

# **The Corporation of the City of Kawartha Lakes**

## **Agenda**

### **Victoria Manor Committee of Management Meeting**

**VMC2019-02**

**Monday, March 18, 2019**

**1:00 P.M.**

**Victoria Manor Boardroom**

**Victoria Manor, Second Floor**

**220 Angeline Street South, Lindsay, Ontario**

#### **Members:**

**Deputy Mayor Doug Elmslie**

**Councillor Patrick O'Reilly**

**Councillor Kathleen Seymour-Fagan**

Accessible formats and communication supports are available upon request.

1.	<b>Call to Order</b>	
2.	<b>Adoption of Agenda</b>	
3.	<b>Disclosures of Pecuniary Interest</b>	
4.	<b>Deputations and Presentations</b>	
5.	<b>Approval of the Minutes of the Previous Meeting</b>	3 - 8
6.	<b>Business Arising from Previous Meetings</b>	
7.	<b>Correspondence</b>	
8.	<b>Reports</b>	
8.1	Victoria Manor Operations Report to Committee of Management, January 2019	9 - 13
8.2	Victoria Manor Operations Report to Committee of Management, February 2019	14 - 17
8.3	Report VMC2019-03 Victoria Manor 2019-2020 Quality Improvement Plan	18 - 25
9.	<b>Closed Session</b>	
9.1	Closed Minutes, Victoria Manor Committee of Management, January 21, 2019, Municipal Act, 2001 s.239(2)(b)(d)(g)	
9.2	Victoria Manor Confidential Operations Report to Committee of Management, January 2019, Municipal Act, 2001 s.239(2)(b)(d)(e)	
9.3	Victoria Manor Confidential Operations Report to Committee of Management, February 2019, Municipal Act, 2001 s.239(2)(b)(d)(e)	
10.	<b>Matters from Closed Session</b>	
11.	<b>Other New Business</b>	
12.	<b>Next Meeting</b>	
	May 13, 2019, Victoria Manor Boardroom, commencing at 1:00 p.m.	
13.	<b>Adjournment</b>	

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

**VMC2019-01**  
**Monday, January 21, 2019**  
**1:00 P.M.**  
**Victoria Manor Boardroom**  
**Victoria Manor, Second Floor**  
**220 Angeline Street South, Lindsay, Ontario**

**Members:**  
**Deputy Mayor Doug Elmslie**  
**Councillor Patrick O'Reilly**  
**Councillor Kathleen Seymour-Fagan**

**Accessible formats and communication supports are available upon request.**

**1. Call to Order**

Deputy Mayor Elmslie called the meeting to order at 1:00 p.m. Councillors P. O'Reilly and K. Seymour-Fagan were in attendance.

Executive Director Pamela Kulas and Director of Human Services Rod Sutherland were also in attendance.

**2. Adoption of Agenda**

Election of Chairperson and Vice Chairperson

**VMCM2019-001**

**Moved By** Councillor O'Reilly

**Seconded By** Councillor Seymour-Fagan

**That** Deputy Mayor Elmslie be nominated and elected as Chairperson for the Victoria Manor Committee of Management.

**Carried**

**VMCM2019-002**

**Moved By** Councillor O'Reilly

**Seconded By** Deputy Mayor Elmslie

**That** Councillor Seymour-Fagan be nominated and elected as Vice Chairperson for the Victoria Manor Committee of Management.

**Carried**

**VMCM2019-003**

**Moved By** Councillor Seymour-Fagan

**Seconded By** Councillor O'Reilly

**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**

**VMCM2019-004**

**Moved By** Councillor Seymour-Fagan

**Seconded By** Councillor O'Reilly

**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 - 2019 Proposed Meeting Dates**

**VMCM2019-005**

**Moved By** Councillor O'Reilly

**Seconded By** Councillor Seymour-Fagan

**That** the January 21, 2019 correspondence from Rod Sutherland, Director, regarding 2019 Proposed Meeting dates, be received with the following changes;

**That** the 2019 Meeting dates be scheduled the third Monday bi-monthly commencing at 1 p.m.

**Carried**

**7.2 Memorandum - 2019 Short Stay Respite Bed Approval**

**VMCM2019-006**

**Moved By** Councillor Seymour-Fagan

**Seconded By** Councillor O'Reilly

**That** the January 21, 2019 correspondence from Pamela Kulas, Administrator, regarding 2019 Short-Stay Respite Care Bed Program, be received.

**Carried**

**7.3 Memorandum - Annual Priorities for the 2019/20 Quality Improvement Plans**

**VMCM2019-007**

**Moved By** Councillor O'Reilly

**Seconded By** Councillor Seymour-Fagan

**That** the January 21, 2019 correspondence from Pamela Kulas, Administrator, regarding Annual Priorities for the 2019/20 Quality Improvement Plans, be received.

**Carried**

7.4 Administrative Monetary Penalties and Re-Inspection Fees

**VMCM2019-008**

**Moved By** Councillor Seymour-Fagan

**Seconded By** Councillor O'Reilly

**That** the January 21, 2019 correspondence from Pamela Kulas, Administrator, regarding Administrative Monetary Penalties and Re-Inspection Fees, be received.

**Carried**

**8. Reports**

8.1 Victoria Manor Operations Report to Committee of Management, November 2018

**VMCM2019-009**

**Moved By** Councillor O'Reilly

**Seconded By** Councillor Seymour-Fagan

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

**Carried**

8.2 Victoria Manor Operations Report to Committee of Management, December 2018

**VMCM2019-010**

**Moved By** Councillor Seymour-Fagan

**Seconded By** Councillor O'Reilly

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

**Carried**

8.3 Report VMC2019-01 Victoria Manor Resident Satisfaction Survey

**VMCM2019-011**

**Moved By** Councillor O'Reilly

**Seconded By** Councillor Seymour-Fagan

**That** Report VMC2019-01, "2018 Resident Satisfaction Survey", be received.

**Carried**

8.4 Report VMC2019-02 Victoria Manor Family Satisfaction Survey

**VMCM2019-012**

**Moved By** Councillor Seymour-Fagan

**Seconded By** Councillor O'Reilly

**That** Report VMC2019-02, "2018 Family Satisfaction Survey", be received.

**Carried**

9. **Closed Session**

**VMCM2019-013**

**Moved By** Councillor O'Reilly

**Seconded By** Councillor Seymour-Fagan

**That** the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Monday, January 21, 2019 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**

Deputy Mayor Elmslie is looking into requesting a meeting with MPP Laurie Scott regarding Victoria Manor.

12. **Next Meeting**

March 18, 2019, Victoria Manor Boardroom commencing at 1:00 p.m.

**13. Adjournment**

**VMCM2019-018**

**Moved By** Councillor Seymour-Fagan

**Seconded By** Councillor O'Reilly

**That** the Victoria Manor Committee of Management Meeting adjourn at 2:20 p.m.

**Carried**





# **January 2019 Victoria Manor Operations Report to Committee of Management**

**Submission Date: March 18, 2019**

**Information for the Month of: January 2019**

# Financials

## Victoria Manor Executive Summary Statement of Earnings for December 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	584,819	570,445	14,374	6,793,009	6,676,026	116,982
Nursing Expenses	1,103,189	642,463	(460,726)	7,936,099	7,249,550	(686,549)
<b>Net Nursing Envelope</b>	(518,369)	(72,017)	(446,352)	(1,143,08)9	(573,523)	(569,566)
Program Envelope Funds	62,111	62,353	(242)	730,421	733,265	(2,844)
Program Expenses	58,375	33,608	(24,767)	429,293	385,722	(43,570)
<b>Net Program Envelope</b>	(22,823)	4,183	(27,005)	16,346	58,577	(42,232)
Food Envelope Funds	49,093	46,962	2,130	561,804	549,159	12,645
Food Expenses	42,659	46,962	4,303	543,931	0	5,227
<b>Net Food Envelope</b>	6,434	0	6,434	17,872	0	17,872
<b>Accommodation Revenue</b>	335,787	334,987	799	3,999,707	3,921,120	78,588
<b>Accommodation Expenses</b>						
Dietary Expenses	175,111	96,065	(79,047)	1,212,960	1,083,480	(129,481)
Housekeeping Expenses	100,384	43,298	(57,086)	562,997	488,186	(74,811)
Laundry Expenses	25,282	18,445	(6,837)	209,083	210,161	1,078
Maintenance Expenses	62,397	44,861	(17,536)	493,927	529,147	35,220
Administration Expenses	10,617	19,269	8,652	130,349	228,119	97,770

	Current Month Actual	Current Month Budget	Current Month Variance	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance
Facility Expenses	84,298	99,050	14,752	907,293	1,124,694	217,401
<b>Accommodation Expenses</b>	487,343	344,865	(142,478)	3,830,614	3,941,894	111,281
<b>Other Accommodation - NOI</b>	692,748	(77,712)	(615,036)	(957,649)	(535,720)	(421,929)
Over/Under Adjustment	(6,434)	0	(6,434)	(17,872)	0	(17,872)
<b>Net Operating Income</b>	(692,748)	(77,712)	(615,036)	(957,649)	(535,720)	(421,929)
Capital Reserve	55,037	26,761	(28,276)	321,131	321,131	0
<b>Net Income (Loss)</b>	(747,785)	(104,473)	(643,312)	(1,278,780)	(856,851)	(421,929)

**Table 2: Year to Date Capital Expenses: January 2019**

Capital Expense	Year-to-Date Expenses	Approved 2018 Budget
Dietary Freezer		\$13,500
Roof Top HVAC Unit for 2nd Floor Offices		\$18,000
Hi-Low Electric Beds		\$9,600
Laundry Carts		\$10,000
Resident Room Furniture		\$22,000
Interior Finishes		\$25,000
Resident Bathroom Cabinets		\$20,376
Hot Holding Cabinet		\$15,000
Flooring		\$18,000
<b>Totals</b>		<b>\$151,476</b>

## Scorecard: Quality

Table 3: Canadian Institute for Health Information (CIHI) quarter 2 (July 2018 to September 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	13.5	24.00
Reduce stage 2-4 pressure ulcers	1.90	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 January.

## Scorecard: People

### Employee Engagement Survey

- 4 team members were recognized by family members and peers through the Spot A Star program
- Planning for 2019 Operational Planning continues. Team members actively participated in developing the operating plan.

### Sienna Support Services Updates

### Projects, Location Events and Other

- Health and Safety Committee met for two days to plan goals, review policies and develop a schedule of planned activities for 2019.

## **Long Term Care Update**

### **Occupancy (data since last report)**

- 96.26% occupancy
- 1 Discounted Private or Semi-private beds (under 60%)
- 12 move ins and 16 discharges

### **Regulatory visits i.e. MOL, Public Health**

Public Health visit on January 25, 2019. 1 finding due to ice machine requiring descaling. Finding corrected immediately.

### **Written and Verbal Complaints Summary**

Verbal complaint received as family member felt that team member did not respond to questions and concerns appropriately. 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**

Executive Director met with Resident's Council and Family Council to review results and develop action plans.

### **Resident/Family Council Updates**

Resident Council will be leading "Through Our Eyes" education on resident rights to all team members

Currently seeking a president to lead Family Council

### **Emergency Preparedness and Environmental concerns**

Code Red fire drills held on January 19, 2019 days, January 30, 2019 evenings and January 18, 2019 nights.

Activated code white on January 27, 2019. No negative outcomes from event.

Activated planned code grey on January 18, 2019. No negative outcomes from event



# **February 2019 Victoria Manor Operations Report to Committee of Management**

**Submission Date: March 18, 2019**

**Information for the Month of: February 2019**

## Financials

Victoria Manor Executive Summary Statement of Earnings for January 2019 will be available in March 2019

**Table 2: Year to Date Capital Expenses: February 2019**

Capital Expense	Year-to-Date Expenses	Approved 2018 Budget
Dietary Freezer		\$13,500
Roof Top HVAC Unit for 2nd Floor Offices		\$18,000
Hi-Low Electric Beds		\$9,600
Laundry Carts		\$10,000
Resident Room Furniture		\$22,000
Interior Finishes		\$25,000
Resident Bathroom Cabinets		\$20,376
Hot Holding Cabinet		\$15,000
Flooring		\$18,000
<b>Totals</b>		<b>\$151,476</b>

## Scorecard: Quality

Table 3: Canadian Institute for Health Information (CIHI) quarter 2 (July 2018 to September 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	13.5	24.00
Reduce stage 2-4 pressure ulcers	1.90	4.50
Reduce the number of falls	12.60	23.00

Reduce the number of restraints	11.70	3.10
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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 January.

## **Scorecard: People**

### **Employee Engagement Survey**

- 5 team members were recognized by family members and peers through the Spot A Star program
- 2019 Operational Planning has been completed. Quality improvement plans currently being developed by the leadership team. Quality improvement plan will be finalized in March 2019.

### **Sienna Support Services Updates**

Sienna Partner Visits:

- February 4 – Resident Care Partner

### **Projects, Location Events and Other**

- MPP Jamie Schmale invited to visit Victoria Manor in March.

## **Long Term Care Update**

### **Occupancy (data since last report)**

- 96.28% occupancy
- 1 Discounted Private or Semi-private beds (under 60%)
- 15 move ins and 14 discharges

### **Regulatory visits i.e. MOL, Public Health**

No visits this month.



## **Written and Verbal Complaints Summary**

Verbal complaint received as family member felt that team member did not respond to questions and concerns appropriately. 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**

Executive Director met with Resident's Council and Family Council to review results and develop action plans.

## **Resident/Family Council Updates**

Resident Council will be leading "Through Our Eyes" education on resident rights to all team members

Currently seeking a president to lead Family Council

## **Emergency Preparedness and Environmental concerns**

Tested code red on February 10, 2019 days, February 8, 2019 evenings and February 19, 2019 nights.

Tested code yellow on February 8, 2019 evenings.

Activated code white on February 10, 2019 days. No negative outcomes from event.

Activated code orange on February 7, 2019 days and February 11, 2019 evenings. 3 residents from a long term care home temporarily relocated to Victoria Manor.

Activated code yellow on February 11, 2019 days. No negative outcomes from event.

Activated planned code grey on February 16, 2019 from midnight to 6:00 am. No negative outcomes from event.

**The Corporation of the City of Kawartha Lakes**  
**Victoria Manor Committee of Management**  
**Report VMC2019-03**

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**Meeting Date:** March 18, 2019

**Meeting Time:** 1:00 p.m.

**Meeting Place:** Victoria Manor, 220 Angeline Street. S., Lindsay

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**Subject:** Victoria Manor 2019-2020 Quality Improvement Plan

**Author Name and Title:** Pamela Kulas, Executive Director

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**Recommendation(s):**

**Resolved That** Report VMC2019-03, "Victoria Manor 2019-2020 Quality Improvement Plan", be received; and

**That** the Chair of the Victoria Manor Committee of Management be authorized to sign the Quality Improvement Plan for submission once finalized.

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Director

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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  
Sienna Senior Living

## **Attachments:**

Attachment A: Quality Improvement Plan Narrative  
Attachment B: Quality Improvement Plan Workplan



Victoria Manor Home Victoria Manor Home  
for the Aged Quality Irfor the Aged Quality Ir

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**Director: Rod Sutherland**  
**Phone: 705-324-9870 ext. 3206**  
**E-Mail: [rsutherland@kawarthalakes.ca](mailto:rsutherland@kawarthalakes.ca)**

Let's Make Healthy  
Change Happen.



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



3/14/2019

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](http://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 (BSO) 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 2019-2021 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.

The Resident's Council is well represented. Our Family Council is represented.

This plan has been refreshed from 2018 and has been reviewed by 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. Reduction in ED visits
2. Resident Satisfaction- Likelihood to Recommend
3. Responsiveness to Complaints
4. Identification of Palliative Care Needs of Residents

These 4 priority indicators share alignment with the organization's Strategic Plan, the home's 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 2019 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.

## Describe your organization's greatest QI achievement from the past year

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 2018, the Joint Health and Safety Committee established a goal to reduce resident to staff incidents by 30%.

The Joint Health and Safety Committee (JHSC) in collaboration with the in home Behavioural Support Ontario (BSO) team developed an action plan to support the overall reduction in resident to staff incidents. The committee began to analyze all incident reports monthly at each meeting. If a resident to staff incident

report was submitted, the JHSC would analyze the report and would communicate the incident to the BSO team. A member of the BSO team would work with the team member to review the residents care plan and provide one to one coaching and reeducation on gentle persuasion approach techniques.

With the goal to enhance team member knowledge, members of the Joint Health and Safety Committee provided education to all team members on accident/incident reporting, stop and go approaches and policies and procedures on working with residents who exhibit responsive behaviours. Team members were also coached on how to address specific situations that had been identified by the JHSC through the analysis of all submitted incident reports. All team members in the home received Gentle Persuasion Approach technique education provided by in home educators.

In 2018, the goal to reduce the resident to staff incidents by 30% was met. The actual percentage of resident to staff incidents reduced by 72%.

### **Patient/client/resident partnering and relations**

Our resident satisfaction survey in October of 2018 resulted in an overall resident satisfaction rate of 94%, an improvement of 2% from 2017. Added to this is the family satisfaction rate of 90%, an improvement of 5% from 2017. These results demonstrate a culture of engagement and transparency.

The Family Council for Victoria Manor works closely with the leadership team and resident council to support quality of life and resident-focused care. The council is currently seeking additional members.

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 conferences, as well as through 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.

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, and Achieva for falls reduction. We continue to track, analyze and respond to CIHI data on a quarterly basis.

Engagement and contributions from all cohorts of the staff are achieved both formally and informally through processes including operational planning, departmental team 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 improve overall satisfaction in the areas of organizational climate including culture, outlook, leadership and communication.

## Workplace violence prevention

Victoria Manor promotes the values of respect, teamwork, and responsibility which are cornerstones to promoting team member safety and preventing workplace violence within our organization. In support of team member safety, the home offers an early safe return to work program for employees as well as education to team members 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 team members 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 team members 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 team members. 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

Pamela Kulas, Executive Director   pkulas@kawarthalakes.ca        705-324-3558  
extension 1414

## Other

Victoria Manor Home for the Aged is owned by the City of Kawartha Lakes and managed by Sienna Senior Living

## 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)



2019/20 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				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	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) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Timely	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	51897*									
	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	51897*	19.27	19.00	Home will work to improve ED transfer rate by 1.4% as part of quality	Ross Memorial Hospital, Sienna Senior Living, Central East LHIN Nurse Practitioner STAT program	1)Provide education to residents and families on the benefits of treating residents in our home.	Resident and Family Council education	Number of resident and family council meetings where education has been shared about services offered in the home	2 Resident Council meetings and 1 Family Council meeting	There are no additional comments about this change idea.
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTCH that were acknowledged to the individual who made	P	% / LTC home residents	Local data collection / Most recent 12-month period	51897*					1)Immediate response to verbal and written complaints.	Review complaints daily at leadership risk meeting. Review quarterly at Leadership and Quality meetings. Annual review and analysis of complaints.	Complaints will be discussed daily, quarterly and annually.	Complaints will be discussed daily, quarterly and annually.	We will continue to follow policies, procedures and current processes with the goal to
		Percentage of residents responding positively to: "I would recommend this site or organization to	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	51897*	93.07				1)				The home does not utilize the InterRAI QoL tool
		Percentage of residents responding positively to: "What number would you use to rate how well	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	51897*	CB				1)				The home does not utilize this question in the resident satisfaction
		Percentage of residents who responded positively to the question: "Would you	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	51897*	CB	94.00	2018 Resident Satisfaction Score was 94% and home will work to maintain		1)Develop quality improvement teams to address areas of high priority identified through the resident satisfaction	Quality improvement teams will be created to address The Good Morning Experience and Washroom & Call Bell Response. Each team will include a white or green belt lean six sigma lead and representatives from each discipline.	Implement quality improvement initiatives as described in the quality improvement action plans.	Teams will be in place, action plans developed and executed.	There are no additional comments about this change idea.
		Percentage of residents who responded positively to the statement: "I can express my	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	51897*	CB				1)				The home does not utilize this question in the resident satisfaction
Theme III: Safe and Effective Care	Safe	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	51897*									
	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	51897*	CB	CB	Home to collect baseline data on identification of resident's palliative care		1)Collect baseline data for the palliative indicator.	Baseline data will be collected and tracked in PCC's QIA tab. Data collection for the palliative indicator will come from elements of the RAI MDS assessments: 1) J5c - End stage disease or 6 months or less to live 2)Changes in Health End Stage Disease and Signs and Symptoms	Monthly tracking in QIA as it relates to palliative care needs.	Tracking in QIA for 12 months of 2019 as it relates to palliative care needs.	There are no additional comments about this change idea.
Equity	Equitable	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	51897*									