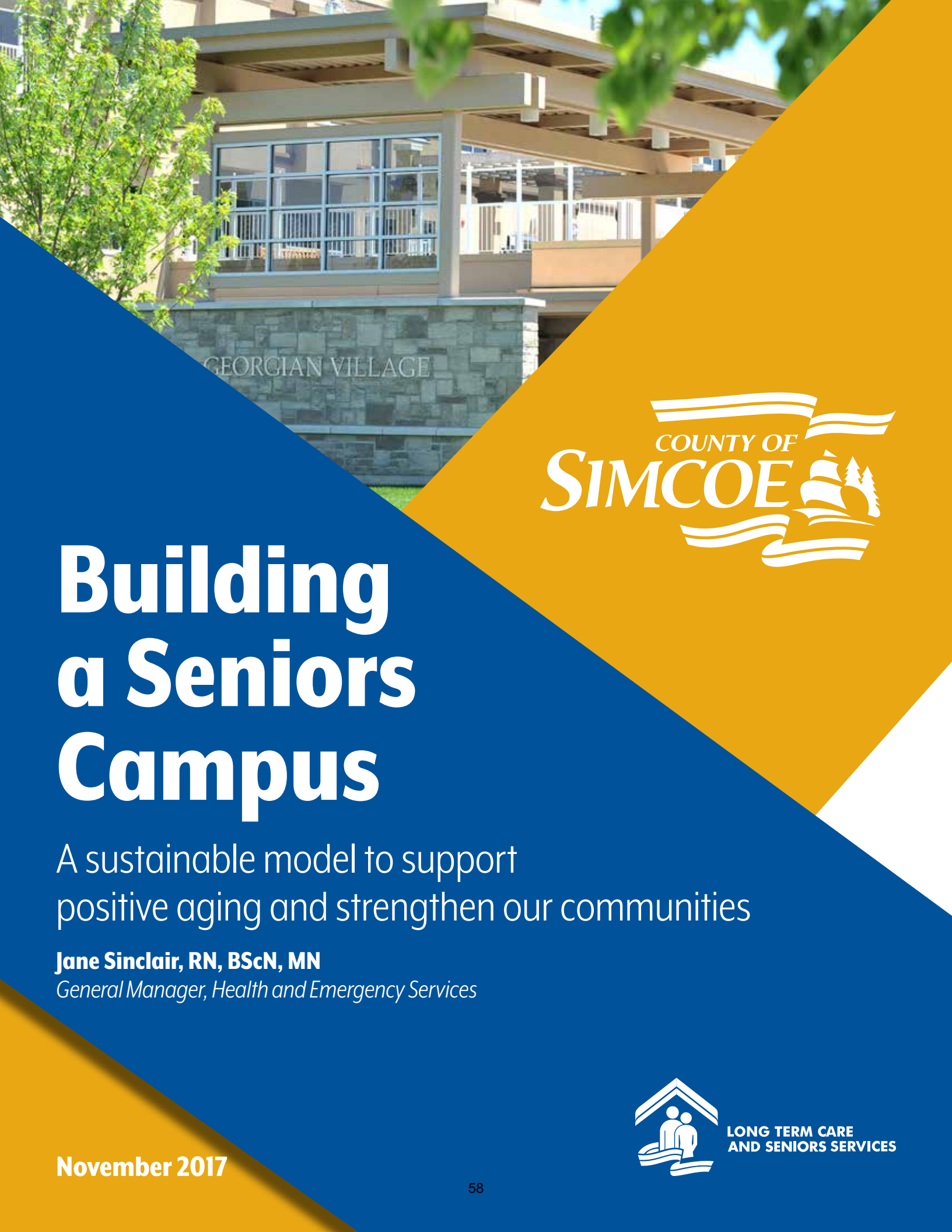
Staff will continue to develop the Redevelopment application for the Ministry and will consider opportunities and options for a collaborative approach, including a campus model. As potentially feasible options are identified, they will be brought forward to the Committee for consideration.

Attachments:



County of Simcoe -
Building a Seniors Car

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E-Mail: rsutherland@kawarthalakes.ca



GEORGIAN VILLAGE



Building a Seniors Campus

A sustainable model to support
positive aging and strengthen our communities

Jane Sinclair, RN, BScN, MN

General Manager, Health and Emergency Services

November 2017



**LONG TERM CARE
AND SENIORS SERVICES**

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Foreword

Just another White Paper?

No, rather an insightful, experiential, driven instruction manual for those who seek justification for or have the desire and fortitude to pursue what will inevitably become one of the most meaningful institutions established in your community. Further, it is a shining example for the Province to reference when attempting to make sustainable investment decisions with their municipal partners and find true value in seniors' care.

When Jane Sinclair first approached me with an elaborate idea to construct an innovative continuum of care and housing complex as a redevelopment of one of our aged long term care facilities, I listened. This was an idea built on a passionate concept of redevelopment, operational and fiscal sustainability, all wrapped up with exceptional care and dignity for generations to come in an elegant home like setting.

Utilizing the successes of components of our own and various other public, not-for-profit, and private sector models of seniors housing and care, Jane wanted to build an aging-in-place continuum of care that also created a long term financial model that reduced operating costs while providing increased care capacities and efficiencies. Not easy, but any new solution to a complex and increasing need which is truly worth pursuing is never simple.

This paper defines what success in seniors care and housing can look like. But don't take my word for it, come and see Simcoe County's Georgian Village first hand to experience this success in person. We look forward to doing anything we can to help you replicate and even build on this achievement.

In terms of the great success of this project, I would like to first acknowledge and thank the dedicated staff who work in seniors' care. I am astounded every day by your boundless commitment and compassion. Building infrastructure is one thing but making it operational and transforming it into a safe and caring home environment for those that need our assistance in their twilight years is 100 per cent due to you.

To Simcoe County Council, past and present, while you have always been open to innovation and different approaches to social, health and community services, your leadership and support on this significant initiative was inspiring. It would have been easy to limit your responsibility, say no, or defer this opportunity.

Hats off to the many officials and staff from the Province of Ontario, right up to and including then Minister of Health and Long-Term Care, Deb Matthews. You should be commended for understanding the needs and putting funding and programs in place that were absolutely critical to this outcome.

And finally Jane Sinclair, whose personal motto of 'never give up' was tested a few times through this process. Your passion, persistence, and vision has achieved great success for the entire industry for many generations to come, not just for Simcoe County or this project. Our region is blessed to have been part of your Georgian Village journey.

Many have contributed to creating something that sets a new standard for seniors housing and care which will directly, and with immense dignity and compassion, positively impact the lives of thousands of our residents at their most vulnerable time in life, individuals to whom we owe our respect and a debt of gratitude. On their behalf, I sincerely thank you all.

Well done.



Mark Aitken

Chief Administrative Officer
County of Simcoe

Message from the Author

Municipal governments have been in the business of providing housing and services to support seniors for more than a century, recognizing the significant contributions our elders have made in building our communities and shaping our future. Older adults form the cornerstone of many volunteer programs, provide tremendous value and support to their families, friends and neighbours, and have and continue to play a vital role in our economy as skilled, knowledgeable, and experienced workers. As our seniors get older, they are well-deserving of our attention and priority focus to ensure they are duly supported in their later years. As a community, now is our time to give back.

Municipalities have an inherent responsibility to safeguard our most vulnerable citizens. Ninety-three percent of all seniors live in private households, many alone and socially isolated. One in every three seniors cannot afford their rent and fifteen percent of those who live alone, live in poverty. Our seniors require more than three times as much health care and utilize almost half (44%) of our entire health-care dollars. With this demographic more than doubling over the next 20 years, in an era of fiscal constraint and mounting health-care pressures, finding innovative ways to support our seniors is no longer an option; it is an imperative. (*Institute for Research on Public Policy, 2015*)

Though this paper is written through the lens of municipal experience, it is equally important to recognize the significant role of the entire not-for-profit sector for the incredible value and quality that they offer in long-term care, seniors housing, and home and community services. Research has shown time and again, that not-for-profit providers deliver care and services second to none. Principled in a spirit of altruism, our not-for-profit partners dedicate more resources, have higher staffing levels, greater quality, support cultural and ethnic diversity, reinvest in the people they serve, and are surrounded by a groundswell of community support that provides a perfect foundation for the development of a seniors campus continuum. As stewards of our communities, municipalities and not-for-profit providers must continue to step forward to provide these innovative solutions.

With such a rich history of understanding and supporting older adults, the County of Simcoe is one such example of this leadership, extending beyond their legislative responsibilities with the creation of an entire seniors' campus, called Georgian Village. Though co-locating seniors' housing has been a practice across Ontario for many decades, the development of this new continuum offers a unique environment that combines housing options with built-in support services and healthy lifestyle amenities so that our seniors can truly age in place and enjoy the comfort and security of home and community; all in one location.

This paper provides our not-for-profit sector with a clearer understanding of their role in seniors' care, delineates key principles and strategies essential to the development of a successful seniors' campus continuum, outlines the basic underpinnings of business plan development, and highlights the successes of this new model. This sector is able to leverage an entire foundation of services and community partnerships and are well poised to provide this needed leadership in a more efficient and cost effective way. This white paper should reach into the depths of our civic consciousness as a call to action to continue to safeguard for our most vulnerable citizens. It is less about meeting our regulatory obligations and more about being the right thing to do.



Jane Sinclair, RN, BScN, MN

General Manager,
Health and Emergency Services
County of Simcoe

Executive Summary

The County of Simcoe (County) is a rapidly growing municipality, investing in innovative strategies to foster positive aging and create more sustainable and healthy communities. The County's vision for a state-of-the-art, "60+" adult lifestyle community offering an entire continuum of housing and services combined with a unique opportunity to age in place, became a reality when the Georgian Village campus opened its doors to its residents in 2013 in the Town of Penetanguishene, Ontario. This advanced "age-in-place model" is the future of housing for older adults that provides efficient, comprehensive and accessible services and amenities within a safe and welcoming community environment.

For those municipalities faced with significant financial pressures associated with the operations of long-term care homes, this model will not only build housing capacity in their communities, but can also lower their municipal impact!

The creation of campus continuums for seniors, builds infrastructure to support the needs of our aging population and offers municipalities and not-for-profit providers with a viable option to create sustainable housing and services, cultivate economic growth, and generate revenue opportunities to offset an inadequate funding system for such critical services as long-term care and community support programs. As a municipality, the County brings a unique vantage point to our communities in that our principal interest is to support all individuals regardless of such factors as age, gender, ethnicity, health condition, and socio-economic status. Our goal is to ensure equitable, affordable, accessible, high-quality care and services for everyone. We are committed to a high standard of care and take great pride in setting the bar high.

Building on a foundation of more than 120 years and serving more than 1,000 older adults from multiple locations across the region, the following paper applies our unique municipal perspective in outlining key considerations for the development of a successful campus continuum. This model provides important underpinnings that are transferrable to other organizations and furthers the conversation regarding municipal responsibilities and leadership in seniors' care.

In reflection of Georgian Village, this paper discusses key elements essential to the success of this business model within the context of an "aging-at-home philosophy" and the need to embed socialization as a mainstay of healthy living. Salient aspects recommended in campus development include a continuum of housing and service options, the presence of a community hub, healthy lifestyle amenities, social and recreational programming, strong partnerships, and the provision of community outreach. These considerations are further discussed within the context of our municipal role, age-friendly communities, and the importance of a sound business plan.

As a municipality, we are well positioned to understand and address the increasing needs of our older adults beyond our legislative responsibility to deliver long-term care. With an extensive and broad-based network of partnerships, services, infrastructure and talent, being collaborative by our very nature, and always striving to provide for the greater good across all of our communities; together we have an exciting opportunity to pave the way toward this new model of seniors' care in the 21st Century.



Introduction

The County of Simcoe has an extensive history of providing support to seniors commencing with a small house of refuge in 1897 that has since blossomed into a larger multi-faceted portfolio that offers housing and programs to more than 1,000 seniors across the region. Arising from our Council's longstanding appreciation and commitment toward seniors, the County now operates four (4) long-term care homes and offers a broad range of seniors' housing that includes affordable housing units, garden homes and apartment suites, life lease and market rentals, retirement living, and supportive housing. This is further complemented by adult day programming, a suite of "à la carte" services, and a range of outreach programs that include meals on wheels, mobility/seating assessment clinics, and a regional mobile behavioral support services program.

In 2006, the County of Simcoe received approval to move forward with capital redevelopment for its smallest home, Georgian Manor, a 107 bed Class "B" long-term care home. The County was faced with an aging infrastructure, inequity with other County Class "A" homes, escalating wait lists for long-term care and seniors' housing, and an increased focus on home and community services. Recognizing the global trends and escalating fiscal pressures associated with an aging population, with 16% of the County's population over 65, the County seized this opportunity to embrace changing demographics by delivering new, innovative and expanded housing and services to relieve the

stresses of lengthy waitlists, promote aging at home, enhance the health status of older adults, provide more efficient and sustainable operations, and fortify our sense of community.

In 2013, the County opened a new and innovative campus model unique to the province of Ontario. Though seniors' campuses have been developed for many years and continue to expand, Georgian Village offers a distinctive setting that hosts a more diverse range of housing that spans the entire socio-economic continuum. This housing spectrum is nestled within a community setting deeply entrenched in the history and culture of the area, promotes healthy lifestyles and meaningful socialization, and offers a wealth of services and amenities that complete any community.

Building on the work involved with the development of Georgian Village, this document aims to: engage municipalities

and not-for-profit providers in a much broader conversation; provide them with tools and guidelines to explore their role in seniors' care; promote leadership in campus development; and ultimately foster the advancement of age-friendly communities. Though the focus of this paper is by in large based on a municipal experience, the concept and principals of this campus model are replicable and can certainly be applied more broadly to other organizations.

With the increased demands associated with our aging population, we encourage others to embrace this new paradigm for future consideration.

**Georgian Village
offers a distinctive
setting that hosts a more
diverse range of housing
that spans the entire
socio-economic continuum.**



Background

AGING DEMOGRAPHICS

During the next 20 years, in Canada our population aged 65+ will double to 10.4 million, making seniors roughly one quarter of the population in 2036. (Federation of Canadian Municipalities, 2013) Coupled with the development of a rapidly growing older demographic, is the trend that Canadians are also living longer and are increasingly reaching the age of 100. Between 2006 and 2011, the number of Canadian centenarians increased by almost 26%, the second highest increase of all age groups, after the 60-64 age group which increased by 29%. (Statistics Canada, 2011 Census) According to new data from the Office of the Chief Actuary, the average life span for Canadians aged 65+, is now 87 for men and 89 for women. (*Mortality Projection for Social Security Programs in Canada, 2014*)

Similar trends at an even more accelerated rate are occurring in Simcoe County; experiencing rapid aging above both national and provincial averages. Today, the proportion of adults aged 65 and older in Simcoe County is 18% of the population compared to 16.7% in Ontario and 16.9% in Canada. (Statistics Canada, 2016) An example of this locally can be illustrated in the Town of Penetanguishene from the period of 2006-2011; yielding a five (5) year growth rate increase in the 85+ population of 45 %. (Statistics Canada, 2006-2011)

In light of these significant shifts in our population, it is estimated that 2.4 million Canadians aged 65 years and older will need continuing care, both paid and unpaid, by 2026. That is 71% more people than in 2011 and by 2046, the number is estimated to rise to 3.3 million. Similarly, the associated costs will grow from \$28.3 billion to \$177 billion over this same time period placing additional strain on an already stressed system. (Canadian Medical Association, 2017)

As purported by the Canadian Medical Association (CMA), getting seniors' care right will not only lead to better health outcomes and quality of life for Canada's older population but it will also result in innovations and improvements across the entire health-care system. (Canadian Medical Association, 2017) In Ontario for example, we know that a range of between 20-50% of seniors on the waitlist for long-term care could be diverted if there were appropriate supports for them in their home and community. (AMO, 2016) This not only brings the right care to the right location, but does so in a much more efficient and sustainable manner.

SENIORS' HOUSING

In light of the rapid growth and advancing age of our senior demographic, there is a critical need for more suitable housing to support this vulnerable population. The range of housing options required to foster and sustain the growing population of seniors in this Country is inadequate. (Federation of Canadian Municipalities, 2015)

Over the last 15 years, house prices in most of Canada grew almost three times faster than incomes. In 2016, senior's housing was reported under the top themes of a national housing consultation with Canadians identifying the need for more affordable rental housing (market and non-market/social housing), along with an increased variety of housing options that are well-integrated with services and include supportive housing for those with physical, psychological, and cognitive challenges. Combined with the fact that Canadians are living longer and the expectation that the number of people over 85 years of age will grow by 50% over the next decade, data also suggests that there will be significant pressure to invest in new retirement and long-term care homes and/or additional support programs for people living independently at home. (*CMHC: Let's Talk Housing, Consultation feedback, 2016*)

According to the 2016 Population Census, close to 6 million (5,935,635) seniors aged 65 and older live in Canada increasing by 20% over the past five years and this number will only continue to grow. (Statistics Canada, 2016) As purported in the *Alliance of a National Seniors Strategy* (2016), a lack of access to affordable housing increases the likelihood of physical and mental health problems for older Canadians.

From 2011 to 2016, Simcoe County increased its population by 7.5% compared to the provincial rate of 4.6% during the same period. Similarly, growth rates for seniors in the County of Simcoe have also been out-pacing average growth rates across the province. (Statistics Canada, 2016)

Congruent with this trending, Simcoe County has experienced an extensive need for seniors' housing, with growing demand for market rentals, increasing wait lists in such areas as long-term care and social housing, and housing wait times ranging between 3-6 years.



18% of the population in Simcoe County is 65+

NATIONAL SENIORS STRATEGY

Though housing is a primary need associated with this population, the provision of this requirement alone is not enough to support an environment of healthy aging and adequate care for our older adults.

As purported by the IRPP Task Force (2015), there are four pillars that support a *National Seniors Strategy* and thus support our older Canadians. These include ensuring that older adults: remain independent and engaged within the community; lead healthy and active lives; have access to person-centered, high-quality, integrated care close to home; and that their informal caregivers such as family and friends are acknowledged and supported. (Institute for Research on Public Policy, 2015)

Therefore, in addition to the provision of appropriate housing, greater attention is required in such key areas as health and support services, age-friendly design of our communities and physical environments, social and recreational programming, and creating a sense of community that supports older adults and their circle of care.

Statistics Canada recently estimated that while 2.2 million Canadians received home care, 15% of them still reported having unmet needs. Persons with unmet or partially met needs reported higher levels of stress and negative feelings. For example, 62% of care recipients with partially met needs experienced loneliness, compared with 31% of those whose needs were met. (Statistics Canada, 2014) When seniors health declines and their care needs intensify, the level of supports must also intensify.

In the province of Ontario, our government has called for a shift in health-care priorities that will help address these changing needs of our seniors. In 2010/11, according to *Ontario's Action Plan for Health Care* (2012), there were more than 271,000 unnecessary trips to hospital emergency rooms by Ontarians who could have received treatment closer to home in alternative primary care settings. This situation is further compounded with high hospital readmission rates, noting 140,000 instances of readmission within 30 days.

Further, 75% of seniors with complex needs discharged from hospital received care from six or more physicians and 30% obtained their medications from three or more pharmacies. (Ontario's Action Plan for Healthcare, 2012)

In Ontario, there is a significant dearth and disparity in the level of community support with provincial investments ranging from 27 – 69% across the province. (Ontario Association of Community Care Access Centers, 2014)

Seniors require more person-centered, coordinated and seamless access to their health services that is closer to home.

TRENDS IN RURAL COMMUNITIES

In addition to the need for more person-centered, coordinated and seamless access to health services, an important factor to consider in understanding the health-care needs of our seniors is the additional limitations associated with living in small rural communities. Twenty-three per cent of all seniors live in rural areas and small towns in Canada. The majority of these seniors, even those in the highest age bracket of 85 plus, are also living independently at home. (*Age-Friendly Rural and Remote Communities: A Guide*)

Though there are many obvious benefits of living in the beautiful and charming communities of rural Ontario, limited housing and transportation, along with fewer health, social and community support service options, place older adults at higher risk of social isolation and poorer health status. Often there may be rural areas which cannot accommodate their older adults in seniors' housing, local retirement or long-term care homes. Seniors that are constrained in their choices, may become displaced from their home, longtime community, and social network; forced to move to other locations where more suitable housing and supports are available.

Addressing this swell in the number of older Canadians, whether that be in rural or urban locations must be based on smart, targeted and innovative interventions. (*Seniors and Housing: The Challenge Ahead*, 2015) The development of a seniors' campus continuum with housing options, socialization, health and personal care services, and healthy lifestyle amenities offers seniors a one-stop shop within a healthy aging environment and is a prime example of innovation that will go a long way in meeting the needs of this fast growing population.



Section 1 – Municipal Role

Municipalities are well-positioned to move forward with this kind of innovation in creating their own campuses of care for seniors. As a level of government, municipalities are financially stable, open and transparent organizations, with longstanding and far-reaching partnerships, and are the vanguard of services that benefit older adults including affordable housing, financial assistance, transportation, planning, physical infrastructure, long-term care and community health; just to name a few.

By working in collaboration with other levels of government, service providers and community stakeholders, municipal governments are already targeting initiatives that support age-friendly community planning. These include important strategies such as: retrofitting homes to improve accessibility; sustaining investment in subsidized housing; supporting the delivery of affordable rental housing; investing in accessible, and convenient public and active transportation; and creating accessible streets and trail systems.

It must be acknowledged that some municipalities face a significant financial burden in operating their long-term

care home under the current provincial funding structure. As such, we must continue to advocate to the province for more appropriate financial support.

However, building a campus continuum will allow these municipalities to leverage their many assets to both increase seniors support and reduce the associated taxation of their constituents.

Municipal governments are also committed to providing high quality, safe, accessible and affordable services to their citizens. While some services are required through legislation, many municipal governments have filled gaps when provincial allocations are insufficient, introducing additional services, and developing innovative ways of working beyond what is required. (*Canada's Aging Population: The Municipal Role in Canada's Demographic Shift, 2013*) With such high standards and level of commitment, municipalities assume an important role in setting standards and establishing a benchmark for others across this province.

In light of these many attributes, municipalities possess an inherent responsibility to protect our most vulnerable citizens. As stewards of our communities and our people, this level of government is well poised to leverage an entire foundation of municipal services and community partnerships and must move forward to provide the needed leadership to support our seniors into the future.



Section 2 – Campus Model

Dating as far back as the 1980s, it has been well understood that our aging population will pose additional strain on our health-care system and that the solutions need to focus on keeping people in their homes and communities so that they can live independently for as long as possible. With this understanding, there have been numerous government led policy papers emphasizing the need to build community-based continuums of care. (Institute of Research on Public Policy, 2016)

Given the significant aging population within the County of Simcoe, situated across a large geography among a substantial number of small and rural communities; the impact on seniors associated with this particular backdrop presented an ideal setting for the County to develop a community based continuum to support our older adults.

In 2013, Georgian Village, an “Aging in Place Campus Continuum” was created to respond to the needs of our seniors and establish a new and innovative model to support this population. This model responds to escalating wait lists for seniors’ housing and services, reflects the underpinnings of Canada’s *National Seniors Strategy*, and plays an instrumental role in cost-effective capacity building now and for our future.

In developing this campus continuum, there are eight (8) key doctrines that form the foundation of this model that include: an aging at home philosophy; socialization; a continuum of housing options; a broad range of cost-effective services; a community hub; partnerships and collaboration; outreach support to seniors living in the surrounding community; and the application of age-friendly community planning principles. To assist organizations considering the development of a continuum in their own locale, the following section provides further details regarding each of these core components of our model:

1) Aging at Home

In 2007, Ontario adopted an *Aging at Home Strategy* to provide supports for seniors and their caregivers so they can stay healthy and continue to live independent lives in their homes and communities. As defined by the U.S. Centers for Disease Control and Prevention, aging in place is about an individual’s “ability to live in one’s own home and community safely, independently, and comfortably regardless of age, income and ability level”. In addition to fostering increased independence and better health, this construct has other beneficial consequences regarding the utilization of our health-care system. (United

States Centre for Disease Control, 2015)

Georgian Village was designed to support this “aging at home” philosophy by providing a community based continuum of housing and integrated care options to support our seniors and their caregivers. This campus model includes: an extensive range of housing options with various levels of support and socio-economic conditions; a broad selection of services that is integrated and can be accessed regularly or on an as needed basis; and a host of health and wellness programs and amenities to promote active and healthy living.

Whether the individual endures a critical life transition, suffers a major health event, or experiences subtle changes in their day-to-day activities; this environment is adaptable to respond to whatever their individual health status requires. Designed to meet the changing needs of our seniors as they grow older, Georgian Village offers a solution for older adults so that they can continue to live healthy, vibrant lives within a community setting.

2) Socialization

According to the *Constitution of the World Health Organization Principles* (1946), health can be defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Though social well-being is a central component of health, many seniors are at higher risk of social isolation and therefore susceptible to the deleterious consequences resulting in poorer health outcomes. It is estimated that approximately 20% of all older adults in Canada currently experience some degree of social isolation. (*National Seniors Strategy Evidence Informed Policy Brief*, 2017)

As noted by the World Health Organization (2003), social isolation and exclusion are associated with “increased rates of premature death, lower general well-being, more depression, and a higher level of disability from chronic diseases”.

Given the prevalence and serious effects of social isolation, creating a friendly and inclusive environment that fosters healthy social interaction and a strong sense of community has been a driving force in the development of this campus setting. Georgian Village offers a comprehensive range of more than 100 programs per month that include such activities as arts and crafts, card playing, billiards, musical entertainment, book clubs, bus outings, chair yoga and weekly “Pub Nights”, to name a few. The campus is situated on 20.7 acres of land complete with a number of recreational amenities that include outdoor trails, golf greens, bocce ball and shuffleboard courts, a fitness centre



and therapeutic pool, a greenhouse and raised gardens, a woodworking center and a large auditorium that hosts many events and tailors to big screen movie nights.

In addition, to our many activities, recreational programs and outings, we also provide congregate dining that offers nutritional meal service in a setting where individuals can enjoy fellowship and a positive social experience.

With approximately 320 seniors living on campus, we observe a participation rate in social activities of approximately 90% of all campus residents. In addition, we welcome seniors from the adjacent community who utilize our amenities and regularly participate in some aspect of our programs, activities and events. For our most frail seniors who are living in long-term care and retirement living, we have designed our programming to safeguard that all of these individuals are engaged in some form of social experience within the campus environment.

3) Housing Options

Compatible with an “aging at home” philosophy and the increasing need for more and varied accommodations, including a broad range of housing options is an important element of this type of development. Georgian Village consists of a 311,500 square foot campus style community that features an entire continuum of housing alternatives to support varied socio-economic needs and the most independent lifestyles right through to housing that provides full services for some of our most vulnerable citizens. This

campus consists of five (5) diverse housing structures that offer eight (8) different choices of accommodation.

Specifically, this unique design consists of: a 143-bed fully accredited long-term care home that provides French language services and includes long-term, respite and convalescent care; a 42-unit retirement living facility complete with a full service package that includes all meals, programs and recreational activities, and provides individualized nursing and personal care with 24/7 staffing support; a 40-unit affordable housing complex with barrier-free accessibility and a modest service package that includes a weekly meal program, recreational activities, 24-hour emergency support and an annual apartment cleaning; independent Life Lease housing options that are available in both apartment suites and garden homes; and independent market rental units also available in both apartment suites and garden homes.

To support the concept of aging in place; this housing continuum operates under a “priority placement” policy that facilitates a seamless transition for campus residents needing to move from one model of accommodation to another as their needs and associated requirements for support change. Since opening, we have facilitated 30 internal transfers within the community housing component with all residents moving to a higher level of care setting. Long-term care is the one exception to priority placement within the campus. Provincial legislation requires all long-term care applicants be placed through Local Health Integration Networks (LHIN) under specific placement guidelines. With the additional suite of services available to residents living on campus, the County has celebrated a number of success stories by supporting campus residents with additional services until they can transition into our long-term care (LTC) home.

Despite this advantage, we have lost almost the same amount or half of our community residents needing LTC to other homes due to the current provincial placement guidelines. As such, 14 of the 29 residents needing LTC were required to move to another LTC home.

4) Suite of Services

As individuals get older and their abilities and health status depreciate, they may need increased support with meals and housekeeping, help with shopping and errands, and transportation to activities, services, and appointments. Home care services, however, are not universally covered by health care or insurance. (Federation of Canadian Municipalities, 2015) A 2014 study of home care in Canada found that 13% of seniors aged 65-74 and just more than one in four aged 75+ (27%) relied on home

13% of seniors aged 65-74
relied on home care services



care services. These same demographic groupings experience a disability rate of 31% and 53%, respectively. (Statistics Canada , 2014)

Given the limited levels of home care within the community, many seniors rely on informal caregivers to supplement these services providing support that ranges from helping to manage with some of the most basic activities of daily living to providing more technical care for complex and multifaceted medical needs. IRRP Task Force on Aging (2015) identified that between 75-80% of all home care is provided by informal, unpaid caregivers. This constitutes 35% of our workforce and represents a \$1.3 billion loss of productivity each year. With such strain on our population, we are experiencing higher rates of caregiver burn out and more and more individuals needing institutionalized care.

Eighty-four percent of Ontarians support home and community care as an alternative to institutionalized health care. Not only is this the preferred choice for Ontarians; it is also the most cost effective and sustainable choice for our health-care system. In Ontario, home care costs are approximately \$45 per day compared to long-term care at \$135 per day and hospital care at \$450 per day. (Ontario Association of Community Care Access Centres, 2014)

Georgian Village was designed to offer an entire continuum of home and community care services using the preferred and the most cost-effective model of service delivery to help support residents and their caregivers so that they continue to age in place. Please refer to **Tables 3 and 4** below for costing details of the County’s model compared to that of Ontario’s three (3) options.

In addition to the different service packages included with the various housing programs, a full range of services are available on an “a la carte” basis for residents to access directly within their own homes. These services include nursing and personal care, medication management, attendant care, meals, housecleaning, laundry, and transportation.

Supplemental to the services provided directly by County of Simcoe staff, this campus hosts a number of additional amenities on site that include physiotherapy, occupational and recreational therapy, dental, pharmacy, audiology, and medical services. This is further complemented by the operation of two Ontario Telemedicine Network (OTN) facilities that provide access to a full range of specialists that are available to residents within the campus and the local community.

An overarching component of these services is our ability to coordinate and customize care to ensure that any changes in the levels of service are provided for seamlessly and meet the unique needs of each individual. An additional benefit fundamental to this model is the element of continuity. The campus serves as a hub for a broad range of resources and service providers that ensures consistency and continuity and develops positive trusting relationships among clients.



Table 3 – 2017 County of Simcoe Health-Care Costs

Campus Model - Average Per Diem Cost		
* Simcoe Village	Supportive Housing	\$30 / day
Georgian Village	Affordable Housing	\$11 / day
Georgian Village	Retirement Living	\$67 / day
Georgian Village	Adult Day Program	\$22 / day

**Simcoe Village is smaller County of Simcoe seniors’ campus that includes a supportive housing component with publicly-funded personal care in addition to the same services provided in the Affordable Housing model at Georgian Village.*

Table 4 – 2014 Ontario Health-Care Costs

Average Per Diem Cost	
Hospital Bed	\$450 / day
Long-Term Care Bed	\$135 / day
Home Care	\$45 / day

Ontario Association of Community Care Access Centres, 2014

5) Community Hub

The process of healthy aging suggests that there are five essential areas of functional ability for older adults that include: meeting basic needs; learning, growing and making decisions; being mobile; building and maintaining relationships; and contributing. Together, these abilities enable older people to retain their autonomy and health, age safely in a suitable and inclusive place, and continue to develop personally while contributing to their communities. Creating an environment that supports these needs and abilities is paramount in fostering healthy aging. (World Health Organization, 2015) Thus, the inclusion of a community hub in the development of a seniors' campus forms one of the cornerstones of this model.

At the heart of the Georgian Village campus is a community hub called the "Rendezvous". This community gathering place, akin to a small town centre, comes complete with a broad range of amenities that includes the Village Clinic (Family Health Team), pharmacy, hearing aid clinic, beauty salon, fitness centre, therapeutic pool and sauna, piano lounge/billiards, public library branch, woodworking shop, and multi-faith chapel. Our hub also includes the Rendezvous Bistro and Village Pub that operates as a full service, licensed restaurant, seven (7) days a week; that hosts weekly pub nights with entertainment, holds regular theme dinner events, offers catering services, and provides residents with access to retail groceries. In addition, our community hub showcases the work of local artists and offers a large auditorium that can be accessed as a meeting hall, host community events, and is ideal

for large family celebrations. This hub also includes smaller public meeting spaces, lounge areas and outdoor patios that encourage relaxation and social interaction. Georgian Village also offers an external membership program to seniors living off-site in the adjacent communities so they too can access the many indoor and outdoor amenities and enjoy the benefits of the central gathering place.

Lastly, as a fundamental component of our hub programming, Simcoe Strong is a volunteer program with a membership of more than 50 individuals at this location. This program offers a wide variety of volunteer opportunities for our seniors to encourage civic participation and promote a sense of purpose and well-being.

6) Partnerships and Collaboration

Achieving such personal triumph, in the words of Helen Keller: "Alone we can do so little; together we can do so much" captures another key element in the creation of a seniors' continuum of housing and services. The level of success for any campus development is dependent on the establishment of strong partnerships and collaboration. From the inception of this model, fostering and strengthening partnerships across a broad stakeholder group was a formative part of this process. Considering all levels of government, vital funding, required approvals, and partnered services; relationship building undoubtedly led to the immense success of this campus development.

At the federal level, the County partnered with the Seniors'



Secretariat to receive New Horizon funding (\$25,000) in order to create a sustainable intergenerational gardening program. This seed money led to the development of a community “greenhouse” on the new campus. The County also received \$2.8 million dollars from the Ministry of Municipal Affairs and Housing directed through a federal/provincial capital funding program to support the creation of 40 new affordable housing units.

Provincially, our 107 bed long-term care home received more than \$20 million in capital funding from the Ministry of Health and Long-Term Care to support the redevelopment of the home into a beautiful and more functional Class A facility.

These partnerships were further augmented with tremendous support from the North Simcoe Muskoka Local Health Integration Network (NSMLHIN) who approved and funded an additional 36 long-term care beds and a new level of service in the provision of convalescent care. During the planning phase, the NSMLHIN co-hosted partnership forums with the County that fostered a number of onsite collaborations that included the: co-location of the Victorian Order of Nurses and on-site programming; the delivery of meals on wheels in partnership with the Canadian Red Cross; the provision of equipment and campus-wide access to the OTN with a broader community outreach component; and an enhanced partnership with Georgian College that led to the establishment of a new satellite part-time Practical Nurse program hosted at Georgian Village. In addition, the NSMLHIN provided one-time funding for the purchase of a 16-passenger accessible van and several small multi-passenger shuttles.

As a regional level of government, the last, but certainly not

least of our government relations focused on our local municipal partner; the Town of Penetanguishene. Working together throughout the project, the Town provided a spectrum of support that ranged from such things as signage approvals, building permits and inspections, to the waiving of development charge fees, connecting local pedestrian, bus routes and municipal trail systems, and the establishment of an on-site fully resourced Library branch.

In addition to all levels of government, the County fostered many other partnerships in achieving an entire continuum of services. Working with our attending and local physicians, a Family Health Team was established on site by a lead physician as a significant component of this model. Initially operating with two (2) physicians and a nurse practitioner, the Village Clinic offers improved access to primary care, lends itself to house calls when needed, utilizes OTN to access other health-care specialists, and has the capacity to double their services in future.

As noted previously, the expansive list of services outlined within the Community Hub section, is a direct consequence of strengthening existing and forging new partnerships to improve access through a “one-stop shopping” concept. Having access to a host of paramedical supports and essential services such as lab and pharmacy, ensures seniors have timely and accessible care to maintain their optimal level of health.

Further, a natural extension of this environment has been the provision of Health and Wellness Clinics that facilitate client education focused on health promotion in such key areas as chronic disease management, nutritional care, healthy living,



exercise, and medication management. Other areas of focus include health and wellness clinics and nursing and paramedic student placements in partnership with local community colleges and training facilities.

7) Seniors Outreach

The next principle included in this model focuses on the campus' ability to extend beyond its own footprint to support seniors within the neighboring community. As we know, transportation can have a significant impact on seniors. As people get older, age-related changes in vision, reaction time, power, coordination and the speed of cognitive processing, can all have an effect on driving ability. (The Chief Public Health Officer's Report, 2010) This coupled with changes in financial circumstances, can often lead to seniors becoming dependent on public transit and/or family and friends to access the community for their basic needs, health services and social experiences.

With the provision of recreational memberships, a full range of nursing and personal care services, Meals on Wheels, Ontario Telemedicine, and Adult Day Programs, this model extends services on a much broader scale to seniors in the surrounding community with either residents coming on site to access our services and amenities or by facilitating the delivery of services directly into their homes. To assist with access, the County provides regular transportation to key locations in the community, has partnered with the local municipality in the development

of a new public transit system that provides front door service, and collaborates with independent transit providers to support individuals needing transportation to the Adult Day Program.

8) Age-Friendly Community

The final doctrine essential in creating a successful campus continuum for seniors is the application of age-friendly community planning. As noted earlier, our *National Seniors Strategy* purports that age-friendly design of our communities and physical settings is an important component in creating a healthy aging environment.

An Age-Friendly Community (AFC) is a place that encourages "active aging" by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In 2007, the World Health Organization (WHO) conducted a comprehensive study of older adults that identified eight key dimensions that are central to creating an Age-Friendly Community. These include: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services. (WHO, 2007) Thus, with this recent research and an improved understanding of what's important to older adults, including the eight principles of AFC is an essential component in the creation of any seniors' campus development. Age-friendly communities recognize the wide range of capabilities among older people, and anticipate and respond to their needs and preferences.

With Georgian Village, this setting embraces many of the AFC qualities offering: an accessible age-friendly continuum of housing, public amenities and outdoor spaces; active lifestyle activities, recreation and amenities; options for transportation off-site as well on-boarding of seniors from the surrounding community; an age-friendly philosophy that values, respects, and supports our older adults; opportunities for volunteerism; regular communication tools and information forums and; a full suite of services to support their health and daily living needs.

75-80%

of all home care is provided
by informal, unpaid caregivers.



Section 3 – Business Plan Development

Having defined the leading principles in creating a seniors' campus continuum, the next section of this paper speaks to the criticality of having a well formulated business plan. Central to its success, particularly one of this magnitude and complexity, is the establishment of basic criteria and conditions at the front end of this development process. Business plan development consists of a range of key elements that may include: a project description, objectives, situational analysis, operating and human resource plans, cost-benefit analysis, risk assessment, qualitative analysis, pro forma financial statements, and an implementation strategy. To assist organizations considering a seniors campus development, this section expands on two elements that were instrumental to the development Georgian Village and are highly recommended for consideration.

These focus on the formulation of meaningful and achievable project objectives along with the completion of a comprehensive situational analysis as outlined below.

Objectives

At the outset, the County established a number of prudent objectives. As a government organization and stewards of regional services, identifying significant deliverables that will benefit the community was an inherent part of the business case development. The five objectives identified were intended to: 1) Increase seniors housing capacity; 2) Promote aging at home; 3) Strengthen operational sustainability; 4) Boost the local economy; and 5) Maximize capital funding opportunities for the project.

Objective 1 – Increase Housing Capacity

The first objective focused on increasing local housing capacity for seniors. This was achieved by expanding the original 107 unit long-term care home to a 282 unit campus continuum that now houses approximately 320 seniors within five different types of housing. With the opening of the campus, wait lists and wait times for LTC and affordable housing decreased. The campus achieved full tenancy within the first year and continues to operate with a very high occupancy. However, with the continued growth of an aging demographic, wait list demand and associated wait times have begun to creep back up as illustrated under **Table 5** below. LTC applicants seeking basic accommodation for example, are now waiting more than two (2) years for a bed.

Objective 2 – Promote Aging at Home

The next objective focused on promoting an aging-at-home environment that fosters healthy aging and supports the changing needs of older adults so that they can remain independent in their home as they continue to age. This campus is complete with a wide range of amenities, a continuum of housing options, and a suite of services that encourages social engagement, active living, and ensures supports are available as needed. Since opening in the fall of 2013, the campus has observed a minimal turnover rate of less than 2% annually. Of the residents living in community housing, approximately 30% access additional services offered on site and more than 90% participate in our social and/or recreational programming.

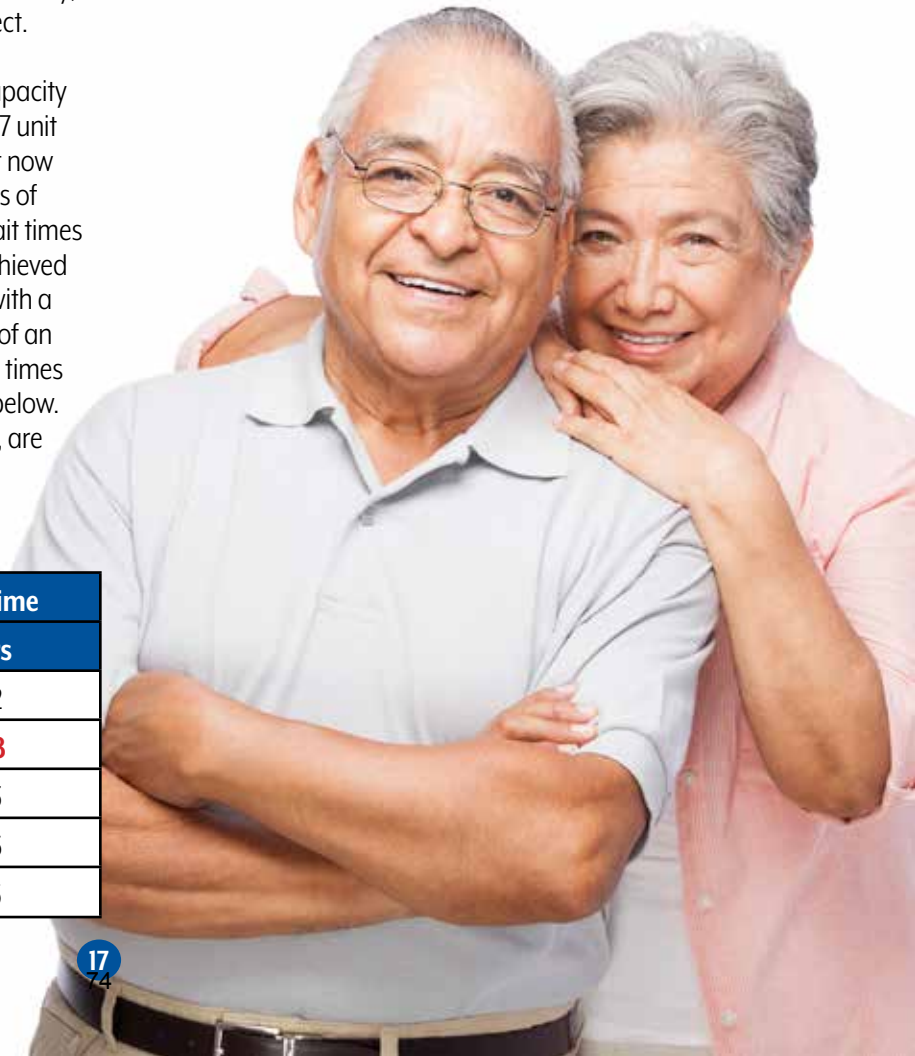
320

seniors housed within
five different types of housing

Table 5 – Georgian Manor Wait List Data

	Wait List	Wait Time
FISCAL YEAR	As of December 31	Years
2012	159	0.92
2013	136	0.98
2014	126	0.73
2015	176	0.76
2016	213	2.25

North Simcoe Muskoka LHIN (2017)



Objective 3 – Increase Sustainability

The third objective focused on increasing the sustainability of County operations by reducing the County's municipal subsidy for the long-term care home and increasing annual reserve contributions to support ongoing asset maintenance and reinvestment in services. As a result of economies of scale and operational efficiencies realized with an additional 36 long-term care beds and an expanded campus setting, the municipal tax levy for Georgian Manor decreased substantively. Owning the largest annual subsidy of the County's four homes as high as \$1.1 million, post-redevelopment Georgian Manor became the most efficient home with a reduced subsidy of \$468,000. This was further complemented with an increase in annual reserve contributions by more than five times its former amount at outlined in **Tables 6 and 7** below.

Table 6 – County of Simcoe Long-Term Care Homes Budget Levy \$000s

LTC Home	2010	2011	2012	2013	2013 Per Diem	2014	2014 Per Diem
Georgian Manor	921	1,136	1,070	532	\$11.65	468	\$8.97
Simcoe Manor	52	602	737	551	\$11.97	608	\$13.22
Sunset Manor	319	523	526	514	\$9.39	652	\$11.90
Trillium Manor	623	499	653	698	\$15.67	698	\$15.68
TOTAL	1,915	2,760	2,987	2,295	\$12.02	2,426	\$12.28

Table 7 – County of Simcoe Annual Long-Term Care Reserve Contributions \$000s

2006	2007	2008	2009	2010	2011	2012	2013	2014
75	103	99	161	97	57	100	423	526

Objective 4 – Economic Development

As a significant employer in the local community, the next objective was aimed at strengthening the local economy. An additional 45 new jobs were created increasing the local economic impact by \$3.6 million annually. Refer to details in **Table 8**.

Table 8 – County of Simcoe Economic Benefits

Time Line	Combined Impact	FTEs	Wages	Multiplier 0.46	Total Community Impact	Indirect FTE Jobs
2012	Georgian Manor	87.1	\$ 4.4 M	0.46	\$ 6.42 M	40.0
2013	Campus	132.0	\$6.89 M	0.46	\$ 10.05 M	60.6





Objective 5 – Optimize Capital Funding

The final objective was to maximize funding opportunities to support this capital project. With this in mind, extensive consultations took place with numerous stakeholders over a period of several years in order to secure funding. As a result, the County obtained funding from: a federal program; two provincial ministries; the North Simcoe Muskoka LHIN; community donations; and other sources to capture 80% of all project costs. Refer to **Table 9** for details.

Table 9 – Georgian Village Capital Funding Plan

FUNDING SOURCE	\$	CUMUL. TOTAL	% OF GOAL
MINISTRY OF HEALTH and LONG-TERM CARE (Phase 1)	\$14.2M	\$14.2M	18%
MINISTRY OF MUNICIPAL AFFAIRS AND HOUSING	\$2.8M	\$17.0M	21%
NORTH SIMCOE MUSKOKA LHIN – (Phase 1)	\$4.7M	\$21.7M	27%
DEVELOPMENT CHARGES	\$22.8M	\$44.5M	55%
SIMCOE COUNTY LONG-TERM CARE RESERVE	\$7.8M	\$52.3M	65%
LIFE LEASE SALES	\$5.7M	\$58.0M	72%
GEORGIAN MANOR SALE	\$1.0M	\$59.0M	73%
SALES CENTRE/MISCELLANEOUS	\$0.1M	\$59.1M	74%
FUNDRAISING	\$.807M	\$59.9M	75%
75%			
MINISTRY OF HEALTH and LONG TERM CARE (Phase 2)	\$4.0M	\$63.9M	80%
80%			
MUNICIPAL	\$16.40	\$80.3M	100%

Situational Analysis

In addition to setting key objectives, an important part of the business plan is completion of a situational analysis. This process examines the organization's internal and external environment to better understand their own capabilities, customers, business environment, and opportunities for success. In undergoing this process, the County examined areas that can be best articulated within the 5C Analysis framework. These areas focused on our company, competitors, customers, collaborators, and industry climate.

Company

First, in review of our company, staff examined areas such as past performance, corporate strategic planning fit, and financial capacity to undergo a significant capital project and expanded operations. Drawing on an extensive history of serving seniors, lengthy wait lists and first choice ranking; this longstanding reputation in service excellence provided the initial impetus to consider expanding this aspect of our business model.

This plan was further supported through alignment of three (3) of the Corporation's strategic directions that include the following:

1. **Growth-related Service Delivery** – create and strengthen partnerships with key stakeholders to support communities through the delivery of sustainable services;
2. **Strengthening Social, Health, and Educational Opportunities** – establish partnerships to identify opportunities for strengthened human services and education to support improved health and well-being of our residents; and
3. **Economic and Destination Development** – create and strengthen partnerships with key stakeholders to develop economic opportunities in response to the changing demographics.

In review of our organization's financial ability to support this project, with reserve funds in place, significant debt capacity, development charge revenue, and an excellent credit rating; the County of Simcoe was well positioned to move forward with such an initiative.

Competitors

Having previous experience providing many of the housing options encompassed within the proposed project scope, projected growth in the aging demographic, extensive wait lists for long-term care and affordable housing, and a market analysis confirming the need for additional seniors' housing, our initial review of potential competition was unremarkable.

However, as the project moved forward with initial planning approvals, the County quickly faced opposition from private enterprise disputing the inclusion of a "retirement home" as one of the newest elements in municipal housing alternatives. As a consequence, additional resource time and attention was required to re-substantiate the business case and validate for the public and a relatively new municipal council. The 42-unit retirement home remained a viable part of the campus development, as originally planned, and continues to operate successfully within this campus setting. Learning from this

experience, it is highly recommended that a competitor analysis is completed for each specific housing element to help anticipate, prepare for, and possibly prevent challenges such as this.

Customers

Understanding customer needs forms a vital part of any situational analysis. To complete this, a wide range of activities were conducted that included client surveys, focus groups, informant interviews, public and government consultations, environmental scans, review of local socio-economic factors, growth considerations, and contracting professional expertise to complete a formal market study. This was further augmented with the creation of a project steering committee comprised of more than 30 internal and external stakeholders that assisted to inform decision making and ensure ongoing feedback throughout the development.

As a result of these processes, building features, amenities, and functional components were included in the design phase, adjustments in housing prices were applied at various milestones, and market rentals were introduced post occupancy in response to rising demand.

In addition to the many activities associated with a fulsome needs analysis, the necessity for ongoing communication and marketing with the public and local community was paramount to the success of this project. Having regular mechanisms in place to both disseminate and receive information from stakeholders fostered a culture of inclusiveness and was foundational in achieving full occupancy and customer satisfaction with the implementation of this new model.



Collaborators

Again, collaboration with many business partners, including internal and external stakeholders, was instrumental in achieving the expansive latitude of housing and programs included as part of this continuum as well as in securing crucial resources to ensure the financial viability of this project. As noted earlier under the Collaboration and Partnership portion of this paper, the County forged significant relationships with government, public and private agencies, community interest groups, clients, media, and local residents in bringing this vision to life.

With increased public interest and awareness of the needs of this vulnerable population, also grew an increased disposition to provide support for local development by contributing to a community fundraising campaign. Georgian Village raised \$807,000 as part of the overall project as a result of the generosity of our local residents and many partnered agencies.

As a regional level of government, capitalizing on the strengths of our internal support departments provided significant fortitude in such areas as housing, Information Technology (IT), Finance, Procurement, Fleet and Property, Communications, Planning, Roads, Forestry and By-law, Library, Emergency Management, Paramedicine, and Long-Term Care and Seniors Services.

Involving a broad spectrum of collaborators in the business plan generates financial and operational support, builds capacity, enhances communications, expands service options, and lends significant credibility to the overall concept.

Business Climate

The final, and equally important constituent of this analysis, considers the business climate associated with the plan. First looking at the political and regulatory environment, there were a number of critical policy changes occurring at the federal and provincial levels of government that set in motion ideal conditions to move forward

with this project. In 2007, the province introduced the *Long-Term Care Home Renewal Strategy* (Phase I) to support the redevelopment of level “B” and “C” LTC beds to begin in 2009. This was coupled with a federal/provincial capital incentive program to facilitate more affordable housing units.

Locally, experiencing above average growth rates, increased housing demand, and escalating rates of Alternate Level of Care (ALC) patients in hospitals, the LHIN also became a tremendous source of support funding additional long-term care beds, bringing community partners to the table, and authorizing a broader range of County services with Georgian Manor becoming the regional lead for a Behavioral Support Services mobile team and introducing convalescent care in the new home.

In looking at the economic environment, a stable economy, declining inflation, low interest lending rates, and additional financing opportunities through CMHC aligned support for this project. Similarly, in review of the socio-cultural situation, a global trend in the proliferation of an aging population, often referred to as the “grey tsunami”, and heightened awareness set the stage for strategic planning and massive reform to address the intensifying needs of this demographic.

The last area focused on a technical analysis in understanding our business climate. The intent was to improve on previous ways of doing business and to identify new methods of being more cost effective. With additional strain on our health-care system, funding reductions, and an overarching theme espousing the need to do more with less; this was a critical driver of our analysis and project feasibility. Thus, campus design contemplated efficiencies based on economies of scale, bulk purchasing, competitive services and fee structures, partnerships, centralized resource management, and green principles. An operational pro forma was developed to detail all revenues and expenses and construct a sustainable business model.



Section 4 – Conclusion

Moving Toward a New Generation of Seniors' Care

In summary, this paper was generated to set the stage for more informed, engaged, and exciting conversation about campus developments as we move toward a new generation of seniors' care.

Municipalities and not-for-profit organizations are renowned for their leadership in seniors care and possess the key elements essential in building a successful campus continuum that will forever change the way we deliver housing and services to our seniors.

Playing a pivotal role in the implementation of this model, municipalities will not only build significant housing capacity for their communities, but will be able to lower their municipal levy impacts and reduce their annual operational costs providing better and enhanced services.

Having defined the pertinent constructs of a seniors campus, basic underpinnings of business plan development, the many benefits associated with this model, and the extensive band-width of municipal government and not-for-profit organizations, the intent of this paper is to provide a

better understanding of the complex issue before us and more importantly, provide our not-for-profit sector with the necessary tools and a clearer understanding of the significance of their leadership role in seniors' care.

The County of Simcoe calls on our many partners to seek out solutions and be leaders in the creation of more integrated housing and care models that will support our seniors and provide them with the comfort and security that they require and deserve.

With such a fast-growing aging demographic, coupled with complex care and housing needs; the time for action is now.



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simcoe.ca

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2018-04

Meeting Date: March 19, 2018

Meeting Time: 9:30 a.m.

Meeting Place: Human Services Boardroom, 322 Kent St. W., Lindsay

Subject: Applications for New Long-Term Care Bed Capacity

Author Name and Title: Rod Sutherland, Director of Human Services

Recommendation(s):

Resolved That Report VMC2018-04, “Applications for New Long-Term Care Bed Capacity”, be received for information.

Director

Other

Background:

In November 2017 the Ministry of Health and Long-Term Care announced the creation of 5,000 new long-term care beds by 2022 and another 30,000 new beds over the next 10 years under “Aging with Confidence: Ontario’s Action Plan for Seniors.”

On February 12th, the Ministry released the application details for the first 5,000 beds. Existing long-term care homes, including non-profit homes, municipal homes and for-profit homes are eligible to apply, as well as new applicants. Homes looking to increase their number of approved or licenced beds as part of their redevelopment under the Enhanced Long-Term Care Homes Renewal Strategy (ELTHCRS) are also able to apply under this process.

The application deadline for this allocation of 5,000 beds was March 2, 2018. These 5,000 beds must be open and operational by December 31, 2022. The Ministry has stated that a further application intake will take place for the next 30,000 new beds, although a specific timeframe was not identified.

Rationale:

This initial process to apply for new beds provided only 15 days to prepare and submit an application. Based on internal staff discussions and informal feedback from the Committee of Management, the consensus was not to apply at this time. The current resolution of City Council is to proceed with a redevelopment application for 160 beds. Additionally, the requirement to have new beds open by the end of 2022 may not align with the redevelopment schedule for Victoria Manor.

The approval of new beds will be determined by the Ministry in consultation with Local Health Integration Networks (LHINs) based on a number of factors, including:

- The need for Long-Term Care services in each area;
- demonstrated compliance with Ministry requirements;
- alignment with existing Ministry policies (Aging with Confidence, Patients First, and the ELTHCRS);
- financial viability of the project and the operator; and
- applicant’s ability to meet all program requirements.

Capital funding for the creation of new beds is the same as the Construction Funding Subsidy under the ELTHCRS.

LHINs review and assess need based on sub-regions. The City of Kawartha Lakes and Haliburton make up the local sub-region for the Central East LHIN.

Table 1 below lists the current number of homes and beds in Haliburton-Kawartha Lakes sub-region.

Table 1: Long-Term Care Beds by Home

Kawartha Lakes Homes	No. of beds
Caressant Care, Lindsay (Mary St.)	124
Caressant Care McLaughlin Rd., Lindsay	96
Extendicare Kawartha Lakes, Lindsay	64
Fenelon Court, Fenelon Falls	67
Frost Manor, Lindsay	62
Pinecrest Nursing Home, Bobcaygeon	65
Case Manor, Bobcaygeon	96
Victoria Manor, Lindsay	166
Total Kawartha Lakes	740
Haliburton Homes	
Extendicare Haliburton, Haliburton	60
Highland Wood, Haliburton	30
Hyland Crest Seniors Home, Minden	62
Total Haliburton County	152
TOTAL LHIN Sub-Region	892

In discussion with CE-LHIN staff, they relayed that there is currently a request to add 64 beds, although they are not able to identify what home has made the request. Based on the existing number of beds in the sub-region, 892, and the population figures used by the LHIN, the LHIN staff stated there are currently 95 beds per 1,000 persons aged 75 and over. The addition of the 64 beds would place the ratio at approximately 102/1,000 aged 75 and over. While recognizing that the Province has not set a specific target for bed numbers by population, the LHIN stated that this sub-region would be at or close to the optimal number of beds.

While the ultimate decision on allocating new beds rests with the Ministry, LHINs will be part of the review process and will provide recommendations on bed locations.

Staff will continue to consider options and discuss opportunities with the Ministry and the LHIN. At this time, planning for redevelopment will continue based on the Council resolution for a 160-bed facility and information around future application intakes for new beds will be provided to the Committee when it is available.

Other Alternatives Considered:

Staff could bring forward a request to City Council to submit an application for an increased number of beds as part of redevelopment. Based on information provided to date, allocating resources to pursue this does not appear to be supported.

Consultations:

Central East Local Health Integration Network
Ministry of Health and Long Term Care

Director: Rod Sutherland
Phone: 705-324-9870 ext. 3206
E-Mail: rsutherland@kawarthalakes.ca

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2018-05

Meeting Date: March 19, 2018

Meeting Time: 9:30 a.m.

Meeting Place: Human Services Boardroom, 322 Kent St. W., Lindsay

Subject: Results of Arbitration Award – Ontario Nurses Association

Author Name and Title: Pamela Kulas, Administrator

Recommendation(s):

Resolved That Report VMC2018-05, “Results of Arbitration Award – Ontario Nurses Association”, be received.

Director

Other

Background:

On December 8, an arbitration hearing was held between the City of Kawartha Lakes and the Ontario Nurses Association (ONA), Local 105, to address five outstanding grievances from 2015 related to the minimum staffing provisions provided for in Article 2.07.

Rationale:

The Employer argued that the staffing complement in place in 2015 met the operational needs of the home. ONA argued that the Employer did not follow the minimum staffing provisions established because of an interest arbitration award by Arbitrator Dana Randall; hence the reference to the “Randall Award”. The Randall Award set a minimum threshold of staffing as at October 22, 2007 of at least the same number of bargaining unit tours that were scheduled on each shift of each day of the last week ending prior to October 22, 2007.

At the hearing, the parties agreed to the following award:

- The employer will schedule 42 tours [2 tours on days, 2 tours on evenings and 2 tours on nights] in accordance with the award of Dana Randall
- The employer will pay to each person listed in Appendix A to this award the amounts listed therein, within 30 days of this award, less those deductions required by law.
- The new shift schedule, as described above, will be implemented no later than February 25, 2018, unless the parties jointly decide otherwise.
- Nothing precludes either party from raising the issue of shifts and/or tours at labour-management consultation meetings.

The resolution of this issue settles the five related outstanding grievances.

Financial Considerations:

The estimated monetary impact of the award is \$101,000.

Director: Rod Sutherland
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E-Mail: rsutherland@kawarthalakes.ca

The Corporation of the City of Kawartha Lakes
Victoria Manor Committee of Management
Report VMC2018-06

Meeting Date: March 19, 2018

Meeting Time: 9:30 a.m.

Meeting Place: Human Services Boardroom, 322 Kent St. W., Lindsay

Subject: Long Term Care Services Accountability Agreement (LSAA)
Annual Declaration of Compliance

Author Name and Title: Pamela Kulas, Administrator

Recommendation(s):

Resolved That Report VMC2018-06, “Long Term Care Service Accountability Agreement (LSAA) Annual Declaration of Compliance”, be received; and

THAT the Chair of the Victoria Manor Committee of Management be authorized to sign declaration as attached.

Director

Other

Background:

The Long-Term Care Service Accountability Agreement (LSAA) is the service accountability agreement between a long-term care home licensee and the Local Health Integration Network (LHIN) that is required by the *Local Health System Integration Act, 2006* (LHSIA).

The role of the LSAA is to clarify that the LTCH will be responsible for delivering not only performance, but also planning and integration towards the development of a health system.

The current LSAA is in place for the period April 1, 2016 to March 31, 2019. The LHIN reserves the right to amend LHIN specific (i.e. at a local level) indicators and obligations and or to make changes are required by law, policy statute or Ministry direction.

On an annual basis, the Board is required to declare that to the best of their knowledge, the operation of the home has met all necessary requirements including compliance to applicable legislation and any additional LHIN based measures.

Central East LHIN measures are:

INDICATOR CATEGORY	INDICATOR P=Performance Indicator E=Explanatory Indicator	2017/18	
		Performance	
		Target	Standard
<i>Organizational Health and Financial Indicators</i>	Debt Service Coverage Ratio (P)	n/a	n/a
	Total Margin (P)	n/a	n/a
<i>Coordination and Access Indicators</i>	Average Long-Stay Occupancy / Average Long-Stay Utilization (E)	n/a	n/a
	Wait Time from CCAC Determination of Eligibility to LTC Home Response (E)	n/a	n/a
	Long-Term Care Home Refusal Rate (E)	n/a	n/a
<i>Quality and Resident Safety Indicators</i>	Percentage of Residents Who Fell in the Last 30 days (E)	n/a	n/a
	Percentage of Residents Whose Pressure Ulcer Worsened (E)	n/a	n/a
	Percentage of Residents on Antipsychotics Without a Diagnosis of Psychosis (E)	n/a	n/a
	Percentage of Residents in Daily Physical Restraints (E)	n/a	n/a

For Central East LHIN, the additional indicators/ measures are:

1. BSO Indicators: All LTCH required to comply with reporting requirements established for provincial BSO Program.
2. Response Time to Applications: The LTCH will ensure the response time to application is within the legislated time frame in order to support efficient system flow & placement.
3. Cultural Competency: To better serve the increasing number of Franco-Ontarians, Indigenous people, and new Ontarians, the Central East LHIN will

support the advancement of a health care system that is capable of delivering the highest quality of care at the local level to any patient, regardless of race, ethnicity, culture, or language capacity. HSPs will be required to report back to the CE LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.

4. Health Link Communities: Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the CE LHIN.
5. HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and CE LHIN Health Links program).
6. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that: is developed with the patient and caregiver; involves two or more healthcare professionals, at least one of which is outside the organization; and contains an action plan for one or more of patient and/or caregiver identified health concerns.

Rationale:

Regular communication to both the Director, Human Services and the Victoria Manor Committee of Management have indicated that Victoria Manor is managed by Sienna Senior Living in accordance with the above criteria. There has been no communication with either the CCAC or CELHIN regarding "response time to applicant" or "resident transfers to hospital" that indicate any operational deficiencies. It is required that the home responds via LHIN to applicants within 5 days of receipt of the application.

Financial Considerations:

There are no financial considerations to this report

Consultations:

Pamela Kulas, Administrator
Rod Sutherland, Director Human Services

Attachments:

Schedules E – Long Term Care Service Accountability Agreement Annual Declaration



LSAA Schedule E
(2017).doc

Director: Rod Sutherland
Phone: 705-324-9870 ext. 3206
E-Mail: rsutherland@kawarthalakes.ca

Schedule E – Form of Compliance Declaration

DECLARATION OF COMPLIANCE

Issued pursuant to the Long Term Care Service Accountability Agreement

To: **The Board of Directors** of the Central East Local Health Integration Network (the “LHIN”). Attn: Board Chair.

From: **The Board of Directors** (the “Board”) of the Corporation of the City of Kawartha Lakes (the “HSP”)

For: Victoria Manor Home for the Aged (the “Home”)

Date: **March 19, 2018**

Re: January 1, 2017 – December 31, 2017 (the “Applicable Period”)

The Board has authorized me, by resolution dated February 20, 2018, to declare to you as follows:

After making inquiries of the Administrator and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the long-term care service accountability agreement (the “Agreement”) in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

- (i) it has complied with the provisions of the *Local Health System Integration Act, 2006* and with any compensation restraint legislation which applies to the HSP; and
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement;

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the LHIN and the HSP effective April 1, 2016.

Doug Elmslie
Committee of Management Board Chair

Schedule E – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

[Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2018-07

Meeting Date: March 19, 2018

Meeting Time: 9:30 a.m.

Meeting Place: Human Services Boardroom, 322 Kent St. W., Lindsay

Subject: 2017 Employee Engagement Survey

Author Name and Title: Pamela Kulas, Administrator

Recommendation(s):

Resolved That Report VMC2018-07, “2017 Employee Engagement Survey”, be received for information.

Director

Other

Background:

Sienna Senior Living used a company called uSPEQ (www.uspeq.org) and staff was asked to complete an online survey. 136 front line staff/managers completed the survey in the month of November a rate of 82.5%. The survey focuses on how the staff perceive their own job satisfaction. Surveying employees for their perception of the workplace is one important means of assessing an organization's performance.

The analysis focused on three areas of work with subcategories in each area of focus:

Organizational Climate:

- A. Organizational Culture and Outlook
- B. Communication
- C. Leadership

Workgroup:

- D. Teamwork
- E. Manager Support

Team Member Support:

- F. Work Environment
- G. Team Member Development
- H. Recognition

Overall Job Satisfaction:

- I. Overall Job Satisfaction

A detailed review of the results will allow the home's well established Quality of Worklife committee to focus on areas of strength and opportunities for improvement with an overall goal to improve the employee work experience.

Overall the results decreased from 77.3% in 2016 to 71.6% in 2017. Results indicate a high level of satisfaction with organizational culture and outlook, teamwork, team member development and teamwork. Areas of opportunity include concerns not taken seriously and time follow up occurs, clear means for disseminating important information, not asked for input on decisions that affect their jobs and recognition of high performing team members.

The survey also includes opportunities for staff to add narrative commentary. These comments have not been included in this report to maintain confidentiality. The common threads are staff shortages, workload, timely communication and follow up. However, there are positive comments such as loving working at the Manor, hope to be here for many more years, and thanks for educational opportunities offer outside the home.

Consultations:

Pamela Kulas, Administrator
Rod Sutherland, Director Human Services

Attachments:

- 2017 Employee Engagement Survey



2017 Employee
Engagement Survey.pdf

Director: Rod Sutherland
Phone: 705-324-9870 ext. 3206
E-Mail: rsutherland@kawarthalakes.ca

Team Member Engagement Survey				
Top Five & Bottom Five Report				
Total Agree (Agree + Strongly Agree)	2016	2017	Change	
Top 5 Items with Positive Responses				
Team Member Development				
4. I understand my job responsibilities.	91.6%	94.8%	3.2%	↑
Organizational Culture and Outlook				
1. I am aware of my organization's mission.	96.3%	93.4%	2.9%	↓
Teamwork				
3. My coworkers and I work well together.	93.8%	88.8%	5.0%	↓
Teamwork				
2. I am comfortable sharing my work-related opinions with coworkers.	85.6%	88.1%	2.5%	↑
Organizational Culture and Outlook				
2. I support the overall direction of my organization.	83.5%	85.8%	2.3%	↑
Teamwork				
4. I am encouraged to work as part of a team.	87.1%	85.8%	1.3%	↓
Top 5 Items for Improvement				
Communication				
3. I am asked for my input and/or ideas when important decisions are made that affect my work.	51.1%	44.4%	6.7%	↓
Leadership				
3. Team member concerns are taken seriously by the management team and timely follow-up occurs.	48.5%	44.9%	3.6%	↓
Communication				
2. I am kept up to date about news and issues at my organization that affect my job.	52.2%	45.2%	7.0%	↓
Recognition				
4. I believe there is recognition of high performing team members.	54.3%	46.6%	7.7%	↓
Communication				
4. My organization has a clear means for disseminating important information.	52.2%	48.5%	3.7%	↓

- * Note: Calculations are rounded to the nearest 0.1%. Percentages may not equal 100.0% due to rounding.*
- * Note: Because some items had identical percent positive ratings, more than 5 items are shown.*

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2018-08

Meeting Date: March 19, 2018

Meeting Time: 9:30 a.m.

Meeting Place: Human Services Boardroom, 322 Kent St. W., Lindsay

Subject: Annual Case Mix Index Results 2017-18

Author Name and Title: Pamela Kulas, Administrator

Recommendation(s):

Resolved That Report VMC2018-08, "Annual Case Mix Index Results 2017-18", be received; and

That Committee of Management approve the recommendation to maintain the current 2018 Victoria Manor Operating Budget as approved by Council.

Director

Other

Background:

On an annual basis the acuity of the resident population in each long term care home in Ontario is assessed for annual funding to the Nursing and Personal Care funding envelope. This envelope varies year to year dependent on the outcome of the Case Mix Index (CMI). This index is a measure assigned based on the overall acuity of resident need in the province.

The Case Mix Index for April 2017 to March 31, 2018 is 0.9915, the table below indicates that the CMI for April 1, 2018 – March 31, 2019 will increase by 0.8% to 0.9998.

Rationale:

Since the inception of the management agreement with Sienna, management from Sienna and City of Kawartha Lakes have been overseeing a positive trend in financial performance of the home.

The CMI results were published with a hypothetical financial impact by home should the annual acuity increase be 1% increase. Should that scenario be realized, the home would have a positive funding impact of \$37,202 to the Nursing and Personal Care Envelopes. The 2018 operating budget has a planned increase of 2%.

Results:

Home	LHIN	Class Beds	2017-18 Funded CMI	% Assessed Days in Special Rehab	%Change in Funded CMI (2018-19 minus 2017-18)	2018-19 Funded CMI	Estimated % funding impact change with 1% increment
Victoria Manor- City of Kawartha Lakes	CE	166	0.9915	5.6%	0.8%	0.9998	1.8%

Financial Considerations:

It is recommended that the additional funds be spent within the envelope in nursing for staffing.

Consultations:

Pamela Kulas, Administrator
Rod Sutherland, Director Human Services

Director: Rod Sutherland
Phone: 705-324-9870 ext. 3206
E-Mail: rsutherland@kawarthalakes.ca

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2018-09

Meeting Date: March 19, 2018

Meeting Time: 9:30 a.m.

Meeting Place: Human Services Boardroom, 322 Kent St. W., Lindsay

Subject: Victoria Manor 2018-2019 Quality Improvement Plan

Author Name and Title: Pamela Kulas, Administrator

Recommendation(s):

Resolved That Report VMC2018-09, "Victoria Manor 2018-2019 Quality Improvement Plan", be received; and

That the Chair of the Victoria Manor Committee of Management be authorized to sign said Quality Improvement Plan as attached.

Director

Other

Background:

The *Excellent Care for All Act* includes a quality management component whereby all health care organizations in the province will post annual quality improvement plans for public review. The process began five years ago with the posting of Quality Improvement Plans (QIPs) in the hospital sector and, over the course of the last few years, extended to inter-professional primary care organizations, Community Care Access Centres (CCACs), and Long-Term Care (LTC) Homes.

The QIP is an organization-owned plan that establishes a platform for quality improvement that can be used to harmonize efforts to improve quality of care across the health care system. While most health care sectors are familiar with developing QIPs as a way to express quality goals and targets for their organizations, the sectors are at different starting points when it comes to developing QIPs. The expectation is for health care organizations to have their QIPs in place, publicly posted, and submitted to Health Quality Ontario (HQO) by April 1 every year.

HQO developed a comprehensive Quality Improvement Framework that brings together the strengths of several QI science models and methodologies, such as the Model for Improvement from the Institute for Healthcare Improvement, and traditional manufacturing quality improvement methods like Lean and Six Sigma.

HQO grounded their framework in Deming's System of Profound Knowledge to ensure a system-wide view of improvement would be applied to any quality improvement initiative, in any healthcare sector.

The framework consists of six phases, each iterative and designed to build on the knowledge gained from the previous phase.

The QIP for Victoria Manor is attached and focuses on areas of improvement that will enhance the resident experience and is in line with our strategies to improve resident safety and well-being.

Consultations:

Victoria Manor Leadership Team

Attachments:

- 2018-19 Quality Improvement Plans Memo November 27, 2017
- Quality Improvement Plans Narrative 2018-19
- Quality Improvement Plans Workplan for 2018-19



2018-19 Annual Quality Improvement Quality Improvement
Priorities for Quality InPlans Narrative RepoPlans Workplan for 20



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November 27, 2017

RE: 2018/19 Annual Priorities for Quality Improvement Plans

Dear Colleagues,

Together in Ontario, we strive for a quality health system that is safe, effective, efficient, patient-centred, timely and equitable. Each year, the release of the priority issues and indicators for the Quality Improvement Plans (QIPs) represents an opportunity to pause and reflect on the progress we have made towards that vision. The 1031 QIPs we received this year reflect the remarkable level of dedication and commitment to quality in this province, and contain many truly inspiring examples of innovation, collaboration, and improvement. We congratulate and thank all organizations that have demonstrated their commitment to quality, and we are pleased to share the priority quality issues and indicators for the 2018/19 QIPs.

The development of a QIP offers a chance to bring together organizations across Ontario to address key issues through a quality lens. The issues and indicators addressed through the QIPs are carefully chosen in collaboration with many stakeholders and our cross-sector QIP Advisory Committee to reflect current provincial priorities based on evidence of where we can improve. Our latest yearly report on the performance of Ontario's health care system, [Measuring Up 2017](#), provides evidence of improvement on several of the quality issues addressed in the QIPs: rates of cancer screening have improved, and there have been marked decreases in potentially inappropriate prescribing of antipsychotics and use of restraints in the long-term care sector. However, it is also clear that there are several areas where improvement is still required.

This year you will see QIP priorities reflecting areas that urgently require improvement. The first area is workplace violence prevention. In Ontario, we are increasingly recognizing the extent and impact of workplace violence on workers in our health care system. Leading organizations are taking the view that our notion of safety as a dimension of quality can and should include both patient and workplace safety. Per a memo sent to hospitals in early November, the Ministry of Health and Long-Term Care has highlighted this by introducing a mandatory indicator in the QIPs for the hospital sector focused on workplace violence prevention. Hospitals can refer to our [guidance](#) on workplace violence prevention in the QIPs for more information about how to address this issue through a quality improvement lens. Similar to last year, organizations in all sectors will be asked to reflect on how workplace violence prevention is a strategic priority in their organization.

The second area is the impact of opioids in Ontario. The management of pain (including the role for opioids) and the treatment of opioid use disorder are important elements of a broader strategy in Ontario to address this issue. Given the complexity of these issues, the QIP priorities suggest that organizations review their current practices related to opioid prescribing and treatment of opioid use disorder. The [MyPractice reports](#) are accessible to all family physicians, and enable them to reflect on their opioid prescribing patterns relative to their peers. A series of [partnered supports](#) available to

clinicians are also accessible to provide direct support in managing the complexity of care for patients as well as to support further reflection and improvement if needed. In future, similar data and supports will be available to other health professionals.

It has been impressive to see the increased engagement and involvement of patients and those with lived experience in quality improvement in Ontario, and the active measurement of patient experience. In addition to the continued focus on patient engagement and experience, indicators related to patient/resident relations processes have been added for the hospital, home care, and long-term care sectors, reflecting the important role of good patient relations programs on quality of care and patient experience.

The need to deliver integrated care has required joint efforts by organizations across different sectors of the health system. Many organizations have included commitments to work with partners in other sectors to achieve improvements in care – for example, to improve effective transitions. These are the areas that data and engagement with patients highlight as a key priority, so the efforts to address these issues are critical.

This year, we have released several new resources that will help organizations develop and fulfill their QIPs. [Quality standards](#) help define what quality care looks like for given conditions. Some recent examples of quality standards released include hip fracture and heavy menstrual bleeding, in addition to those focused on mental health already available. Each quality standard includes a clinical and patient guide, data about what is known about current care and where variations may exist, and recommendations for adoption. The [Getting Started Guide](#) is written to help organizations use quality standards to support quality improvement where it may be needed. We encourage organizations to use quality standards as they become available and consider including the quality indicators in the QIPs, either as indicators or as measures to support change ideas. In particular, quality standards for wound care, opioid use disorder, chronic pain, and acute pain will be released in the coming months, and will be useful to organizations as they integrate these topics into their QIPs.

We know that there are pockets of excellence across the province where organizations have done incredible work. We must continue to spread these pockets of excellence as we aim for large-scale progress in these areas, with a focus on the overall health of the populations we serve. One way to start this is by sharing ideas. Quorum is an online community where people interested in quality improvement from across the province can come together to learn from one another, share, and collaborate. It is aimed at fostering a culture of quality improvement. It features posts from some provincial leaders in quality improvement, questions and answers from quality improvement specialists across the province, and a bank of quality improvement projects to learn from. Learn more at <https://quorum.hqontario.ca/>.

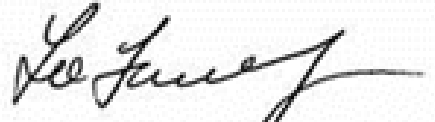
The changes to the priority issues and indicators are highlighted in the attached What's New document, along with a few key resources and initiatives. For specific information regarding the priority issues and indicators for this year, refer to the QIP Guidance Document, the Indicator Technical Specifications for the 2018/19 QIPs, and the QIP Navigator. If you or your team have any questions about the QIPs or about Health Quality Ontario's quality improvement resources, please don't hesitate to contact our team at QIP@hqontario.ca.

Finally, one goal of the QIP program is to cultivate and support the development of a culture of quality within organizations and across the health system. The QIP as a document is designed to reflect a commitment to better each year. However, we know that the most critical work is the work you do with your teams throughout each year to advance those commitments. The ways that you engage with teams to develop opportunities to improve and celebrate success when they are achieved are at the foundation of developing a culture of quality. It is this effort that we will continue to rely on as we strive to improve care for the people in Ontario. Thank you for being part of this effort to build a stronger health system.

Sincerely,



Dr Joshua Tepper
President and Chief Executive Officer
Health Quality Ontario



Lee Fairclough
Vice President, Quality Improvement
Health Quality Ontario

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Attachment 1

What's New for the 2018/19 Quality Improvement Plans

The purpose of this document is to offer readers an “at a glance” view of changes to the QIP program, as well as new initiatives and resources that you should be aware of as you prepare your 2018/19 QIPs. This document is *not* meant to recap the various guidance and technical documents, but to briefly summarize what’s new and to focus attention on key developments. In addition to this document, we encourage organizations to review the following core documents as you begin to develop your next QIP:

- The Annual QIP Memo for 2018/19
- The refreshed [QIP Guidance Document](#), which provides a high-level overview of the QIP, including frequently asked questions (please note that this document has been updated this year with additional content and new resources)
- The [Indicator Technical Specifications for the 2018/19 QIPs](#), which offers detailed technical information about each indicator

If you are new to the process of developing QIPs, training is available through webinars hosted by Health Quality Ontario. Visit our [website](#) for more information.

1. Looking back: Our analysis of the 2017/18 QIPs

Our analysis of the 1031 QIPs submitted for 2017/18 highlights many successes. You can access a preliminary summary of the results of our analysis of these QIPs by reviewing our sneak peek webinars for each sector, which are now [posted on our website](#).

2. Updated issues and indicators for the 2018/19 QIPs

The full list and definitions of the priority and additional indicators for each sector for the 2018/19 QIPs is presented in detail in the [Indicator Technical Specifications](#). An overview of the priority issues and indicators for the 2018/19 QIPs, organized by quality domain and issue, is included in Appendix A.

Mandatory indicator for the hospital sector

One significant change with regard to the requirements for the 2018/19 QIPs is the addition of a mandatory indicator related to workplace violence prevention for the hospital sector. All hospitals must include this indicator in their 2018/19 QIPs. Refer to our [guidance](#) for more information.

New questions in the QIP Narrative

There are several new questions that will be included in the QIP Narratives for all organizations. Some additional questions in the QIP Narratives have been modified. The full list of questions for the QIP Narratives is presented in the Indicator Technical Specifications.

The two new questions are:

Workplace Violence Prevention

Please describe how workplace violence prevention is a strategic priority for your organization. For example, is it included in your strategic plan or do you report on it to your board?

Opioid prescribing for the treatment of pain and opioid use disorder

Describe what steps your organization is taking to support the effective treatment of pain, including reviewing opioid prescribing practices and promoting alternatives to opioids. Think about access to addiction services, social services, (sub) populations, etc.

Changes to priority and additional indicators

Table 1 below summarizes the changes to the additional and priority indicators for each sector for the 2018/19 QIPs.

Table 1. Changes to the priority and additional indicators for the 2018/19 QIPs

HOSPITALS	
Indicator	Status
Number of incidents of workplace violence (Overall)	Mandatory NEW
Medication reconciliation on admission	Transitioned from priority to additional
Percent of complaints acknowledged within three to five business days	Additional NEW
Antimicrobial-free days in the intensive care unit	Additional NEW
Readmission within 30 days for selected conditions (HIG)	Retired

PRIMARY CARE	
Indicator	Status
Colorectal and cervical cancer screening indicators in <i>MyPractice</i> reports*	Retired
7-day post-discharge follow-up (Ministry of Health and Long-Term Care indicator)†	Retired
7-day post-discharge follow-up (physicians and nurse practitioners) (community health centres)†	Priority NEW
Diabetic foot ulcer risk assessment	Additional NEW

*The colorectal and cervical cancer screening indicators that use specifications consistent with Cancer Care Ontario remain in the QIP as additional indicators.

†There are two different indicators measuring 7-day post-discharge follow-up available for the 2018/19 QIPs. We encourage organizations to select the one that is most appropriate for them, if they will be working on this indicator.

LONG-TERM CARE	
Indicator	Status
Percent of complaints acknowledged within six to 10 business days	Additional NEW

HOME AND COMMUNITY CARE	
Indicator	Status
Percent of complaints acknowledged within two business days	Additional NEW
Education and self-assessment (diabetic foot ulcers)	Additional NEW
Closed diabetic foot ulcer at 12 weeks	Additional NEW

3. Quality improvement resources and supports

We would like to take this opportunity to highlight some of the resources and supports for quality improvement available from Health Quality Ontario and our partners. These resources and supports are aimed at different levels, from provider, group, region, and sub-LHIN region, to provincial data sources and supports.

Quality standards

Quality standards are a concise sets of statements that outline for clinicians and patients about what quality care looks like for certain conditions. These standards include quality statements, process measures, recommended tools, patient guides, and helpful change ideas. Increasingly, quality issues being advanced through QIPs will be aligned with a quality standard.

Over the next several months, Health Quality Ontario will be releasing several new quality standards, including the following which relate to the 2018/19 QIPs:

- [Diabetic foot ulcers](#)
- [Opioid prescribing for acute pain](#)
- [Opioid prescribing for chronic pain](#)
- [Opioid use disorder](#)

Browse these quality standards as they become available at www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards.

Additional resources and supports

- Browse the tools and resources on our [Quality Improvement Plans home page](#)
- Read about our [large-scale quality improvement programs](#), which include communities of practice, resources and supports to improve care
- Read change ideas for priority QIP indicators on the refreshed quality improvement resource, [Quality Compass](#)
- Try out the [Query QIPs](#) function to search within all submitted QIPs, or read any organization's QIP using the [Download QIPs](#) function
- Browse our hub for [patient engagement tools and resources](#), including guides prepared by Health Quality Ontario as well as other organizations
- Sign up for [MyPractice Reports](#) or [Long-Term Care Practice Reports](#) for physicians to receive customized data regarding individual performance on key measures
- Learn about and participate in the [regional quality tables and regional quality sessions](#) in your area
- Join [Quorum](#), Ontario's new health care quality improvement community
- Read [Quality Matters](#), our plan for health system quality improvement

4. Technical enhancements to the QIP Navigator

Thank you to those that have provided feedback to our survey on potential enhancements to the [QIP Navigator](#). We have made some changes!

When users log into QIP Navigator, they will notice additional enhancements that focus on improving the user experience by offering more visual cues and options.

Enhancements to the Progress Report include:

- Automatic linking of the current performance in the Progress Report and the Workplan eliminating the need to add or ensure the data is consistent in both places
- The ability to upload results (run charts or other images)
- The ability to add more than one new change idea
- The ability to export the Progress Report in full

Enhancements to the Workplan include:

- Adding automated survey functionality to several survey-based indicators
- The ability to export the Workplan template in full (including all priority and additional indicators)
- Adding hyperlinks to the change idea area to provide easy access to best practices and change ideas
- The ability to change the order of change ideas entered
- The ability to search Health Quality Ontario's Indicator Library when creating custom indicators to reference existing indicators

More details on these enhancements will be provided during our QIP training in November and December 2017.

Appendix A. Quality Issues and Indicators for the 2018/19 Quality Improvement Plans

	Hospital	Primary Care	Home Care	Long-Term Care	
Effective	Effective transitions	<ul style="list-style-type: none">Readmission for one of CHF, COPD or stroke (QBP) (P)Readmission for mental health and addiction (P)Patient received enough information on discharge (P)Discharge summaries sent within 48 h of discharge (A)	<ul style="list-style-type: none">7-day post-discharge follow-up (any provider) (P)7-day post-discharge follow-up for select conditions (CHC) (P)Hospital readmissions for select conditions (A)	<ul style="list-style-type: none">Hospital readmissions (P)Unplanned ED visits (P)	<ul style="list-style-type: none">Potentially avoidable ED visits for ambulatory care-sensitive conditions (P)
	Coordinating care	<ul style="list-style-type: none">Identify patients with complex health needs (Health Links) (A)	<ul style="list-style-type: none">Identify patients with complex health needs (Health Links) (A)	<ul style="list-style-type: none">Identify patients with complex health needs (Health Links) (A)	
	Treatment of pain and use of opioids	<ul style="list-style-type: none">Narrative	<ul style="list-style-type: none">Narrative	<ul style="list-style-type: none">Narrative	<ul style="list-style-type: none">Narrative
	Wound care	<ul style="list-style-type: none">Pressure ulcers (A)	<ul style="list-style-type: none">Diabetic foot ulcer risk assessment (A)	<ul style="list-style-type: none">Education & self-management (A)Closed diabetic foot ulcer (A)	<ul style="list-style-type: none">Pressure ulcers (A)
Patient-centred	Palliative care	<ul style="list-style-type: none">Home support for discharged palliative patients (P)		<ul style="list-style-type: none">End of life, died in preferred place of death (P)	
	Person experience	<ul style="list-style-type: none">Would you recommend? (IP/ED) (P)Time to acknowledge complaints (A)	<ul style="list-style-type: none">Patient involvement in decisions about care (P)	<ul style="list-style-type: none">Client experience (P)Time to acknowledge complaints (A)	<ul style="list-style-type: none">Resident experience (P)Time to acknowledge complaints (A)
Efficient	Access to right level of care	<ul style="list-style-type: none">NarrativeAlternative level of care rate (P)	<ul style="list-style-type: none">Narrative	<ul style="list-style-type: none">Narrative	<ul style="list-style-type: none">Narrative
Safe	Safe care/medication safety	<ul style="list-style-type: none">Medication reconciliation (discharge) (P)Medication reconciliation (admission) (A)Use of physical restraints in mental health patients (A)Antimicrobial-free days (ICU) (A)	<ul style="list-style-type: none">Medication reconciliation (A)	<ul style="list-style-type: none">Falls for long-stay clients (P)	<ul style="list-style-type: none">Prescribing of antipsychotic medications (P)Restraints (A)Falls (A)
	Workplace violence	<ul style="list-style-type: none">NarrativeOverall incidents of workplace violence (M)	<ul style="list-style-type: none">Narrative	<ul style="list-style-type: none">Narrative	<ul style="list-style-type: none">Narrative
Timely	Timely access to care/services	<ul style="list-style-type: none">ED length of stay (complex) (A)	<ul style="list-style-type: none">Timely access to primary care (patient perception) (P)	<ul style="list-style-type: none">Wait time for home care (personal support worker, nurse) (P)	
Equitable	Population health/equity considerations	<ul style="list-style-type: none">Narrative	<ul style="list-style-type: none">NarrativeGlycated hemoglobin testing (A)Colorectal & cervical cancer screening (A)	<ul style="list-style-type: none">Narrative	<ul style="list-style-type: none">Narrative

Legend: (P): Priority indicator (M): Mandatory indicator (A): Additional indicator (QBP): Indicator related to quality-based procedures

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/12/2018

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview

Victoria Manor is a 166 bed long term care home that offers a secured home area and a Behavioural Support Ontario Team. The Quality Improvement Plan and the Resident Safety Plan have been part of the Home's strategic and operating plans. Specific objectives in the home's 2016-2019 Strategic Plan have fallen under the following strategic categories of focus:

- Our Residents/Clients
- Our People/ Team members
- Our Community
- Strengthening Support Services

Our home is CARF Accredited.

We collaborate with community organizations to offer programming which keeps residents active and involved with their families, friends and community.

Our Family Council demonstrates a consistent and strong support to the home. The Resident's Council is well represented.

This plan has been refreshed from 2017 and has been reviewed with all employees, families and residents.

Key values are Respect, Passion, Teamwork, Responsibility and Growth.

Other priorities for the home focus on quality indicators as follows:

1. Reduce falls
2. Reduce worsening of pressure ulcers
3. Reduce use of restraints
4. Reduce ED visits
5. Antipsychotic reduction
6. Resident Satisfaction- Likelihood to Recommend

These 6 priority indicators share alignment with the organizations Strategic Plan, the homes Operational Plan, the Long Term Care Service Accountability Agreements and CARF Accreditation Standards.

The home has a full management partnership with Sienna Senior Living that will facilitate the quality management processes and provide benchmarking standards to work towards.

Key considerations which may impact our 2017 performance include continuing changes in the resident population and acuity specifically the growing number of residents with psychiatric histories who have aged which results in aggressive behaviours.

The addition of a new physician and Nurse Practitioner will serve to be a positive intervention in addressing the above issues.

Describe your organization's greatest QI achievements from the past year

In 2017, our home was successful in exceeding home specific performance indicator targets in the areas of ED transfers, reduction in stage 2-4 pressure ulcers, reduction in falls and reduction in prescribing antipsychotic medications without a diagnosis.

ED transfers from 39.81 to 26.94

Stage 2-4 Pressure Ulcers from 4.82% to 4.34%

Falls from 24.69% to 22.9%

Anti-psychotic medications from 25.43% to 22.11%

Transfers to the emergency department an ongoing focus and analysis of the reasons for transfers was initiated. Services such as mobile x-ray service, home care services for IV therapy and the in-home support of the Nurse Practitioner, positively influenced the reduction of ED transfers from 39.81 % to 26.94%.

The home exceeded the 2017 benchmark of 22.11% (was 25.43%) established for the reduction in the percentage of residents taking antipsychotic medication without a diagnosis of psychosis. This reduction has resulted from an ongoing focus on appropriate use of antipsychotics. The behavioural support team helped staff recognize behaviours likely and unlikely to respond to antipsychotic medication, increasing the use of documentation such as the DOS (dementia observation scale), and bringing providers, staff, and families "on the same page".

In addition the monthly Resident Safety Meetings served to more closely monitor individual residents. Daily reviews of risk related issues to ensure timely response.

It is important to note all levels of the health team were included in these processes to support a collaborative approach.

Resident, Patient, Client Engagement

October of 2017 resulted in an overall resident satisfaction rate of 92% an improvement of 3% from 2016. Added to this is the family response rate of 85% satisfaction which demonstrates a culture of engagement and transparency.

The Family Council for Victoria Manor is a dynamic council who work closely with the leadership and resident council to support quality of life and resident-focused care. Their meetings are bi-monthly and have an attendance of some twenty (20) to thirty (30) people and the executive are fully engaged in home events.

One of the primary goals of every long term care community is to work collaboratively with residents and families to enhance resident experience. It is imperative that as part of the quality improvement process, the voice of residents and families are included. In our home, resident and family feedback is obtained through their move in and annual care conference as well as Resident Council/Family Council and annual satisfaction surveys. Their input is also sought in annual program evaluations and strategic planning. Areas of improvement are identified and positive ideas for change are brought forward and incorporated into the development of our operating plan and our annual Quality Improvement Plan. We feel that by incorporating resident and family feedback we are better positioned to drive quality improvement and create a positive resident experience.

Collaboration and Integration

Victoria Manor is working alongside many systems and community partners in the execution of these quality improvement initiatives. We continue to work with many partners including primary care teams, the Central East LHIN, Community Care Access Centre, Behaviour Support Ontario, local hospitals, suppliers including 3M for wound and skin care, Achieva for falls reduction. We continue to track, analyze and respond to CIHI data on a quarterly basis.

Engagement of Clinicians, Leadership & Staff

Engagement and contributions from all cohorts of the staff are achieved both formally and informally through processes including operational planning, departmental staff meetings, sharing committee minutes, general staff meetings. Resident and Family council presentations are held regularly with opportunities to contribute.

The culture of engagement, respect and contribution was 72%. This is evidenced by the 2017 employee engagement survey results. Team members participated in operational planning with the goal to define was to improve overall satisfaction in the areas of organizational climate including culture, outlook, leadership and communication.

Population Health and Equity Considerations

We work with a diverse array of clients at Victoria Manor. This rural centre serves not only the traditional seniors population but includes residents suffering with addictions, mental health diagnoses and homelessness. We partner with organizations such as the Centre for Addiction and Mental Health to ensure these residents receive the highest quality of care in addressing their unique needs. As well, we work with Public Guardian and Trustees in advocating for optimal care of these individuals.

Victoria Manor endeavours to establish ourselves as an integral part of our community in order to better serve our residents of different ethnic, religious and cultural backgrounds (e.g. French-Canadian, Italian, Jewish, Mennonite, etc.). Our menu caters to our population's diverse requests and preferences. We are fortunate to have team members available who speak different languages and we make every effort to identify and pair residents with the appropriate team member who will most benefit them to allow optimal communication of their daily needs as well as ensure that our residents are feeling at home and comfortable at Victoria Manor.

At Victoria Manor, we embrace a vision whereby we aim to "awaken our communities to the positive possibilities of life's next chapters" as seniors constitute the majority of the population that we serve. Many of our residents are dealing with physical deficits in addition to cognitive impairments including dementia.

We collaborate with Behavioural Supports Ontario and the Alzheimer's Society as well as Psychogeriatric Resource Consultants in addressing the unique needs of residents dealing with a mental health diagnosis. We partner with our LHIN's and local hospitals to ensure our residents receive the highest level of care as they transition across the continuum of care. This collaboration supports our quality improvement initiatives such as reducing avoidable Emergency Department transfers as well as worsened stage 2-4 pressure ulcers.

Our organization continues to embrace the principles of the Canadian Foundation for Healthcare Improvement Antipsychotic Reduction Project as part of our continued efforts to ensure appropriate use of antipsychotic medications.

We actively collaborate with the local Public Health Unit in managing outbreaks as part of our infection control and prevention activities.

We have also partnered with Sienna Senior Living to provide volunteer opportunities within the home. We recently launched our "Sienna for Seniors" program which is a partnership with United Way, that will be dedicated to fundraising for seniors in need within our own community.

We continue to partner with Registered Nurses Association of Ontario to ensure that we are always providing care reflective of Best Practices in the province.

Access to the Right Level of Care - Addressing ALC

At Victoria Manor we have established a great working relationship with the local CCAC that ensures minimal vacancy of our beds, which means we have provided a home to yet another person in need. Members of our Management team review the CCAC profiles of potential residents for suitability for our care community. We are fortunate to have an in-house Nurse Practitioner who collaborates with our Physician on a daily basis which affords us the ability to allow our residents to remain at Victoria Manor rather than endure unnecessary stays in hospital. We have the ability to offer such in-house services as IV therapy, home care services and mobile diagnostics.

Victoria Manor provides respite options to people in the community who require these services.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

When a resident moves into Victoria Manor, pain is assessed using a pain scale to establish a baseline. We continue to monitor pain regularly. If signs and symptoms of pain are present, our interdisciplinary team members which include the physician, nurse practitioner, physiotherapist, occupational therapist, dietitian and behavioural support nurse work together to reduce or resolve the resident's pain. Our goal is to work as a team with the resident and/or family to using the least invasive treatments but rather embrace alternate treatments including therapeutic modalities, and/or joint supports such as splints, braces, and other positioning aids. Education on pain management is provided to residents and family members to support the use of non-invasive treatments or medications.

Over the coming year, in collaboration with the Medical Director, attending physicians and Nurse Practitioner, the home will explore access to community services to support residents with addictions.

Workplace Violence Prevention

Victoria Manor promotes the values of respect, teamwork, and responsibility which are cornerstones to promoting staff safety and preventing workplace violence within our organization. In support of staff safety, the home offers an early safe return to work program for employees as well as education to staff around the hazards that may exist within the workplace and how to work safely. The Joint Health and Safety Committee is in place and policies and procedures exist around all of the above in addition to around workplace violence, harassment and bullying. These include policies and procedures to support staff in dealing with anger in the workplace as well as in recognizing domestic violence in the workplace and in completing a workplace violence risk assessment as well as in investigating a report of workplace violence, harassment and bullying. Emergency codes are in place to ensure that staff can communicate and act appropriately in the event of an emergency situation for the safety of all involved. These emergency codes include "code white" to alert staff to a violent situation within the home. The Quality of Work Life Committee is in place in addition to employee access to confidential counselling services offered through our benefits provider to promote the health and well-being of employees. Additionally, we actively collaborate with local Public Health Units to effectively manage outbreaks in our home as part of our infection control and prevention activities and ensure compliance with Ministry of Labour regulations.

Contact Information

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Other

Victoria Manor Home for the Aged is owned by the City of Kawartha Lakes

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair / Licensee or delegate _____ (signature)
Administrator /Executive Director _____ (signature)
Quality Committee Chair or delegate _____ (signature)
Other leadership as appropriate _____ (signature)

2018/19 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Victoria Manor Home for the Aged 220 ANGELINE STREET SOUTH

AIM		Measure								Change				
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)														
Effective	Effective Transitions	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2016 - September 2017	51897*	26.94	24.25	Reduce ED visits by 10% to meet the provincial standard.	1)Provide education to residents and families on the benefits of treating residents in our home.	Through interdisciplinary care conferences and during a change in health condition, progress notes will support that a resident and/or family has been educated.	The medical practitioners and Registered Staff will assist in educating families and residents as evident through progress notes and care conference summaries.	100% of residents and families impacted by end of the fourth quarter.	
										2)Track and trend ED visits on a monthly basis.	Review number of resident transfers to hospital every month.	ER transfer tracking form including details of who, when, why and outcomes. Will review transfers at the monthly Resident Safety meetings and quarterly PAC meetings.	Will reduce ED visits by 10%.	
										3)Educate staff on the use of SBAR documents to help communicate to the in-home NP of acute care needs of residents.	Education to be provided by in-home NP to all Registered Staff.	100% of Registered Staff will be educated on the SBAR document by the end of the third quarter.	100% of Registered Staff will be using the SBAR document to communicate	
	Wound Care	Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	51897*	4.34	4.00	Trending towards the provincial average	1)Implement the policy algorithms for treating wounds	Algorithm will be developed	Number of wounds correctly treated	20% of wounds will be treated incorrectly	
										2)Treatment cart restocking process will be developed	Process will be developed	Number of carts that are fully stocked each month	50% of carts will be fully stocked @ July 2018; 75% of carts will be fully stocked @	
										3)Develop a process map for PSW's to communicate wounds	Process map will be in place	Number of staff that are able to recite the process map	80% of staff will be able to recite the process map	
										4)Educate team members on their roles and responsibilities related to the identification and communication of wounds	Education will be tracked monthly	Number of team members that receive education	100% of team members will receive education	
Patient-centred	Person experience	Percentage of complaints received by a long-term care home that were acknowledged to the individual who made a complaint	A	% / LTC home residents	Local data collection / Most recent 12 month period	51897*	CB		Reduce the amount of time taken to acknowledge a complaint within 3 days	1)Creation of scripts for staff to reference when approached by a resident or family to address a concern or issue	A script will be created	Number of script created	One script will be created	
										2)Team members will be educated on the new complaint script	Education will be tracked monthly	Number of team members who received education	60% of team members will receive education	
	Resident experience: "Overall satisfaction"	Percentage of residents who responded positively to the question: "Would you	P	% / LTC home residents	In house data, NHCAHPS survey / April 2017 - March 2018	51897*	92	92.00	Maintain current satisfaction rate	1)Administrator attend both council meetings to provide updates at a minimum quarterly. Administrator provides updates in the	Continue as 2017 methodology which yielded the current results	Continue with 2017 methodology "I am willing to recommend this care community to a friend"; my quality of life at this care community"; "The quality of services at this care community".	Encouraging the residents to have a voice	

Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / July - September 2017	51897*	22.11	20.00	Residents receive antipsychotic medication in an effort to manage symptoms of diagnosis or conditions. Inappropriate use of this	1)All registered staff will be educated on how to review residents coming into the home on an anti-psychotic medication. All new 2)Review the number of residents receiving anti-psychotic medication(s) each month at resident safety meeting and	Anti-psychotic medication(s) will be identified by Registered staff upon admission. The BSO team will initiate a medication review. BSO will continue to review, track and trend data, collaborating with the interdisciplinary team.	BSO will provide education for all Registered Staff on how to review residents coming into the home on anti-psychotic medication(s). Residents who have been discontinued from anti-psychotics or have been switched to an alternative medication will be shared and minuted at Resident Safety meetings.	100% of Registered Staff will be educated. To reduce the number of residents receiving anti-psychotic medication(s)	
	Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	51897*	22.9	20.00	Working towards meeting the provincial average	1)Educate registered staff on how to complete falls risk assessments	Education will be tracked monthly	Number of Registered staff will receive education	100% of Registered staff will receive education	
										2)Revise activities for shift routines between the hours of 3 pm and 4 pm for all departments	Routines will be revised	Number of shift routines revised	100% of all shift routines will be revised	
										3)Develop a process map for communicating falls to all team members	Process map will be in place	Number of falls communicated	80% of falls will be communicated to team members	
		Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	51897*	7.24	5.00	Working towards the provincial average	1)Restraint Communication	Implement a process for tracking residents who have a restraint	Number of residents who have a restraint will be documented on the tracking form	100% of residents who have a restraint will be included on the tracking form at	
										2)Team members will receive education on what a restraint alternative is	Education will be tracked monthly	Number of team members receiving education	100% of team members will receive restraint alternative education	
										3)Team members will receive education on restraints and PASD's	Education will be tracked monthly	Number of team members receiving education	100% of team members will receive education on restraints and PASD's	