

APANS Health Services
Copper Terrace

STRATEGIC PLAN
2021/2022





History of APANS Health Services

As a refugee of the war Norbert Schuller came to Canada to start a new life. He trained to become an architect and was able to share his talent in a wide variety of areas including education, commercial and nursing homes. Ann immigrated to Canada from England and worked hard to establish herself as a registered nurse. It's little wonder that when these two met they had a shared vision of quality care.

Norbert and Ann Schuller entered into the business of Long Term Care in the early 1980's. The first home they purchased was Middlesex Terrace. Over the next few years they purchased a number of homes and established themselves as APANS Health Services (Andrew, Peter, Ann, Norbert, Schuller). Both Norbert and Ann worked hard to develop an organization that respects the individuality of the residents and staff. Along with their sons, Andrew and Peter, they have built a health system that is upheld by their core value of choice. Ensuring this is present when making decisions the chain is a value driven organization. Sadly, Norbert passed away in 2008. His legacy lives on in the daily efforts of the dedicated team at APANS Health Services.

APANS now consists of 5 homes; Copper Terrace; Grace Villa; Middlesex Terrace; Park Lane Terrace; and Richmond Terrace along with a corporate team. The homes span a geographical area from Hamilton to Amherstburg Ontario. The group collectively serves approximately 1000 residents annually. They employ over 725 staff and interact with a variety of union and non-union groups.



APANS

HEALTH SERVICES

WE CARE...

About belonging

About supporting autonomy

About respectful relationships

About our staff who honor those we are privileged to serve

...BECAUSE YOU MATTER

VISION

To pioneer the possibilities of life's next chapter

VALUES

We are not bound by our traditions; we are inspired by them

Our Core Value: CHOICE

C OMPASSION

H OLISTIC

O PEN

I NTEGRITY

C ARING

E THIC

APANS Health Services
Copper Terrace
2021
SWOT Assessment

<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ● Clean, Safe Environment ● Existing Staff Commitment ● Keeping up with Technology ● Proactive ● Dedicated Long Time Staff ● Provide good Resident Centered Care ● Dedicated to quality ● Very active Health and Safety team ● Good working relationship with Colleges-obtain students ● Online education through Surge Learning which staff find user friendly ● Eager physician and Nurse Practitioner, willing to educate staff ● Esthetically pleasing Home and Premises ● Good working relationship with the union ● Continued corporate involvement ● Improved Communication ● Open door policy ● Staff are becoming more open to working with new staff ● Accredited Home through CARF ● Staff Morale ● Management structure is consistent and open to staff. ● Strong Program Structures. ● Improved relationship with MOLTC - No Orders. ● Residents happy with menu and food services. ● Open and approachable management team. ● Use of one call and staff stat programs 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> ● Cross Training-Core functions are maintained ● Website ● Attendance Management of frontline staff ● Staff and Management Retention and Recruitment ● Aging sections of the building require constant maintenance ● High Sick Time ● Cigarette Butts and Smoking Areas ● Push back from staff when changes are implemented ● Aging workforce ● Family complaints ● Working short ● Working short on weekends ● Maintaining the Employee Service Coordinator position ● Open visiting hours very important to families due to pandemic ● Orientation Process ● Safety concern that doors are open till late evening without staff on main floor.
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> ● Renovations of North units ● Move-in vs Admission (terminology) ● Standardized Corporate Processes 	<p><u>Threats</u></p> <ul style="list-style-type: none"> ● Public Reporting System ● Inconsistent RQI's ● Part-Time staff with other jobs (impacts

<ul style="list-style-type: none"> • Development of Wellness Program for Staff • QHR Payroll reports to track sick time • Increase attendance in Family Forum • Re-development • Best practice home with RNAO • Building management team • Work around staff schedules (new hires coming to us with other jobs) • Strengthen communication with union • Enhance recreation on units • To fulfill the cross-training • To contain cigarette butts for aesthetics • During change opportunities, a willingness for staff involvement/buy-in • To develop promotional media to improve the home's image • Communication – all parties at all levels • Increase number of volunteers/ improve volunteer program • Improve the cleanliness of aging sections of building • Improve lighting on aging section of building • Ongoing upgrades incl but not limited to furniture, painting, flooring throughout building, lighting • Honor Guard after resident passes away • North Wings do not provide a home like environment-colors are clinical • Special Clean job Duty – Rotating schedule. • One Call Vs Staff Stat for scheduling. • Improved Pandemic Preparedness • New Policy Rollout. • Improve aesthetics with IPAC processes considered. • Increased IPAC processes to further protect home • Partnerships with local Hospital for IPAC 	<p>Home's staffing)</p> <ul style="list-style-type: none"> • Increase in Mental Health Issues • LTC image portrayed through the Media • Negative effect of gossiping • Changes to Demographics within community-younger move-ins, brain injury, mental health issues • Lack of community college enrollment in nursing program • Lack of applicants in LTC for staff • Changing population of residents, younger • Public inquiry • Ongoing changes to the rules for the current Pandemic • CMI level • Financial Impact of Pandemic • Occupancy rate/ Family Co-pay for beds removed from circulation. • Staffing levels due to decreased in occupancy. • Challenges to having visitors during Pandemic. • Supply chain/shortage due to Pandemic. • Outbreaks for Influenza/Covid • Increase in Food Costs. • Possibility of vaccinations for staff being mandated.
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Pursuit of Excellence

To create a framework that supports a meaningful way of life for residents.

To create an exquisite dining experience for residents.

To support a safe and comfortable environment for residents, staff and families.

Join our Conversation

To develop a process to communicate public reports.

To standardize our reporting processes throughout the organization.

To communicate a consistent portrait of our image using a variety of media.

Team Engagement

To create a recruitment and development process for our team.

To develop a wellness program that meets the needs of our team.

To develop a work place culture that meets our mission.

Financial Sustainability

To maximize the Case Mix Index at each of the homes.

To appropriately manage the costs related to WSIB.

To be fiscally responsible.

Strategic Planning Fall 2020

Overview

Due to COVID-19 we were only able to have the management team in enhancing our strategic direction for 2020. It is important to take a moment to review APANS Mission Vision and Value Statements which was to be our guiding principles as we discuss our goals for 2020.

We reviewed our SWOT Assessment – Strengths, Weaknesses, Opportunities and Threats. We identified what we have achieved or continue to strive to reach. There was discussion and decision making regarding what opportunities we have and whether they can be moved up to our strengths. We identified what threats we have overcome and discussed new threats. We were able to move opportunities for 2020 to strengths, demonstrating that we have made considerable strides to improving the home. We also maintained CARF accredited status.

We reviewed our goals representing the four pillars: Pursuit of Excellence, Join the Conversation, Team Engagement, and Financial Sustainability. Although there is a Lead Director, each of us play an integral role in achieving and sustaining the goals. We discussed the outcomes, determined if we met the goals in 2020 and then developed a set new of goals for 2021 and assigned each Director to take a lead for a least one of the goals representing the four pillars.

We took this opportunity to review the Resident/Family and Staff Satisfaction Surveys. These had also been integrated into the development of our strategic direction in providing excellence in care and services and attaining a healthy workplace. The Resident/Family satisfaction rate from 111 responses for the question “I’m satisfied with the care and services of the home” was 92.79%.

We, the leaders, desire to achieve success in giving those we are privileged to serve a life worth living in a caring and supportive environment that they call home and a place where people want to come to work... because you matter!



APANS
Health Services

ACCESSIBILITY PLAN

Copper Terrace

2021

Accessibility Quality Improvement Worksheet

Working to meet the needs of Persons served, personnel, other stakeholders

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Architectural							
Maintain accessibility	Review access throughout home to ensure residents can move safely.	Medium	Unknown	Accommodation	Sept 2021	Aug 2021	DOES
Environmental							
Carpets- Hard to push wheelchairs/med carts. Difficult to keep clean.	Remove Carpets and replace with flooring – replaced partial carpet on East Units Annual request for carpet replacement	High	Approx \$30,000	Accommodation	Ongoing	Tv rooms replaced March 2020 April/May 2021	Facilities Services Manager /ED/DOES
Attitudinal							
Residents and their families have increasing expectations.	Encourage families to assemble a Family Council rather than Family Forum. At this point Programs develops agenda's, education, etc. for meetings.	Med	Wages of Programs staff for hours of service absorbed by current salary	Programs Dept	Monthly	Ongoing Ongoing. Have had Family Forum with 5 different family members. Continue to ask quarterly. Completed via zoom.	Director of Programs and Support Services

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	<p>Ensure that we are aware of family expectations starting at the Move-in process. Make our services clear to families and residents new to our Home.</p> <p>Aim to exceed resident and family expectation through strong customer service.</p> <p>Education provided to all departments on providing customer service through Surge Learning</p>			Nursing & Programs Budget	<p>Upon admission</p> <p>Annual</p> <p>Annual</p>	<p>DOBS & DOCS talks to family members regarding move in process to improve communication</p> <p>Ongoing</p> <p>Done on Annual Learning May 2021</p>	Directors involved in move-in process
Improve satisfaction of staff facility wide.	<p>Staff appreciation to be done Quarterly. Staff information to be put on TV monitors throughout home.</p> <p>Education for</p>	Med	N/A		Nov 1, 2021	Completed – March 2021	Director of Programs and Support Services

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	management team and staff for effective communication	High	Minimal- YouTube is a great resource	Each department accordingly	December 2021	Scheduled for November 2021 Directors meeting	ED
	Monthly management meetings.	Med	No Cost	N/A	April 2021	Completed - Jan 2021	ED
Financial							
Occupancy-obtain occupancy above a 97% in order to obtain full funding.	<p>Beds are submitted and accepted to the LHIN in a timely manner.</p> <p>Currently the home has received less than 97% occupancy affecting funding. A strong focus on occupancy throughout the team to improve this issue</p> <p>DOCS advocating through the participation in Erie</p>	High		Accommodations	Dec 2021	<p>July 2021 – Completed</p> <p>July 2021</p> <p>Participation in FOG previously</p>	ED/Director of Clinical Services/Director of Business Services

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	<p>St. Clair LHIN (LTC Working Group) Committee</p> <p>Investigate opportunities of moving residents out of 3 bed Wards to reduce to 2 bed Wards while maintaining 138 census.</p>					<p>known as LTC/RH Action Group. DOCS is Co-chair of FOG.</p> <p>2 beds waiting to be placed back in. No other rooms available, Pandemic</p>	
<p>Ensure resident accounts are paid in full each month</p>	<p>Monitor monthly A/R with corporate and take appropriate actions (calls, letters etc.) with any overdue accounts.</p> <p>Transition residents to electronic payment via VOID cheque or Pre-Authorized Debit form from financial institution</p>	High		Accommodations	December 2021	<p>Ongoing Monthly</p> <p>PAD is done with each new admission. Offered PAD to residents who weren't using in March 2021.</p> <p>Currently approx. 10 residents not using PAD. Down from 15.</p>	Director of Business Services

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Floor plan to accommodate the occupancy 60/40 split	Until such time of re-development, will work with the LHIN to put residents in the appropriate accommodations	Med	Unknown	Accommodations	December 2021	Ongoing Review numbers quarterly. Need some support corporately to fix entirely.	Corporate Office
Employment							
Recruitment	Advertising on well-known sites (Indeed) Attending Job Fairs in Community	High	\$500 annually	Advertising Budget	Dec 2021	Ongoing	Management Team
Communications							
To enhance communication with family, staff etc.	Newsletters Encourage participation in Family Council. Memos/huddles/emails/dept mtgs. Utilizing One Call Now for announcements, informative forum, not just staff call-ins.	High	None		On-going for new hires, move-in's and events going on in the Home.	Completed March 2021	All Managers/Front Line Staff.

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Transportation							
Bus services for resident out-of-town outings no longer able to provide service for residents in wheelchairs which was previously sponsored by the Rotary Club	<p>Re-schedule bus trips for residents attempting to gain other sponsors- Kinsmen Club a possibility. Bus trips may be limited to 2/month in the spring, summer & fall months and 1/month in winter</p> <p>Investigate transportation opportunities.</p> <p>Increased walking programs, Duet Bike</p>	High	Per trip \$3 ea way / resident	Programs department and Residents Council	Dec 2022	<p>Use Chaps also for appointments.</p> <p>No offsite programs in 2021 due to COVID.</p> <p>Walked to ice cream shop in Summer. Duet Bike a part of routine programming.</p>	Programs Dept
Other:							
Education and Information for staff to be accessible to meet all needs	Investigate opportunities to improve delivery of education and information to staff that addresses audio				December 2022	Ongoing	Associate Director of Clinical Services

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	and visual limitations. (reach out to Surge for options)						
Bracelets to meet the dual identifier expectation	All residents will have a bracelet that has name/home name/allergies	High	\$300		October 2020	November 2020	Director of Clinical Services/Corporate



APANS
Health Services

CULTURAL COMPETENCY PLAN

Copper Terrace

2021

Cultural Competency Quality Improvement Worksheet

Working to meet the needs of Persons served, personnel, other stakeholders

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
Age/Gender						
<p>To develop an inclusive and supportive working structure for our employees</p>	<p>Identify the needs of the multigenerational worker</p> <p>Develop a balance of tasks that meets the needs of all of our employees with the emphasis on age differences</p>	<p>Share video with staff via Surge Learning on the differences of the past and present generations of workers</p> <p>Educate staff on the differences of work philosophies</p> <p>Video to be shown at mandatory education by the end of April 2022</p> <p>Focus on understanding the interpretation and reception of information deliverance (adult learning)</p> <p>RNAO gossip video to be shared – investigate</p>	<p>Throughout the 2020-2021 year</p>	<p>Work in progress.</p>	<p>Annual Surge training did complete the Aging Process. April 2021</p>	<p>Director of Programs and Support Services.</p>

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		opportunities to share this education				
To provide age appropriate programs to the younger generation of residents.	Identify the need for age specific programming.	Explore opportunity for age specific entertainment. Programs such as Music, games, interaction. Support from Social Work for adjusting to living in LTC. Investigate opportunity to develop a support group.	Dec 2021	Dec 2020 – Purchased Nordic Chair and additional Abbey board for 3 rd floor.	Programming done in cohorts due to COVID-19 Support Program is 1:1 sessions via Zoom due to COVID-19	Programs Department Social Worker
Socioeconomic						
We believe in equity across all areas of socioeconomical standing	Residents who are not able to financially sustain their needs due to limited funds	Provide residents and families with information about rate reductions, offer room transfers when financial issues arise.	Ongoing on a monthly basis during budget calls with the Home and Corporate office.	Utilize our A/R monthly monitoring	We continuously work on this goal. DOBS completes rate reductions yearly and on admission. Volunteer	All Staff

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		Resident Council fund may be requested to support residents who cannot participate in programs due to financial hardship.		Application to resident council as appropriate.	end of year federal tax filing. No residents have required this service in 2021 due to pandemic.	
To assist employees during catastrophic events	Identify employees who have suffered a catastrophic event	Share information on employee catastrophic events with corporate team. Corporate team to provide financial assistance as appropriate. Policy developed and shared with the homes	Program up and Running	Program was established in April 2018 and has been utilized throughout the organization.	Ongoing No events happened in 2021	CEO
To assist employees with academic opportunities	Develop a program for employees to apply for academic assistance.	Policy developed and shared with the homes. Policy allows staff the opportunity to apply for funding to	Up and Running	Program was established in June 2018 and has been utilized throughout the organization.	Open IPAC lead obtained certificate of completion from Queens	CEO

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		<p>continue their education.</p> <p>Funding is allotted on an individual basis.</p> <p>Annual Administrator certification opportunity for each home. One manager is supported to complete the course annually</p>		<p>Administrator in training commenced October 2020.</p>	<p>Infection Prevention Program September 2021</p> <p>Due to changeover no one completed in 2021 but will review for 2022.</p>	
Language						
<p>Breaking language barriers with residents who do not have English as their first language.</p>	<p>Reduced communication with these residents to help with their care needs at the time they are trying to express them.</p>	<p>IPads will have Google translator or another similar application installed so staff can effectively communicate with residents who do not speak English</p>	<p>Upon move-in, Programs Dept will assess the need for the iPad with the resident. If needed the frontline staff will utilize the iPad to translate what the residents' needs are.</p>	<p>IPads are readily available within the Programs. Applications and other services available to translate for residents will be researched for download on the device.</p> <p>Concern with Wi-Fi connectivity in certain areas of the home.</p>	<p>Ongoing</p> <p>WIFI updated Dec 2020 to improve conductivity</p>	<p>Programs Department</p>

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		<p>Looking at having like-minded/culturally similar residents living in the same resident areas and eating tables to help improve socialization.</p> <p>Survey staff to identify languages to provide translation for residents and staff.</p> <p>Update staff list to identify staff that speak 2nd languages.</p>			<p>for PROGRAMS throughout 2021.</p> <p>Review at CQI weekly to see if can encourage cohorting of culturally minded residents.</p> <p>In progress</p> <p>In progress</p>	<p>Employee Service Coordinator</p>
<p>Create a supportive environment for staff who learned English as a second language.</p>	<p>Improve employee satisfaction when identifying struggles with language.</p>	<p>Educate staff on proper approach.</p> <p>Provide documentation training for all employees.</p> <p>Ensure open door policy expands to</p>	<p>Throughout the 2020 – 2021 year</p>	<p>Annual cultural training on Surge Learning</p>	<p>Ongoing but Surge cultural training completed in 2021</p>	<p>All departments</p>

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		employees for language assistance				
Culture						
To improve staff knowledge with respect to Cultural Diversity towards both residents and staff.	Cultural Education for staff	Cultural Diversity education provided to staff through Surge Learning	Annual education can be added by corporate office to ensure cultural diversity education is current and relevant to Long Term Care	Reports from Surge can confirm 100% of staff have completed cultural education to increase knowledge of diversity with co-workers and residents.	May 2021 annual Surge learning and upon hire or return from LOA.	Management
To give residents the opportunity to display their cultural background	Program developed and maintained for residents to continually learn about other cultures of their peers in the Home	Feature resident in the monthly newsletter and cultural board in the café to learn about their history and culture	December 2021	In Process	Programming Continues to be in cohorts. Have done a couple cultural programs since restarting of activities in 2021.	Programs Department

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
Persons Served						
To enhance commitment to becoming a more culturally competent organization through leadership and staff investment	Development of culturally specific events	<p>Programs Department continues to develop events and activities to the residents of Copper Terrace as the needs and population change in the Home</p> <p>Investigate opportunities of staff sharing their cultural backgrounds in programs</p> <p>Investigate virtual reality programs</p>	<p>Programs Department can keep track of the cultural diversity in the Home so cultural specific events and activities can be developed ongoing.</p> <p>To be completed Dec 2022</p> <p>Dec 2022</p>	A cultural self-competency assessment with residents and families of Copper Terrace. Annually reviewed. Cultural Cruises have been included in programming.		Programs and Culinary Department
To be aware of resident and staff cultural needs.	Surveys for staff and residents to be developed and distributed.	<p>Surveys will go out with annual education on Surge for staff. Survey results will be presented at Residents Council</p> <p>Resident Survey conducted in Summer annually.</p>	Annually these surveys will be available to staff and residents as populations in both areas change.	Management team to review results for steps to meet cultural needs of staff and residents at Copper Terrace	Nov 2020. Ongoing annually	Programs Manager & Office Manager

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		Survey results will be presented to Residents Council.				
Spiritual Beliefs						
Ensuring residents and staff spiritual rights are being met in the Home to the best of our abilities.	Accommodate appropriate environment for Residents and staff to practice faith-based rights. Residents and staff are encouraged to practice religious beliefs in the Home	Pastoral Care provided on-site, part-time on a weekly basis. Multi-Faith recognition for residents and staff. We have a wide variety of opportunities for residents and continue to seek information to ensure we capture all needs of all residents.	As the population changes within the Home, the need for other spiritual services will be added to the monthly program calendars. As new residents move-in, new services will be added as needed to satisfy the needs of the new population. December 2021	Variety of church services are held in the Home according to residents' needs. Currently Catholic, Anglican, Presbyterian, Baptist and Non-Denominational services are offered 3 times per week.	Church Services are resumed when halted due to COVID. Occurs on own floors Thursday and Sundays to maintain cohorting	Programs Department
Sexual Orientation						
To remove the stigma that comes with different sexual orientations	Heighten awareness for staff and resident familiarity with different sexual orientations,	Posters provided by Human Rights to display around the Home	The more involved and informed residents and staff are the easier the transition will be.			All Staff

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
	preferences and lifestyles		December 2022			
Identify appropriate human contact for our residents and staff	Foster appropriate interaction that allows human touch	<p>Educate Staff on boundaries and benefits of touch</p> <p>Therapeutic touch program including pets and sensory stimulation.</p> <p>Investigate opportunities to connect with residents during a pandemic.</p> <p>Investigate opportunities of staff event that incorporates self-care</p>	December 2022	<p>Paused due to COVID-19 and social distancing.</p> <p>No pets during COVID -19 pandemic.</p> <p>Mental Health Posters at time clock. Provide resources when requested</p>		ADOCS
Racial Stigma						
Breaking down barriers for residents and staff of differing ethnic backgrounds.	Assess climate of discrimination within the team and resident population.	Investigate opportunities to add to resident and staff survey.	January 2022			Corporate



APANS
Health Services

RISK MANAGEMENT PLAN

Copper Terrace

2021

Risk Management Quality Improvement Worksheet

Working to meet the needs of Persons served, personnel, other stakeholders

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
Aging Furniture	Beds, dressers and closets on North units aging and need replacement in resident rooms	Identify which rooms need refurbishing first	Replace 10% of rooms on north units annually Annual 5% to be done for 2021	Before re-development takes place, new furniture will already be in place	All rooms to be fully refurbished	Due to decrease beds, further completion not needed in 2021. Will resume 2022	Director of Environmental Services
Staff Keys	Staff have keys for the building which open many doors throughout the Home. The employee's take these keys home	Keys to be left on site and have a sign off sheet.	Laundry room to have keypad installed. Rooms needing keys for entry will have keyholders outside the doors to allow PSW's access to those areas. The same will be done in	Charge Nurse will maintain records to track who has the keys on any given day. If keys are lost we can track who had the keys last as per	Keys will only be in the hands of the staff who are working the current shift and will give the keys to the next shift upon arrival. Each unit has a	Eight doors have been changed to keypads July 2020. Nurses station on North side have had Key pads placed on them in	Management

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
	<p>daily. Staff can enter the building at any time as no one monitor the doors 24/7 Possibility of employees losing keys while not at work which could put Home at risk for theft (ie. meds)</p>		<p>kitchen for Dietary staff.</p> <p>Keys to be retrieved by DOC or Nurse Managers upon termination or resignation.</p>	<p>sign-in log.</p>	<p>set of keys to be signed out when staff who are working do not have a key.</p> <p>All new hires are not provided keys.</p>	<p>My 2021.</p> <p>Keypads need to be completed on North side bathroom, Dining room serveries, Tub rooms, Dining room; Oxygen room. East side – Serveries, Bathrooms by nurses station & Dining rooms.</p>	
<p>Anticipated Legislation changes</p>	<p>To look for results of inquiry</p> <p>Expectations of funding changes.</p>	<p>Continue to use our association to lobby.</p> <p>To continue to be apprised of changes as they occur.</p>	<p>Be proactive in change and strive to be at the front of change and adapt.</p>	<p>Discuss as a team at monthly meetings.</p>	<p>Review indicators at CQI.</p> <p>Be fiscally responsible to stay within budget limits</p>	<p>Unknown</p>	<p>Executive Director</p>

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
	Expectations of change in ministry structure.				(Nursing, programs)		
Staff retention and recruitment	<p>Increased number of staff resignation this year in comparison to previous years</p> <p>2016-27 resigned</p> <p>2017-33 resigned (as of Aug)</p> <p>2018 – 7 resigned or laid off</p> <p>2019 – 26 resigned or laid off or retired</p>	New staff who have other jobs can bring us their schedules so we can attempt to work around them	<p>In Orientation employees should be notified that we are willing to work with them if they bring in their schedules for us to review in preparation of posting our schedule.</p> <p>At time of orientation we will be sure that all vacant lines are posted and new employees are aware of the vacant positions,</p>	<p>Employee Service Coordinator to keep copies of new hire availability schedule to track days they can be scheduled during our pay periods.</p> <p>Jobs will be posted internally as soon as they become vacant.</p>	<p>Compare the number of resignations from 2019-2020 once this change has been implemented.</p> <p>Retention should increase and resignations decrease</p>	September 2021	Employee Service Coordinator & Department Manager

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
	<p>2020 – 65% retention rate with 43 hired in permanent positions and 15 resignations. Turnover rate is 35%</p> <p>2021 – 71% retention rate. 21 hired permanent staff 6 resignations/ Turnover rate is 29%</p>		<p>starting off with guaranteed hours is a great opportunity to walk into in LTC</p> <p>Mentorship process</p>				
Increased responsive expressions and acuity of residents	<p>Potential injury to residents, staff, and families.</p> <p>Skillset for staff in managing</p>	Education for residents to better understand disease processes and education for staff to have the tools to deal	Education to be provided at the home. This may include utilizing BSO, newsletters, huddles, Surge Leaning, etc.	Report at quarterly CQI and daily management meetings.	<p>Identified 2 staff for GPA train the trainer in Aug 2021.</p> <p>July 2021 – sent 12 staff to GPA training</p>	December 2021	ADOCS

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	acuity as well as responsive expressions.	with the progression of certain diseases within the Home	Investigate a Train the Trainer for GPA to be utilized for in home training.		through Alzheimer's society. This is done remotely through Zoom. Another 15 are scheduled for GPA for September (through Alzheimer's Society).		
Heat Radiator	Covers do not remain in place and sharp edges exposed	Repairs of units as needed	Identify units of most concern to be repaired on a rotation schedule	Continue to investigate the remaining units to ensure safety of residents	Units that have been replaced are free of obstruction Rad covers are continuing to be reconfigured December 2021	May 2021 Broken registered previously identified are fixed and if further reported issues they will be fixed as reported.	Director of Environmental Services and VP of Environmental Resources
Occupancy	Home has been	Risk to Funding resulting in	Work with LHIN and	Training provided to		97% of 132 total beds	Executive Director, Director of Clinical

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
	consistently below 97% Year -To -Date 91.37% week ending Sept 19 2020.	reduction of staff	<p>stakeholders to increase opportunities.</p> <p>Preparing document to present to the LHIN for Relief funds</p> <p>DOCS participating in the LTC Working Group (LHIN)</p> <p>CEO working with the LHIN for action plan.</p> <p>ADOCS have been given access to the portal.</p>	<p>increase understanding of HPG system.</p> <p>Management Team working with floor staff to promote positive tours and move ins</p>		(not including 6 beds offline due to 3 bed wards) was achieved in July and continue to remain above that percentile. Currently occupancy is 129 of 132 beds with 2 beds open for isolation.	Services, ADOCS
Ceiling Lifts in Tub Rooms	Currently ceiling lifts are provided by a different	Staff need to take extra care when using equipment that	Repaired ARJO lifts and continue to educate staff.			Completed April 2021. Staff at times need to be	DOES

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
	manufacturer	<p>is not of the norm.</p> <p>Staff must ensure their using the proper sling for the device.</p>	Removed some of the tracks to better align lift with tub.			reminded to charge ceiling lifts. Fixed as needed.	
Significant number of residents who choose to smoke.	Risk of harm and injury to residents and visitors	<p>Re-evaluate the Home's Smoking Policy/Contract.</p> <p>Review smoking contracts with high risk residents.</p> <p>Ensure pathways are clear and free from snow/ice in winter months.</p>		Provided and enforced a designated smoking area July 2019.	December 2020 Annually	Sept 2021	ADOCS

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
Stability of the leadership team.	<p>Significant turnover in leadership team in the past 2 years.</p> <p>Leadership are new to LTC so there is a learning curve for legislation.</p>	<p>Continual support within the team.</p> <p>Offering educational opportunities.</p> <p>Ongoing corporate support.</p> <p>Team recognition and celebrating successors and learning opportunities.</p>	Support a healthy work environment.	<p>Education opportunities from corporate.</p> <p>Support from sister homes.</p> <p>Succession planning.</p>		<p>Executive Leadership stable. May 2021</p> <p>Some new managers this year due to change in APANS. 2 Managers left for career opportunities.</p> <p>Team is strong and cohesive.</p>	Management Team



APANS
Health Services

TECHNOLOGY PLAN

Copper Terrace

2021

Technology Quality Improvement Worksheet

Working to meet the needs of Persons served, personnel, other stakeholders

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
Hardware							
Tablets on Snack/Beverage Carts & Serveries	Determining funding	8-10k per home		ITX Solutions	Spring 2021	January 2019	Copper Terrace completed, rest of the homes to come once funding determined Opportunity to improve use of tablets on snack carts.
Computers /Laptops have a 5-7 year lifecycle typically	Replace as they fail, however good idea to budget for 5-8 per year	Each computer with software is approx. \$1000-1300 Research Grant offset costs.		Administrators, ITX Solutions	Annual Budget	Sept 2021	Lots of new technology from research project. ADOCS have access to surface as portable device. Maintenance & BSO have IPADS. Extra IPADS for all units & activities.
Software							
Connection to E-Connect for all homes	Corporate office and Director of Clinical Services collaborating on set-up through PCC	Based on resident population, approx. .04 cents per diem	Training time, policy development Need new sign ins but not sure who to contact	DOCS & VP of Best Practice and Innovation	March 2022	Training required	Complete Need new sign ins - reached out to corporate for assistance
Security/Confidentiality							

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
Symantec Antivirus / Malware Renewal	Renew antivirus	Unknown		ITX Solutions	Dec 2021	Annual	In process to complete.
Confidentiality Declarations are signed at hire and annually. Remote access confidentiality form is also signed by all employees who have remote access.	Annual education in Surge Learning shall include training on confidentiality and signing declaration	None	None	ESC/ED	April 2022	Annual March 2021	Completed Completed for current employees and done upon hire
Disaster/Virus							
Next Generation Firewall Renewal	Renew subscription to get protection current and replacement hardware under warranty program. When renewed it is important to upgrade firmware as well.	\$500-1000 depending on size of the device at the home	Security is becoming something that requires keeping on top of things and it is critical that we continue to keep the networks as secure as possible	ITX Solutions	Yearly, however renewal of 3 year period saves on cost.	Annual	Renewed as they come up for renewal
Assistive Technology							
Assistive Computer systems in all Homes available to all residents	To maintain equipment and accessibility for resident computers in the Homes	\$500 annually	Maintaining a schedule for accessibility for all residents	Director of Programs and Support Services	Annual Budgeting	Annual	Maintain
Home Specific							
WiFi on East Units, this WiFi services will be for resident use	Source internet services for cost and effectiveness on units	\$1500	Location main router hub	ITX Solutions & Programs	June 2022		Expensive for Resident Council to pay for. WIFI

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
							improved through out building for programs in Dec 2022.
Introduce more technology into programming/activities	Source virtual reality programming tools for seniors	Approx. \$6000		Director of Programs and Support Services	June 2022		Large TV to promote games and zoom calls available for residents.
Telephone system for hearing impairments	Continued contact with the Canadian Hearing Society		Current limited availability of products		December 2022		Incomplete. Limited availability of products
Wander Guard for high risk residents	Investigate Wander Guard				December 2022		Each unit is locked and currently 24 hour screener. Does this negate the need?
Streamline Recreation documentation process.	APANS to collaborate with Welbi to develop a standardized platform for recreation documentation	Subscription cost of approx. 1500 annually		APANS Leadership team DOPASS	Nov 2021		
Explore enhancing payroll to increase electronic options	APANS head office to work with QHR to add self scheduling	Unknown	Roll out and education	APANS Leadership team ED, DOBS	Dec 2021		

HOME NAME

Attendance Strategic Planning

Leadership Team:

Executive Director – Shannon Snelgrove

Director of Clinical Services – Leah Normandin

Associate Director of Clinical Services – Katie Malcolm

Associate Director of Clinical Services – Chrissy Miller

Director of Business Services – Kelly Young

Director of Environmental Services – Mike North

Director of Programs and Support – Rebeka Hope

Direct of Culinary Services – Jessica Heino

Infection Control Lead – Jackie

RAI Coordinator – Nina McCathern

Corporate - Joe Anne Holloway; Laura Scott



JOIN THE CONVERSATION

Goal

- To communicate a consistent portrait of our image using a variety of media. To be measured through the Annual Resident and Staff Surveys, using the question, “I would recommend this home.” Increasing satisfaction by 5% in each survey.

Objectives

- Invite media companies to capture special events at the home
- Utilize Copper Terrace’s website to promote events and highlight the home.
- Use One-Call to invite family and staff to special events
- Investigate an opportunity to develop a promotional video of the home.
- Utilize the monthly newsletter to promote events and educate residents and families on hot topics e.g. influenza precautions
- Encourage staff to participate and engage in themed activities.
- Ensure timely communication to staff regarding events, change, and outcome measurements.
- Reinstate the Ambassador Club to incorporate upcoming events and wellness opportunities.
- Explore community opportunities to promote Copper Terrace.

Outcomes

- Due to COVID opportunities have been decreased for special events in the home.
- Tours are completed by sending pictures to those inquiring about home. Tours only done if bed offered to a resident to decrease risk of exposure to COVID-19.
- Newsletter is completed monthly and highlights special information regarding events/recognition.
- 2020 and 2021 themed doors or nurses stations completed by all staff. Small budget given and residents voted on winners. It built a sense of pride and comradery within the home.

- Participated in research project with several health partners including University of Western Ontario, WERPN, LTC+, University of British Columbia and others.
- DOCS is chairperson of local action table for Chatham-Kent LTC and RH in the areas.
- Developed positive relationship with LHIN and Ontario Health.
- Engage in IPAC Hubs from Ontario Health.
- ED recently had a request for her to sit on action table to represent LTC for Recovery from COVID table through Ontario Health.

Lead – Director of Programs and Support Services and Director of Business Services



Financial

Goal

- To increase the internal Case Mix Index at Copper Terrace from a baseline of 0.90 to 01.00 by December 31, 2021.

Objectives

- Train all midnight licensed staff on how to complete RAP summaries and documentation of wounds.
- Train PSWs on proper charting to ensure accuracy in capturing current time activities. Ensure during Orientation new staff is trained on documentation.
- BSO to review the MDS schedule to ensure there is documentation in the look back period.
- Working on timely opening and closing of RAI Assessments.
- Ensure Pharmacy is completing reports during the lookback period.
- Ensure Physician is completing reports during the lookback period.
- Maximize and maintain consistent level of at minimum 5% of the population on a Restorative program.
- Review diagnosis of all residents and ensure that we are capturing all information completely and accurately.
- Develop a process for timely capturing of significant changes of status.
- Develop an auditing process of accurate documentation and timely submissions.

Outcomes

- Currently at 1.01 or 2021.
- PSW's were trained on accuracy in charting. Orientation includes PSW training for charting related specific to independent, limited assist, extensive assist & dependent.
- Diagnosis are reviewed quarterly to add or remove any pertinent information.

- Significant changes are reviewed daily in morning meeting and/or at weekly CQI meeting.
- Auditing process currently being reviewed.

Lead – Executive Director, Director of Clinical Services and RAI Coordinator



Pursuit of Excellence

Goal

- To create an exquisite dining experience for residents of Copper Terrace as measured by an increase in satisfaction survey from baseline of 84.6% to 85.45% by Sept 2021.

Objectives

- To investigate the use of music in the dining room.
- Review the staff routines for all units.
- To review the resident acuity for the unit and the seating plan in the dining room.
- To review the esthetics of the dining room including the use of linens and table center pieces.
- Survey residents for likes and dislikes.
- Educate staff on pleasurable dining experience including delivery, presentation and conversation.
- Investigate theme events and menus surrounding Holidays, culture, etc.

Outcomes

- In process of reviewing staff routines within COVID. Some routines adjusted to support acuity and COVID precautions within the home.
- Seating plan is reviewed with each new admission and prn with concern or complaint.
- Due to COVID centerpieces and linens on Hold.
- Residents are surveyed on admission, monthly at food circle, prn with complaints and with nutritional assessments quarterly.
- Occasional themes completed but limited due to COVID. This will be reintroduced as Dining changes with recovery from COVID.

Lead – Director of Culinary Services and Director of Environmental Services



Team Engagement

Goal

- To enhance the employee recruitment and retention program for our team, measured by turnover rate. Baseline is 25% of new hires left the facility voluntarily in 2019. This is to be measured it quarterly.

Objectives

- Develop a structured display for the use of recruitment during external job recruitment opportunities. Attend job fairs throughout the year.
- Standardizing recruitment steps to ensure consistency. To be developed by management team following corporate structure.
- Review and revise orientation process to make it more exciting for new recruits.
- Develop a mentorship program for new recruits.
- Offer orientation evaluation to new recruits at end of orientation for feedback.
- Standardize the mentor evaluation process. To ensure consistency of evaluations of new employees.
- Reinstate exit interviews.

Outcomes

- Unable to attend job fairs due to COVID.
- A standardized hiring process is being followed across all departments based on HR policy and procedures.
- Orientation process is being updated to include 1 day training with different department heads leading portions of orientation. This will be implemented in October. This new process includes orientation evaluation & Orientation checklist.

Lead – Director of Clinical Services and Associate Directors of Clinical Services



APANS
Health Services

Home Strategic Direction Goals for 2021-2022

1. Team Engagement:

Goal

To develop a plan to work within the COVID-19 restrictions to improve the home like feel at Copper Terrace from a baseline of 90.68% satisfaction by 5% to 95% by Sept 1, 2022.

Objective

- Reduce the conversation between employees within the dining room by utilizing education and monitoring.
- Revisit the use of soft music playing during meal time.
- Consider opportunities to improve aesthetics of dining rooms within the IPAC constraints.
- Work on reduction of overhead paging between staff.
- Involve residents and families to discuss the homelike environment within the constraints of COVID-19 guidelines.
- Explore opportunities to work with families to increase the homelike environment of residents' rooms.
- Continue to maintain painting in resident hallways and rooms. Continue with color pallet through the main floor and basement levels.
- Involve residents and families to discuss the homelike environment within the constraints of COVID-19 guidelines.
- Decorate for seasons throughout home
- Explore ongoing décor for outside the home for seasons.
- Explore murals and other pictures in hallways.

Outcomes

•

Lead

ADOCS 3rd floor

DOBS

DOES



APANS

Health Services

Home Strategic Direction Goals for 2020-2021

2. Financial Sustainability:

Goal

To increase the paid CMI from .9458 to .96 by March 31st, 2022.

Objectives

- Continue with the quarterly review of each resident on the nursing restorative program.
- RAI Coordinator to offer RAP training to new employees after their orientation if the staff require it.
- RAI Coordinator to attend all PSW orientation to introduce the importance of documentation in maximizing funding.
- Utilize the “In Touch Link” program to broadcast educational in-services for staff based on frequently noted knowledge deficits in documentation.
- Provide the staff with quarterly in-services at the nurse’s stations regarding frequently noted knowledge deficits in documentation for staff to review and sign.
- Explore the option of hiring PTAs within the restorative program due to the current PSW shortage.
- Work collaboratively with BSO to capture responsive expressions.
- Send DOCS and second RAI staff member for MDS training.

Outcomes

-

Lead

DOCS

ADOCS 2nd floor

RAI Coordinator



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Health Services

Home Strategic Direction Goals for 2020-2021

3. Pursuit of Excellence:

Goal

To improve the overall resident satisfaction with programs and activities from a baseline of 83.05% by 5% to 91.65% based on the Resident Satisfaction Survey, specifically where residents indicate “There is a variety of activities that are diverse and meet my needs.

Objectives:

- Explore current standards of practice in programming for all residents’ levels and interests.
- Introduce new programs and have residents evaluate them.
- Look at groups of similar minded residents and evaluate specified programming around them. Include some self-directed programming of higher functioning cognitive residents.
- Explore incorporating programs in meals and/or PTA groups.
- Introduce technology into programming and virtual visits.
- Implement self-recreational programs ready to go for residents when programming staff aren’t available or as resident desires.
- Introduce busy boxes on units
- Introduce program suggestions at residents’ council.
- Introduce programs that collaborate with staff.
- Expand Holiday related program to home esthetics decorating with residents.

Outcomes:

-

Lead:

DOPASS

ED

DOBS



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Health Services

Home Strategic Direction Goals for 2020- 2021

4. Join our Conversation:

Goal

To improve the perception of the complaint process as indicated in the question “When I have raised concerns or complaints, they are resolved to my satisfaction,” from a baseline of 75.42% by 5% to 79% by August, 2022.

Objectives

- Educate staff and families on the difference between a formal written complaint and verbal frustration.
- Educate staff on their autonomy to address a complaint within their scope of practice and document it appropriately.
- Launch new complaint process from the new policies and procedures.
- Utilize the contact log within the complaint form to communicate that the complaint been received and will be investigated further.
- ED trends complaints for the quarter and reviews at the Quality Meeting.
- Focus on complaint follow up and that their satisfaction has been documented.
- Explore the idea of Manager rounding routinely.
- Explore promoting family forum to help support family and resident satisfaction.
- Improve communication with families and residents.

Outcomes

-

Lead:

ED
DOCS
DoCS

