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GREY COUNTY LONG TERM CARE

EXECUTIVE SUMMARY – KEY FINDINGS

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Executive Summary

Grey County Homes awarded Sienna Senior Living Inc. preferred bidder status for RFP-LTC-11-17 in November 2017 for Management Consulting of the Grey County Long Term Care homes for a 5-year period. As part of the preparation for Management Consulting Services, Sienna Senior Living committed to completing an Operational Review of the three Grey County Long Term Care Homes. Grey County Homes service 316 residents who live in three properties: Grey Gables (66), Lee Manor (150), and Rockwood Terrace (100). Part of the impetus for this report is to address gaps in services and processes in current operations to support the RFP for Management Consulting by Sienna Senior Living.

The purpose of the Operational Review is to evaluate the operations at the three homes as related to organizational structure, financial operations, procurement, Information Technology (IT), Human Resources, Occupational Health & Safety, Operations inclusive of quality, clinical, dietary, nutrition care, and recreation & leisure, and environmental services; and to provide recommendations for improvement as well as ensure compliance with the *Long Term Care Act, 2007* and *Ontario Regulation 79/10* in the increasingly complex Long Term Care environment of Ontario.

The staff and leadership at Grey County Long Term Care homes are passionate about resident care; they are friendly, pleasant, and welcoming and it is obvious that residents are happy and cared for. The vision, purpose, and values identified in Grey County's 2017-2019 Corporate Strategic Plan are embedded in the philosophy of *Colour it Your Way* that is alive and well at each long term care home. There is a strong commitment to resident care and to the development of processes and systems.

What is noted is the need for additional support. While the Grey County homes are managing day to day operations, community partnerships, and resident-centred care, the increasing complexity of long term care in Ontario together with rising resident acuity, province-wide staffing issues, and greater accountabilities in financial management becomes a significant burden on independently operated smaller communities. The existing culture can be further strengthened through supports such as robust policy and procedure implementation, subject matter expertise in all areas, financial management support, and strengthened operational platforms.

The Operational Review is aligned into four (4) strategic pillars, Financial, Quality, Human Resources, and Operating Platform, as depicted in the graphic below. These pillars are the foundation to the operations of a Long Term Care home, and can be used to assist the homes in aligning their strategic priorities, and in the development of quality improvement activities based on the opportunities identified in the report.



Overview of Long Term Care in Ontario

- In 2018, more than 32,000 seniors remain on waitlists in Ontario for long-term care homes, up over 20% from last year.
- Aging is top of mind as Ontarians and Canadians are getting older. When the census data was released in May 2017, it marked the first time since 1871 that people over the age of 65 outnumbered those under 15. Ontario's share of aged Canadians was found to be slightly below the national average, but it is the dispersion of these seniors outside urban centres that will provide an exceptional challenge as demand for care in rural long-term care homes continues to rise.
- Today's long-term care residents have far greater needs than ever before. When they move in older and frailer than previous generations, they arrive with complex health issues, including feeding tubes, wound care, and IV therapy.
- Almost every resident has two or more chronic conditions, such as arthritis and heart disease, and 90% of residents in long-term care exhibit some level of cognitive impairment or dementia. Varying degrees of aggressive behaviour is exhibited by approximately 46% of these impaired residents. An estimated 214,000 Ontarians now live with dementia; this number is expected to more than double by 2036.
- Practically every resident requires help with activities of daily living, such as eating, getting out of bed, going to the bathroom and bathing; and one in three are highly dependent on staff.
- The average length of stay is now one year or less.
- Ongoing support needs to be provided by the government to ensure homes can better care for residents' needs and the future needs of a growing demographic of seniors. Ontario's current budget has committed to welcomed investments in frontline staff, enhanced dementia care, and measures for falls prevention.
- Other recent investments by government support the renovating and rebuilding of upwards of 300 or 40% of long-term care homes in Ontario – 30,000+ beds. These modernized homes are to be rebuilt or renovated by 2025 – that is, when the licenses for these homes and their associated beds expire. The bulk of homes in need of upgrading or redeveloping are small (fewer than 96 beds) with many situated in small and rural communities.

- Operators are looking to build homes at a minimum of 128 beds or more to improve economies of scale associated with the projects.
- Because of these increasing complexities within long-term care in Ontario, quality of care, resident safety, and satisfaction need to be top priorities.
- The women and men working in long-term care today are doing an incredible job caring and advocating for the most clinically complex demographic in the ever-changing health care system.

Sources: The Globe & Mail, May 9, 2017, HQO Measuring Up, 2016, Ontario Ministry of Finance announcement April 2017, Canadian Institute for Health Information (2016) CCRS Continuing Care Reporting System: Profile of Residents in Continuing Care Facilities 2015-2016, The Alzheimer Society of Ontario, 2017

Bill 160, Strengthening Quality & Accountability for Patients Act, 2017

In response to the recommendations of the 2016 report of the Auditor General to identify additional enforcement tools, Bill 160 enforcement changes include financial penalties applied to those operators who repeatedly do not comply with the requirements of Act.

On April 11, 2018, the Ministry announced an Administrative Monetary Penalty (AMP) framework to define levies on operators with continued non-compliance.

Critical AMP Category inclusive of not having the following positions in place: Administrator, DOC, Medical Director

High Risk AMP Category inclusive of:

- Alleged/Actual Abuse/Assault
- Continence Care & Bowel Management
- Falls
- Infection Prevention & Control
- Medication Incidents
- Nursing & Personal Support (includes 24/7 Nursing)
- Pain Management
- Responsive Behaviours
- Restraints
- Safe & Secure Environment
- Skin & Wound
- Weight Loss Management

Other AMP Category inclusive of: Any area not noted above in which the Ministry feels the site is not moving forward on following non-compliance / Order received

Any fines levied are to be paid by the Licensee out of O/A. Personal penalties would only come into play in the event of a court decision.

Non-compliance with requirement under the Act + Compliance Order	Other Risk AMP Amount	High Risk AMP Amount	Critical Risk AMP Amount
Issued	\$0	\$0	\$0
Re-Issued 1X	\$1,000	\$5,000	\$10,000
Re-Issued 2X	\$2,000	\$10,000	\$20,000
Re-Issued 3X	\$3,000	\$15,000	\$30,000
Re-Issued 4X	\$4,000	\$20,000	\$40,000

Re-Inspection fees may also be levied in the event that that MOHLTC has to conduct a follow-up inspection due to non-compliance (especially as related to Critical/High risk). The fee to Licensee would cover the cost of inspectors coming to the home, and is based on number of visits (not number of items addressed).

Methodology

The operational review was conducted through a series of site visits, stakeholder interviews, and consultation with representatives from the County with responsibility for supporting the LTC communities, including Administrators and Department Managers at Lee Manor, Rockwood Terrace, and Grey Gables. Onsite meetings with residents, families, and staff in all departments were conducted along with telephone follow-up conference calls; together with review of regulatory and financial reports and analysis of long term care services in the local area.

The organization and structure of the LTC communities were assessed, including staff responsibilities and operational systems by department, together with review of:

- Financial and operating data at the administrative and departmental level, including financial reports and budgets
- Hours per resident day by department / cost per resident for various revenue and expense accounts in all envelopes, including formulation of options for cost reduction and revenue enhancement with feasibility analysis
- Operating costs relative to comparable homes per diem costs by department
- Operating systems, processes, programs, and audit tools in respect to their effectiveness and consistency with long-term care standards, clinical, environmental, recreation & leisure, laundry and housekeeping
- Staffing utilization, staffing patterns, job routines, and management relative to common long-term care practices
- Procurement practices
- A comparison of departmental staffing and practices with homes that operate within MOHLTC funding
- Quality Indicator Analysis benchmarked with the province
- PointClickCare system and documentation practices
- Union contracts and Human Resources practices
- Policy & Procedure implementation

This Review was comprehensive and analyzed operations in order to identify best practices and opportunities for cost efficiencies in all departments. Both high level and specific deliverables were identified, and consultation with the Administrators was conducted to validate findings and preliminary recommendations.

Based on this methodology, the Operational Review team have developed the following report and recommendations to support Grey County homes in providing high quality care to residents and ensuring compliance with the requirements of the *Long Term Care Act 2007*.

Key Findings – Summary

The most significant theme is the need for the support of specific Long Term Care expertise in most departments, as the systems and processes currently in place at all three homes may not be adequate to meet current and future regulatory and professional requirements and standards, particularly in light of increased scrutiny by the MOHLTC with *Bill 160 Strengthening Quality & Accountability for Patients Act* receiving Royal Assent as of December 12, 2017 and ongoing challenges in increased resident acuity, family expectations, staffing and financial management, etc.

Currently, there is no overall governance structure with specific departmental experts in operations to support full implementation, development, monitoring, and sustainability of systems in the ever-changing and increasing complexities of Long Term Care in Ontario. Access to a robust support structure of resources and subject matter experts will alleviate some of the challenges experienced in smaller organizations such as the Grey County homes to maintain standards while pursuing best practices going forward.

There needs to be a greater priority at all levels on the use of indicators, financial, labour, and RAI-MDS data. It is recommended that the Committee of Management and Senior Management receive regular reports regarding the performance of the homes in all areas: financial, quality of resident care, and human resources.

Policies & Procedures

Grey County homes have purchased many operational policy & procedure manuals from Sienna Senior Living; individual policies are then revised to reflect the operation of Grey County homes. It is unclear what the process is for review and finalization of these policies; each Administrator and manager described different processes, with lack of clarity over who has ultimate authority over policy.

It was also observed that in several cases there are combinations of Sienna, third party, and legacy Specialty Care policies being implemented. Clarity is required to note that although the foundational information came from Sienna, each policy has been reviewed and is reflective of operations within Grey County homes. Subscription of Sienna policies & procedures has been ongoing for several years, and the organization currently contracts with a third party provider for dietary leadership and nutrition care. This third party also provides policy and procedure in this area of service. The process to then adapt these policies into a set of manuals to be deployed in all three homes is undefined and subsequently policies are finalized on an as needed basis. It is not clear that the Grey County versions are developed in a collaborative manner. There is evidence that policies conflict and subsequently direction to staff is inconsistent.

Document management has been noted as a challenge, particularly in light of the change in internal electronic management from Grey Docs to Alfresco. At this time several steps are required from receipt of revised policies to dissemination and implementation, with a considerable time lag between the two.

Further to policy development, a quality management process requiring strict document management protocol and dissemination of policy updates at regular meetings ongoing is required to ensure compliance to policy and practice which includes frontline employee feedback and education. Follow up by expert partners during regular visits with managers and frontline staff will support the reinforcement of policy practice for sustainability. It is recommended that the full suite of Sienna policies and procedures be implemented with minimal adaptation. It is notable that Sienna operates 44 long term care homes in Ontario with this suite of policy manuals. These manuals are developed in a collaborative manner so that all care and service areas have consistent goals and direction. The policies are able to be deployed across the province in homes of varying geography, size, and design standard.

Financial Operations

Regular, ongoing reporting is recommended with increased accountability for variances and understanding of budgeted expenses.

Procurement

The Grey County homes will benefit from implementation of centralized, consistent processes inclusive of increased vendor management, workflow automation and tracking of expenditures, and ongoing contract management.

IT / Technology

While the basics are in place, there has been no focus on next generation security – a great concern in today's world where healthcare is the number one attacked sector. More safeguards and greater visibility are required.

Human Resources & Occupational Health & Safety

Various recommendations have been identified for improvement, including the full implementation of the Human Resources Policy & Procedure manual, a standardized approach to recruitment and selection, formalized and enhanced staff learning and development programs, and a structured attendance management program.

Various areas of non-compliance were noted in regards to Occupational Health & Safety; the full implementation of the Occupational Health & Safety Policy & Procedure manual will support compliance and provide structure to the Joint Health & Safety Committees at each site to maintain ongoing compliance.

Resident & Family Satisfaction

The current Resident/Family Satisfaction Survey has been created by Grey County and is executed using Survey Monkey. The questions have been developed based on Manager experience and subsequently the survey contains some questions that are quite leading in nature and would not likely be representative of a resident or family experience. An evidence based widely used third party tool would provide more relevant information, reduce the number of questions, reduce the burden on staff for distribution and analysis, and provide much needed benchmarking both provincially and nationally. As

indicators of Resident and Family Satisfaction become increasingly more important as the primary indicator of quality, the ability to drill down to what the driving factors are that influence satisfaction/dissatisfaction outcomes will be paramount.

Clinical Operations

The clinical care and services delivered to residents is best provided in a collaborative inter professional team approach. Although nursing departments are often leaders in the assessment, development, implementation, and evaluation of plans of care; it is both best practice and required under *the Long Term Care Homes Act, 2007* that each professional service conduct adjacent and collaborative processes to ensure best resident outcomes. The review of the clinical areas of care focused on the deliverables required for best seniors' care given the acuity and complexity of care needs in this population.

Enhancement of the clinical documentation system will assist in reducing duplication of documentation and is expected to improve management of the RAI-MDS system, which determines the Nursing and Personal Care funding envelope.

Dietary & Nutrition Care

While these departments are adequately staffed, quality of service will be enhanced through the adoption of standardized practices and formalized training, common processes/systems, and current long term care practices. Job descriptions and routines have limited detail to provide staff with enough direction on what they are required to do and how to do it. Training and orientation is deficient across the board for all departments.

Recreation & Leisure

The greatest areas of opportunity include enhancing the application review process and move in experience, volunteer program, and innovation in service delivery. RFSMs are not meeting the 5 days' response requirement for LHIN for applications 100% of time and on a consistent basis. The Volunteer program requires revision of role descriptions, responsibilities, and annual evaluations.

Environmental Services

In environmental services, no two staff in any one home do things the same way, which indicates a lack of standardization and supervision.

Four Strategic Pillars

Financial

There are recommendations for cost savings in all areas including, but not limited to, procurement, labour and expense management. All three Grey County homes are incurring higher operating costs per bed based on funding and compared to other communities. These additional costs translated to over \$6,740K in total for 2017; just over \$21K per resident. In addition, Grey County's PRD is higher than sector and Sienna benchmarks in multiple areas in all three Grey County homes.

Grey County is spending more levy than some other Municipalities in Ontario. The average Grey County total PRD Cost of \$238.25 is higher (by \$39.01) compared to a sample comparable Municipality at \$199.23 PRD.

Recommendations

1. Consider implementation of a financial application that allows all communities to run their financials on a real-time basis.
2. Make financials available to each home on a regular monthly basis, within 15 days of previous month.
3. Monthly Financials to be prepared in a detailed format with MTD and YTD information.
4. Develop process for monthly variance reporting to improve accountability. Statements organized by department and funding envelope will allow each site's team a clearer understanding of budgeting effectiveness and ensure day to day expenditures are captured and recorded in a timely manner, allowing for corrective action to be taken each month to resolve or make up for expenditures over the approved budget.
5. Monthly financial variance reporting to be completed by Administrators and reviewed with finance for timely decision making in relation to adjustments for variances.
6. Review governance of budget process to improve LTC review and approvals.
7. All three homes should review their cost structure on a line-by-line basis (wages, benefits, and operating expenses), to understand the root causes of their variances with comparators and work toward reducing those costs.
8. Recently, the Ministry announced certain new funding initiatives. For example, an annualized RN funding amount of \$106K will be provided to each licensed LTCH effective July 1, 2018, to increase specified care and direct care hours provided to LTC residents. In addition, a \$100 PRD will be provided to each licensed LTCH effective July 1, 2018, to provide supplementary funding to LTC homes to procure equipment that will help prevent residents from falling or suffering injuries from falls. Sienna can assist in developing strategies to maximizing use of this funding.

Procurement

The procurement of goods and services specific to Long Term Care is an important component of operations. Primary spend areas include food, continence supplies, and nursing supplies. Coordination of contracts, cost guarantees, and compliance to spending programs is required to ensure funding envelopes are appropriately managed with no risk of variance on the Annual Reconciliation Report that could result in funding claw backs in subsequent years.

Recommendations

1. Vendor Management: initiate process to regularly review all vendor agreements via business reviews and tracked compliance to deliverables / utilization of values.
2. Most vendors have education and support personnel beyond account managers who can provide support to clinical and service programs. Homes to access these services in a coordinated manner to ensure a systemic approach to care and service delivery across all homes.
3. Purchasing Process / Workflow Automation: implement an automated control system for issuing, tracking, and managing Purchase Orders to streamline work flows and bring about efficiency, tracking, and control of capital and operating expenses. This will also allow for access to information and the ability to pull various types of data, resulting in increased insight for tracking actual vs. budgeted expenditures in real time.
4. Contract Management: Create a database to provide a central repository for access to contract information, allowing for centralized monitoring and management of contracts for performance and compliance, as well as expiry and renewals.

Quality

Robust quality management systems and processes enable the delivery of high quality services to residents. Ensuring the delivery of a consistently high level of care and services throughout the Grey County organization through an effective, integrated Quality & Risk Management program enhances the ability to carry out this mandate.

While the Grey County homes have a process in place for quality management, there are inconsistencies among the three homes related to the quality management program. A coordinated program will provide a standardized methodology to monitor quality improvement activities in the homes based on risk and priorities. Data analysis and root cause analysis of the various types of data, and programs are the foundation for decision making, information, quality improvement measures which lead to best practice programs.

There is opportunity to strengthen the quality platform and provide the appropriate resources. The highest risks as outlined in the risk framework are identified as:

- Human Resource Management
- Quality Indicators – performance improvement activities
- Financial Management
- Implementation and execution of Policies & Procedures

Recommendations

1. Fully implement the Quality Management Program with Risk Management schedules to support Quality & Risk Management activities for all departments and programs.
2. Review the committee meeting structure and terms of reference for all committees to streamline content and audience.
3. Provide education for leadership of Resident Safety Committee about analysis of the RAI MDS quality indicators and relationship to clinical programs.
4. Implement quality improvement initiatives to address ill performing clinical areas such as pain, pressure ulcers, and depression.
5. Continue to work with Pharmacy vendor to prioritize actions for QI projects and integrate into the overall Medication Management Program Annual Review process.

Human Resources

A comprehensive review was conducted in the area of human resources at the three Grey County homes. This review was conducted through onsite meetings with various members of the management team and frontline staff, an in depth analysis of current systems and processes, and a physical inspection of each of the three Grey County homes. From a people perspective all three locations foster an environment that is truly focused on resident care, and the communities were found to be bright, cheery, and clean. All staff members and managers were welcoming, helpful, and friendly.

Tools for the recruitment and selection process are not consistent across the locations. It does not appear that the tools have been updated to reflect compliance with Accessibility for Ontarians with Disabilities Act (AODA). There is no active employee referral program in place.

Best practices for recruitment include participation from cross-functional partners (HR, Clinical, Leisure, Informatics, etc.) for the recruitment and selection process for new candidates in leadership roles, allowing for an interdisciplinary approach to recruitment. This is a big challenge locally and provincially.

While a partnership with Sienna will not resolve all the challenges, a consistent approach based on best practices will help.

Recommendations

Various recommendations for improvement were identified during the review, including but not limited to:

1. Implementation of a comprehensive Human Resources Policy & Procedure Manual
2. A standardized approach to recruitment & selection
3. Formalized learning & development programs
4. A structured attendance management program
5. Formalized peer-to-peer meeting structure

Occupational Health & Safety

A comprehensive review of Occupational Health & Safety systems and processes was conducted in consideration of legislation and best practices at all Grey County homes. Various management team leaders and members of the Joint Health & Safety Committee demonstrated passion and dedication in the area of occupational health & safety. Some noteworthy accomplishments in this area include ergonomic sit / stand stations and the process of updating the job safety / physical analysis components for each job classification.

Recommendations

1. Implement Sienna Occupational Health & Safety Policy Manual to ensure compliance as related to an overall OH&S program; ensure JHSC review and input of the Manual per legislative requirements.
2. Join or implement a formalized structure for regular JHSC Peer collaboration to share information and best practices and work collaboratively on new initiatives.
3. Implement standard set of meeting tools for JHSC, including agenda template available in OH&S Manual.
4. Implement regular workplace inspections per legislative requirements following procedure in OH&S Manual.
5. Take advantage of formalized education for JHSC Co-Chairs offered via Sienna on various OH&S topics i.e. how to properly complete monthly JHSC workplace inspections.
6. Implement prescribed policy & procedure for JHSC Bulletin Boards to ensure required information is posted and kept current per legislation.
7. Implement policy & procedure standards around First Aid stations and requirements.
8. Implement policy & procedure to govern asbestos management in compliance with regulations.

Operating Platform

Leadership

The governance structure of the Grey County homes is a functional model that provides for leadership of all three homes through the Director, Long Term Care Services (Lynne Johnson), who works with the Administrators at each site to execute on strategic and operational plans as defined by the Committee of Management, Long Term Care. This Committee meets monthly to provide information and subsequently give direction to the Director. Daily operations at each home are facilitated by a management team led by an Administrator.

The organizational structure at each home is consistent with other LTC homes in Ontario. Staffing plans and models indicate that minimum staffing levels are being planned as required per The Long Term Care Homes Act, 2007, which mandates regulations regarding minimum staffing levels for key positions and credentials for leadership and management of staff. This Operational Review did not include any review of individual leaders or management credentials.

Grey County and home Administrators are committed to increasing consistency and operational efficiency across all three homes, and have initiated progress in areas such as joint purchasing, regular meetings, and sharing information. However, for the most part, the homes have historically operated independently from one another.

In terms of governance and operational planning, the overarching challenges facing this team are fast paced changes in acuity of resident care, expectations of complex service delivery within a highly regulated environment, and consumer demand for more responsive and inclusive services that are locally delivered. This triangulation is creating increased pressures on the division, resulting in inconsistency in service delivery and escalating costs.

The systems and processes to support staff and leaders in their day to day activities are truncated and in some areas outdated, which requires staff to make decisions on a case by case basis without consistent application of processes.

Recommendations

Recommendations exist to streamline operations to gain effectiveness and efficiency in the system, releasing administrative burdens from staff and creating more time for care. Areas of opportunity include but are not limited to:

1. Implementing and sustaining common systems, processes, and routines
2. Consistent implementation of policies & procedures across all three homes
3. Purchasing practices
4. Programs for training & orientation
5. Quality Management
6. Document Management
7. Performance & Attendance Management

PointClickCare (PCC) Database

A comprehensive review of Grey County's Electronic Health Record, PointClickCare (PCC) was conducted as part of the operational review, inclusive of the following:

- Electronic Health Record Scorecard review
- General configuration
- Security, including remote access, security roles, password rules, and session timeouts
- Clinical configuration, including the care plan, assessments, point of care tasks, and progress notes
- QIA including data entry, exceptions, and improvement activities.

It was noted that new functionality available in PCC is not currently being utilized.

Recommendations

1. Standardize the pick lists to one corporate list, inclusive of all site specific information.
2. Utilize the hot list for external facilities to make it easier for staff to find facilities that are frequently accessed by a site specific location.
3. For the user defined fields, streamline to one standardized list for selection and education for staff to use consistently across all locations.
4. Establish a process to onboard and off board users as they join or leave the organization.
5. Establish protocols for the enablement of remote access.
6. Establish a protocol for password requirement complexities for all users in accordance to best practices.
7. Set passwords to expire at a predetermined frequency.
8. Design and reassign new security roles to be scoped corporately for all homes.
9. Remove ability for staff to create draft notes as it runs the risk of resident records being left incomplete.
10. Standardize practices for the utilization, tracking, and trending of hospital transfers utilizing the PCC hospital transfer portal.
11. Education for all Registered Staff about how to complete the Quick ADT and update the Hospital Transfer portal with the outcome of the transfer.
12. Monthly review and discussion including hospital transfer data, with analysis of ED transfers.
13. Update data base including QI, Assessments and Care Plan Library.

CARF Accreditation

Grey County has expressed interest in becoming accredited through a recognized accreditation body. In order for the homes to be successful with their accreditation status, it is necessary to understand the requirements and standards outlined by the accrediting body. When the homes are accredited, they will receive a stipend of \$0.36prd or approximately \$41,552 per year in additional funding.

As outlined in the response to the RFP, Sienna successfully completed its CARF accreditation survey in October 2016. Led by an expert team made up of support services and care community employees (including employees who are certified CARF Accreditors), all homes were involved in the planning and execution of this process and participated in preparatory webinars/education sessions, which were key to making the project a success.

Key highlights of the accreditation process included:

- Overall result of 99% conformance to over 1,400 standards
- 3-year accreditation for all Sienna owned and managed homes
- Project was delivered on time, with very successful outcomes

As part of a full management agreement with Sienna, Grey County Homes will be included in all the preparation and accreditation planning for autumn 2019 (the next accreditation cycle). The preparation process is key in a successful award, and the LTC homes will need to initiate their gap analysis and planning approximately 18 months in advance of their accreditation survey.

It is important to note that some LHINs have made it mandatory that all LTC homes have an accreditation status and there is a likelihood that other LHINs will follow with this practice.

Moving Forward

Strategies for improvement and opportunity in all areas identified in the report will be addressed through a formalized approach utilizing Sienna's support model. This model includes a dedicated team of experts in each functional area working collaboratively with the leadership of the homes to develop a risk based action plan addressing each item in the report.

Staff and leaders at the Grey County homes are committed to the delivery of resident centered care. There is evidence of alignment with the values of the organization and regular efforts are made to ensure the individual needs of residents and families are met.

Of particular note is the requirement for implementation of a full suite of interdependent policies and procedures that will ensure best seniors care is achieved while regulatory requirements are met with positive quality outcomes in all care and service areas including clinical care, dietary and nutrition, housekeeping and laundry, therapy, and recreation.

In concert with the deployment of Sienna policy and procedure manuals, it is recommended that a review of job roles be conducted across the leadership teams in all three homes to achieve greater alignment of responsibilities for day to day care and service delivery. Such alignment will provide an opportunity to refine collaboration on long term care department wide initiatives and identify leaders who could provide expertise in projects on behalf of all three homes. Movement toward this model will minimize redundancy in the implementation of new processes and initiatives in the communities.

The operating platform that supports effective and successful resident care is complex and requires shared leadership for homes to be successful and wisely use the expertise and resources that are available. The regional structure of Sienna will nicely support this goal, with the homes becoming part of a region of approximately 10 other homes that support and share with each other through the leadership of a Vice President of Operations and participation of Executive Directors/Administrators. This team approach has proven essential in promoting best outcomes in the operating platform.

In implementation of ongoing enhancements in the areas of the four strategic pillars, the teams at the communities will work through a planning process to develop improvement plans to address the recommendations outlined in the report. To measure, monitor, and communicate the progress of the improvement activities, the homes will develop a balanced scorecard. The balanced scorecard is a strategic planning and management system and is used to:

- Communicate what the homes are trying to accomplish
- Align the day-to-day work that everyone is doing with strategy
- Prioritize projects, products, and services
- Measure and monitor progress towards strategic targets

The table below is an example of a balanced scorecard. The Grey County scorecard will be developed in conjunction with the planning priorities and overall strategy of the organization. This planning and measuring process is integral to the success of the organization moving towards a sustainable quality platform for the delivery of excellent care and services.

Sample Balanced Scorecard

FINANCE			RESIDENT/FAMILY SATISFACTION & QUALITY INDICATORS		
	Actual	Target		Actual	Prov. Avg.
NOI (meets or exceeds budget)			Worsened Pain	8.3%	10.4%
Envelope Underspend			Worsened Stage 2-4 Pressure Ulcers	2.4%	2.9%
Envelope Overspend		\$nil	Inappropriate Antipsychotic Use	2.9%	24.2%
			Overall Resident Satisfaction	82%	80%
			Resident Survey (Response Rate)	70%	68%
			#MOH Compliance Orders (per home)	.49	1
PEOPLE			COMMUNITY		
	Actual	Target	Exemplary Accreditation Status	Actual	Target
Overall Team Engagement	80%	75%		Accreditation Achieved	Accreditation Achieved
Response Rate	87%	50%			
Effective Management	76.3%	80%			

The development of a balanced scorecard, utilization of the risk framework, and standardized reporting will provide a quality management structure to support the homes and provide key information to the County on a scheduled basis.

Though the full management services proposal as submitted with the RFP, it is our commitment to work closely as a partner with Grey County and their leaders to meet and exceed their quality and operational objectives.