Committee Agenda

Long-Term Care Committee of Management
November 6, 2018 – 9:30 AM
Bay Room, Grey County Administration Building

1. Call to Order
2. Declaration of Pecuniary Interest
3. Reports
   a. LTCR-CM-27-18 2019 Long Term Care Budget Preparation
      That report LTCR-CM-27-18 regarding the 2019 Long Term Care budget preparation be received for information.
   b. LTCR-CM-28-18 Committee of Management Terms of Reference
      That report LTCR-CM-28-18 regarding the Committee of Management Terms of Reference be received; and
      That the Terms of Reference be adopted as presented.
   c. LTCR-CM-30-18 Grey Gables Operations Report to Committee of Management
      That LTCR-CM-30-18 Grey Gables Operations Report to Committee of Management be received for information.
   d. LTCR-CM-31-18 Lee Manor Operations Report to Committee of Management
      That LTCR-CM-31-18 Lee Manor Operations Report to Committee of Management be received for information.
   e. LTCR-CM-32-18 Rockwood Terrace Operations Report to Committee of Management
      That LTCR-CM-32-18 Rockwood Terrace Operations Report to Committee of Management be received for information.
4. Other Business

5. Next Meeting Dates
   a. To be determined

6. Adjournment
Recommendation

1. That report LTCR-CM-27-18 regarding the 2019 Long Term Care budget preparation be received for information.

Executive Summary

The Committee of Management is responsible to oversee the budget for Grey Gables, Lee Manor and Rockwood Terrace.

The 2019 proposed budget is currently under development through the collaborative efforts of Grey County Finance and Long Term Care Staff and Sienna Senior Living. All parties are working closely to ensure the transition to the Sienna platform is as seamless as possible.

Once the details of the proposed budget are finalized it will be presented to the incoming Committee of Management for review and consideration.

Background and Discussion

This report provides a high-level overview of the budget assumptions and anticipated impacts for the upcoming year.

Revenue

The homes operate with revenue from three sources.

1) Ministry of Health and Long Term Care (MOHLTC)- Base Funding and Case Mix Index
2) Resident Co-pay
3) County of Grey
The resident co-payment payment amount is set by the Ministry of Health and Long-Term Care.

Historically, the homes receive an annual increase in base funding from the Ministry of Health and Long-Term Care. Funding increases are usually announced in the 2nd or 3rd quarter of the homes budget year and often applied retroactively.

The following table outlines the 2018 provincial funding increases and the assumptions used in the 2019 proposed budget.

<table>
<thead>
<tr>
<th>Current Per Diem</th>
<th>2018 Funding Increase</th>
<th>2019 Increase Assumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing and Personal Care</td>
<td>$100.91</td>
<td>2%</td>
</tr>
<tr>
<td>Program and Support Services</td>
<td>$9.79</td>
<td>2%</td>
</tr>
<tr>
<td>Raw Food</td>
<td>$9.54</td>
<td>6%</td>
</tr>
<tr>
<td>Other Accommodation</td>
<td>$56.52</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

**Budget Impacts**

The primary impacts in the 2019 budget include wages, benefits, Information and Technology, and contracts.

Wages and benefits account for 83% of the 2018 budget. Challenges with recruitment and retention of qualified employees lead to a high dependence on over-time and the use of agency staff which is a direct impact on the basic cost of service delivery. With the support of Senior Senior Living, staff will be able to focus additional attention on recruitment and retention initiatives in 2019 and work towards managing labour costs.

Grey County is a Schedule 2 employer under the Workplace Safety and Insurance Act. This means that the County monitors claim rates and manages the premiums charged to the individual departments to ensure that cost recovery is sufficient to meet current and future needs. Based on the claims history, within long term care, the WSIB premiums for the long term care homes have been increased by 56% in the 2019 proposed budget. The following table outlines the impact of this increase.

<table>
<thead>
<tr>
<th>2018 Premium (1.69%)</th>
<th>2019 Projected Premium (2.63%)</th>
<th>Approximate 2019 Budget Impact</th>
</tr>
</thead>
</table>

Information and Technology (IT) costs are impacted by the need to improve infrastructure and address changes in licensing requirements. With more than 50% of the county employees, the homes will experience the largest impact from these increased costs. The table below illustrates the 2019 budget impact.

<table>
<thead>
<tr>
<th></th>
<th>2018 Cost</th>
<th>2019 Cost</th>
<th>Approximate 2019 Budget Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grey Gables</td>
<td>$26,000</td>
<td>$46,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Lee Manor</td>
<td>$69,000</td>
<td>$82,000</td>
<td>$13,000</td>
</tr>
<tr>
<td>Rockwood Terrace</td>
<td>$38,000</td>
<td>$51,000</td>
<td>$13,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$46,000</strong></td>
</tr>
</tbody>
</table>

In 2019, there is a requirement to update the electronic health record platform. This will incur a one-time expense of $40,000 (shared across the three homes) to support the upgrades and implementation.

The budget will also include a one-time cost for the purchase and implementation of Yardi. This program is currently used in the County Housing department and was one of the recommendations from Sienna Senior Living to support improved financial management and reporting. The cost for the program was being confirmed at the time this report was being finalized.

The 2019 budget will also include 25% of the cost for the Sienna Senior Living contract with the remainder funded through reserves. Over the next 3 years, the full cost will be transitioned into the operating budget.

**Legal and Legislated Requirements**

Upper tier municipalities are required under the *Municipal Act, 2001* to prepare and adopt an annual budget. Safety, legislation and normal life cycle replacement have all been considered in the development of the 2019 proposed long term care budgets.
Financial and Resource Implications

The 2019 proposed Long Term Care homes budget is currently under development.

The completed budget will be reviewed in early January by the incoming Committee of Management.

Relevant Consultation

Internal- Finance Department, Long Term Care Administrators
External- Sienna Senior Living

Appendices and Attachments

None
Recommendation

1. That report LTCR-CM-28-18 regarding the Committee of Management Terms of Reference be received; and
2. That the Terms of Reference be adopted as presented.

Executive Summary

The Long Term Care Committee of Management is responsible for governance oversight and to act as the Committee of Management under the Long-Term Care Homes Act, 2007 and associated regulations.

The Committee of Management fulfills legislated governance responsibilities within the scope of the terms of reference. The Committee may make recommendations to County Council on matters for which Council retains the decision-making role.

Background and Discussion

The Long-Term Care Committee of Management was initiated on August 1, 2017. The current terms of reference were approved at the initial meeting and subsequently approved by County Council on August 24, 2017.

The new committee fulfilled the legislative responsibilities that were previously met by the Social Services Committee prior to Grey County moving to the Committee of the Whole structure.

A year has passed since the committee was established and at a recent meeting the opportunity to revisit the terms of reference was raised. With the 2018 municipal election, there will be a change in the committee members. The current committee has experience with the Social Services Committee and Committee of Management which provides full understanding of the
role of the committee. By revisiting the terms of reference now, the transition for the incoming members can be focused on education and understanding of the long-term care portfolio.

Staff from Grey County and Sienna have reviewed the existing terms of reference and have made some recommendations. The revised document is attached to this report for consideration.

**Legal and Legislated Requirements**

Grey County is required to maintain a governance role in the operations of long term care.

The draft terms of reference meet the requirements and standards outlined in the *Long-Term Care Homes Act, 2007* and the *Ontario Regulations 79/10*.

It is not anticipated that there will be any recommendations from the Ministry of Health and Long-Term Care regarding the terms of reference for the Long-Term Care Committee of Management.

**Financial and Resource Implications**

None

**Relevant Consultation**

Internal: Clerks Department

External: Sienna Senior Living

**Appendices and Attachments**

*2018 Draft Terms of Reference Long-Term Care Committee of Management*
Long-Term Care Committee of Management

Mission/ Purpose:

The committee is responsible for governance oversight and to act as the Committee of Management under the Long-Term Care Homes Act, 2007 (LTCHA) and regulations there under, and as may be delegated by Council and defined in these terms of reference.

Objectives:

1. To fulfill the role described under the heading “Governance role and responsibilities.”
2. To advise the Council of Grey County on those matters described under the heading “Advice to Council”, for which the Council retains the decision-making role.
3. To advise the Chief Administrative Officer (CAO) or designate on those matters described under the heading “Advice to the CAO”, for which the CAO or designate retains the decision-making role.

Governance roles and responsibilities:

The Committee of Management considers the needs of residents, family members, employees, volunteers, and the community. It also considers implications for the Council-approved operating budget. The Committee of Management fulfills legislated governance responsibilities and may make recommendations to:

1. Ensure all activities and decisions follow LTCHA, Ontario Regulation 79/10 and other legislation;
2. Monitors compliance by staff with the LTCHA and regulation there under, and other applicable legislation;
3. Provide input into quality improvement activities;
4. Establishes, amends and monitors achievements of a vision, mission and values, and in doing so, seek input from key stakeholders;
5. Monitors financial performance, and decides upon and directs such changes as it deems necessary;
6. Ensures evaluation of the quality of program and service delivery.
7. Receives advice and recommendations from the Residents’ and Family Councils regarding what the residents and family members would like to see done to improve care or the quality of life in the homes.
Membership

Members of the Committee of Management are appointed annually by Council and include four members of Council and the Warden. The term of office for members of the Committee of Management is a maximum of four years. Members may be reappointed for successive terms. Each member of the committee shall:

1. Exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances (LTCHA, S. 69 (1)(a)).
2. Become informed about long-term care in Ontario,
3. Take necessary measures to ensure that the corporation complies with legislation (LTCHA, S. 69 (1)(a)),
4. Be committed to achieving and maintaining the vision, mission and values of Grey County Long-Term Care, and
5. Promote and communicate positively with the public about Grey County Long-Term Care.

As legislated, an individual is no longer a member of the Committee of Management if he or she is absent from three consecutive Committee of Management meetings unless the absence is authorized by resolution of the committee.

Chair and Vice Chair

A Chair and Vice-Chair are elected annually by the committee members at the first meeting of the year. A member’s term of chair ends at the first meeting of the Committee of Management in the following year. The chair may be re-elected but may not serve as chair for more than four years in a row.

Advice to Council

The committee may make recommendations to Council on the following matters, for which Council retains the decision-making role:

1. The annual operating budget and projects for the annual capital budget that would require County financial support in whole or in part;
2. Close of capital projects funded in whole or in part with the county financial support, and disposition of surpluses and deficits for such projects;
3. Oversee redevelopment under Ontario’s Long-Term Care Home Renewal Strategy; and
4. Ratification of collective agreements between the County and the unions.

Advice to the Chief Administrative Officer (CAO)

The CAO is responsible for the management of Grey County long term care, meaning all matters not described under the headings “governance roles and responsibilities” and “Advice to Council”, and delegates responsibilities to other staff in compliance with County policies. The committee may make
recommendations to the CAO or designate on any matter pertaining to the CAO’s management responsibilities.

Meetings
The Committee of Management will meet at least four times a year.

Quorum
A quorum is more than 50% of the membership of the Committee.

Statutory Authority
The Committee is guided by Grey County’s Procedural By-law, Council’s Code of Conduct, Provincial Acts and regulations, and other Grey County Policies as applicable.

Reporting Relationship
The Committee of Management reports to Grey County Council.
Grey Gables

Grey County Operations Report to Committee of Management
Open Session

Submission Date: November 6, 2018
Information for the Month of: September 11-October 15, 2018
Financials

Financial analysis and updates will be transitioned to Sienna in 2019.

Scorecard: Quality

Data Source:
- Canadian Institute for Health Information (CIHI) quarter 1 (April to June 2018)
- QIP Data Q1 2018/19

<table>
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<tr>
<th>Indicator (%)</th>
<th>Current Performance</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce stage 2-4 pressure ulcers</td>
<td>3.2</td>
<td>7.0</td>
</tr>
<tr>
<td>Reduce Antipsychotic medications</td>
<td>22.4</td>
<td>17.5</td>
</tr>
<tr>
<td>Reduce the number of falls</td>
<td>18.5</td>
<td>13.5</td>
</tr>
<tr>
<td>Reduce restraints</td>
<td>0</td>
<td>4.8</td>
</tr>
<tr>
<td>Health Equity Leadership training</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Complaints acknowledged to the individual who made the complaint</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Improve Resident Satisfaction</td>
<td>N/A</td>
<td>87.50</td>
</tr>
<tr>
<td>Reduce transfers to Emergency department</td>
<td>2.9</td>
<td>6.00</td>
</tr>
</tbody>
</table>

We will continue with the 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

The MOHLTC Compliance Officers are currently onsite completing the Resident Quality Inspection.

Scorecard: People

“Colour it for Yourself” was the theme for the 2018 mandatory staff training which provided an opportunity to focus on Body Mechanics and the Science of Happiness and
Wellness along with several topics that are required to meet the MOHLTC education requirements.

Staff Service Awards

- 18 staff reached service milestones this year including 2 staff who received 30-year awards and 1 staff who reached a 40-year milestone.
- Corporate service award dinner held October 4 for employees with 15, 20, 25, 30 and 40 years of service

Sienna Support Services Updates

- September 18- Financial Partner visit, budget lab
- October 1- Resident Experience Partner visit, reviewed opportunities to streamline current practices, focus on agreement renewal
- October 5- Clinical Care Partner visit- Identified priorities with a focus on the wound and skin program
- October 11- Informatics and Quality Improvement Partner, focus on the MDS-RAI and Quality Improvement programs. review of quality indicators and outcomes
- October 15- Dietary and Nutritional Care Partner visit, assisted with second round Supervisor interviews
- October 16- Clinical Care Partner visit - focused on MOHLTC Action plan review, revisions and updated

Projects, Location Events and Other

- Annual Fall Quilt Show- Several quilts that were made by residents, volunteers and staff members were displayed in the gathering area. This provided an opportunity to reminisce and showcase the talents of all involved.
- Thanksgiving Bake Sale- This annual fundraiser is enjoyed by many residents and supported by our volunteers. Everyone rolled up their sleeves and pitched in to make over 40 Apple Pies that raised $500.00. These funds will be will be added to the donation account and support resident activities and outings.
- Another popular annual event is the Grey Gables Silent Auction which is currently underway.
Occupancy

- 99.33% occupancy
- 14 move ins, 13 discharges

Regulatory visits i.e. Ministry of Labour, Public Health

- September 28- Electrical Safety Authority- Inspection, no areas of concern
- October 22- Ministry of Labour- Safe at Work, review of Workplace Violence and Harassment Program, Inspector commented on the knowledge and care of the leadership team regarding the Workplace Violence Legislation, no findings
- October 25- Public Health- Inspection, 1 (one) area of violation, corrected during the inspection

Written and Verbal Complaints Summary

<table>
<thead>
<tr>
<th>Type of Compliant</th>
<th>Summary</th>
<th>Outcome (s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td>Family complaint raised regarding highway crossing for residents</td>
<td>Strategizing meeting to identify opportunities for spring 2019</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review again in the springtime when crossings will be scheduled</td>
</tr>
<tr>
<td>Verbal</td>
<td>Family complaint related to care</td>
<td>Meeting held, retraining completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved.</td>
</tr>
<tr>
<td>Verbal</td>
<td>Family complaint related to roommate</td>
<td>Meeting held, room change initiated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved.</td>
</tr>
</tbody>
</table>

Compliments Summary

- Verbal- numerous resident and visitor comments on the Fall Quilt show
- Written- family thanking the team for assisting the resident to attend a very important life event.
Occupational Health and Safety Issues

No issues or concerns during this reporting period.

Resident and Family Satisfaction Survey

Resident and Family Surveys completed, waiting for results.

Resident/Family Council Updates

Resident Council meeting held October 23. Residents voiced appreciation of staff and for the good food and care. There were no areas of concern raised.

On November 24 the Annual Christmas Bazaar will be held from 10-4pm. This is open to the public and we would love members of the committee to attend.

Emergency Preparedness and Environmental concerns (including emergency codes practiced)

Code Red- practiced on all three shifts (September 26, 30, October 11)

Lee Manor

Grey County Operations Report to Committee of Management
Open Session

Submission Date: November 6, 2018
Information for the month of: September 11 – October 15, 2018
Financials

Financial analysis will be transitioned to Sienna Senior Living in 2019.

Scorecard: Quality

Data Source:
- Canadian Institute for Health Information (CIHI) quarter 1 (April to June 2018)
- QIP Data Q1 2018/19

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<tbody>
<tr>
<td>Reduce stage 2 to 4 pressure ulcers</td>
<td>1.6</td>
<td>4</td>
</tr>
<tr>
<td>Reduce antipsychotic medications</td>
<td>18.4</td>
<td>20</td>
</tr>
<tr>
<td>Reduce the number of falls</td>
<td>17.2</td>
<td>14.5</td>
</tr>
<tr>
<td>Reduce the number of restraints</td>
<td>3.6</td>
<td>3.5</td>
</tr>
<tr>
<td>Health Equity Leadership training</td>
<td>11</td>
<td>100</td>
</tr>
<tr>
<td>Complaints acknowledged to the individual who made the complaint</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Improve resident satisfaction</td>
<td>N/A</td>
<td>90</td>
</tr>
<tr>
<td>Reduce transfers to Emergency department</td>
<td>13.6</td>
<td>16</td>
</tr>
</tbody>
</table>

We will continue with the 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

Follow-up inspection to Resident Quality Inspection conducted on August 22, 23, 24, 2018. Compliance orders related to assessments (skin and wound, pain) were returned to compliance.

Scorecard: People

- Received a letter of appreciation from the Canadian Society of Nutrition Management thanking the organization for supporting Shannon Cox (Nutrition Manager) in serving on the Board of Directors
- “Thanks4giving” was the theme of the staff appreciation event held on Oct 3rd. The event acknowledged the commitment, hard work and quality service staff
provide. Apple crisp topped with vanilla ice cream was served to staff on all shifts.

Staff Service Awards
- 30 staff reached service milestones this year including four staff who received 25-year awards
- Corporate service award dinner held for employees with 15, 20 and 25 years of service

Sienna Partner Visits
- September 18- Financial Partner visit, budget lab
- October 3, 15 – Clinical Partner visit, identified priorities with a focus on wound and skin program, pain assessments, reviewed Resident Quality Inspection compliance plan and progress
- October 10, 2018- Resident Experience Partner visit, reviewed opportunities to streamline current practice, focus on admission process
- October 10, 2018- Dietary and Nutritional Care Partner, reviewed departmental priorities, focus on the auditing process
- October 10, 2018- Informatics and Quality Improvement Partner, focus on the MDS-RAI and Quality Improvement programs, review of quality indicators and outcomes
- October 24, 2018 – Participated in Volunteer Coordinator Teleconference

Projects, Location Events and Other
- Resident Fall Fair held in September that showcased many lovely creations. The awards ceremony included a pumpkin pie social. The displays attracted so much attention and positive feedback that they were extended over the Thanksgiving weekend for more family and visitors to enjoy. Ideas are already sparked for 2019!
- Many residents enjoyed a trip to a dairy farm where they were introduced to a modernized dairy farming and had the pleasure to watch a calf being born. This provided lots of opportunity for reminiscing and was the talk of the home for weeks!
- Residents were intrigued by the opportunity to raise monarch butterflies with our own indoor habitat kits. They learned about the lifecycle of the butterfly and celebrated with a release party in the outdoor garden area. This innovative program idea received rave reviews!
**Occupancy**

- 98.94% occupancy
- 49 move ins, 48 discharges

**Regulatory visits i.e. Ministry of Labour, Public Health**

- October 19, 2018 - Electrical Safety Authority, no findings
- October 23, 2018 - Ministry of Labour- Safe at Work, review of Workplace Violence and Harassment Program, no findings

**Written and Verbal Complaints Summary**

<table>
<thead>
<tr>
<th>Type of Compliant</th>
<th>Summary</th>
<th>Outcome(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td>Family complaint regarding staff communication</td>
<td>Meeting held with family, staff education provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unresolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Family complaint regarding care</td>
<td>Follow-up with staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Resident complaint regarding care</td>
<td>Follow-up with staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Resident complaint regarding clothing damaged in laundry (labeling of clothing)</td>
<td>Procedure for labeling heat sensitive clothing revised</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Family complaint about co-resident wandering</td>
<td>Meeting held, alternatives/options reviewed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Family and Resident complaint about communication</td>
<td>Meeting with involved staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Resident complaint regarding tablemates in the dining room</td>
<td>Resident moved to a different table</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Power of Attorney complaint about care</td>
<td>Meeting held with staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Family member expressed concern on the use of a bed alarm only during the night</td>
<td>Care plan revised to reflect a higher level of monitoring</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resolved</td>
</tr>
</tbody>
</table>
Compliments Summary

- Verbal – positive comments following tour “My decision is made, it is beautiful here. It is so bright, I love the rooms. This is where I want her to live.”
- 4 Verbal, 2 Written- Appreciation to the team for the excellent care and service
- Verbal- Numerous positive feedback from Residents and Visitors on the “Fall Fair” display
- Verbal- Several compliments from Residents and Visitors regarding the fall décor. Reporting “it feels like home”
- 3 Verbal- Resident compliments on the food
- 3 Verbal- Family members pleased with resident care and transition to Lee Manor

Occupational Health and Safety Issues

No issues or concerns during this reporting period.

Resident and Family Satisfaction Survey

Resident and Family Surveys completed, waiting for results.

Resident/Family Council Updates

Resident Council meeting held on October 4. Residents shared input regarding activities and programing ideas which will be implemented in November/December 2018.

Family Council meeting held October 16. This continues to be a well-attended engaged group in our care community. No issues or concerns voiced. The final Family Council meeting of 2018 is scheduled for November 27.

Emergency Preparedness and Environmental concerns (including emergency codes practiced)

Three fire drills held during the month. Staff responded as required and education was provided to clarify the procedure.
Rockwood Terrace

Grey County Operations Report to Committee of Management
Open Session

Submission Date: November 6, 2018
Information for the Month of: September 11-October 15, 2018
Financials

Financial analysis will be transitioned to Sienna in 2019.

Scorecard: Quality

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<td>Reduce Antipsychotic medications</td>
<td>8.6</td>
<td>6</td>
</tr>
<tr>
<td>Reduce the number of falls</td>
<td>19.6</td>
<td>15</td>
</tr>
<tr>
<td>Reduce the number of restraints</td>
<td>3.3</td>
<td>5</td>
</tr>
<tr>
<td>Health Equity Leadership training</td>
<td>12.5</td>
<td>100</td>
</tr>
<tr>
<td>Complaints acknowledged to the individual who made a complaint.</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Improve Resident Satisfaction</td>
<td>N/A</td>
<td>95</td>
</tr>
<tr>
<td>Reduce transfers to Emergency department</td>
<td>5.8</td>
<td>16.55</td>
</tr>
</tbody>
</table>

We will continue with the 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 this reporting period.

Scorecard: People

Staff Service Awards

- 17 staff reached service milestones this year including three staff who received 30-year awards
• All staff receiving awards were celebrated at the Home during the annual staff appreciation event held in June

• Corporate service award dinner held October 4 for employees 15, 20, 25 and 30 years of service

Sienna Partner Visits

• September 18- Financial Partner visit, budget lab

• September 26- Resident Experience Partner visit, established department priorities including resident experience, resident space and posting of information

• October 4, 17- Clinical Care Partner visit, established department priorities, reviewed skin and wound care and provided education related to applicable policies and procedures, reviewed Resident Quality Inspection compliance plan

• October 9- Quality & Informatics Partner visit, reviewed Committee Terms of References, sample agendas and Q1 Indicators, introduced quality audit guide

• October 11- Dietary and Nutritional Care Partner, discussed department priorities for the next 90 days and developed action plans

Projects, Location Events and Other

• Terry Fox Walk- Rockwood Terrace has participated in the annual Terry Fox walk for 28 consecutive years. This year, $620 was raised for cancer research. Earlier in September Terry’s brother, Fred Fox, shared stories with residents and staff about his inspirational brother. Mr. Fox also presented the home with a plaque in recognition of participation and support of the cause.
• Alzheimer Coffee Break - Fundraiser held October 1 and raised $106 to support this worthy cause
• Grand Pal Program - For the second consecutive school year Rockwood Terrace partnered with Spruce Ridge Community School to offer an intergenerational pen pal program. The program was recognized in the “Good News” section of the Ontario Long Term Care Association Newsletter.
  
https://www.oltca.com/OLTCA/OLTCA/Public/Good_News/RockwoodGrandPals.asp

**Occupancy (year to date)**

• 96.69% occupancy
• 33 move ins, 33 discharges

**Regulatory visits i.e. Ministry of Labour, Public Health**

The Electrical Safety Authority visited on October 1, 2018. Four defects and one recommendation were noted including the location source to disconnect motors and replacement of damaged receptacles. Some immediate action was taken, and a plan established for full resolution.

**Written and Verbal Complaints Summary**

<table>
<thead>
<tr>
<th>Type of Complain</th>
<th>Summary</th>
<th>Outcome (s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td>Family complaint regarding resident discharge from physiotherapy</td>
<td>Meeting held, goals identified Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Family complaint about resident care</td>
<td>Meeting held, options considered by family Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Resident complaint regarding tablemates in the dining room</td>
<td>Resident was moved to a different table Resolved</td>
</tr>
<tr>
<td>Verbal</td>
<td>Resident complaint regarding tablemates in the dining room</td>
<td>Resident was offered a table change, refused Resident satisfied with offer Complaint withdrawn</td>
</tr>
<tr>
<td>Verbal</td>
<td>Resident complaint about food</td>
<td>Meeting held, verified resident meal preferences Resolved</td>
</tr>
</tbody>
</table>
Verbal Family complaint of odour in resident room and bathroom. Meeting held, changes initiated Resolved

Verbal Resident complaint that the bathroom door (shared bathroom) is locked by co-resident preventing access Maintenance reviewed, new lock ordered, Outstanding

Verbal Family complaint regarding staff communication Investigation and follow up with staff and family Resolved

Compliments Summary

Received a card from the family of a former resident thanking the team for the kindness shown to their loved one.

Occupational Health and Safety Issues

Staff influenza campaign to commence October 26 with a goal of 90% participation.

Resident and Family Satisfaction Survey

Resident and Family Surveys completed, waiting for results.

Resident/Family Council Updates

Resident Council meeting held on September 28, 2018. Residents provided input into the Thanksgiving meal.

Family council did not meet during this time period.

The Annual Christmas Bazaar will be held Saturday November 17 from 10:00am – 2:00pm. All are welcome!

Emergency Preparedness and Environmental concerns (including emergency codes practiced)

All codes practiced with all team members during the Annual Education sessions held in September and October.

Fire drills held.