



Sienna Senior Living
September 11 2018



Reporting Structure

CARF 2019

CARF Accreditation 2019

- Management contract will allow homes to follow the preparatory process leading up to autumn 2019 Accreditation Survey. Work to begin in the background to get all Sienna owned and managed homes prepared.
- Accredited homes will receive stipend of \$.36 PRD or approximately \$41,552 / year in additional funding
- Planning needs to begin now (approx. 18 months in advance of Accreditation Survey) to address gaps in processes
- Mandatory LHIN Requirement anticipated

Management & Consulting Services

Four Strategic Pillars

Financial

- Budgeting
- Financial Planning
- Capital
- Envelope Management

Quality

- Quality Mgmt. Platform
- QIs & Public Reporting
- Quality Improvement
- Data Quality
- Resident & Family Satisfaction
- Accreditation
- Compliance

Human Resources

- Employee Engagement
- Recruitment & Onboarding
- Absenteeism
- Occupational Health & Safety
- WSIB management

Operating Platform

- Leadership
- Clinical Systems
- Environmental
- IT
- Complaints

Operational Review- Priorities 30, 60, 90 days

Priority 1: Financials

- Continued focus on achieving financial targets for the 2018 year
- Next steps to prepare for 2019 budgets:
 - 1. During the week of August 30th, County finance to share information with Sienna finance;
 - 2. Once all information is sent, Sienna finance to build the foundation of the 2019 budget template;
 - 3. A Budget Lab will occur utilizing Sienna's template will take place with all Administrator's with accountant support the week of September 18th
 - 4. Finalizing the week of October 15th
 - 5. Once finalized will then go to COM for final approval, excluding capital which remains out of scope.
- Ensure effective communication with both parties to ensure consistency and capacity.

Priority 2: Quality

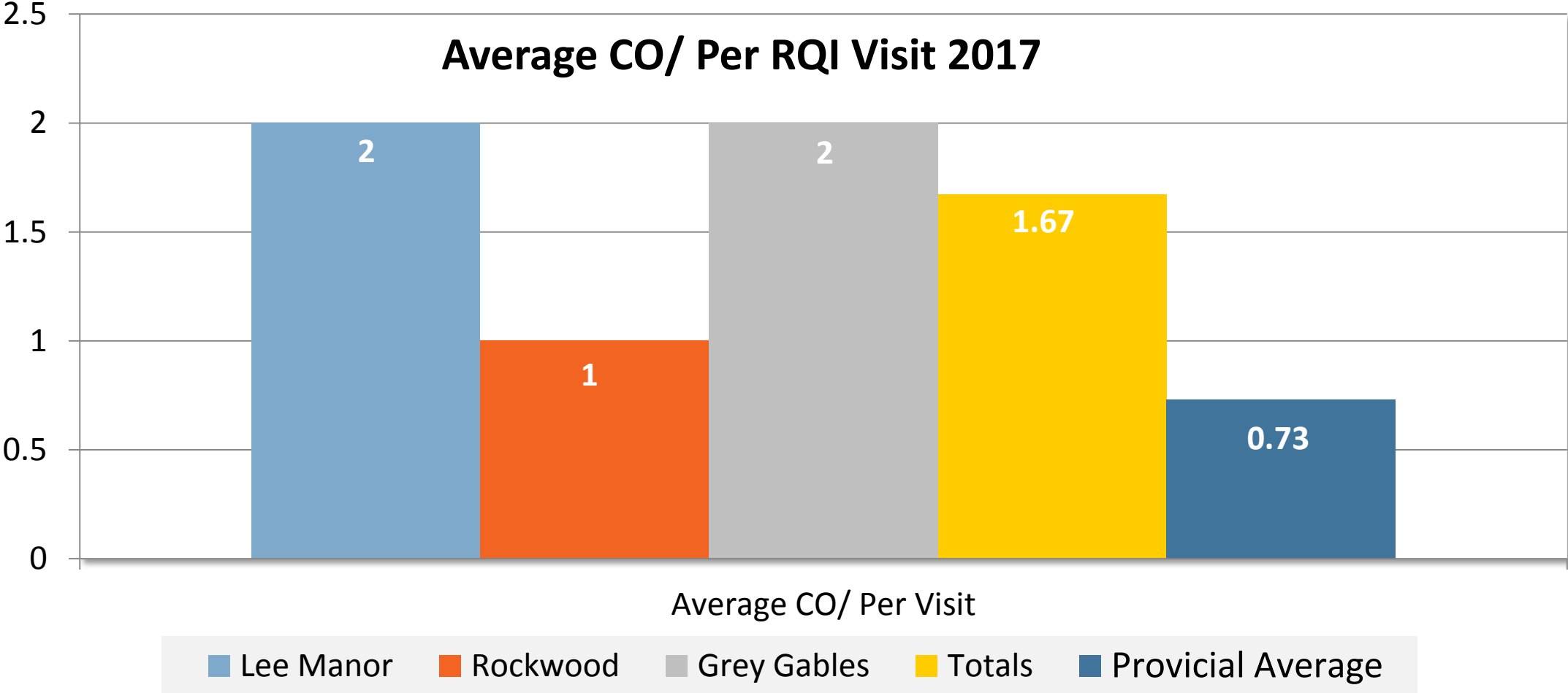
- **Quality Management Platform**
 - Implementation of committee structure
 - Streamline analysis and quality improvement programs in alignment with risk areas and best practices
- **Policy & Procedures:** Standardize implementation of policies across all homes for consistency and alignment of best practices
- **Regional Assignment Model**
 - Align leadership governance and structure
 - Align roles, responsibilities and accountability
- **Implementation of streamlined PCC platform to return time to care through:**
 - Reduction in duplication of documentation
 - Alignment of best practices in clinical services
 - Align security of PHI (Personal Health Information) to legislative and best practice requirements e.g. roles, password rules, remote access, onboarding & offboarding
 - Best practices for billing, trust accounts
 - Billing of revenue streams (phone, internet, etc.)

Priority 2: Publically Reported Indicators

Indicator	Grey Gables 2017 Q3	Lee Manor 2017 Q3	Rockwood Terrace 2017 Q3	SW LHIN 2017 Q3	Province 2017 Q3
Daily physical restraints	5.5%	4.0%	3.6%	6.6%	4.7%
Has fallen	10.9%	18.0%	13.7%	17.7%	16.1%
Taken antipsychotics without a diagnosis of psychosis	23.0%	15.9%	4.3%	19.1%	19.8%
Worsened stage 2 to 4 pressure ulcer	4.4%	2.3%	4.0%	3.0%	2.6%
Has pain	3.5%	2.9%	6.7%	7.3%	5.9%

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

Compliance



Priority 3 – Operating Platform

- Full deployment of Sienna policies and procedures in all departments, a soft roll out.
- Implementation of standardized practice in Dietary Operations to ensure safety
- Weekly calls to ensure action planning for all compliance orders addressed
- Implement third party Resident & Family satisfaction survey to allow national benchmarking and evidence based tool
- Review of all vendors & suppliers to ensure compliance to contract
- Conduct Integrated Safe Medication Management Program (ISMP) Audit to ensure safety
- Implement full management to include Dietary & Nutrition care services
- Development of consistent job routines & job descriptions for all disciplines

Priority 4– Human Resources

Focusing on:

- Absenteeism – a structured attendance management program
- Sick time management
- Agency utilization – improvements
- Overtime utilization- improvements
- To ensure care communities are in compliance with AODA regulations
- Ensure consistent application of policy and procedures
- To ensure consistency of onboarding and orientation processes and tools across the homes, to support recruitment and retention strategies
- To ensure the approach to WSIB management and early return to work program is effective and timely with home accountability.

Proposal: Future COM meetings

Information/ Reports shared at upcoming COM meetings

- COM be fully engaged in the operations of the care communities, and further build on our trust
- To be completed in collaboration with Sienna VPO and all Administrator's
- If required, a document for both open and closed sessions- decision
- Open session (non- confidential) document may be posted on the County website
- Closed session items to remain confidential due to potential privacy and financial impacts beyond what is required to be shared outward.

Sample- Open Session template

Financials

Table 1: Executive Summary Statement of Earnings ending month/ year of :_____

Variance Explanations

Table 2: Year to Date Capital Expenses:

Scorecard: Quality

Table 3: Canadian Institute for Health Information (CIHI) quarter 2 (July to September 2017) and 3 (October to December 2017) results.

Publically reported indicators and QIP:

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

Scorecard: People

Employee Engagement Survey Updates

Sienna Support Services Updates

Sienna Partner Visits:

Projects, Location Events and Other

Occupancy (data since last report)

•Occupancy %

•# of move ins

•# of discharges

Regulatory visits i.e. MOL, Public Health

Written and Verbal Complaints Summary

Compliments Summary

Occupational Health and Safety Issues

Resident and Family Satisfaction Survey

Resident/Family Council Updates

Emergency Preparedness and Environmental concerns (including emergency codes practiced)

Sample- Closed session template

Scorecard: Quality- Critical Incident Systems (CIS) reports summary

Scorecard: People- Labour Relations Summary and grievances filed

WSIB Current Month Summary: Accidents, Lost time, medical attention, outstanding WSIB for the month and ongoing outstanding WSIB claims.

Q&A / Discussion
