



# Committee of Management

Sienna Senior Living  
February 13, 2018



# Colour It Your Way

## Grey County Long-Term Care

Grey County operates three long-term care homes across the County: Grey Gables in Markdale, Lee Manor in Owen Sound, and Rockwood Terrace in Durham.

We are passionate about providing the highest quality service for our residents, and each home is dedicated to ensuring that Grey County’s tagline – “Colour it Your Way”, is the foundation of all care and service. We collaborate with those who live and work in our homes, our volunteers, families, and community partners to provide care and services that focus on optimizing life purpose.

We strive every day to enrich the quality of life for residents by providing exceptional care and service. Our mission “to help you colour life you way” sets the standard for the values within each home. We commit to “Colour It” through: **C**ommunity, **O**pportunity, **L**eadership, **O**rganizational Quality & Safety, **U** are the Centre of All We Do, **R**espect, **I**ntegrity, **T**ogether for Tomorrow.

# What We Stand For...

## Vision

To awaken our communities to the positive possibilities of life's next chapters

## Mission

To help you live fully, every day

## Values

- Respect
- Passion
- Teamwork
- Responsibility
- Growth

The warmth of human connection

# Business Overview\*

**60 High Quality Seniors Living Residences<sup>1</sup> with 8,846 beds/suites**

**15 Managed Residences with 1,825 Suites/Beds**

## **26 Retirement Residences**

17 Owned - 1,978 Suites

9 Managed - 920 Suites

## **8 Sienna Baltic Residences**

8 Owned - 1,135 Beds

(945 Funded Beds  
190 Private Pay)

## **41 Long Term Care Communities**

35 Owned - 5,733 Beds

6 Managed - 905 Beds

**~11,200 Dedicated Team Members<sup>2</sup>**

<sup>1</sup>Includes the partial ownership of Nicola Lodge (40% ownership interest) and Glenmore Lodge (61% ownership interest)

<sup>2</sup>Team members includes approximately 2,000 managed team members

# 2017 Most Admired Corporate Culture

Sienna Senior Living has been named one of Canada's **Most Admired Corporate Cultures for 2017** by Waterstone Human Capital. This prestigious award recognizes Canadian organizations for having cultures that enhance performance and help sustain a competitive advantage.



Sienna won this award in the Enterprise category, based on vision and leadership, recruitment and hiring for fit, cultural alignment, organizational performance, and corporate social responsibility.

Sienna joins a prestigious club of past winners:



# Landscape & Themes – LTC

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Environmental Scan

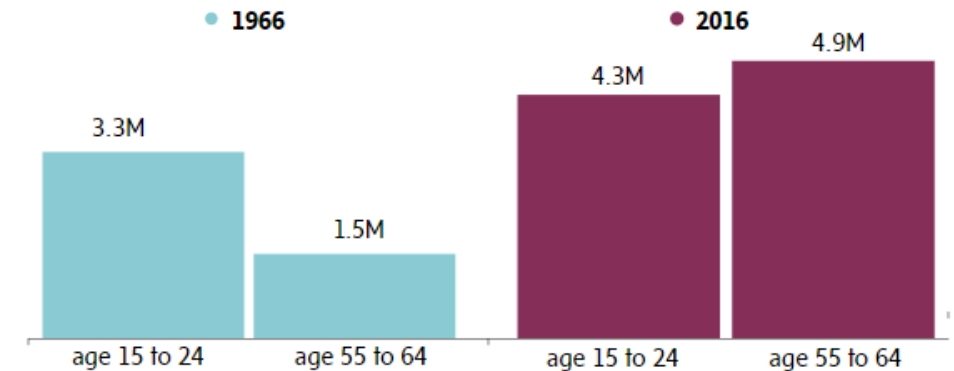
# Demand

## 2016 Census:

- 5.9M seniors (16.9% of population)
- 5.8M under 15 (16.6% population)
- **The gap between the two age groups will widen**
- BC is becoming a retirement destination: 7 of the top 10 municipalities with the largest share of people over the age of 85 are in B.C.
- Centenarians (those aged 100 or older) were the fastest growing population, jumping 41.3%

## Working age

Number of people about to enter the workforce compared to the number of people about to exit



THE GLOBE AND MAIL, SOURCE: STATSCAN, 2016 CENSUS

**Conference Board of Canada:** in just over a decade, the number of seniors living in a retirement home, supportive housing, or a long-term care home will grow to over 610,000.

ALC patients are 15% of hospital days.

# Long Term Care: Resident Needs



97%

need help with  
daily activities



90%

have some form  
of cognitive impairment

➤ Today's residents require more complex care than ever before



# Continuous & Increasing Regulations

**2004:**  
Commitment to  
Care Report  
(Monique Smith)

**2005:** Casa Verde  
Coroner's Inquest  
into LTC Homicide

**2006:** Health  
Professionals  
Regulatory Advisory  
Council

**2007:** Long Term  
Care Homes Act

**2008:** Ontario  
Ombudsman (Andre  
Marin) –  
Independent Review  
of LTC by Province

**2010:** Excellent Care  
for all Act

**2010:** OLTC  
Why Not Now  
Report

**2011:** W5 Abuse in  
LTC

**2011:** Petition from  
PC to Liberal Party  
to change LTC  
Oversight

**2013:** W5 Abuse in  
LTC

**2014:** Excellent Care  
for All Act / Resident  
First QI Training &  
QIPs

**2015:** Geriatric &  
LTC Review Ctte.  
Annual Report 2013-  
2014

**2015:** Auditor  
General (Bonnie  
Lysyk) Report

**2016:** Revera named  
in Class Action  
Lawsuit

**2017:** Public Inquiry  
into the Safety &  
Security of LTC

**2017:** Bill 160  
Strengthening  
Quality &  
Accountability for  
Patients Act

OH&S / WSIB

Building Code

Mental Stress

Employment  
Standards Act  
(Bill 160)

Fire Code /  
Standards

# Environmental Scan – Priorities for LTC

## HQO Priority – Publically Reported Indicators

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- Quality Initiatives
- Appropriate prescribing of antipsychotic medication
- Resident experience: Would you recommend?
- Potentially avoidable ED visits from ACSC
- Restraint Use
- Pressure Ulcers
- Falls

## MOHLTC

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- Risk Management
- Complaints – Patient Ombudsman
- Critical Incidents
- Resident Safety
- Capital Redevelopment
- Quality Improvement

## LHIN/LSAA

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- BSO Collaboration
- ED Transfers
- Reduce Hospital Admissions
- QIP submission
- Resident Satisfaction Surveys
- Accreditation Status
- Patients First/Complaints

# Environmental Scan – Priorities for LTC

## External Regulatory Bodies

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- Ministry of Labour
- Occupational Health & Safety
- Public Health
- Fire

## Accreditation

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- Quality Management/Risk Management
- Person Centred Care
- Resident Safety
- Education and Training – Team, Resident, Family
- Health & Safety

## Media

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- Skin & Wound
- Antipsychotics
- Pharmacy
- Behaviours
- Resident Safety
- Compliance Reporting
- Abuse

# The Workforce Landscape



Multi-generational workforce



New roles & changing role requirements



Need for ready leaders



Stakes of ineffective leaders higher than ever

## Leaders within the past year...



**80%**

*given more responsibility*



**75%**

*asked to achieve more and broader objectives*



**65%**

*must deliver business results faster*



**54%**

*had frequent shifts in job responsibilities*

# Operational Review

# Your Dedicated Support Team

<b>Executive Sponsor</b>	<b>Joanne Dykeman, Executive Vice President Operations</b>
<b>Project Lead</b>	Daile Moffat, Vice President Quality & Consulting
<b>Operational Review Lead</b>	Debbie Fleming, Operations Specialist
<b>Clinical Lead</b>	Metzie Lacroxi, Director of Clinical Services
<b>Quality &amp; Informatics</b>	Sarah Bendo, Director of Quality & Informatics Shawn Fenlong, Quality & Informatics Partner
<b>Finance</b>	David Hung, Director of Finance Rachael Lee, Assistant Controller, Operations Finance
<b>Information Technology</b>	Mike Davis, VP IT & PMO
<b>Recreation &amp; Leisure</b>	Jill Gibson, Resident Experience Partner
<b>People (HR)</b>	Joanne Aitkens, HR & OH&S Business Partner
<b>Dietary</b>	Lori Halliwushka, Dietary Operations Partner
<b>Environmental</b>	Debbie Couwenberg, Environmental Partner
<b>Nutrition/Menus</b>	Lori Halliwushka, Nutrition Care Partner
<b>Procurement</b>	Christopher Simons, Director Procurement

# Objectives – Operational Review

- Identify opportunities for cost savings and streamlining
- Review services and processes to support compliance
- Analysis of Quality program to enhance Quality Indicators
- Provide recommendations for improvements
- Highlight positive process and activities

# Timeline & Approach (February-April)

Timeline	Activity
<b>Signing of Contract</b>	<ul style="list-style-type: none"> <li>• Announcement to key leaders at Sienna and Grey County</li> </ul>
<b>Week 1-4</b>	<ul style="list-style-type: none"> <li>• Determine visit schedule and kick off meeting(s)</li> <li>• 1:1 meeting with Director and Sienna lead</li> <li>• Operational Review – Initiated</li> <li>• Site tours and key staff meetings/introductions</li> <li>• Understanding the homes’ annual operating plan and deliverables</li> <li>• Understanding gaps in compliance, CIHI metrics, concerns/complaints</li> </ul>
<b>Month 1-4</b>	<ul style="list-style-type: none"> <li>• Review and education on the Quality Management Program</li> </ul>
<b>Month 1-4</b>	<ul style="list-style-type: none"> <li>• Review and consultation on key resident programs as defined in the LTC Act and through the LHIN</li> <li>• Introduction of Grey County leaders to Sienna networking groups (i.e. Regional ED/DOC meetings)</li> <li>• Initial assessment of accreditation readiness and gap analysis</li> <li>• Assessment of PCC utilization and staff knowledge</li> <li>• Operational Review Activities</li> </ul>
<b>Week 16-24</b>	<ul style="list-style-type: none"> <li>• Final delivery of Operational Review</li> </ul>
<b>Week 17-24</b>	<ul style="list-style-type: none"> <li>• Assessment and planning of recommendations of Operational Review</li> </ul>
<b>Week 20-24 onward</b>	<ul style="list-style-type: none"> <li>• Executing the agreed upon action plan(s)</li> </ul>



# Operational Review: Phase 1

## Clinical, Programs, Housekeeping & Laundry, Quality, Finance, IT, HR – Onsite & Offsite

- Interviews, focus groups, and/or surveys, with in-depth review of all programs in scope:
  - Organizational specific policies, adherence to policy and process,
  - Documentation
  - RAI MDS Audit, RUGS, quality program
  - Electronic Health Record documentation & Utilization
  - Review of MDS, RUGS, and quality indicators through access to the electronic health record
  - Financial Review
  - Information technology Review
  - Dietary & Environmental
  - Recreation & Leisure
  - Staffing/Resource utilization
- Communications
- Review of supplemental information, including but not limited to:
  - Staff Satisfaction Results 2016 & 2017
  - Resident & Family Satisfaction results 2016 & 2017

# Operational Review: Phase 2

## Preliminary Report

- To promote transparency and ensure we meet the needs of Grey County through this review, a preliminary report will be prepared and presented.
- This report will include a summary of our findings from Phase 1, including a gap analysis as well as draft recommendations for proposed changes and enhancements.
- Meetings will be held to discuss the content of the preliminary report with identified representatives of Grey County.
- Feedback from these meetings will be incorporated into the Final Report.

# Operational Review: Phase 3

## Final Report

- A final report will be presented post Operational Review implementation.
- The report will provide context, information, analysis, and recommendations to promote effective operations under the County's vision and mission.

# Current & Next Steps

- Kick off Meeting with Sienna and Grey County Team – January
- Team has reached out to touch base with Grey County managers in the communities
- Site visits have commenced
- Reviews being completed in each community
- Findings to be documented
- Weekly meetings with Lynne Johnson

# Sienna's Quality Performance

# Top Performer

## ➤ Advancing Quality Improvement

Indicator	Sienna ON	Grey County	Ontario Average	Sienna BC Average	BC Average
Resident Experiencing Pain	2	4.6	6	12.2	12.2
Fall within last 30 days	15.7	12.5	15.9	15.7	15.9
Inappropriate use of Antipsychotics	17.9	13.2	20.3	25.4	25.4
Use of Restraints	1.3	4.3	5	5.9	7.9
Worsened Pressure Ulcer Stage 2-4	2.1	3.7	2.7	3.1	3.3

Source: Canadian Institute for Health Information (CIHI) - Period ending September 2017

**And exceeds average on regulatory standards**

# Team Engagement 2017

With a Response Rate of **85.5%** (up from 85.2% in 2016) Sienna team members report:

**87.7%**

Overall employee  
satisfaction



0.1% from 2016

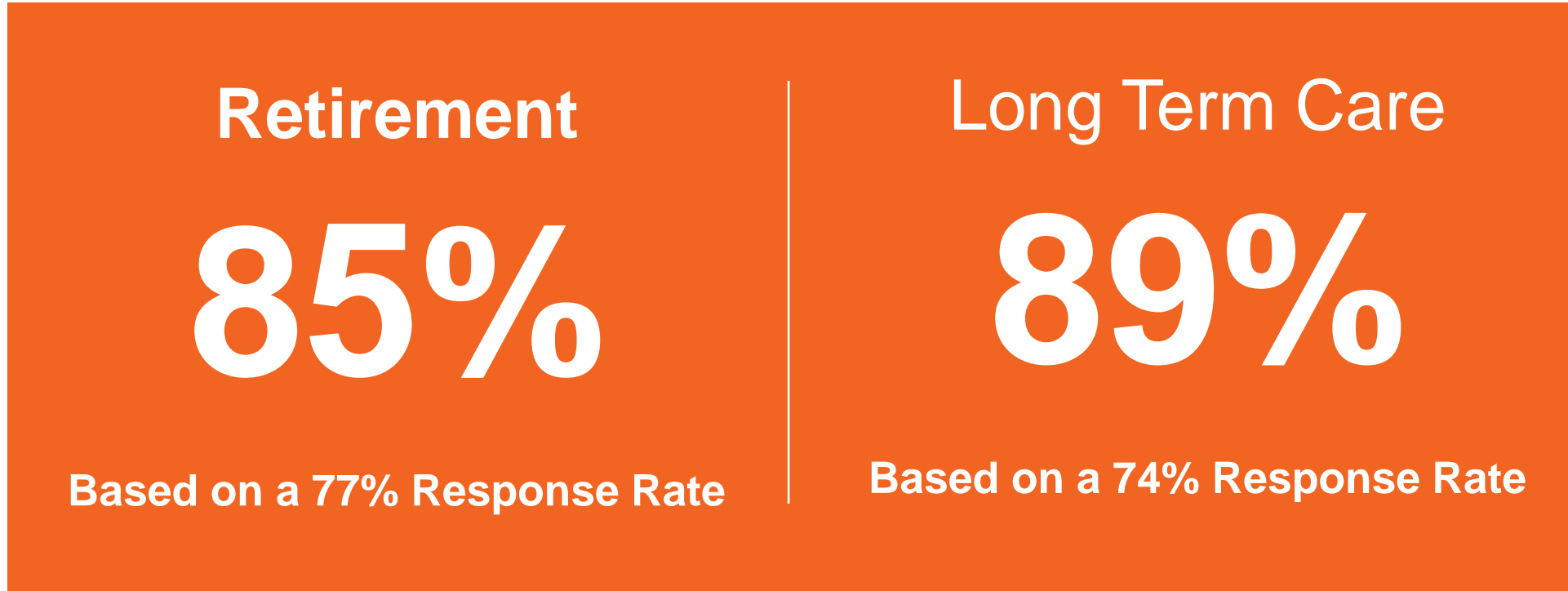
**92%**

Support the  
direction of the  
company



0.4% from 2016

# Resident Satisfaction 2017



2.0% from 2016



7.0% from 2016



# Sienna's Operational Support Program

# Services

## Monthly:

- Financial statements (e.g. current detailed department statement of earnings; summary statement of earnings; and Variance Report)
- Operations Report
- Site visit reports from our team to the managers and Executive Director

## Quarterly:

- Quality & Risk Reports, benchmarking the performance of the Home with the provincial average (where one exists)
- Progress on transition, milestones, implementation of systems, projects, approved recommendations

## Annually:

- Resident and Employee Satisfaction results
- Operational Plan and Quality Improvement Plan (QIP)
- Operating and Capital Budget

## Other:

- Any recommendations requiring decision or approval
- Any reports received from the MOHLTC, the LHIN, Public Health, the Ministry of Labour, etc.
- Any reports prepared for the Ministry of Health and Long Term Care, the LHIN, the Ontario Health Quality Council or other will be provided in advance for review and approval prior to submission
- Sentinel events and risks will be reported immediately
- Any changes in policy through the Ministry, the LHIN, or other regulatory body impacting on the Home will be reported in a timely manner and the potential consequences interpreted

# Management Service Deliverables

## Resident & Family

- Resident/Family Satisfaction surveys & benchmarking
- Quality review, monitoring and improvement program, including Accreditation preparation
- Menu costings and production
- Recreation and leisure programs
- Quality and Informatics programs to enhance CMI and Quality Indicators
- Coaching and education with expert clinical and service consultants

## Operations

- Operational review & recommendations
- Accreditation Preparation – CARF
- Ongoing PCC database support and updates
- Development of annual operating plan and Quality Improvement Plans
- Regional Monthly & Best Practice Meetings
- Access to building services support

# Management Service Deliverables

## Resident & Family

- Best in class Policies & Procedures
- Access to leadership development and education
- Annual employee engagement survey and benchmarking
- Quality Management & Improvement
- Quality Indicators & Data Quality Auditing

## Operations

- Operational review & recommendations
- Coaching and support
- Tools and resources to optimize management
- Education & Training Leadership Development and Technical Skills

# Accreditation Support – CARF 2019

## Communication (Q1)

- Communicate Engagement Plan (site working groups, requirements of accreditation, overview of CARF)
- Timeline distribution regarding required survey preparation documentation

## Education & Support (Q1, Q2)

- Site work on required documentation to show conformance to standards
- Site work on gap analysis based on CARF Standards
- Monthly educational webinars

## Stakeholder Engagement (Q3)

- Gap Analysis complete
- Documentation preparation
- Facilitate education for Stakeholder Groups

## Survey Prep Q4

- Mock Survey
- Survey schedule development (incl. agenda & participation as required during survey)

# Policy & Procedure to Drive Quality

Leadership

Occupational Health  
& Safety

People

Maintenance

Emergency

## Long Term Care

Resident Care

Business / Operations

Housekeeping & Laundry

Quality & Risk Management

Dietary

Leisure & Wellbeing

Nursing Administration

Infection Control

# Thank You