

The Corporation of the City of Kawartha Lakes

Agenda

Victoria Manor Committee of Management Meeting

VMC2019-01

Monday, January 21, 2019

9:30 A.M.

Victoria Manor Boardroom

Victoria Manor, Second Floor

220 Angeline Street South, Lindsay, Ontario

Members:

Councillor Doug Elmslie

Councillor Patrick O'Reilly

Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

	Pages
1. Call to Order	
2. Adoption of Agenda	
Election of Chairperson and Vice Chairperson	
3. Disclosures of Pecuniary Interest	
4. Deputations and Presentations	
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6. Business Arising from Previous Meetings	
7. Correspondence	
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8.4 Report VMC2019-02 Victoria Manor Family Satisfaction Survey	52 - 64
9. Closed Session	
9.1 Closed Minutes, Victoria Manor Committee of Management, November 19, 2018, Municipal Act, 2001 s.239(2)(b)(d)(g)	
9.2 Victoria Manor Confidential Operations Report to Committee of Management, November 2018, Municipal Act, 2001 s.239(2)(b)(d)(e)	

- 9.3 Victoria Manor Confidential Operations Report to Committee of Management, December 2018, Municipal Act, 2001 s.239(2)(b)(d)(e)
10. **Matters from Closed Session**
11. **Other New Business**
12. **Next Meeting**
February 18, 2019, 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

VMC2018-08
Monday, November 19, 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 9:37 a.m. Councillors MA. Martin and K. Seymour-Fagan were in attendance.

Absent: Councillors G. Jilesen and J. Pollard

Administrator Pamela Kulas, Director of Human Services Rod Sutherland, Executive Assistant Holly Russett and Sienna Senior Living VP Operations and Long Term Care Sanja Freeborn were also in attendance.

2. Adoption of Agenda

VMCM2018-084

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

None

5. Approval of the Minutes of the Previous Meeting

VMCM2018-085

Moved By Councillor Martin

Seconded By Councillor Seymour-Fagan

That the minutes of the Victoria Manor Committee of Management meeting held on November 19, 2018, be adopted as circulated.

Carried

6. Business Arising from Previous Meetings

None

7. Correspondence

7.1 Memorandum - 2018 Resident Quality Inspection

VMCM2018-086

Moved By Councillor Martin

Seconded By Councillor Seymour-Fagan

That the November 19, 2018 memorandum from Pamela Kulas, regarding the 2018 Resident Quality Inspection, be received.

Carried

8. Reports

- 8.1 Victoria Manor Operations Report to Committee of Management, October 2018

VMCM2018-087

Moved By Councillor Seymour-Fagan

Seconded By Councillor Martin

That the Victoria Manor Operations Report to Committee of Management, October 2018, provided by Sienna Senior Living, be received for information.

Carried

9. Closed Session

VMCM2018-088

Moved By Councillor Martin

Seconded By Councillor Seymour-Fagan

That the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Monday, November 19, 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

Resident Family Christmas Event, December 7 at 5 p.m.

12. Next Meeting

January 21, 2019, Victoria Manor Boardroom, commencing at 9:30 a.m.

13. Adjournment

VMCM2018-093

Moved By Councillor Martin

Seconded By Councillor Seymour-Fagan

That the Victoria Manor Committee of Management Meeting adjourn at 10:20 a.m.

Carried



The Corporation of The City Of Kawartha Lakes

Human Services Department

Memorandum

To: Victoria Manor Committee of Management
From: Rod Sutherland, Director
Date: January 21, 2019
RE: 2019 Proposed Meeting Dates

The following are proposed meeting dates for 2018 for the Committee's consideration.

Month	Meeting Date
January	Monday, January 21 st
February	Monday, February 18 th
March	Monday, March 18 th
April	Monday, April 15 th
May	Monday, May 13 th
June	Monday, June 17 th
July	Monday, July 15 th
August	Monday, August 19 th
September	Monday, September 16 th
October	Monday, October 21 st
November	Monday, November 18 th
December	Monday, December 16 th

- All meetings will be at 09:30 a.m. in the Victoria Manor Boardroom
- It may become necessary to change dates when considering the budget, depending on the timing of Council budget deliberations.

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



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

**Human Services Department
Memorandum**

To: Victoria Manor Committee of Management
From: Pamela Kulas, Administrator
Date: January 21, 2019
RE: 2019 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, 2019 to December 31, 2019.

Resolved That “2019 Short-Stay Respite Care Bed Program – Approval 2 Beds” letter, be received for information.



2019 Short Stay
Respite Bed Approval.

**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**

2019 SHORT-STAY RESPITE CARE BED APPLICATION AND SURVEY FORM

To: Central East LHIN

Attention: Melissa.Smith@lhins.on.ca

Due by : Dec. 7, 2018

Note: This survey is the formal application process for 2019 Short-Stay Respite Care Beds. LTC Homes wishing to operate/continue operating their existing Short-Stay Respite Care Beds must formally apply/reapply each year.

Name of the LTC Home: Victoria Manor Home for the Aged

1a. Were you approved for short-stay respite care beds in 2018? Yes x No ☐

1b. If yes, how many respite beds were approved in 2018? 2

1c. If yes, how many actual resident days did you have for these beds for the following 12-month period (broken down by quarter):

Q4 – 2017	October 1 to December 31, 2017:	<u>60</u>
Q1 – 2018	January 1 to March 31, 2018:	<u>109</u>
Q2 – 2018	April 1 to June 30, 2018:	<u>92</u>
Q3 – 2018	July 1 to Sept 30, 2018:	<u>88</u>

1d. If yes, how many admissions (each time an individual is admitted to the home for respite care it counts as a single admission) did you have during the following 12-month period (broken down by quarter):

Q4 – 2017	October 1 to December 31, 2017:	<u>14</u>
Q1 – 2018	January 1 to March 31, 2018:	<u>15</u>
Q2 – 2018	April 1 to June 30, 2018:	<u>17</u>
Q3 – 2018	July 1 to Sept 30, 2018:	<u>18</u>

1e. If yes, in 2018 how many admissions stayed for the following days:

1 - 2 days	<u>27</u>
3 - 7 days	<u>16</u>
8 - 21 days	<u>12</u>
22 – 31 days	<u>0</u>
32+ days	<u>0</u>

- 1f. If you were below the 50% occupancy rate on assigned short-stay respite care beds during the period January 1, 2018 to September 30, 2018, please briefly explain why:

2. Do you wish to operate short-stay respite care beds in 2019? Yes x No ☐

3. How many short-stay respite care beds do you wish to operate in 2019? 2

- 4a. Is this number of beds an increase from your 2018 approval? Yes x No ☐

- 4b. If yes, what are your reasons for requesting an increase?

5. Would you be able to implement these beds by January 1, 2019? If not, please explain:

6. Any comment you have on the Short-Stay Bed Respite Care Program is appreciated.

Families are very appreciative of this service. Thank you

Administrator Name: Pamela Kulas

Signature: 

Date: December 4, 2018

Board Chair/ President/ Owner Name: Doug Elmslie, Board Chair

Signature: D. J. F. Elmslie

Date: December 6, 2018

(Two signatures are necessary)



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

**Human Services Department
Memorandum**

To: Victoria Manor Committee of Management
From: Pamela Kulas, Administrator
Date: January 21, 2019
RE: Annual Priorities for the 2019/20 Quality Improvement Plans

Attached is the memo from Health Quality Ontario regarding the Annual Priorities for the 2019/20 Quality Improvement Plans.

Resolved That “Annual Priorities for the 2019/20 Quality Improvement Plans” memo, be received for information.



Health Quality Ontario
Annual Priorities Mem

**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**

December 12, 2018

Re: Annual Priorities for the 2019/20 Quality Improvement Plans

Dear Colleagues,

I am pleased to be writing you about this year's annual quality priorities for the Quality Improvement Plan (QIP) program. As we have communicated previously, this will be a year of change to the QIP program – we hope to simplify, bring a stronger focus to a smaller number of priorities, and increase the ability to impact meaningful improvements in care.

[Measuring Up 2018](#), our yearly report on the performance of the province's health system, launched a few weeks ago. This report highlights that many parts of our health care system are under increased strain and draws particular attention to issues of hospital overcrowding and backlogs throughout the system. We know that these issues impact the experience of patients, but also the experience of their family members and friends, as well as the health care providers who deliver their care.

There are also bright spots – more patients are starting to receive palliative care in their homes in their last days of life, and fewer children and youth are having their first care for a mental health condition occur in the emergency department. These types of improvements are a testament to the combined and unceasing efforts of front-line providers, those with lived experiences, and quality improvement leaders who are committed to a singular goal of improving care for Ontarians. With focus, commitment, and support, these individuals and teams show that better patient care is possible.

Changes to the QIP program for 2019/20

We outlined some planned changes to the QIP program in a [memo](#) released in October 2018. The changes respond to feedback from an evaluation of the QIP program and other stakeholder consultations conducted over the past year, as well as recent recommendations of the Auditor General of Ontario in her annual report. The changes also reflect shifts in the environment to new priorities. Our hope is that with strong alignment of the QIP program to system priorities, QIPs can support organizations to address the issues that matter to patients and the public of Ontario, including hallway health care, mental health care, and service excellence.

Planned changes to the QIP program over the next few months:

1. Fewer and more focused priorities and ambitious targets

A list of the QIP priorities and indicators for 2019/20 is presented in Appendix A, and the prompts to be answered in the 2019/20 QIP Narrative are outlined in Appendix B.

This year we are reducing the priorities to focus on three core themes: timely and efficient transitions, service excellence, and safe and effective care. These themes reflect significant quality gaps within the system and areas that matter to patients and their families and remain grounded in the six domains of quality that reflect a health system that is timely, efficient, effective, safe, patient-centred, and equitable. Within these themes, we have reduced the number of indicators from approximately 60 (across all four sectors) in the 2018/19 QIPs to approximately 30 in the 2019/20 QIPs.

We recommend that organizations strongly consider focussing on this year's priorities in their QIP given their alignment to current system issues, unless they are already performing well on the indicator (for example, significantly better than the provincial average or benchmark). In particular, we encourage organizations that have relatively low performance on priority indicators to select and work on these.

We also advise organizations to take advantage of the smaller number of priorities to consider setting more ambitious targets. Health Quality Ontario will provide more guidance and support on target setting this year.

2. Reflecting your collaborative quality improvement efforts

The evaluation of the QIP program showed that 60% of organizations are keen to pursue more collaborative improvement efforts. We know that complex health system priorities like access and timely transitions cannot be addressed without the combined efforts of organizations across sector. We encourage you to work with others to define these quality goals. Beginning in 2019/20, the QIP has been designed to reflect these joint commitments including functionality in the QIP Navigator that will allow organizations to reflect their partnerships with other organizations on specific quality themes and indicators.

3. Implementation support

We are increasing our support for the implementation of changes reflected in the QIP and to create more opportunities to learn from each other. These supports will be available to all organizations, and we will specifically reach out to organizations with lower performance. We will roll out these supports over the coming year, beginning in mid-January.

In the meantime, please access our guidance materials and tools related to [workplace violence prevention](#), [patient relations](#), and [patient partnering](#). [Quorum](#), Ontario's online health care quality improvement community, includes [stories](#) of how organizations across the province have been successful with their quality improvement efforts. We will also soon be launching a guidance document designed to specifically support organizations that are interested in incorporating equity into their QIP.

Priority Themes and New Indicators for the 2019/20 QIPs

A list of the QIP priorities and indicators for 2019/20 is presented in Appendix A, and the prompts to be answered in the 2019/20 QIP Narrative are outlined in Appendix B.

The following describes the priority quality themes and indicators for 2019/20.

Mandatory indicators (hospital sector only)

A focus on specific areas of quality for all hospitals is established through the mandatory indicators. These are confirmed at the direction of the Minister of Health and Long-Term Care with advice from Health Quality Ontario.

For the hospital sector, there will be two mandatory indicators in the 2019/20 QIPs:

- **Time to inpatient bed:** This is an important indicator to support timely access to care and high-quality patient-centred care. This indicator aligns with current requirements of the Pay-for-Results Program in the hospital sector. While this is a hospital indicator, the work to improve upon it will involve all sectors working together to improve how patients move throughout the system. We encourage organizations in all sectors to consider how they can work with their hospital partners to address this issue.
- **Number of workplace violence incidents (overall):** Hospitals demonstrated leadership in 2018/19 when this was first included to improve safety for those working in hospitals. The intent is to continue these efforts. This year, an updated guidance document to support organizations with this indicator, including case studies, will be available.

Theme 1: Timely and efficient transitions

Transitions are a linchpin of the health care system and a point at which patients often fall through the cracks. When transitions go poorly, we often see backlogs in the system – for example, the increasing number of hospital beds occupied by patients waiting to receive care elsewhere (see [Measuring Up 2018](#)). While these issues may manifest in one part of the system, addressing them requires all organizations and sectors to come together to ensure that patients are getting the care they need, when and where they need it.

Within the theme of timely and efficient transitions, there is a continued focus on topics such as potentially avoidable or unplanned emergency department visits and post-discharge follow-up in primary care.

There are also three new indicators that focus on:

- **Number of inpatients receiving care in unconventional spaces** (hospital sector)
- **Time to inpatient bed** (hospital sector)
- **Wait time to long-term care home placement** (home and community care sector)

Theme 2: Service excellence

This theme relates to how patients perceive and experience their care. The indicators address patients' experiences of transitioning from the hospital back to the community, their overall satisfaction and experience of care, how we manage complaints from patients, and how patients are involved in decisions about their care.

Themes 3: Safe and effective care

A cornerstone of quality is that the care that patients receive should be safe and effective. Several previous indicators in this theme have been maintained for 2019/20.

There are two new indicators in this theme:

- **Percentage of non-palliative care patients newly dispensed an opioid** (primary care sector)
This indicator aligns with the [MyPractice: Primary Care Report](#), which provides primary care physicians with information about their opioid prescribing patterns. Health Quality

Ontario has several related [quality standards](#) and [resources](#) available to support teams in this area.

- **Early identification: Documented assessment of needs for palliative care patients** (all sectors)


This new priority is designed to more proactively identify patients that might benefit from a palliative approach to care. It aligns with Health Quality Ontario's [palliative care quality standard](#) (see Quality Statement 1: Identification and Assessment of Needs), with the overall goal of improving timely connections with appropriate services. As an active member of the [Ontario Palliative Care Network \(OPCN\)](#), Health Quality Ontario will work with them to promote resources and other supports for teams focussed on this priority. This indicator also aligns with the [OPCN Action Plan](#). We encourage you to connect with the [OPCN regional programs](#) to align with planned local improvements. Finally, we encourage you to pay particular attention to patients with complex needs – we know that those patients who have had a more intensive focus on care coordination through the health links approach to care are the ones that could most benefit from earlier identification of palliative care needs.

Next Steps


We are committed to supporting you with your submission for this year and the overall work you do to support patients and to offer them the best care possible. More information will be sent in the coming weeks regarding the guidance and technical specifications, QIP Navigator, and additional training opportunities. QIP Navigator is scheduled to open in January, and the QIPs are due to be submitted by April 1. **We will be hosting webinars on December 17, 12:00 – 1:00 PM and December 19, 2:00 – 3:00 PM ([register here](#))** that will provide more information on the QIP priorities and indicators. We encourage you to attend one of these webinars to learn more and reach out to us at QIP@HQOntario.ca if there is anything we can do to help.

Thank you again for your ongoing commitment to quality improvement – we have seen that improvements are possible when teams of front-line providers, patients and families, organizations, and sectors come together to implement change and strive for better. We look forward to working with you to improve care for the people of Ontario.

Regards,



Lee Fairclough
Vice President, Quality Improvement
Health Quality Ontario



Anna Greenberg
Interim President and Chief Executive
Officer
Health Quality Ontario

Appendix A. Quality Priorities for the 2019/20 Quality Improvement Plans

	Hospital	Primary Care	Home and Community Care	Long-Term Care
	THEME I: TIMELY AND EFFICIENT TRANSITIONS			
Efficient	<ul style="list-style-type: none"> Alternate level of care (ALC) rate NEW Number of inpatients receiving care in unconventional spaces 	<ul style="list-style-type: none"> 7-day post-hospital discharge follow-up 	<ul style="list-style-type: none"> Unplanned emergency department visits within 30 days of hospital discharge 	<ul style="list-style-type: none"> Potentially avoidable emergency department visits
Timely	<ul style="list-style-type: none"> NEW Time to inpatient bed * Discharge summaries sent from hospital to community care provider within 48 hours of discharge 	<ul style="list-style-type: none"> Timely access to a primary care provider 	<ul style="list-style-type: none"> NEW Wait time to long-term care home placement 	
	THEME II: SERVICE EXCELLENCE			
Patient-Centred	<ul style="list-style-type: none"> Patient experience: Did you receive enough information when you left the hospital? Complaints acknowledged in a timely manner 	<ul style="list-style-type: none"> Patient involvement in decisions about care 	<ul style="list-style-type: none"> Percentage of patients satisfied with services Complaints acknowledged in a timely manner 	<ul style="list-style-type: none"> Resident experience Complaints acknowledged in a timely manner
	THEME III: SAFE AND EFFECTIVE CARE			
Safe	<ul style="list-style-type: none"> Number of workplace violence incidents (overall) * 	<ul style="list-style-type: none"> NEW Percentage of non-palliative care patients newly dispensed an opioid 		
Effective	<ul style="list-style-type: none"> NEW Early identification: Documented assessment of needs for palliative care patients Readmission within 30 days for mental health and addiction Medication reconciliation at discharge 	<ul style="list-style-type: none"> NEW Early identification: Documented assessment of needs for palliative care patients 	<ul style="list-style-type: none"> NEW Early identification: Documented assessment of needs for palliative care patients 	<ul style="list-style-type: none"> NEW Early identification: Documented assessment of needs for palliative care patients
	Equitable			
	Updated: December 7, 2018			

* Mandatory indicator (hospital sector only)

Appendix B. Narrative Prompts for the 2019/20 Quality Improvement Plans

Overview

Include a brief description of your organization and an introduction to your organization's Quality Improvement Plan (QIP).

Imagine you are telling a member of the public about your organization – some key facts, what you do, who your clients are, and your focus of care. Include a description of how you work to improve care for any specific under-served populations you might serve.

For the introduction to your QIP, include an overview of the key areas of focus for your QIP. Think of this as an executive summary that helps to contextualize and connect the different parts of the QIP.

Suggestion: Upload your organization's logo here.

Describe your organization's greatest quality improvement achievement from the past year

Provide a story about a specific quality improvement achievement that your organization is proud of. Try to think of this as a "bright spot" that can be shared with other organizations. The story should include results from the improvement initiative (for example, data demonstrating the impact of your project or program).

The purpose of this section is to demonstrate what is possible and inspire teams within your organization to continue to do more in the year ahead.

Suggestion: Upload graphs or photos of your results here.

This year, we are particularly interested in achievements that focus on any of the following priority areas:

- Access and transitions – for example, stories related to helping people receive the right care in the right place at the right time
- Mental health and addictions
- Opioids

Suggestion: For inspiration, visit [Quorum](#) to read about other organizations' greatest quality improvement achievements.

Patient/client/resident partnering and relations

Briefly outline how you partnered with patients/clients/residents in your quality improvement initiatives this year, including in the development of this QIP. Can you identify examples where their input has had an impact on your quality improvement initiatives? For example, have patients/clients/residents helped to choose areas of focus for your QIP, contributed change ideas, or co-designed/co-delivered quality improvement activities? Have you identified any broader impacts on staff, the patients/clients/residents who were engaged, or those being served by your organization?

Workplace violence prevention

Is workplace violence a strategic priority for your organization? (yes/no).

If yes, describe how it is a priority – for example, is it included in your strategic plan, do you report on it to your board, or have you made significant investments to improve in this area?

Compensation (hospitals only)

Please describe how you have connected executive compensation to the priorities in your QIP, with special consideration for the priority and mandatory QIP indicators. For guidance on how to complete performance-based compensation, please review **Performance-Based Compensation and the Quality Improvement Plan**:

http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/performancecomp/abc_update_20111122.pdf



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

**Human Services Department
Memorandum**

To: Victoria Manor Committee of Management
From: Pamela Kulas, Administrator
Date: January 21, 2019
RE: Administrative Monetary Penalties and Re-Inspection Fees

Attached is a memo from the Ministry of Health & Long Term Care regarding an update on the proposed Administrative Monetary Penalties and Re-Inspection Fees.

Resolved That “Administrative Monetary Penalties and Re-Inspection Fees” memo, be received for information.



Administrative
Monetary Penalties an

**Human Services Department
PO Box 2600, 322 Kent Street West, Lindsay, ON K9V 4S7
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**Ministry of Health
and Long-Term Care**
Assistant Deputy Minister
Long-Term Care Homes Division

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**Ministère de la Santé
et des Soins de longue durée**
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December 14, 2018

MEMORANDUM TO: Long-Term Care Home Stakeholders

FROM: Brian Pollard
Assistant Deputy Minister, Long-Term Care Homes Division
Ministry of Health and Long-Term Care

RE: Administrative Monetary Penalties and Re-Inspection Fees

I am writing to provide you with an update on Administrative Monetary Penalties (AMPs) and Re-Inspection Fees.

As you are aware, Bill 160, the *Strengthening Quality and Accountability for Patients Act*, 2017 (SQAPA) received Royal Assent on December 12, 2017. SQAPA introduced a new suite of enforcement tools to strengthen the inspection and enforcement framework under the *Long-Term Care Homes Act*, 2007 (LTCHA).

As part of SQAPA, legislative provisions with respect to AMPs and Re-Inspection Fees were passed under the LTCHA and were scheduled to come into force on January 1, 2019. In addition, regulatory provisions under Ontario Regulation 79/10 were made with respect to AMPs and Re-Inspection Fees, which were also scheduled to come into force on January 1, 2019.

In response to feedback received from stakeholders, I am writing to inform you that the in-force date of January 1, 2019 for AMPs and Re-Inspection Fees under the LTCHA and Ontario Regulation 79/10 has been delayed. At this time, there is no in-force date for provisions relating to AMPs and Re-Inspection Fees, under the LTCHA and Ontario Regulation 79/10.

The Ministry of Health and Long-Term Care appreciates the feedback received on AMPs and Re-Inspection Fees, and is committed to further engaging sector stakeholders on the LTCHA and Ontario Regulation 79/10.

.../2

Should you have any questions, please contact the Licensing and Policy Branch of the Long-Term Care Homes Division at LTC.Info@ontario.ca.

Thank you for your continued support and engagement in the long-term care home sector.



Brian Pollard
Assistant Deputy Minister,
Long-Term Care Homes Division

c: Melanie Fraser, Associate Deputy Minister, Health Services
 Michelle-Ann Hylton, Director, Licensing and Policy Branch
 Stacey Colameco, Director, Long-Term Care Inspections Branch



November 2018 Victoria Manor Operations Report to Committee of Management

Non-Confidential Report

Submission Date: January 21, 2019

Information for the Month of: November 2018

Financials

Table 1: Victoria Manor Executive Summary Statement of Earnings: October 2018

	Current Month Actual	Current Month Budget	Current Month Variance	Year-to- Date Actual	Year-to- Date Budget	Year-to- Date Variance
Resident Days	5,010	5,069	(59)	49,395	49,707	(312)
Occupancy %	97.36%	98.5%	-1.1%	97.9%	98.5%	(0.6%)
Nursing Envelope Funds	596,176	569,991	26,185	5,611,487	5,553,352	58,135
Nursing Expenses	654,423	622,484	(31,939)	6,187,372	6,023,566	(163,806)
Net Nursing Envelope	(58,246)	(52,493)	(5,753)	(575,885)	(470,214)	(105,671)
Program Envelope Funds	62,190	62,353	(163)	607,828	610,189	(2,361)
Program Expenses	60,637	57,336	(3,301)	575,220	561,404	(13,816)
Net Program Envelope	1,553	5,017	(3,464)	32,608	48,785	(16,177)
Food Envelope Funds	49,093	46,962	2,130	465,202	456,749	8,453
Food Expenses	45,409	46,962	1,553	453,675	456,749	3,074
Net Food Envelope	3,684	-	3,684	11,527	-	11,527
Accommodation Revenue	337,404	334,988	2,416	3,319,882	3,261,927	57,955
Accommodation Expenses						
Dietary Expenses	91,967	92,744	777	946,465	900,797	(45,668)
Housekeeping Expenses	44,838	41,796	(3,042)	418,707	405,835	(12,872)
Laundry Expenses	20,198	17,804	(2,394)	167,763	175,074	7,311
Maintenance Expenses	32,900	44,678	11,778	365,885	440,648	74,763
Administration Expenses	44,521	42,889	(1,632)	372,796	421,562	48,766

	Current Month Actual	Current Month Budget	Current Month Variance	Year-to- Date Actual	Year-to- Date Budget	Year-to- Date Variance
Facility Expenses	57,068	95,419	38,351	743,534	931,710	188,176
Accommodation Expenses	291,493	335,330	43,838	3,015,150	3,275,626	260,476
Other Accommodation - NOI	45,911	(343)	46,254	304,732	(13,699)	318,431
Over/Under Adjustment	(56,693)	(47,476)	3,684	(543,277)	(421,429)	11,527
Net Operating Income	(10,782)	(47,818)	37,037	(238,545)	(435,128)	196,583
Capital Reserve	(12,623)	(26,761)	14,138	(253,471)	(267,609)	14,138
Net Income (Loss)	(23,405)	(74,579)	51,175	(492,016)	(702,737)	210,721

Variance Explanations

Nursing Revenue: Year-to-Date (YTD) is favorable (\$58K) mainly due to higher hi-intensity claims revenue (\$48K), higher RPN initiative funding (\$2K), and higher BSO funding (\$7K).

Nursing Expenses – Direct: YTD Direct wages are unfavorable (\$74K) due to higher agency wages (\$195K), higher PSW wages (\$1K), higher BSO wages (\$5K), offset by lower RN wages (\$10K), lower RPN wages (\$72K), lower benefits (\$25K), lower PSW-HIN supplementary staffing (\$9K), and lower MDS-RAI (\$10K).

Nursing Expenses – Administration: YTD Admin expenses are unfavorable (\$90K) mainly due to higher wages (\$23K), higher benefits (\$12K), higher equipment expenses (\$16K), higher hi-intensity costs (\$58K), higher incontinence supplies (\$8K), higher medical supplies (\$25K), higher physician fees (\$3K), higher one-time funding expense (\$6K), offset by lower computer expense (\$1K), lower staff cost (\$5K), lower travel expenses (\$1K), and lower recovered costs (\$55K).

Program Revenue: YTD Program revenue is unfavorable (\$2K) due to lower physio funding (\$2K).

Program Expenses: YTD Program expenses are unfavorable (\$14K) due to higher wages (\$18K), higher benefits (\$3K), higher exercise expenses (\$1K), offset by lower equipment expenses (\$2K), lower supplies (\$1K), lower travel expense (\$1K), lower physio expenses (\$2K), lower staff costs (\$1K), and lower purchased services (\$2K).

Food Revenue: YTD Food revenue is favorable (\$8K)

Food Expenses: YTD Food expense is favorable (\$3K)

Accommodation Revenue: YTD Accommodations revenue is favorable (\$58K) mainly due to higher basic revenue (\$2K), higher preferred revenue (\$59K), higher vendor rebates (\$21K), offset by lower accreditation funding (\$17K), lower other revenue from foot care and haircare (\$1K), and lower incontinence revenue (\$6K).

Dietary Expenses: YTD Dietary expenses are unfavorable (\$46K) due to higher wages (\$48K), higher equipment expenses (\$12K), offset by lower benefits (\$7K), lower dishes, cutlery, and utensil expenses (\$3K), lower supplies (\$1K), and lower bedding and linen (\$4K).

Housekeeping Expenses: YTD Housekeeping expenses are unfavorable (\$13K) mainly due to higher wages (\$24K), higher benefits (\$2K), offset by lower supplies (\$7K), and lower equipment expenses (\$5K).

Laundry Expenses: YTD Laundry expenses are favorable (\$7K) due to lower wages (\$2K), lower benefits (\$7K), offset by higher supplies (\$2K).

Maintenance Expenses: YTD Maintenance expenses are favorable (\$75K) mainly due to lower benefits (\$6K), lower alarm (\$5K), lower building repair (\$3K), lower elevator expenses (\$5K), lower equipment expenses (\$4K), lower fire system (\$2K), lower generator expenses (\$1K), lower grease trap cleaning (\$1K), lower heating and air conditioning (\$19K), lower landscaping and snow removal (\$8K), lower lighting (\$3K), lower plumbing (\$19K), lower pest control (\$2K), lower supplies (\$6K), lower contracted services (\$2K), offset by higher wages (\$3K), and higher electrical expenses (\$9K).

Administration Expenses: YTD Administration expenses are favorable (\$49K) mainly due to lower office equipment expenses (\$22K), lower professional fees partly due to release of \$25K arbitration costs (\$51K), lower promotion expenses (\$1K), lower purchased services (\$13K), lower supplies (\$11K), lower postage (\$1K), lower bad debts (\$2K), offset by higher wages (\$29K), higher benefits (\$1K), higher association fees (\$5K), higher collection cost (\$1K), higher communication expenses (\$3K), higher computer expenses (\$9K), higher paper supplies (\$3K), and higher travel expenses (\$2K).

Facility Expenses: YTD Facility expenses are favorable (\$188K) due to lower management fees (\$13K), lower gas expenses (\$12K), lower hydro expenses (\$136K), lower water and sewage (\$23K), and lower waste removal (\$3K).

Table 2: Year to Date Capital Expenses: October 2018

Capital Expense	Year-to-Date Expenses	Approved 2018 Budget
VM18-01 Circulating Pipe Repairs	\$30,818.00	\$33,000
VM18-02 Kitchen Steamer and Soup Kettle	\$20,765.00	\$20,000

Capital Expense	Year-to-Date Expenses	Approved 2018 Budget
Replacement		
VM18-03 Resident Room Furniture Replacement	\$20,391.40	\$22,000
VM18-04 MacMillan Common Area Furniture	\$10,362.22	\$18,476
VM18-05 Hi Low Electric Beds	\$11,002.71	\$12,000
VM18-06 2 nd Served Renovations	\$0.00	\$40,000
VM18-07 Blixer	\$4,675.16	\$6,000
Totals	\$98,014.49	\$151,476.00

Scorecard: Quality

Table 3: Canadian Institute for Health Information (CIHI) quarter 1 (April to June 2018) results.

Indicator	2018 Q2 Current Performance	Target
Reduce transfers to Emergency department	13.00	37.00
Improve Resident Satisfaction	92.00	89.00
Reduce Antipsychotic medications	16.50	24.00
Reduce stage 2-4 pressure ulcers	4.70	4.50
Reduce the number of falls	13.50	23.00
Reduce the number of restraints	11.80	3.10

We will continue with action plan that was developed in March 2018 to address performance and meet targets.

Ministry of Health and Long-Term Care (MOHLTC) Compliance Orders /Inspection Findings Summary

No visits in the month of November.

Scorecard: People

Employee Engagement Survey

- 12 team members were recognized by family members and peers through the Spot A Star program

- Three hour mindfulness and meditation program being held for 13 weeks. Team members and members of the community are attending.
- Planning for 2019 Operational Planning has begun.

Sienna Support Services Updates

Sienna Partner Visits:

- November 8 – Clinical Partner
- November 14 – Resident Experience Partner
- November 19 – VP LTC Operations
- November 28 – Quality Partner

Projects, Location Events and Other

- Flu shot clinics held for team members. 85% of team members immunized

Long Term Care Update

Occupancy (data since last report)

- 97.8% occupancy
- 1 Discounted Private or Semi-private beds (under 60%)
- 18 move ins and 17 discharges

Regulatory visits i.e. MOL, Public Health

No visits in the month of November.

Written and Verbal Complaints Summary

No written or verbal complaints received in the month of November.

Compliments Summary

3 cards of thanks families thanking the team for the wonderful care their loved one received.

Occupational Health and Safety Issues

Nothing to report

Resident and Family Satisfaction Survey

Resident and Family Satisfaction Surveys completed. Awaiting results.

Resident/Family Council Updates

Nothing to report at this time.

Emergency Preparedness and Environmental concerns

Code Red fire drills held on November 10, 2018 days, November 4, 2018 evenings and November 25, 2018 nights.



December 2018 Victoria Manor Operations Report to Committee of Management

Non-Confidential Report

Submission Date: January 21, 2019

Information for the Month of: December 2018

Financials

Table 1: Victoria Manor Executive Summary Statement of Earnings: November 2018

	Current Month Actual	Current Month Budget	Current Month Variance	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance
Resident Days	4,878	4,905	(27)	54,273	54,612	(339)
Occupancy %	97.95%	98.5%	-0.5%	97.9%	98.5%	(0.6%)
Nursing Envelope Funds	596,703	552,229	44,474	6,208,190	6,105,581	102,609
Nursing Expenses	645,537	583,521	(62,017)	6,832,909	6,607,087	(225,822)
Net Nursing Envelope	(48,835)	(31,292)	(17,543)	(624,720)	(501,506)	(123,214)
Program Envelope Funds	60,481	60,722	(241)	668,309	670,912	(2,602)
Program Expenses	53,921	55,113	1,192	629,141	616,517	(12,624)
Net Program Envelope	6,560	5,609	951	39,168	54,394	(15,226)
Food Envelope Funds	47,509	45,447	2,062	512,711	502,196	10,515
Food Expenses	47,597	45,447	(2,150)	501,272	502,196	924
Net Food Envelope	(88)	-	(88)	11,439	-	11,439
Accommodation Revenue	344,039	324,205	19,834	3,663,921	3,586,132	77,789
Accommodation Expenses						
Dietary Expenses	91,384	86,618	(4,766)	1,037,849	987,415	(50,434)
Housekeeping Expenses	43,907	39,053	(4,854)	462,613	444,888	(17,726)
Laundry Expenses	16,038	16,642	604	183,801	191,716	7,915
Maintenance Expenses	65,646	43,639	(22,007)	431,530	484,287	52,756
Administration Expenses	31,686	41,518	9,832	404,482	463,080	58,598

	Current Month Actual	Current Month Budget	Current Month Variance	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance
Facility Expenses	79,461	93,933	14,473	822,995	1,025,643	202,648
Accommodation Expenses	328,121	321,403	(6,717)	3,343,271	3,597,029	253,758
Other Accommodation - NOI	15,918	2,802	13,116	320,650	(10,897)	331,547
Over/Under Adjustment	(42,275)	(25,682)	(88)	(585,551)	(447,112)	11,439
Net Operating Income	(26,356)	(22,880)	(3,476)	(264,901)	(458,008)	193,107
Capital Reserve	(12,623)	(26,761)	14,138	(266,094)	(294,370)	28,276
Net Income (Loss)	(38,979)	(49,641)	10,662	(530,996)	(752,379)	221,383

Variance Explanations

Nursing Revenue: Year-to-Date (YTD) is favorable (\$103K) mainly due to higher hi-intensity claims revenue (\$47K), higher RN FTE funding (\$44K), higher RPN initiative funding (\$2K), and higher BSO funding (\$8K).

Nursing Expenses – Direct: YTD Direct wages are unfavorable (\$129K) due to higher agency wages (\$210K), higher RN FTE wages (\$44K), higher PSW wages (\$1K), higher BSO wages (\$6K), offset by lower RN wages (\$5K), lower RPN wages (\$65K), lower benefits (\$41K), lower PSW-HIN supplementary staffing (\$10K), and lower MDS-RAI (\$11K).

Nursing Expenses – Administration: YTD Admin expenses are unfavorable (\$97K) mainly due to higher wages (\$17K), higher benefits (\$10K), higher equipment expenses (\$33K), higher hi-intensity costs (\$58K), higher incontinence supplies (\$9K), higher medical supplies (\$30K), higher physician fees (\$3K), higher one-time funding expense (\$6K), offset by lower staff cost (\$5K), lower travel expenses (\$1K), and lower recovered costs (\$63K).

Program Revenue: YTD Program revenue is unfavorable (\$3K) due to lower physio funding (\$3K).

Program Expenses: YTD Program expenses are unfavorable (\$13K) due to higher wages (\$19K), higher benefits (\$2K), higher exercise expenses (\$1K), offset by lower equipment expenses (\$2K), lower supplies (\$1K), lower travel expense (\$1K), lower physio expenses (\$1K), lower staff costs (\$1K), and lower purchased services (\$2K).

Food Revenue: YTD Food revenue is favorable (\$2K)

Food Expenses: YTD Food expense is favorable (\$11K)

Accommodation Revenue: YTD Accommodations revenue is favorable (\$78K) mainly due to higher basic revenue (\$3K), higher preferred revenue (\$66K), higher vendor rebates (\$35K), offset by lower accreditation funding (\$18K), and lower incontinence revenue (\$7K).

Dietary Expenses: YTD Dietary expenses are unfavorable (\$50K) due to higher wages (\$56K), higher equipment expenses (\$10K), offset by lower benefits (\$7K), lower dishes, cutlery, and utensil expenses (\$3K), lower supplies (\$1K), and lower bedding and linen (\$4K).

Housekeeping Expenses: YTD Housekeeping expenses are unfavorable (\$18K) mainly due to higher wages (\$31K), higher benefits (\$3K), offset by lower supplies (\$9K), and lower equipment expenses (\$6K).

Laundry Expenses: YTD Laundry expenses are favorable (\$8K) due to lower wages (\$4K), lower benefits (\$8K), offset by higher supplies (\$2K), and higher bedding and linen (\$1K).

Maintenance Expenses: YTD Maintenance expenses are favorable (\$53K) mainly due to lower benefits (\$6K), lower alarm (\$5K), lower building repair (\$4K), lower elevator expenses (\$6K), lower equipment expenses (\$6K), lower fire system (\$1K), lower generator expenses (\$1K), lower grease trap cleaning (\$1K), lower heating and air conditioning (\$22K), lower landscaping and snow removal (\$5K), lower lighting (\$3K), lower plumbing (\$6K), lower pest control (\$3K), lower supplies (\$5K), offset by higher contracted services (\$1K), higher wages (\$6K), and higher electrical expenses (\$14K).

Administration Expenses: YTD Administration expenses are favorable (\$59K) mainly due to lower office equipment expenses (\$25K), lower professional fees partly due to release of \$25K arbitration costs (\$55K), lower promotion expenses (\$1K), lower purchased services (\$14K), lower supplies (\$13K), lower postage (\$1K), lower bad debts (\$3K), lower staff costs (\$1K), offset by higher wages and benefits (\$31K), higher association fees (\$6K), higher communication expenses (\$3K), higher computer expenses (\$9K), higher paper supplies (\$2K), and higher travel expenses (\$3K).

Facility Expenses: YTD Facility expenses are favorable (\$203K) due to lower management fees (\$12K), lower gas expenses (\$10K), lower hydro expenses (\$157K), lower water and sewage (\$21K), and lower waste removal (\$3K).

Table 2: Year to Date Capital Expenses: November 2018

Capital Expense	Year-to-Date Expenses	Approved 2018 Budget
VM18-01 Circulating Pipe Repairs	\$30,818.00	\$33,000
VM18-02 Kitchen Steamer and Soup Kettle	\$20,765.00	\$20,000

Capital Expense	Year-to-Date Expenses	Approved 2018 Budget
Replacement		
VM18-03 Resident Room Furniture Replacement	\$20,391.40	\$22,000
VM18-04 MacMillan Common Area Furniture	\$10,362.22	\$18,476
VM18-05 Hi Low Electric Beds	\$11,002.71	\$12,000
VM18-06 2 nd Servery Renovations	\$43,702.87	\$40,000
VM18-07 Blixer	\$4,675.16	\$6,000
Totals	\$141,717.36	\$151,476.00

Scorecard: Quality

Table 3: Canadian Institute for Health Information (CIHI) quarter 1 (April to June 2018) results.

Indicator	2018 Q2 Current Performance	Target
Reduce transfers to Emergency department	13.00	37.00
Improve Resident Satisfaction	92.00	89.00
Reduce Antipsychotic medications	13.10	24.00
Reduce stage 2-4 pressure ulcers	4.00	4.50
Reduce the number of falls	12.60	23.00
Reduce the number of restraints	11.70	3.10

We will continue with action plan that was developed in March 2018 to address performance and meet targets.

Ministry of Health and Long-Term Care (MOHLTC) Compliance Orders /Inspection Findings Summary

No visits in the month of November.

Scorecard: People

Employee Engagement Survey

- 12 team members were recognized by family members and peers through the Spot A Star program

- Planning for 2019 Operational Planning continues. Team members will be provided with an opportunity to actively participate in developing the operating plan.

Sienna Support Services Updates

Sienna Partner Visits:

- December 17 – VP LTC Operations

Projects, Location Events and Other

- Resident and Family Christmas party held on December 7. More than 150 family members were in attendance.

Long Term Care Update

Occupancy (data since last report)

- 97.8% occupancy
- 1 Discounted Private or Semi-private beds (under 60%)
- 11 move ins and 14 discharges

Regulatory visits i.e. MOL, Public Health

On December 17, Canadian Standards Association completed inspection of electrical work. No findings.

Written and Verbal Complaints Summary

Written complaint from family indicating that prior to taking resident out for the day, they waited too long to receive the medication pouches. Complaint investigated and resolved.

Compliments Summary

Multiple cards of thanks families thanking the team for the wonderful care their loved one received.

Occupational Health and Safety Issues

Nothing to report

Resident and Family Satisfaction Survey

Resident and Family Satisfaction Surveys completed. Results received. Education was provided to the leadership team on the format and results. Meetings scheduled with Resident's Council and Family Council to review results and develop action plans.

Resident/Family Council Updates

Managers attended quarterly tea hosted by Residents Council

Family Council graciously provided team members with treats

Emergency Preparedness and Environmental concerns

Code Red fire drills held on December 18 and 24 , 2018 days, December 9, 2018 evenings and December 16, 2018 nights.

All team members participated in a minimum of 1 fire drill in 2018. This meets the fire plan requirements.

All emergency codes were tested at least once on each shift in 2018.

The Corporation of the City of Kawartha Lakes
Victoria Manor Committee of Management
Report VMC2019-01

Meeting Date: January 21, 2019

Meeting Time: 9:30 a.m.

Meeting Place: Victoria Manor Boardroom, 220 Angeline St. S., Lindsay

Subject: Victoria Manor Resident Satisfaction Survey

Author Name and Title: Pam Kulas, Executive Director

Recommendation(s):

Resolved That Report VMC2019-01, “2018 Resident Satisfaction Survey”, be received.

Director

Other

Background:

Align, the third party firm was chosen to administer the 2018 Resident Satisfaction Survey. In addition to the questions regarding satisfaction, this survey also analyzes the domains of resident 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 residents who were able to complete the survey were hand delivered.

The survey tool offered a total of 30 questions of which 18 questions were organized into the domains of care quality, quality of life, care responsiveness, communication, dining experience and environment. Domains are often driven by common systems and processes which provide an understanding of how effectively systems and processes are functioning. The survey also included 2 global measure questions related to overall satisfaction and 7 questions specifically related to contracted services. For each domain, residents were able to provide comments.

Residents rated each using the agreement scale of “Strongly Agree”, “Agree”, “Disagree” and “Strongly Disagree”

A total of 99 surveys were distributed to residents and 99 were completed for a response rate of 100%. The average response rate among all Sienna residents was 82%.

The average age of the residents living at Victoria Manor is between 84-89 years old and the average number of years spent in the home is approximately 1.5 years. Circumstances that cause people to enter into Long Term Care are: advanced age, poor health and their ability to function, and requiring assistance with activities of daily living. The onset of dementia, incontinence and the effects of a stroke increase the likelihood of moving into a long term care home.

Results:

Results of the survey were compared to all long term care homes owned and managed by Sienna Senior Living, where more than 11,000 seniors live.

Resident Satisfaction

The overall 2018 Resident satisfaction score was 94% compared to the 2017 Resident satisfaction score of 92%, an improvement of 2%.

Of the 30 questions offered 29 scores were at or better than the Sienna average. The area scoring below the Sienna average was:

- Meals are served in a pleasant atmosphere

The next steps in the process are to review the results with Residents 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:



2018 Victoria Manor
Resident Satisfaction F

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

RESIDENT EXPERIENCE SURVEY

Data begins: **SEP 12, 2018**

Data ends: **NOV 8, 2018**

Date reported: **DEC 19, 2018**

COMPREHENSIVE REPORT

ANALYSIS PREPARED FOR

SIENNA SENIOR LIVING

REGION 7

VICTORIA MANOR

220 Angeline Street South • Lindsay, ON K0V 4R2

This report summarizes your survey results. The charts and graphs selected by your organization provide important information necessary to identify opportunities for improvement, as well as areas in which respondents feel you do well.

Surveys created:

99

Surveys received:

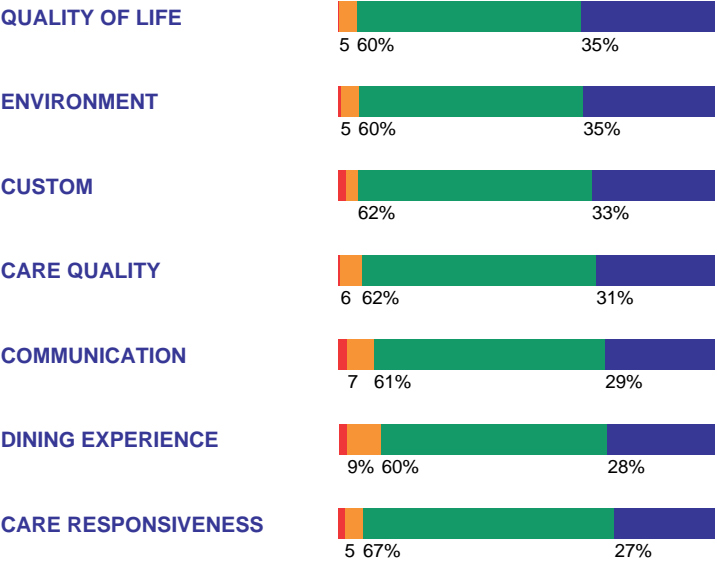
99

Response rate:

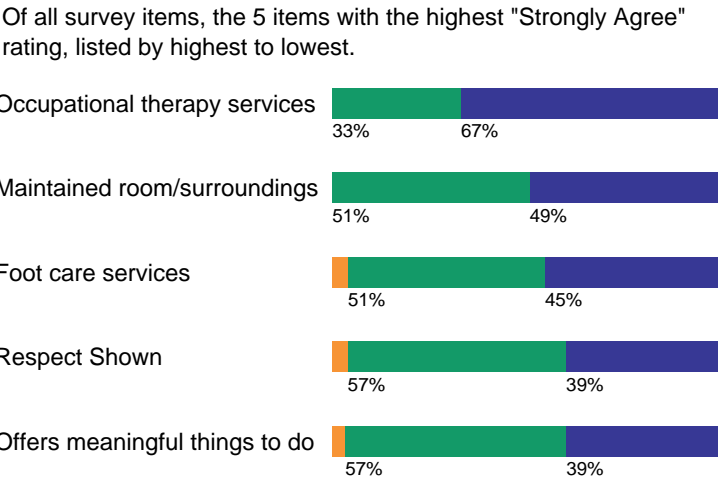
100%



DOMAINS: Highest to lowest by 'Strongly Agree'



ITEMS: Top 5 by 'Strongly Agree'

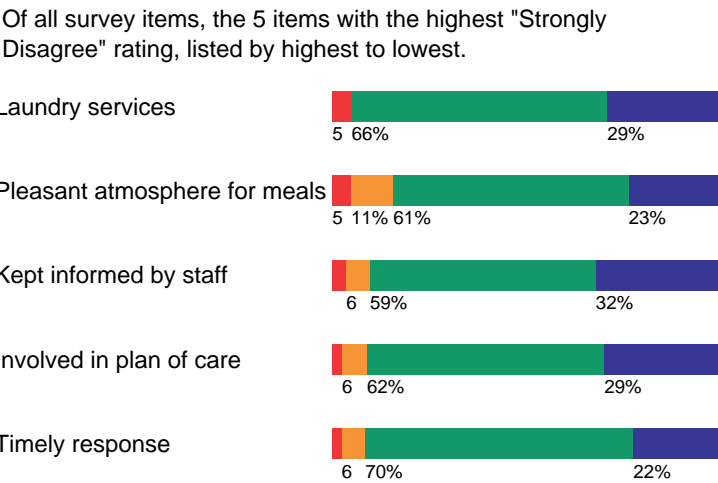


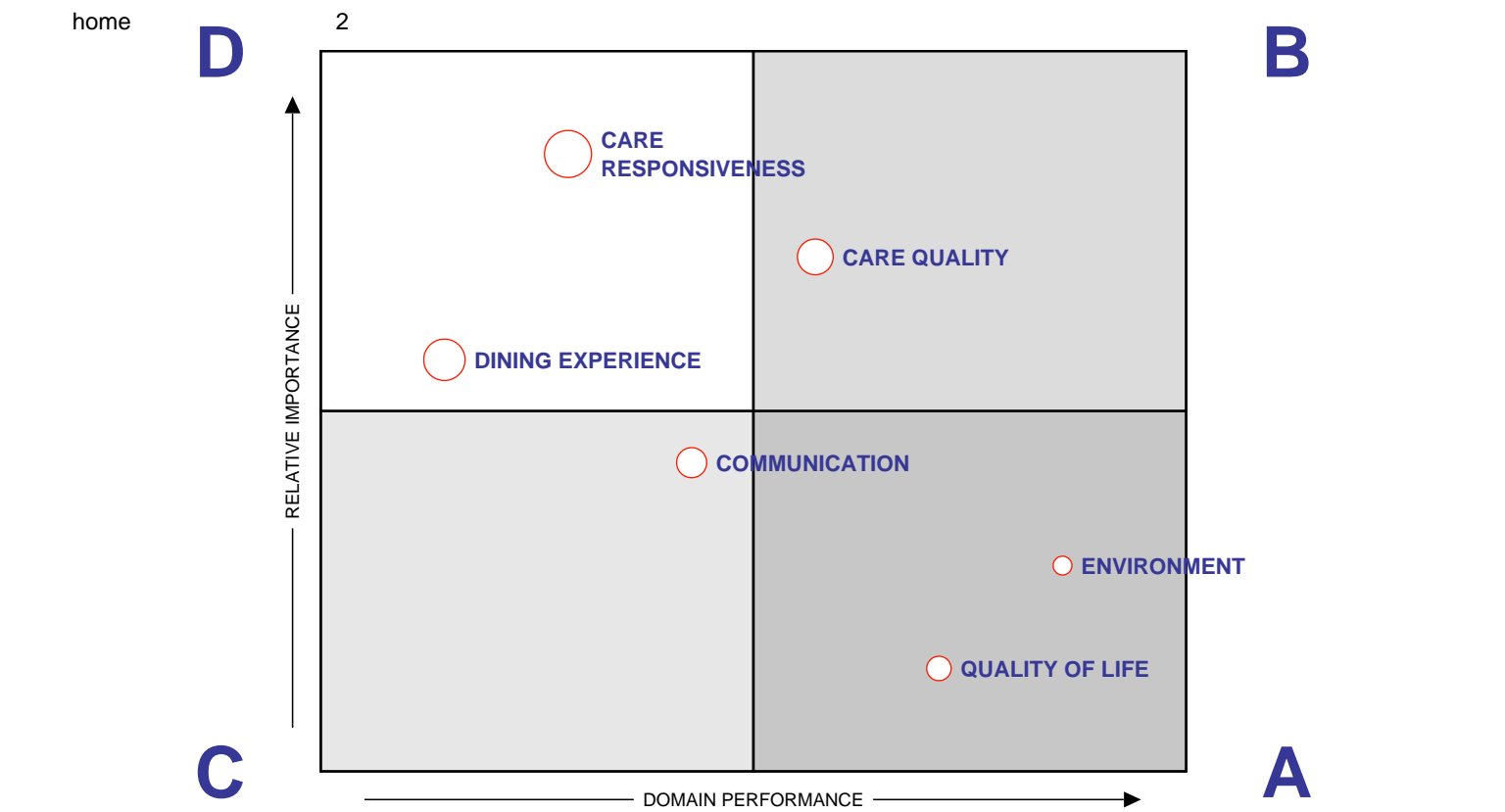
COMMENTS: Top words

ITEM: What are three words you would use to describe your experience at our care community?

good	21
friendly	14
clean	6
excellent	5
happy	5
comfortable	4
nice	4
fun	3
ok	3
caring	2
enjoyable	2
family	2
fine	2
helpful	2

ITEMS: Bottom 5 by 'Strongly Disagree'



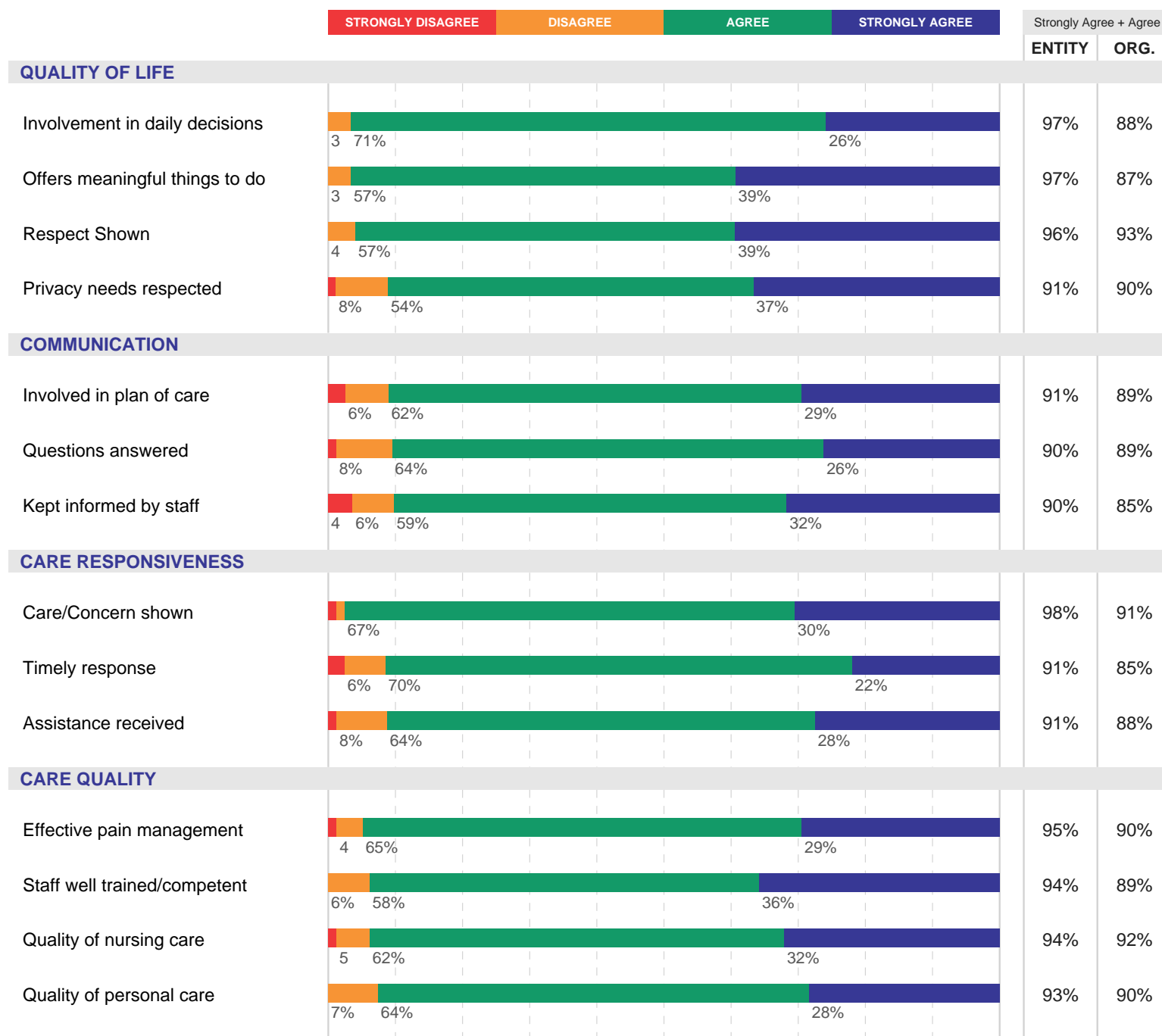


				Average	
				ENTITY	ORG.
CARE RESPONSIVENESS					
Care/Concern shown	67%	30%		75	71
Assistance received	8%	64%	28%	72	70
Timely response	6%	70%	22%	70	67
				Average	
				ENTITY	ORG.
GLOBAL					
Recommendation to others	7%	41%	53%	82	67

CARE COMMUNITY
RESIDENT EXPERIENCE SURVEY
RATINGS BY DOMAIN

Data begins: **SEP 12, 2018**
Data ends: **NOV 8, 2018**
Date reported: **DEC 19, 2018**

COMPREHENSIVE REPORT



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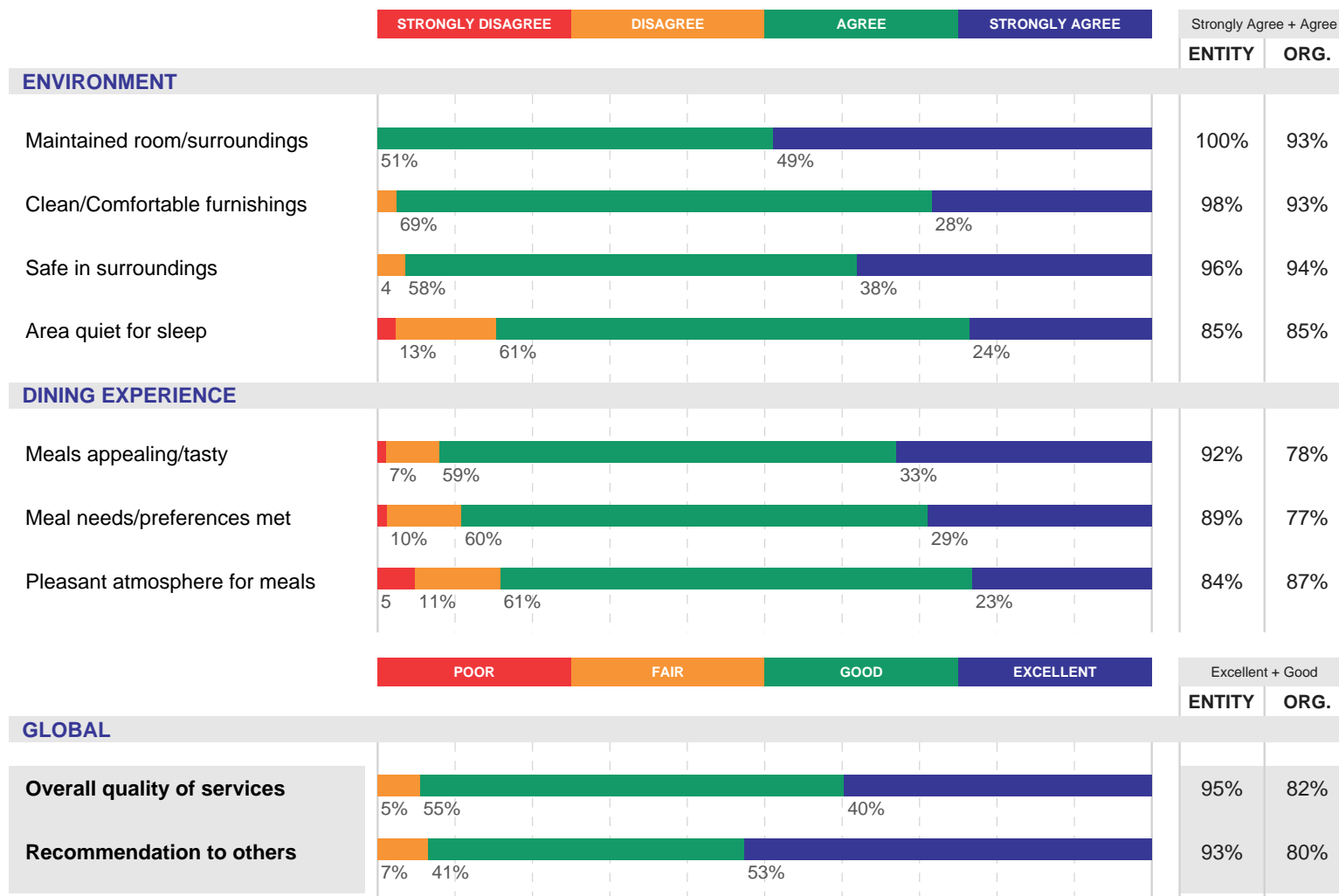
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RATINGS BY DOMAIN

Data begins: **SEP 12, 2018**
Data ends: **NOV 8, 2018**
Date reported: **DEC 19, 2018**

COMPREHENSIVE REPORT

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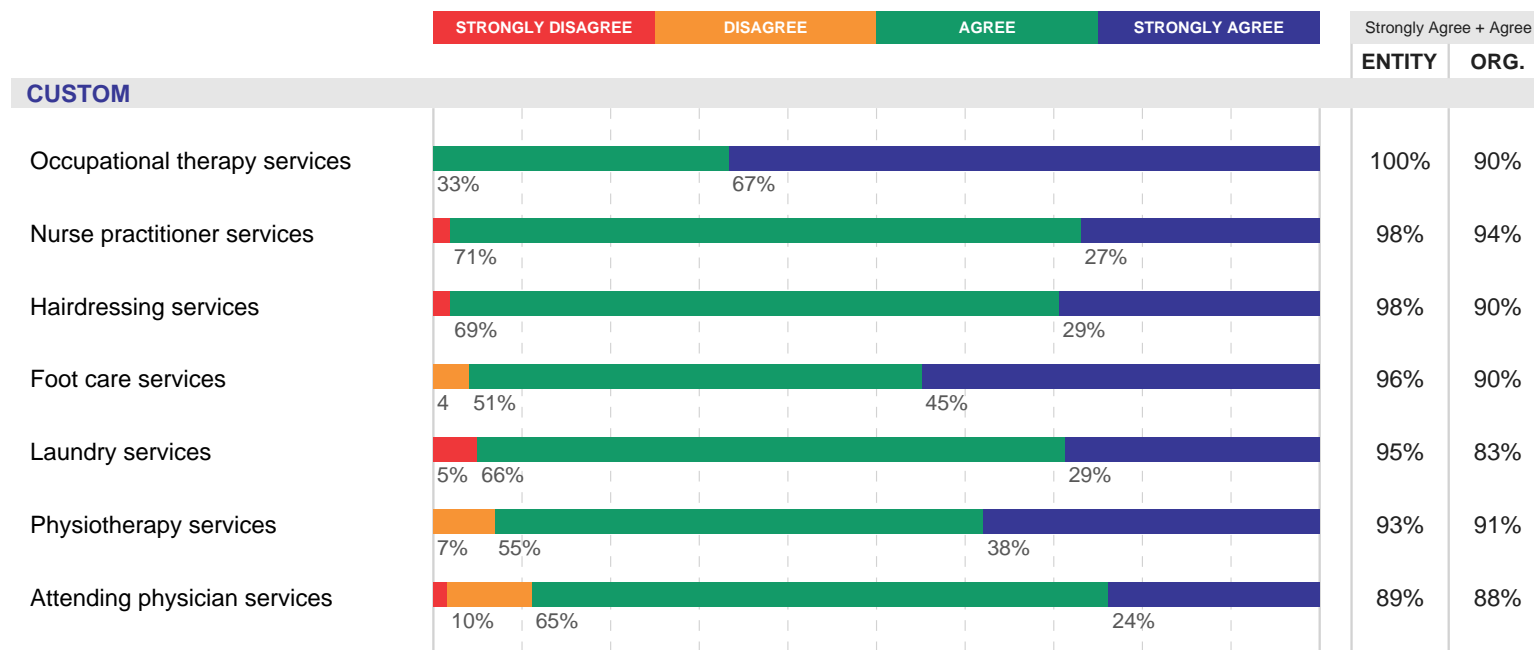
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RATINGS BY DOMAIN

Data begins: **SEP 12, 2018**
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COMPREHENSIVE REPORT

Continued from previous page



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RATINGS BY DOMAIN

Data begins: **SEP 12, 2018**
Data ends: **NOV 8, 2018**
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COMPREHENSIVE REPORT

Continued from previous page

<div>STRONGLY DISAGREEDISAGREEAGREESTRONGLY AGREE</div>					Average	
					ENTITY	ORG.
QUALITY OF LIFE						
Respect Shown	<div><div></div><div></div><div></div><div></div></div> <div>457%39%</div>				78	73
Offers meaningful things to do	<div><div></div><div></div><div></div><div></div></div> <div>357%39%</div>				78	69
Privacy needs respected	<div><div></div><div></div><div></div><div></div></div> <div>8%54%37%</div>				75	72
Involvement in daily decisions	<div><div></div><div></div><div></div><div></div></div> <div>371%26%</div>				74	69
COMMUNICATION						
Involved in plan of care	<div><div></div><div></div><div></div><div></div></div> <div>6%62%29%</div>				72	70
Kept informed by staff	<div><div></div><div></div><div></div><div></div></div> <div>46%59%32%</div>				72	68
Questions answered	<div><div></div><div></div><div></div><div></div></div> <div>8%64%26%</div>				71	69
CARE RESPONSIVENESS						
Care/Concern shown	<div><div></div><div></div><div></div><div></div></div> <div>67%30%</div>				75	71
Assistance received	<div><div></div><div></div><div></div><div></div></div> <div>8%64%28%</div>				72	70
Timely response	<div><div></div><div></div><div></div><div></div></div> <div>6%70%22%</div>				70	67
CARE QUALITY						
Staff well trained/competent	<div><div></div><div></div><div></div><div></div></div> <div>6%58%36%</div>				76	70
Quality of nursing care	<div><div></div><div></div><div></div><div></div></div> <div>562%32%</div>				74	73
Effective pain management	<div><div></div><div></div><div></div><div></div></div> <div>465%29%</div>				74	70
Quality of personal care	<div><div></div><div></div><div></div><div></div></div> <div>7%64%28%</div>				73	71

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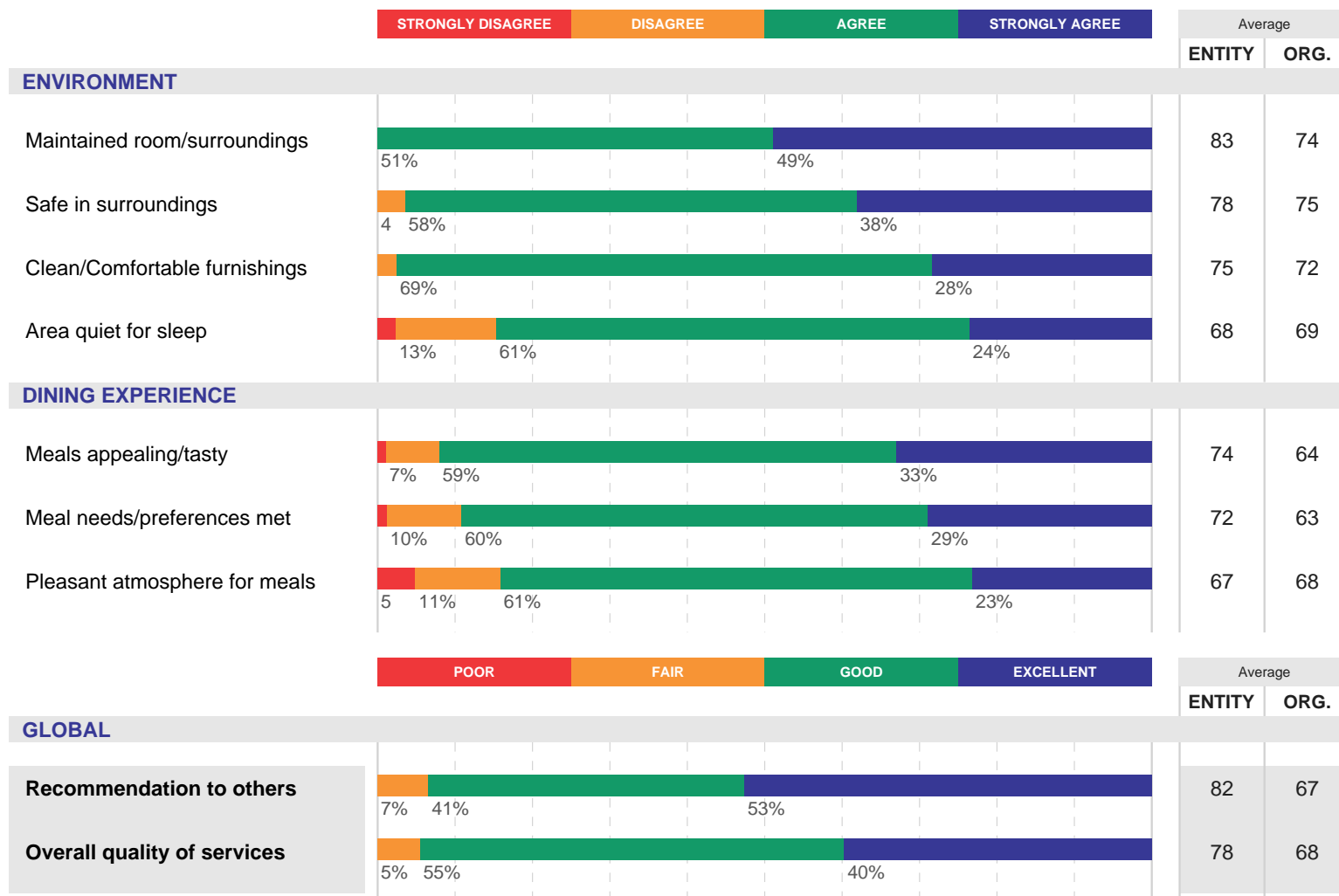
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RATINGS BY DOMAIN

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COMPREHENSIVE REPORT

Continued from previous page



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CARE COMMUNITY
RESIDENT EXPERIENCE SURVEY

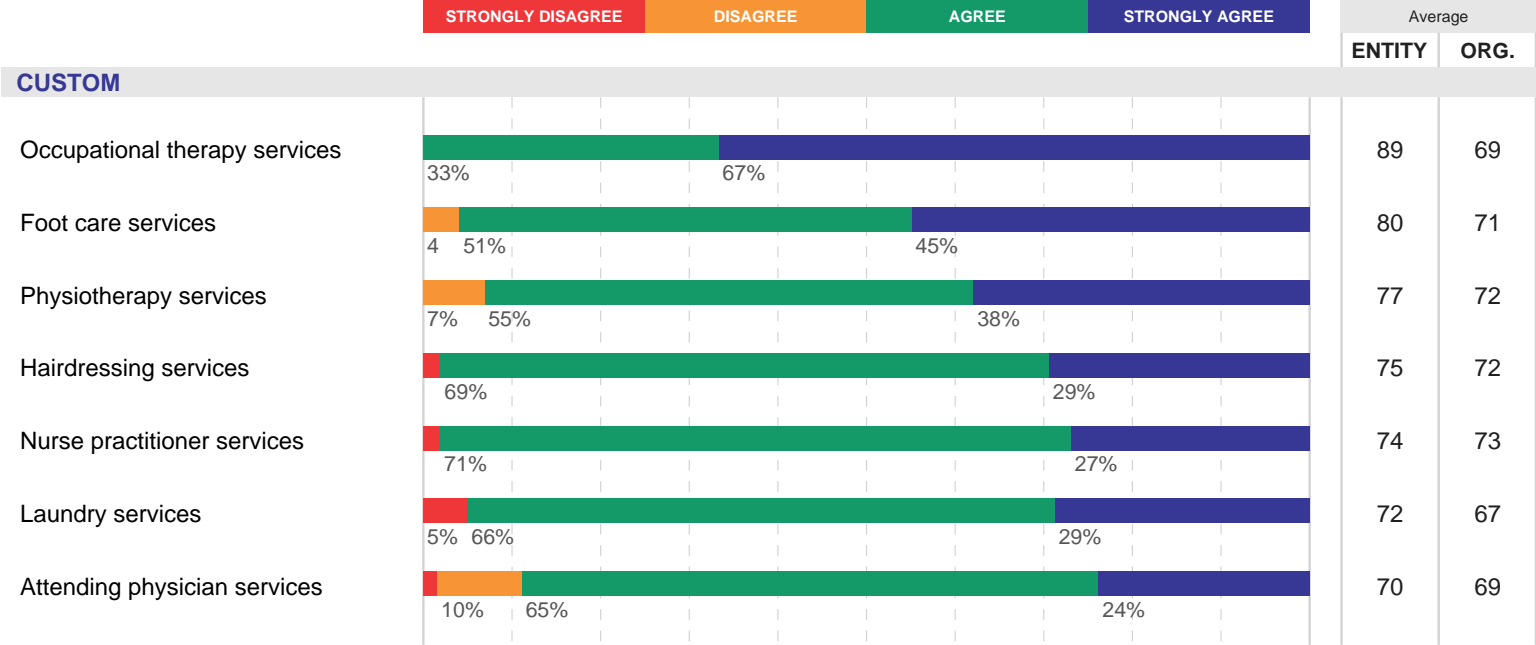
RATINGS BY DOMAIN

Data begins:
Data ends:
Date reported:

SEP 12, 2018
NOV 8, 2018
DEC 19, 2018

COMPREHENSIVE REPORT

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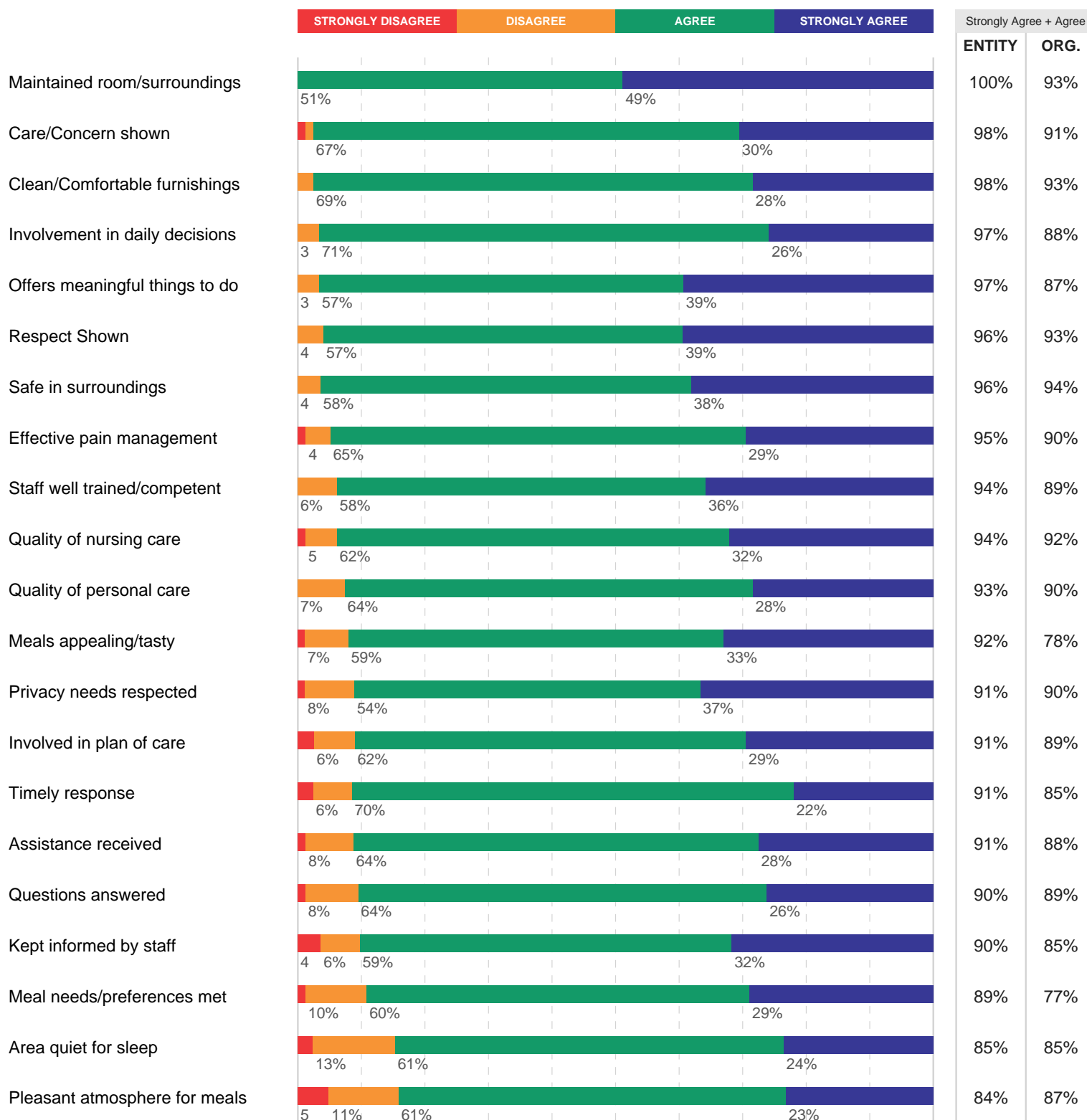


RATINGS BY ITEM

Data begins:
Data ends:
Date reported:

SEP 12, 2018
NOV 8, 2018
DEC 19, 2018

COMPREHENSIVE REPORT



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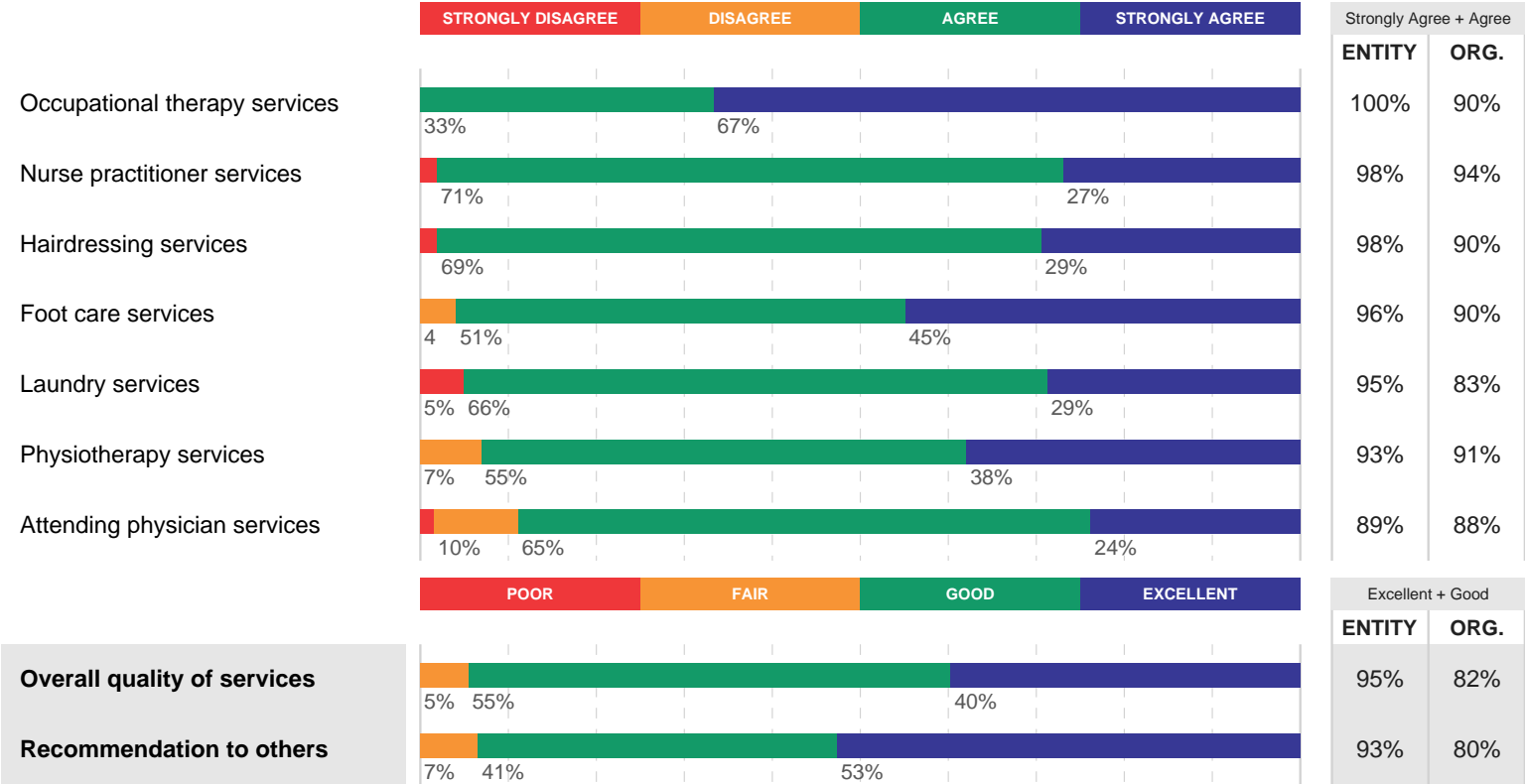
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CARE COMMUNITY
RESIDENT EXPERIENCE SURVEY

RATINGS BY ITEM

Continued from previous page



CARE COMMUNITY RESIDENT EXPERIENCE SURVEY ITEMS BY DOMAIN

ITEM NO. LABEL

ITEM AS IT APPEARS ON THE SURVEY

CARE QUALITY

11	Quality of nursing care	The nurses provide high-quality nursing care.
12	Quality of personal care	The personal support workers provide high-quality care.
13	Staff well trained/competent	Staff is well trained and competent.
14	Effective pain management	My pain is managed effectively.

QUALITY OF LIFE

1	Respect shown	Staff behave respectfully toward residents and families.
2	Involvement in daily decisions	My preferences and choices are incorporated into my daily routine.
3	Offers meaningful things to do	I am offered opportunities for meaningful things to do.
4	Privacy needs respected	My need for privacy is respected.

CARE RESPONSIVENESS

8	Timely response	My requests are responded to in a timely fashion.
9	Care/Concern shown	Staff show care and concern for my needs.
10	Assistance received	I receive all the assistance that I need.

COMMUNICATION

5	Questions answered	My questions are answered to my satisfaction.
6	Involved in plan of care	My family and I are actively involved in my plan of care.
7	Kept informed by staff	Staff keep me informed of information that affects me.

DINING EXPERIENCE

19	Meals appealing/tasty	Meals served to me are appealing and tasty.
20	Meal needs/preferences met	Meals meet my needs and preferences.
21	Pleasant atmosphere for meals	Meals are served in a pleasant atmosphere.

ENVIRONMENT

15	Maintained room/surroundings	My room and surroundings are clean and well maintained.
16	Area quiet for sleep	The area around my room is kept quiet for sleep.
17	Clean/Comfortable furnishings	The furnishings are clean and comfortable.
18	Safe in surroundings	I feel safe in my surroundings.

GLOBAL

22	Recommendation to others	Overall, how would you recommend this care community to others?
23	Overall quality of services	How would you rate the overall quality of services provided by this care community?

ORGANIZATION-SPECIFIC

24	Laundry services	I am satisfied with the quality of laundry services at this care community.
25	Hairdressing services	I am satisfied with the hairdressing services at this care community (as applicable).
26	Foot care services	I am satisfied with the foot care services at this care community (as applicable).
27	Physiotherapy services	I am satisfied with the physiotherapy services at this care community (as applicable).
28	Attending physician services	I am satisfied with the Attending Physician services at this care community (as applicable).
29	Nurse practitioner services	I am satisfied with the Nurse Practitioner Services at this care community (as applicable).
30	Occupational therapy services	I am satisfied with the Occupational Therapy Services at this care community (as applicable).

COMMENTS:

CARE QUALITY

QUALITY OF LIFE

CARE RESPONSIVENESS

COMMUNICATION

DINING EXPERIENCE

ENVIRONMENT

GLOBAL: THREE WORDS

GLOBAL

What is one thing we could do to improve the way we provide care?

What is one thing we could do to improve your quality of life?

What is one thing we could do to improve the way we respond to your needs?

What is one thing we could do to improve our communication with residents and families?

What is one thing we could do to enhance our dining services?

What is one thing we could do to enhance the environment at our care community?

What are three words you would use to describe your experience at our care community?

Any other comments?

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2019-02

Meeting Date: January 21, 2019

Meeting Time: 9:30 a.m.

Meeting Place: Victoria Manor Boardroom, 220 Angeline St. S., Lindsay

Subject: Victoria Manor Family Satisfaction Survey

Author Name and Title: Pamela Kulas, Executive Director

Recommendation(s):

Resolved That Report VMC2019-02, “2018 Family Satisfaction Survey”, be received.

Director

Other

Background:

Align, the third party firm was chosen to administer the 2018 Family Satisfaction Survey. In addition to the questions regarding satisfaction, this survey also analyzes the domains of resident satisfaction. Evidence based survey theory is used to weight questions and determine the areas of quality of service and dining experience that have the greatest influence on satisfaction. Surveys for families who were able to complete the survey were hand delivered.

The survey tool offered a total of 23 questions of which 21 questions were organized into the domains of care quality, quality of life, quality of service, dining experience and environment. Domains are often driven by common systems and processes which provide an understanding of how effectively systems and processes are functioning. The survey also included 2 global measure questions related to overall satisfaction. For each domain, family members were able to provide comments.

Families rated each using the agreement scale of “Strongly Agree”, “Agree”, “Disagree” and “Strongly Disagree”

A total of 229 surveys were available for Families and 71 were completed for a response rate of 31%. The average response rate among all Sienna families was 26%.

Results:

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

The overall 2018 Family satisfaction score was 90% compared to the 2017 Family satisfaction score of 85%, an increase of 5%.

Of the 23 questions offered 21 scores were at or better than the Sienna average. The questions scoring below the Sienna average were:

- Staff gives the family information needed about their family member (the resident)
- My family member (the resident) is comfortable attending activities and social events.

The next steps in the process are to review the results 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:



2018 Victoria Manor
Family Satisfaction Re

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

FAMILY EXPERIENCE SURVEY

Data begins: **SEP 12, 2018**Data ends: **NOV 8, 2018**Date reported: **NOV 8, 2018****COMPREHENSIVE REPORT****ANALYSIS PREPARED FOR****SIENNA SENIOR LIVING****REGION 7****VICTORIA MANOR**

220 Angeline Street South • Lindsay, ON K0V 4R2

This report summarizes your survey results. The charts and graphs selected by your organization provide important information necessary to identify opportunities for improvement, as well as areas in which respondents feel you do well.

Surveys created:**229****Surveys received:****71****Response rate:****31%**

CARE COMMUNITY
FAMILY EXPERIENCE SURVEY
SURVEY HIGHLIGHTS

Data begins: SEP 12, 2018
Data ends: NOV 8, 2018
Date reported: NOV 8, 2018

COMPREHENSIVE REPORT

STRONGLY DISAGREE

DISAGREE

AGREE

STRONGLY AGREE

DOMAINS: Highest to lowest by 'Strongly Agree'

QUALITY OF LIFE



ENVIRONMENT



CARE QUALITY



QUALITY OF SERVICE



DINING EXPERIENCE



ITEMS: Top 5 by 'Strongly Agree'

Of all survey items, the 5 items with the highest "Strongly Agree" rating, listed by highest to lowest.

Staff respectful/friendly



Safe in surroundings



Dignity/Respect



Staff competent



Info about family member



COMMENTS: Top words

ITEM: What are three words you would use to describe your experience at our care community?

caring	20
friendly	15
clean	13
helpful	8
pleasant	7
comfortable	4
frustrating	3
knowledgeable	3
professional	3
respectful	3
welcoming	3
competent	2
efficient	2
encouraging	2
good	2

ITEMS: Bottom 5 by 'Strongly Disagree'

Of all survey items, the 5 items with the highest "Strongly Disagree" rating, listed by highest to lowest.

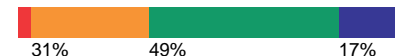
Involvement in daily decisions



Info about family member



Activities/Social events

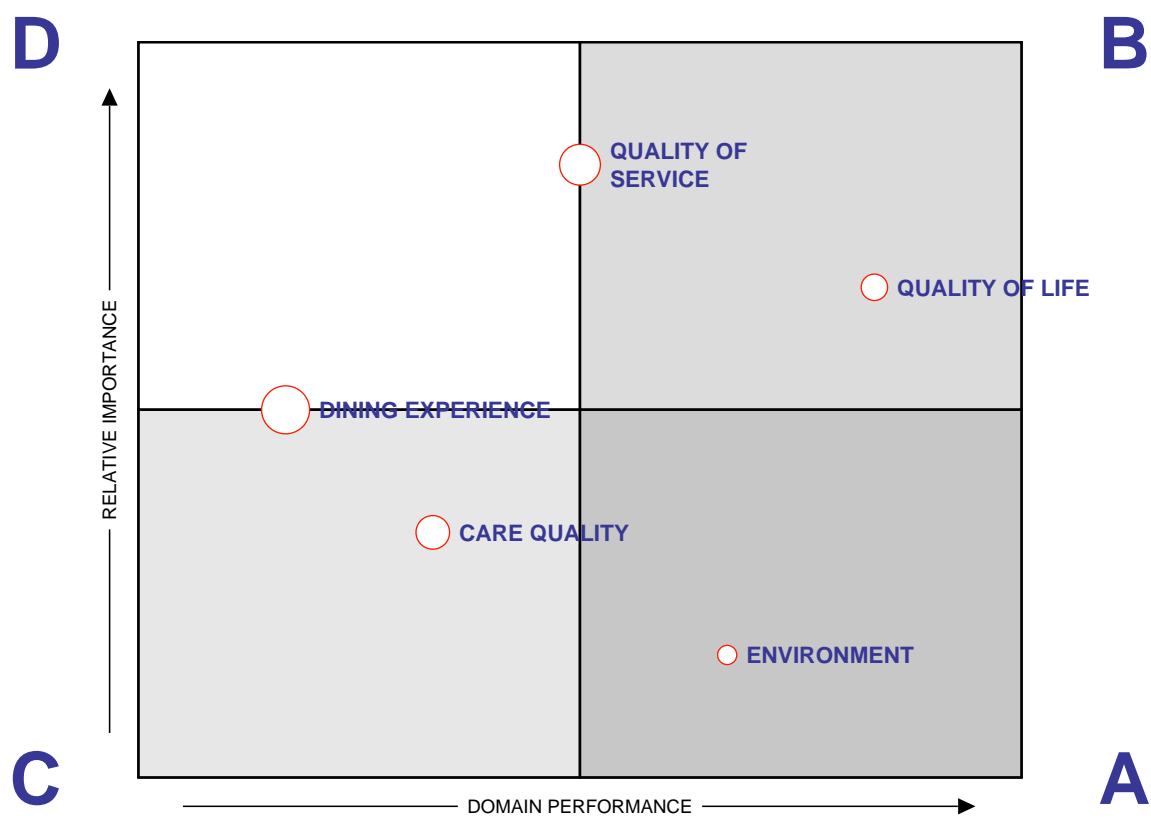


Assistance provided



Quick response to requests



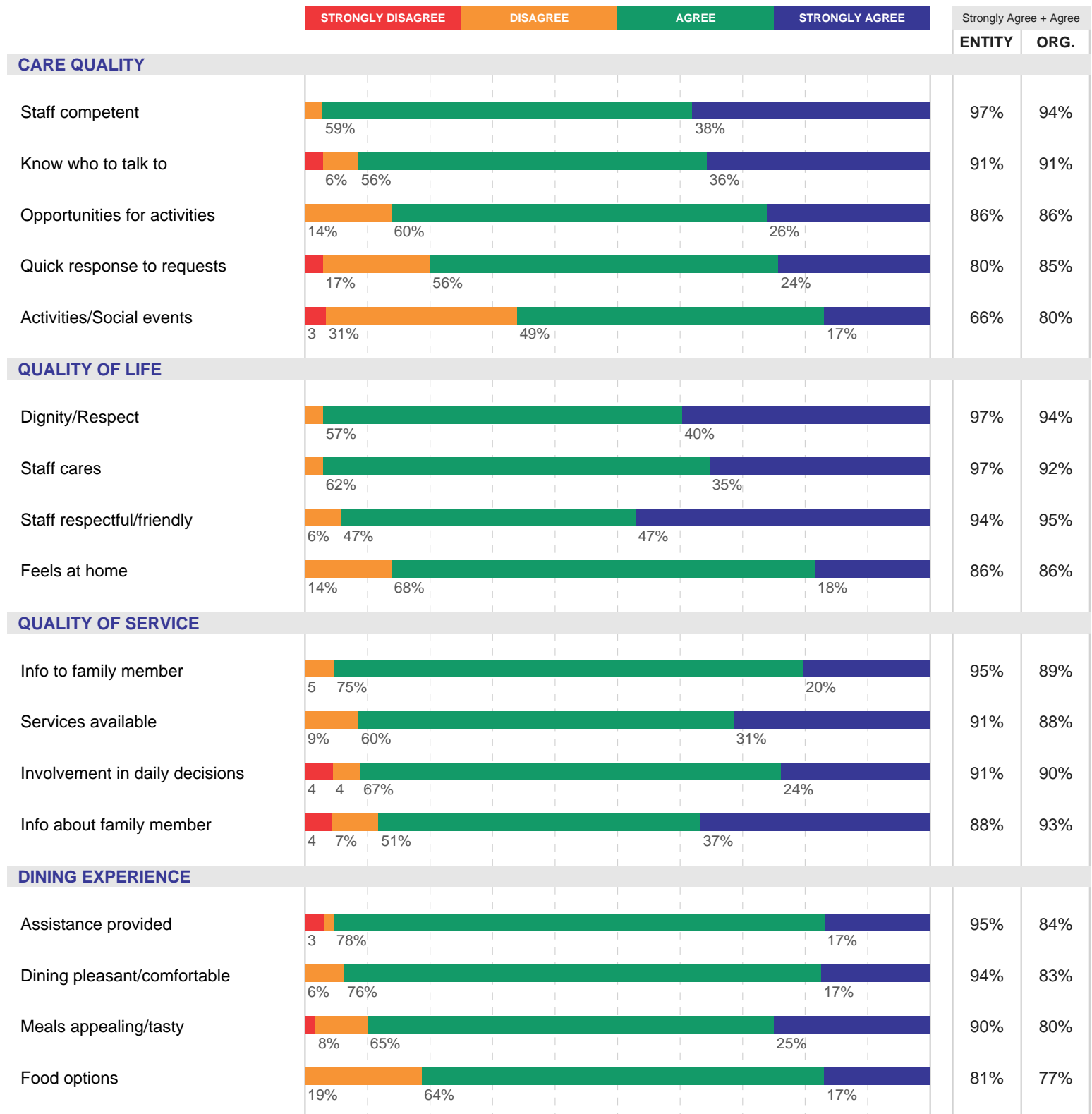


				Average	
				ENTITY	ORG.
DINING EXPERIENCE					
Meals appealing/tasty	<div><div>8%65%25%</div></div>			71	65
Dining pleasant/comfortable	<div><div>6%76%17%</div></div>			70	66
Assistance provided	<div><div>378%17%</div></div>			69	68
Food options	<div><div>19%64%17%</div></div>			66	64
				Average	
				ENTITY	ORG.
GLOBAL					
Recommendation to others	<div><div>13%44%44%</div></div>			77	74

**CARE COMMUNITY
FAMILY EXPERIENCE SURVEY
RATINGS BY DOMAIN**

Data begins: **SEP 12, 2018**
Data ends: **NOV 8, 2018**
Date reported: **NOV 8, 2018**

COMPREHENSIVE REPORT



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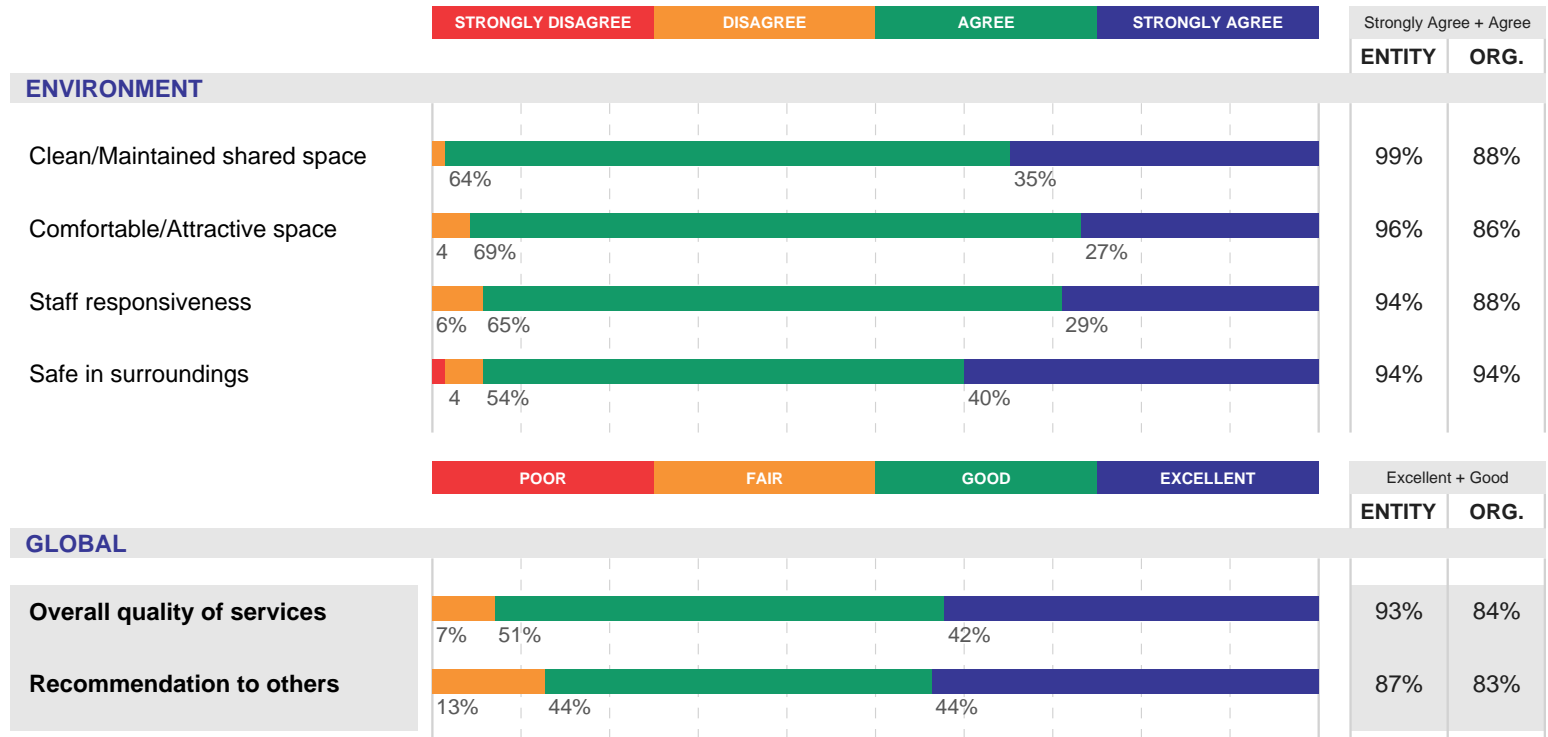
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CARE COMMUNITY
FAMILY EXPERIENCE SURVEY
RATINGS BY DOMAIN

Data begins: SEP 12, 2018
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COMPREHENSIVE REPORT

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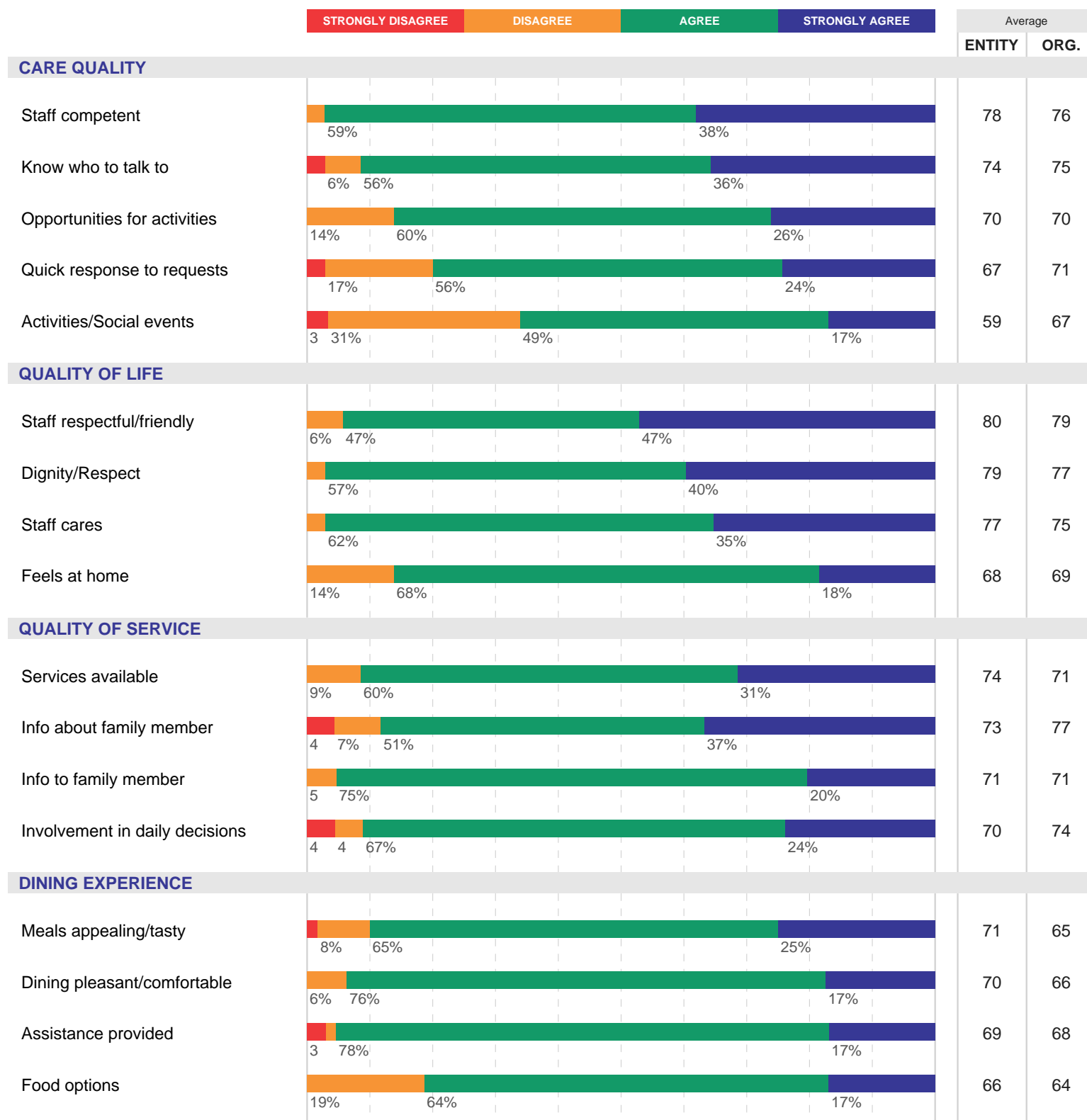
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**CARE COMMUNITY
FAMILY EXPERIENCE SURVEY
RATINGS BY DOMAIN**

Data begins: **SEP 12, 2018**
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COMPREHENSIVE REPORT

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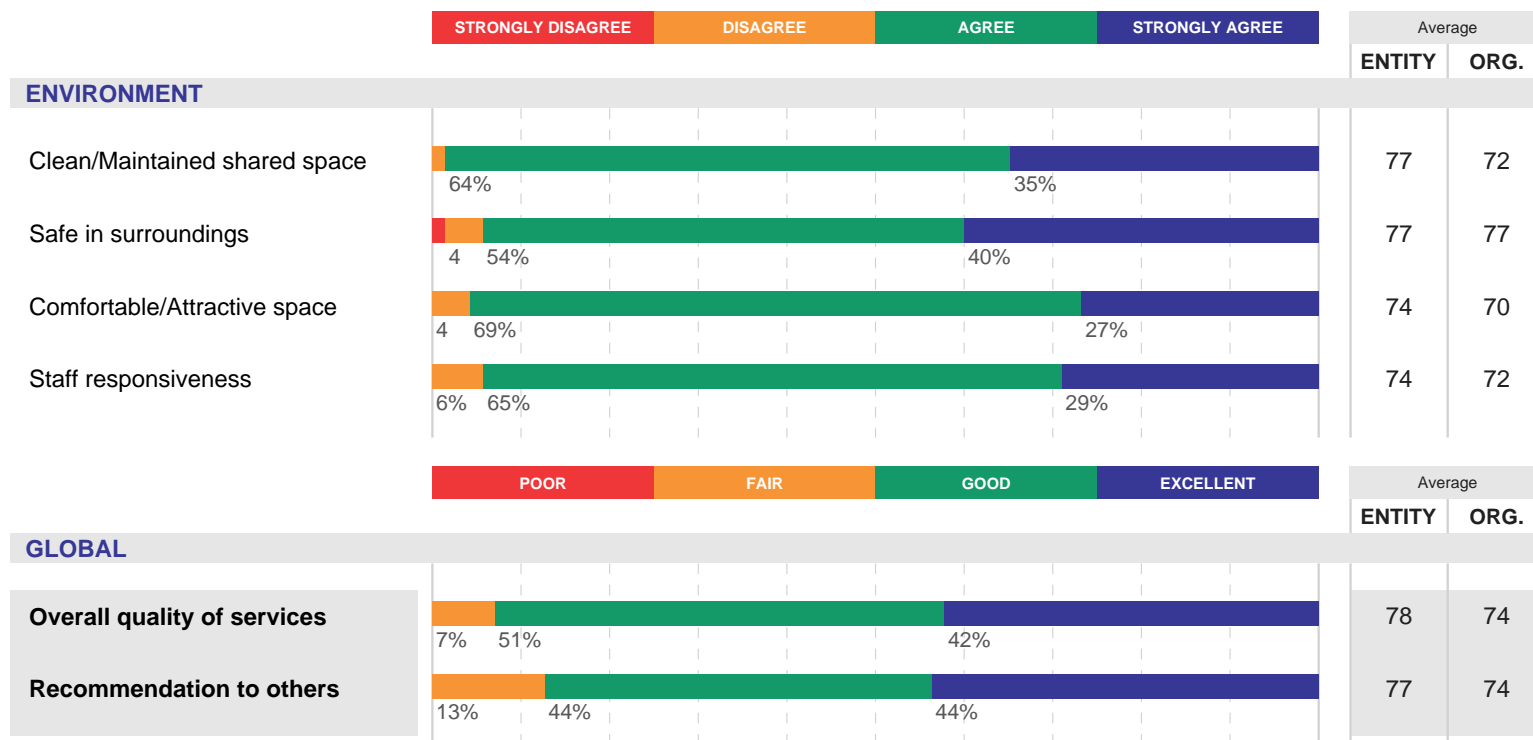
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CARE COMMUNITY
FAMILY EXPERIENCE SURVEY
RATINGS BY DOMAIN

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COMPREHENSIVE REPORT

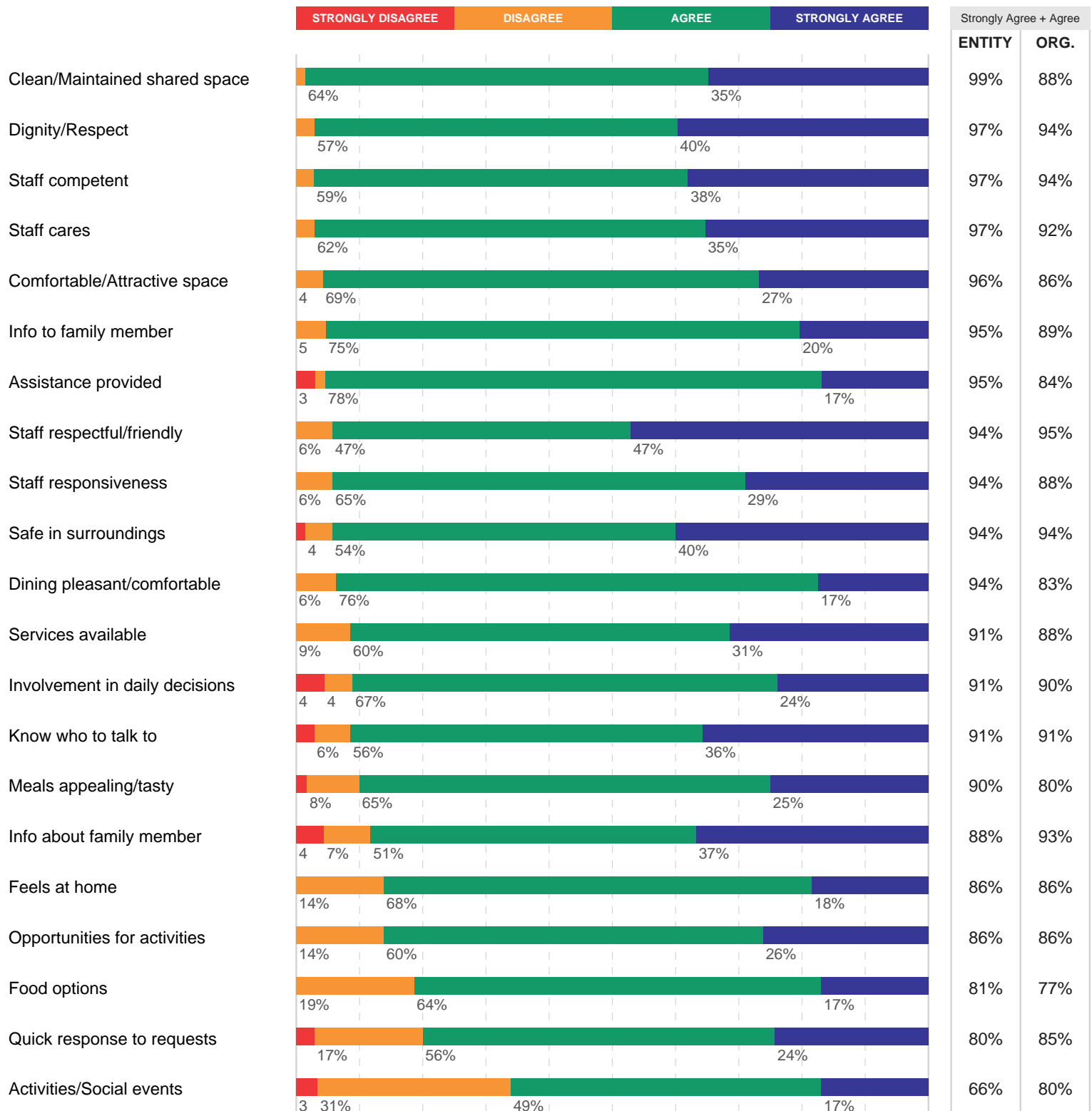
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**CARE COMMUNITY
FAMILY EXPERIENCE SURVEY
RATINGS BY ITEM**

Data begins: **SEP 12, 2018**
Data ends: **NOV 8, 2018**
Date reported: **NOV 8, 2018**

COMPREHENSIVE REPORT

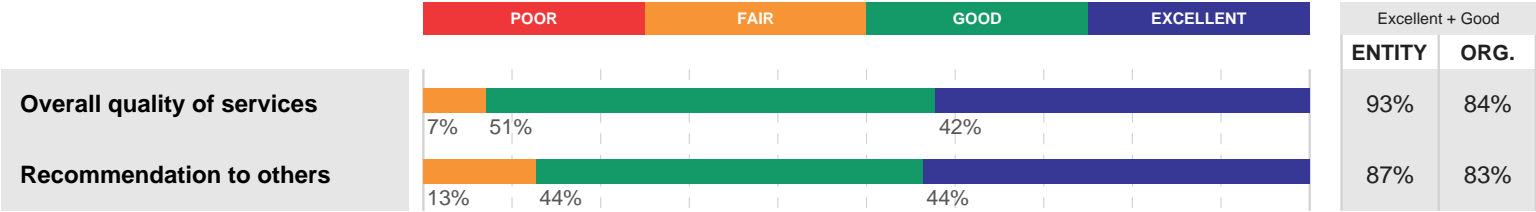


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CARE COMMUNITY

FAMILY EXPERIENCE SURVEY

SURVEY ITEMS BY DOMAIN

ITEM NO. LABEL

ITEM AS IT APPEARS ON THE SURVEY

CARE QUALITY

5	Staff competent	Staff helping my family member are competent at what they do.
6	Quick response to requests	My requests are responded to quickly.
7	Know who to talk to	I know who to talk to if I have an issue or concern.
8	Activities/Social events	My family member is comfortable attending activities and social events.
9	Opportunities for activities	My family member has opportunities to engage in activities throughout the day.

QUALITY OF LIFE

1	Feels at home	My family member feels at home.
2	Staff cares	Staff working here really do care about me and my family.
3	Dignity/Respect	My family member is treated with dignity and respect by staff.
4	Staff respectful/friendly	Staff are respectful and friendly.

QUALITY OF SERVICE

10	Services available	Services to meet my family member's personal needs are readily available.
11	Involvement in daily decisions	I am involved in making decisions about my family member's daily routines and healthcare.
12	Info to family member	Staff gives my family member the information he/she needs.
13	Info about family member	Staff gives the family information needed about their family member.

DINING EXPERIENCE

14	Meals appealing/tasty	Meals served are appealing and tasty.
15	Dining pleasant/comfortable	The dining experience is pleasant and comfortable.
16	Assistance provided	Adequate assistance is provided during meals.
17	Food options	My family member can eat what he/she wants when hungry.

ENVIRONMENT

18	Comfortable/Attractive space	The living space is attractive and comfortable for my family member.
19	Clean/Maintained shared space	Shared spaces in this community are clean and well maintained.
20	Staff responsiveness	Staff is responsive when I report a problem or repair need.
21	Safe in surroundings	My family member is safe and secure living here.

GLOBAL

22	Recommendation to others	Overall, how would you recommend this care community to others?
23	Overall quality of services	How would you rate the overall quality of services provided by this care community?

COMMENTS:

CARE QUALITY

What is one thing we could do to improve the quality of care for your family member?

QUALITY OF LIFE

What is one thing we could do to improve your family member's quality of life?

QUALITY OF SERVICE

What is one thing we could do to improve our service?

DINING EXPERIENCE

What is one thing we could do to enhance our dining services?

ENVIRONMENT

What is one thing we could do to enhance the environment here?

GLOBAL: THREE WORDS

What are three words you would use to describe your experience at our care community?

GLOBAL

Any other comments?