

APANS Health Services
Richmond Terrace

STRATEGIC PLAN

2021/2022





History of APANS Health Services

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

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

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



WE CARE...

About belonging

About supporting autonomy

About respectful relationships

About our staff who honor those we are privileged to serve

...BECAUSE YOU MATTER

VISION

To pioneer the possibilities of life's next chapter

VALUES

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

Our Core Value: CHOICE

C OMPASSION

H OLISTIC

O PEN

I NTEGRITY

C ARING

E THIC

APANS Health Services
 Richmond Terrace
 2021
 SWOT Assessment

Strengths:

- Home with very few compliance issues- post MOHLTC inspections
- Dedicated Long Term Staff
- Advancement in technology is a priority.
- Knowledgeable staff
- Good reputation within the community
- Cleanliness, free of odors
- Management team strong and united
- Low turnover in management team
- Majority of family members are truly appreciative of care provided
- Tour process very thorough. Feedback is positive
- CMI maximizes staffing levels
- Staff and Management Team strong advocates for residents
- Small town location, history
- Creative recreation opportunities
- Beautiful scenic grounds with serenity pond
- Strong RAI Coordinator in house
- Long Term Care liaisons amongst homes in the corporation
- More corporately driven, with more corporate support.
- Family owned corporation
- Strong dedicated volunteer base
- Local PT in addition to full Rehabilitation in-house Department with a warm welcoming space
- Low outstanding accounts for residents
- Great Spiritual Care Department with daily presence ensuring accessibility for resident and staff
- Designated themed recreation areas including Montessori and Snoezelen programs
- CARF Accredited (Maximum award)
- Social Worker, Dietician and internal BSO Services available

Weaknesses

- Attendance Issues
- Staff Retention/Recruitment
- Lack of qualified applicants
- Working short – lack of staff to assist in the dining rooms.
- Poor morale
- Aging work force
- Resistance to change
- Generation shift – live now and work later
- Ministry Expectations vs budget reality
- Ministry limitations
- Staff burn out
- Current staff vs new staff
- Orientation process
- Staff consistency for care assignments
- Dining room noises
- Communication during move in process
- Transition from hospital/retirement homes
- Designated smoking area for residents
- Staff leaving LTC industry for other career paths

<ul style="list-style-type: none"> • Modernly enhanced facility with spacious living areas for residents • Individual Birthday Recognition. • Strong recognition program • Use of One Call System/Staff Stat for filling shifts • Security and resident safety (camera installation) • Very active Health and Safety team • Good working relationship with Union • Infection prevention process including UV lights, high touch cleaning, screening process etc • Communication with family • Essential caregiver process • Online scheduling • High vaccination rate among staff and visitors • Over 160 essential caregivers 	
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Corporate Standardization of Policy and Procedures • Strengthen our Family Forum • Be more marketable • To build on recreation opportunities • Dining experience • Expand payroll programming and scheduling system • Increase staff morale – Staff Appreciation • Staff Social Club • Education incentives • Funding opportunities for external learning/ training • Heightened IPAC practices as identified by the pandemic • Investigate creative recruitment options • Technology for resident involvement in recreation • Work with University and college to recruit students • Work with local hospital for 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Poor Staff Morale • Increase in mental health issues • Unrealistic Care Expectations from Families • Negative Media Attention • Employees having more than one job • Transitions NCLEX (Transitioning from US to Canadian – working both countries) • Challenging resident expectations • Increased complexity of residents • Changing population of residents (younger – mental health conditions) • Baby Boomer Expectations • Changing work force • Staff burn out • Outcome measurements from Ministry investigations • Rising food costs with no MOH increase. • CMI Stability • Ministry Funding (BSO; NURSE PRACTITIONER)

<p>improvement in IPAC processes</p> <ul style="list-style-type: none">• Over 160 essential caregivers	<ul style="list-style-type: none">• Costs of supplies• Opioid Crisis• Uncertainty of funding.• Super Bug (infection control)• New LTC facility being built in Amherstburg• Cyber threats• COVID -19• Continuing changes to practice due to the pandemic• Constantly Evolving Visitor Policies and Procedures.• Finding qualified staff (recreation, dietary, nursing specifically)• Increased LOA numbers reducing staffing ratios• Threat to the LTC industry based on the \$3 increase to PSW wage from government• Staff leaving health care industry for other career paths• Information and media overload for residents and families leading to confusion on policy• Over 160 essential caregivers• Ministry mandating vaccination for staff
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Pursuit of Excellence

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

To create an exquisite dining experience for residents.

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

Join our Conversation

To develop a process to communicate public reports.

To standardize our reporting processes throughout the organization.

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

Team Engagement

To create a recruitment and development process for our team.

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

To develop a work place culture that meets our mission.

Financial Sustainability

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

To appropriately manage the costs related to WSIB.

To be fiscally responsible.

Overview of Strategic Planning Session for 2021/2022.

The focus of our strategic planning session for the upcoming year, 2022, was to review our 2021 goals and establish a path forward for 2022. In the face of the COVID-19 Pandemic it was important for the team to determine where we are at and reprioritize as a team. The session allowed us an opportunity to set a clear path for 2022.

During the strategic planning session, we developed a structured focus for 2022 as we adjust to our current challenges and goals that the COVID-19 Pandemic has necessitated. The goals were set as a collaboration of the home's main focuses for the next year. This helped our group focus on enhancements that will cross departmental boundaries while improving; the environment, staffing structures and care needs for the residents and infection control. They focused on the pillars set out in our corporate mission, vision and values.

We discussed ways of implementing ways of bringing the home like atmosphere back into the home and still following our IPAC practices to ensure the safety of our staff and residents.

The Management team spent time brainstorming ideas that would allow us to "think outside of the box" and challenge us to all consider new ways of doing things. This was done through various sessions as well as the review of our SWOT. It helped us identify the things we are not doing well and prepared us to review the future needs of our home.

Enclosed, you will find copies of the information shared at strategic planning sessions, the SWOT (strength, weaknesses, opportunities, threats) analysis and many of our reviewed and revised plans. It also has the goals for moving forward in 2022.

Implementation of some of the ideas will occur in the last quarter of 2021. We believe in applying daily the best practice philosophy of CARF. This affords us the opportunity to highlight the excellent work of our staff and share what we are doing in senior care in Amherstburg.



APANS
Health Services

ACCESSIBILITY PLAN

Richmond Terrace

2021

Accessibility Quality Improvement Worksheet

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

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Architectural							
Bathroom Accessibility- Not enough space in renovated bathrooms to complete toileting transfers.	The option of commode chairs for toileting in residents' rooms. Communication of these accessibility limitations to corporate office to ensure this limitation is not repeated with future redevelopment projects. Offer alternative bathroom space.	Medium	\$600.00 each. Home currently has a surplus of commodes.	Nursing Equipment envelope	Ongoing	Ongoing	Director of Clinical Services
Smoking Spaces for Residents	Investigate opportunities for safe resident smoking spaces. Home explored and implemented smoking areas in the rear of the building.	Medium	Unknown	OA	December 2022	Specific resident received accommodations to smoke in September 2020	ED
Service and Delivery Entrance is not user Friendly	Replace large window with a double set of doors. Home to reevaluate on 2022 OA.	Low	Unknown	OA	December 2022		DOES
Environmental							
Heating and Cooling Issues in the home	Investigate opportunities to improve the system. Computer requiring update to manage system. Currently with	Medium	Unknown	Repair and Maintenance	September 2022		Facility Manager APANS

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	three year limit system fix.						
Hot Water Challenges	Replacement hot water tanks	Low	Unknown	Repair and Maintenance	September 2021	March 2021	DOES
Outdoor Staff Break area	Obtain applicable permits from town.	Medium	\$2,000	Staff to self-fund	Summer 2022		DOES
Attitudinal							
Discrimination by family towards staff	Resident's rights education to be completed with Resident Form and through resident newsletter. Expectation of conduct shared in our newsletter. Explore the use of our visitors code of conduct reviewed on admission and reinforced at multidisciplinary Meetings. Refer to abuse and neglect policy and procedure. Refer to Code White policy and procedure as required.	Low	0	N/A	Annually	Ongoing	All Staff
Customer Service	On hire and annual customer service education through Surge Learning. Above and beyond	Medium	0	N/A	Annually	Spring 2021 - Ongoing	All Staff

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	recognition letters. Move In/Move Out Survey. Redirection as required for breach of behavioral standards. Staff appreciation. Educate Resident Council on expectation of customer service.						
Financial							
CMI To improve and monitor current CMI status.	To continue to monitor Ministry of Health Case Mix Index and re-indexing factor. To utilize VP of Best Practice and innovation as required.	High	0	Nursing Budget	Annually	Ongoing	Executive Director
Website update to enhance virtual tours	Marketing – provided updated photos	Medium	Unknown	OA	December 2021		Executive Director
Ensure Resident accounts are paid in full	Monitor Accounts Stay in contact with families ASAP; when in arrears. Pre-Authorized Deposit for 90 % of residents Successful transition of residents to PGT assistance	Medium	0	0	December 2022	On-going Annual review of accounts to write off outstanding dept Capacity assessment completed on resident	Director of Business Services

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	Ensure that financial abuse is being appropriately reported (PGT, Police, CI – Financial Abuse)						
To manage finances in a fiscally responsible/sustainable manner.	<p>Ensure variances are accounted for Managers to receive budgets monthly.</p> <p>Home to receive financial info in a timely manner from HO & Directors to use Tracking Tool at home-level</p>	High	0	Management of all funding envelopes	Monthly - Ongoing		Executive Director
Employment							
Retention- Staffing Challenges all departments	<p>Exit Interviews Completed when possible.</p> <p>Networking with community agencies to maximize the chance of finding properly certified employees.</p> <p>The development of a working short committee. Successful 12 hour trials for Registered and Unregistered staff, weekend warrior positions.</p> <p>Posting of temporary full</p>	Medium	0	Nursing Envelope	September 2021	September 2022	All Management Staff

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	<p>time positions for summer months.</p> <p>Use of local job fairs.</p> <p>Evaluation of our current orientation process.</p> <p>Explore the option of set schedule for part time staff. Successful for our QCA schedule.</p> <p>Explore the option of monthly schedules for part time staff.</p> <p>Explore and implementation of 12 hour shifts for PSW's.</p>						
Transportation							
No mass transit available for residents of Amherstburg.	<p>Lobby the county for the addition of transit system.</p> <p>Utilize Sharp Bussing Company as applicable.</p> <p>To explore alternate transportation system for our area.</p> <p>DOPASS to reach out to local retirement home to inquire about utilizing transport van.</p>	Low	\$500.00	Programs Envelope	Ongoing	Ongoing	Director of Programs and Social Service
Other:							
Increase residents accessibility to nurse call system.	Gordon Ruth created 3 wireless pendants with connectivity to nurse call system for increased	High	\$1000	Nursing Envelope	May 2021	May 2021	DOES

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	access to nurse call system within the residents room.						



APANS
Health Services

CULTURAL COMPETENCY PLAN

Richmond Terrace

2021

Cultural Competency Quality Improvement Worksheet
Working to meet the needs of Persons served, personnel, other stakeholders

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
Age/Gender						
To ensure that our younger residents have access to age appropriate programming.	Resident Satisfaction Survey Results show there has been a decrease of activities that are diverse and meeting resident's needs. COVID-19 restrictions have dramatically affected the program department.	Further investigate the opportunity of adding technological programming for our younger population. August 2020- Wifi implemented throughout home which increased resident availability to IT based programming. (Zoom, facetime, skype)	December, 2021	Resident Council members voted to purchase 2 Tablets to increase technological programming for the higher cognitive functioning group. Training/ education will be provided through the Programming staff.	Tablets purchased August 2020 Wifi completed August 2020	DOPASS
		To investigate set up of a movie room.	July, 2022	Process delayed due to COVID-19. Room scheduled for painting September 2022. Movie posters acquired from local movie		DOPASS

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
	Increase the number of mobile TVs for residents in mandatory isolation	Purchased 3 Tvs with mobile stands with Netflix access		theater September 2022. 2 TVs purchased, 1 TV donated, actively used.	February 2021	DOPASS
To create gender fluid programming as appropriate.	Maintain high satisfaction in diversity of programming.	<p>Make all programming inclusive and welcoming to all genders. Monitor calendar and adjust as needed.</p> <p>Review and revise existing programs that identify exclusivity to ensure residents have the opportunity to participate in programs formerly identified by gender.</p>	December 2022			DOPASS

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
Develop an inclusive and supportive working structure for our employees	Identify the needs of the multigenerational worker	Education of staff on the generational differences. Education on outcomes with a focus on strength-based outcomes.	July 2020	To include the needs of the worker regarding the challenges working within the LTC sector and provide a supportive focus.	Dec 2019 & Jan 17 th 2020 A Mediator was brought into the Home to speak with staff who work with challenging caring circumstances.	ED & LEADERSHIP TEAM
Socioeconomic						
To ensure that all residents have a level socioeconomical playing field	All residents have an equal opportunity to participate in programming	All programs are provided at no cost to the resident. Mobility Aids are available as required to residents at Richmond Terrace despite socioeconomic status.	Ongoing Ongoing	Continued throughout 2021/2022 Continued throughout 2021/2022 Continued throughout		Director of Programs and Support Services Rehabilitation Coordinator & DOPASS CHAPLAIN

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		<p>All spiritual services available to all residents despite socioeconomic status.</p> <p>Participate in Santa to a senior.</p> <p>Resident Council financial support for those residents in need. Formal Policy and Procedure to be developed.</p>	<p>Ongoing</p> <p>December 2022</p> <p>December 2022</p>	<p>2021/2022</p> <p>Participate Annually ongoing</p> <p>Well received, ample participation.</p>		<p>DOPASS</p> <p>DOPASS</p> <p>DOPASS</p>
<p>To assist employees thru catastrophic events</p>	<p>Identify employees who have suffered a catastrophic event.</p>	<p>Share information on employee catastrophic events with Corporate team. Corporate Team to provide financial assistance as appropriate . Policy developed and shared with the homes.</p>	<p>Ongoing</p>	<p>Program was established and continues to be utilized.</p>	<p>2020/ongoing</p>	<p>CEO</p>

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
To assist employees with academic opportunities	Encourage employees to continue to utilize the academic assistance program.	<p>Leadership team to continue to support the promotion of the program.</p> <p>Funding allocated on an individual basis.</p> <p>Annual Administrators Certification opportunity for each home. One manager is supported to complete course annually.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Melissa Cranston attended 2020</p> <p>Helen Friesen Leadership education 2021</p> <p>Helen Friesen RAI/MDS certification November 2020</p> <p>Melissa Cranston/ Tina Digiovanni GPA training 2021</p> <p>Natalie Unis RAI RUGS course 2021</p> <p>Natalie Unis Health and Safety training May 2021</p> <p>Allison Green Falls prevention 2020</p>	Open	CEO

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
Language						
To improve communication with residents, staff and families who have limited English.	Translation information on a as needed basis	Sign Boards in residents' rooms Bill of Rights Translated as Required Signage in residents rooms in native language indicating bathrooms etc. Communication Cards Utilize google translate on Ipads with residents	Ongoing Ongoing Ongoing as required Ongoing as required February 2021	2021 Sign boards remain in use in resident rooms with positive feedback Individualized communication cards made as required. Noted as part of the resident's plan of care when in use. Actively utilizing IPads	Open Open	All staff DOPASS DOPASS
Culture						
To improve staff knowledge in respect to Cultural Diversity with both residents and coworkers	Evidence of Cultural Education for all staff	Annual Surge Learning –Cultural Diversity Implement Resident Around the World	Completed Annually September 2022	Completed 2021	Completed Annually	All Staff DOCS/DOPASS

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		Display				
To be cognizant of resident response to cultural diversity/sexual orientation in the homes	Staff Complaints statistic and trends	Education of residents on cultural diversity/sexual orientation. Celebration of multicultural events such as Black history Month, Gay Pride etc. National Day of Truth and Reconciliation	September 2021 December 2022 September 30 th 2021	Completed – Pride Day	June 2021	DOPASS
Persons Served						
To be aware of resident and staff cultural needs	Annual staff and resident survey's.	Facilitate staff and resident surveys annually. Rehabilitation department facilitates hometown exploration via exercise bikes with virtual tours	Facilitated in May 2021	Staff survey is to be completed November 2021 Process developed and executed May 2021	Resident survey Completed July 2021 May 2021	LEADERSHIP TEAM Rehabilitation Services Coordinator
Spiritual Beliefs						
Individualized cultural differences including cultural,	Resident Centered Plans formally address and	If there are individual cultural needs for a resident, they would be	December 2022 Ongoing	Currently working with residents and families to ensure that this is	Completed Annually	D.O.C.S DOCS DOPASS

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
<p>age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language are recognized in the delivery of resident care to mesh with our resident centered care</p>	<p>document cultural variables inclusive of culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language.</p>	<p>outlined in their plan of care. Cultural and ethnicity that is captured on recreation assessment tab will be captured on point click care. Dietary department will accommodate cultural food preferences as requested. Spiritual needs and considerations will be addressed on an individual need in conjunction with residents and family. Medical restrictions based on beliefs are captured in the resident's plan of care.</p>		<p>being addressed in a timely manner.</p>		<p>RAI Coordinator</p>
<p>Ensure staff spiritual rights are being met to the best of our abilities</p>	<p>Accommodate appropriate environment for staff to participate in faith based rights.</p>	<p>Multi faith recognition for staff. Understand Activities observed for various faith groups</p>	<p>December 2022</p>	<p>Moved to 2022 due to COVID -19 restrictions</p>		
<p>Sexual Orientation</p>						
<p>To ensure alignment of program supplies and procedures with</p>	<p>Program Policy and procedures regularly reviewed</p>	<p>Review and access current program policy and procedures for</p>	<p>Ongoing</p>	<p>Ongoing Review and Revise</p>		<p>DOPASS</p>

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
cultural, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language are culturally competent principle and practice	and revised to reflect awareness and importance of diversity.	diversity content.		New program policies and procedures to be launched in November 2021		
Foster a professional and positive environment that is receptive to sexual needs of our population	Satisfaction survey results	Education of staff, employees and families	Ongoing	Resident survey completed by Programs staff	July 2021	DOPASS



APANS
Health Services

RISK MANAGEMENT PLAN

Richmond Terrace

2021

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

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
Influenza Pandemic	High risk Prevalence for influenza cases in staff due to low Immunization rates.	Increase noted in influenza immunization statistics for staff and residents.	Corporate Infection Control Manual. Increase flu clinics and education of staff Increase staff incentives, i.e. treats, gift cards, Tim Horton's Contest with movie night out. To utilize Nurse Practitioner for education for staff. Pair flu immunization clinic with COVID-19 swab clinics.	Statistics of immunization of Staff. Highest influenza immunization rate among staff was achieved in 2020.		October 2020	Management Team
COVID -19	High Risk	Work collaboratively with Directives as they are released.	Please refer to Professional Advisory Meeting Minutes from all of 2020. Summary of action noted there.	No active COVID 19 cases within the home as of September 2021.			All Staff
Elopement	High risk and incident rates of resident elopement. Home in close proximity to Detroit River and high traffic area.	Decrease noted in elopement incidents in the home due to home security and only 1 accessible entrance and exit.	Explore the option of manning the welcome center at Front Door. Reminder to family and staff and residents in the home's newsletter of the risk of residents eloping with them. Explore the capabilities of our	Elopement statistics Home	Home continues to use camera footage viewing for any residents that have eloped due to visitors entering/leaving	March 2021 Completed in 2020 newsletter. January 2020	Leadership Team

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
			<p>current wander guard system to determine if an alarm can sound on exit.</p> <p>To communicate risk at Family forum and through multidisciplinary meetings by February 2022.</p> <p>Re-evaluate signage at Front Entrance.</p>	<p>explored this option, not possible with current nurse call system.</p> <p>Increased signage at the front door.</p>	<p>g the Home. The visitor has been called and provided follow up regarding the risk involved with entering/leaving the Home.</p> <p>March 2020- Front door. June 2020 Front door locked and screener moved to rear entrance. This screener implementation as a result of COVID-19 has successfully eliminated all elopements in the home</p>	<p>March 2020</p>	<p>DOES</p> <p>Leadership Team</p>

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
Balcony Usage	Potential fall risk.	Residents able to safely utilize balcony with no incident of falls or injury.	Currently the doors are coded with wander guard system to decrease risk. Investigate the idea of leaving balconies unlocked. All access closed due to COVID-19 Risks. Team to evaluate key usage for program department.	CIS Reporting and/or resident injury.	.	April 2020 September 2020	DOES/DOPASS
Bee Management	Increase of bee population surround property.	Decrease in bee population noted on property and less incidents of Bee exposure and stings for staff. Home to explore employees allergies on hiring.	Bee traps placed throughout the home's grounds. Explore pest control contract and options. DOES has outside service sanitize garbage bins on an annual basis.	WSIB incidents regarding bee stings.	No bee sting incidents reported for 2020/2021	All noted interventions ongoing to maintain success.	Executive Director Joint Health and Safety Committee

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
Security	High risk of intruders.	Richmond Terrace grounds free of unwanted intruders.	Security cameras have been installed throughout the home. Lock on all outdoor gates. Placement of staff member at entrance of home. Refer to Code White Policy and Procedure as required.	CIS reporting, WSIB injury, near misses and family feedback reports.	No reported unwanted intruders noted in home for 2019/2020	September 2020 March 2021 Ongoing	Executive Director and Joint Health and Safety Committee
Health and Safety	Fire Department access to the home.	Fire Department was not able to gain access to the home during an emergency situation, as they did not know the door access codes. Review and revised fire manual	DOES provided the fire department with their own separate code that gains them access to the building. Added search grid to Code Yellow to enhance search process.	Fire department now has access to building at both entrances. Implemented May 2021	Lock box installed, personalized entry code initiated. Reviewed by all appropriate parties including JHSC	June 2021 June 2021	DOES Health and Safety Team

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
IPAC	Worldwide pandemic. (COVID 19)	Increase IPAC practices and auditing.	Hire a designated IPAC lead, to replace previous IPAC lead (retirement). Ensure IPAC lead has proper education and certification. Work with corporate IPAC lead to reduce risk.	Employment offer has been made, awaiting acceptance pending on references.			
Home is in close proximity to Fermi II	Increase risk for code grey air occlusion.	Comprehensive Policies and Procedures in place to address the increase risk of code grey in our homes area.	Refer to Corporate Policies and Procedures as required. Ongoing training of staff, residents, families and volunteers. Work with local community to develop an evacuation plan. Code Drill documentation reviewed.	Incidents of non-compliance. Changes of procedures after analysis of findings.	Completed Annually	Ongoing Continue to monitor progress	Joint Health and Safety Committee
WSIB CLAIMS	Increase noted in reports workplace	Increase noted in lost time claims in the home.	Working With Reed Group to manage claims. Provide preventative	To assess recovery time from injury	Created WSIB binder with all incidents/lost	Ongoing	Joint Health and Safety Committee

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
	injuries.		<p>education for reducing workplace injury through Surge Learning.</p> <p>Joint Health and Safety Committee to review workplace injuries.</p> <p>Review WSIB injuries and trends and present findings at quarterly quality meeting.</p> <p>Continuing to evaluate current practices and policies in conjunction with corporate head office.</p> <p>Work with Reid Group and APANS Health Services to ensure employees are offered Modified Work with all injures as required.</p>	back to full duties.	<p>time & modified days.</p> <p>Ensuring workers are completing their modified time in the home versus days off.</p> <p>A full review of all current/open WSIB incidents and RTW plans in the home. Home is no longer creating jobs for those requiring modified RTW plans but modifying existing job duties.</p>	Monthly 2021	<p>All Staff</p> <p>ED & DOCS</p> <p>ED</p>

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
Responsive Behaviors	Increase noted in incidents surrounding responsive behaviors.	Train two internal GPA trainers in the home.	Identify 2 individuals to become trainers and register for the next available course.	Melissa Cranston registered for September 2021 course. Tina Digiovanni to be registered.	Outcome would be to increase the number of employees who are GPA certified by December 2023.		ED
Retention- Staffing Challenges all departments	Increase in amount of unfilled positions at Richmond Terrace	All positions at Richmond Terrace to be filled as required.	Exit Interviews Completed on an ongoing basis. Networking with community agencies to maximize the chance of finding properly certified employees. The development of a	Decrease in the reported amount of unfilled positions at Richmond Terrace Liaised with local community colleges, associations, staffing agencies,		Was to be	All Departmental Managers ED/DOCS/LM/ Leadership Team

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
			<p>working short committee.</p> <p>Use of local job fairs.</p> <p>Evaluation of our current orientation process.</p> <p>Explore the option of set schedule for part time staff.</p>	<p>Indeed.ca, social media platforms</p> <p>“Weekend warriors” PSWs offered consistent shifts, QCAs offered set schedules.</p> <p>Explored unable to develop due to the need for more part-time employees. Explored the creation of full time positions.</p>		<p>released January 2020 but delayed due to COVID-19.</p> <p>Ongoing</p> <p>April 2020</p>	

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
			<p>Explore the option of monthly schedules for part time staff.</p> <p>Exiting staff checklist to be developed</p> <p>Exploring the option of twelve-hour shifts</p>	<p>Not feasible due to the frequency of last minute leave of absences in the home.</p> <p>Awaiting new Policy and Procedure release.</p> <p>PSW 12 hour shifts trailed for 3 months, unsuccessful.</p>		<p>March 2020</p> <p>Was to be released January 2020 but delayed due to COVID-19 until approx November 2021.</p> <p>February 2021 (PSW) RN/RPN ongoing, implemented</p>	

Identification of Loss Exposure	Evaluation and Analysis of Loss Exposure	Identification of How to Rectify Identified Exposures	Implementation of Actions to Reduce Risk	Reporting Results of Actions Taken to Reduce Risk	Inclusion of Reduction in Performance Improvement Activities	Actual Date	Person Responsible
				RPN and RN ongoing		June 2021.	



APANS
Health Services

TECHNOLOGY PLAN

Richmond Terrace

2021

Technology Quality Improvement Worksheet
Working to meet the needs of Persons served, personnel, other stakeholders

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
Hardware							
Tablets on Snack/Beverage Carts & Serverys. Future Meal Suite implementation.	Determining funding	8-10k per home		ITX Solutions	Spring 2021 February 2022 (RT)	January 2019	Copper Terrace completed, rest of the homes to come once funding determined Tablets arrived, awaiting education. (RT)
Computers /Laptops have a 5-7 year lifecycle typically	Replace as they fail, however good idea to budget for 5-8 per year	Each computer with software is approx. \$1000-1300		Administrators, ITX Solutions	Annual Budget		1 laptop purchased (RT)
Software							
Connection to E-Connect for all homes	Corporate office and Director of Clinical Services collaborating on set-up through PCC	Based on resident population, approx. .04 cents per diem	Training time, policy development	DOCS & VP of Best Practice and Innovation	Dec 2018	Training required	Complete Current issues with use to be rectified.
Security/Confidentiality							
Symantec Antivirus / Malware Renewal	Renew antivirus	Unknown		ITX Solutions	Dec 2021	Annual	Completed
Confidentiality Declarations are signed at hire and annually. Remote access confidentiality form is also signed by all employees who have remote access.	Annual education in Surge Learning shall include training on confidentiality and signing declaration	None	None		April 2021	Annual	Completed
Disaster/Virus							
Next Generation Firewall Renewal	Renew	\$500-1000	Security is	ITX Solutions	Yearly,	Annual	Renewed as they

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
	subscription to get protection current and replacement hardware under warranty program. When renewed it is important to upgrade firmware as well.	depending on size of the device at the home	becoming something that requires keeping on top of things and it is critical that we continue to keep the networks as secure as possible		however renewal of 3 year period saves on cost.		come up for renewal. Completed
Assistive Technology							
Assistive Computer systems in all Homes available to all residents	To maintain equipment and accessibility for resident computers in the Homes	\$500 annually	Maintaining a schedule for accessibility for all residents	Director of Programs and Support Services	Annual Budgeting	Annual	Maintain Completed
Home Specific							
Introduce more technology into programming/activities/rehabilitation services	Source virtual reality programming tools for seniors Virtual access for programs (Zoom, skype) Explore the expansion of IT supplies in recreation department	Approx. \$15000	Funding, finding suitable equipment.	Director of Programs and Support Services	June 2022		Rehab – bike with TVs (RT) Mobile TVs with Netflix (RT) Ipads with programs(RT) Communication applications on Ipads (RT) Printer/fax machine x4, one on each resident home area. (RT)
Upgrade the Environmental Services computerized automation system	To maintain service of HVAC system	Approx. \$10,000		Director of Environmental services	September 2023		
Improve automated services	Computerized e-	\$50000		Director of	February		Ordered

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
	<p>box.</p> <p>Computerized fridge, water and air temperature systems.</p> <p>Accushield computerized screening tool.</p>			<p>Clinical Services</p> <p>DOES/ Director of Culinary Services</p> <p>ED</p>	<p>2022</p> <p>December 2021</p> <p>March 2020</p>	<p>March 2020</p>	<p>Ordered</p> <p>Complete</p>
Explore Abby Board personalization options.	Trial three residents for Abby Board personalization system	No cost for trial.		Director of Program and Support Services	December 2022		
Explore corporate payroll program change. Computerized scheduling, paperless communication for giveaways, vacation requests, switches and family emergencies.	APANS Health Services to open to companies for RFP process.	Unknown		APANS Leadership Team	December 2021		
Create orientation packages in PDF format to ensure standardization. Decrease copies.	New APANS Health Services Orientation needs launched in policy manager.	0		Richmond Terrace leadership team	November 2021		
Streamline recreation and rehabilitation documentation process.	APANS to collaborate with Wellbi to develop a standardized platform for recreation/rehab documentation	Subscription cost of approx \$1500 per year.		<p>APANS Leadership team</p> <p>DOPASS</p>	November 2021		
Group drive cleanup (RT)	The home is to work collaboratively with ITx Solutions	Unknown	Time	All Leadership team	March 2022		

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
	to organize the group drives within the home.						

Richmond Terrace

Attendance Strategic Planning

Leadership Team:

Executive Director - Annette Morris

Director of Clinical Services - Helen Friesen

Clinical Services Manager- Kimberly Taylor

Clinical Services Manager – Helen Friesen

Clinical Services Manager – Kathleen Murphy

Director of Business Services – Tracy Carvallo

Director of Environmental Services – Anthony Lopez

Director of Culinary Services – Lisa Rosati

Rehabilitation Manager – Alison Green

RAI Coordinator- Natalie Unis

Director of Program and Support Services: Melissa Cranston

Corporate – Laura Scott

STRATEGIC PLANNING RICHMOND TERRACE 2021-2022.

ATTENDANCE

Annette Morris – Executive Director

Helen Friesen – Director of Clinical Services

Tracy Carvallo- Director of Business Services

Melissa Cranston – Director of Program and Support
Services

Allison Green- Rehab Services Coordinator

Lisa Rosati- Director of Culinary Services

Natalie Unis- RAI Coordinator

Asholey Calito- Clinical Service Manager

Kathleen Murphy- Clinical Service Manager

Kim Taylor- Clinical Service Manager

Anthony Lopez- Director of Environmental Services

Laura Scott- V.P. of Best Practice and Innovation

Joe Anne Holloway- V.P. Quality & Strategic Direction



APANS
Health Services

Home Strategic Direction Goals for 2021-2022

1. Team Engagement:

Goal

To develop a plan to work within the COVID-19 restrictions to improve the home like feel at Richmond Terrace from a baseline of 82.2% satisfaction by 10% within the next year.

Objective

- Explore opportunities to work with families to increase the homelike environment of residents' rooms.
- Evaluate the usage of TVs within the dining rooms during meals to the residents preferences.
- Reduce the conversation between employees within the dining room by utilizing education and monitoring.
- Revisit the use of soft music playing during meal time.
- Consider opportunities to improve aesthetics of dining rooms within the IPAC constraints.
- Work on reduction of overhead paging between staff.
- Explore opportunities to decorate the home in a way where they can not be easily removed or pulled down.
- Collaborate with the APANS leadership team to finalize the corporate colour painting pallet within the home.
- Involve residents and families to discuss the homelike environment within the constraints of COVID-19 guidelines.
- Explore ways to visually improve the homes entrance, screening area from a temporary set up to a more permanent, professional environment.

Outcomes

Lead

DOPASS, ADOCS (2nd floor)



APANS

Health Services

Home Strategic Direction Goals for 2020-2021

2. Financial Sustainability:

Goal

To increase the paid CMI from 1.01 to 1.02 by March 31st, 2022.

Objectives

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

Outcomes

-

Lead

RAI MDS Coordinator, RSC, CSM (3rd floor)



APANS
Health Services

Home Strategic Direction Goals for 2020-2021

3. Pursuit of Excellence:

Goal

To improve the overall resident satisfaction with their meals from a baseline of 86.9% by 5% to 91.25% based on the Resident Satisfaction Survey, specifically where residents indicate “I enjoy the food that is provided to me.”

Objectives:

- To implement the Winter/Spring menu.
- Explore the option of initiating resident choice meals on the Winter/Spring menu.
- Improve the presentation of show plates with the possibility of introducing digital show plates.
- Explore the option of adding garnishes to meals.
- Explore the option of resident based recipes on the menus.
- Increase managers presence in the dining room at meal times.
- Work with culinary staff to ensure appropriate condiments are being provided based on menu choices.
- Ensure staff are following standardized recipes to improve food quality.
- Explore the option of having food samples be provided to the Food Committee for review.
- Complete a food satisfaction survey of 10% of the population to be completed quarterly for the next year.
- Share and discuss results of the food satisfaction survey with the Food Committee.

Outcomes:

-

Lead:

DCS, ED, DOES



APANS
Health Services

Home Strategic Direction Goals for 2020- 2021

4. Join our Conversation:

Goal

To improve the perception of the complaint process as indicated in the question “When I have raised concerns or complaints, they are resolved to my satisfaction,” from a baseline of 86% by 5% to 90% by August, 2022.

Objectives

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

Outcomes

-

Lead:

DBS, DOC, ADOCS (3rd floor)



APANS
Health Services

Home Strategic Direction Goals for 2020-21

1. Team Engagement:

Goal

To expand on last year's goal of improving work place culture to offer wellness program that meets the needs of our team during the COVID-19 pandemic. The staff survey question regarding culture will increase from the homes base line noted in 2020 by 10% by June 30, 2021.

Objective

- Reevaluate the homes orientation process. Explore a mentorship program by formally pairing new staff members with a seasoned employee.
- Explore the implementation of a post orientation meeting to review and address any concerns the new employee may have.
- Host Health and Wellness opportunities for staff and management team within public health guidelines
- Participate in the annual APANS Health & Safety Week (October 26 to October 30, 2020)
- Continue to support staff in health and wellness opportunities and tips regarding self-care.
- Continue to review healthy snacks that can be offered throughout the home in 2021.
- Trend the WSIB injuries to identify opportunities for improvement

Outcomes

- Orientation package was restructured corporately and trialed at the home.
- The home attempted to assign new employees with seasoned staff but due to staffing shortages the home was unable to maintain it.
- The home was unable to implement the post orientation meeting program at this time. The home will consider this objective for 2022.
- Home encouraged staff to utilize virtual clinics offered through Green Shield.

- Home provided counselling options for staff. Chaplain and Social Worker available to speak with employees as needed.
- Created a COVID-19 Video for Health and Safety Week that was shared with all employees and APANS homes.
- Inspirational educational materials shared with staff.
- A record of snacks that were provided to staff is available.
- Various themed tokens of appreciation provided for all staff throughout the year. Average two times monthly.
- All quarterly WSIB trending completed for the year.
- Supported sister homes with small gifts during their outbreak. Spiritual recognition candles and signage in the home.

Lead

Director of Programs and Support Services, Clinical Services Manager, Rehabilitation Services Coordinator, Director of Environmental Services.



APANS
Health Services

Home Strategic Direction Goals for 2020-2021

2. Financial Sustainability:

To increase the Case Mix Index at Richmond Terrace from a baseline of 1.02 to 1.08 by December 31, 2021.

Objectives

- Ensure all midnight licensed staff are trained on how to complete RAP summaries.
- Train/Review PSWs on proper charting to ensure accuracy in capturing current time and level of activities. Ensure during Orientation new staff are trained on documentation process.
- BSO to review the MDS schedule to ensure there is documentation in the look back period.
- Ensure Pharmacy is completing reports during the lookback period.
- Ensure Physician are completing reports during the lookback period.
- Review and maximize and maintain a consistent level of at minimum 50% of the population on two Restorative programs.
- Review diagnosis of all residents and ensure that we are capturing all information completely and accurately.
- Review the process for timely capturing of significant changes of status.
- Work collaboratively with Physical Therapy department to ensure the home is maximizing the low/medium/high rehabilitation categories.
- Weekly review of Nursing Restorative programming by leadership team.

Outcomes

- The homes C.M.I has decreased from 1.13 to 1.09.
- August 2021 each residents RUG group was audited by RAI/MDS coordinator to determine reason for decrease. Residents are no longer able to participate in PT or restorative, or are not attending restorative programs due to staffing shortages
- Home will ensure physician visits will align with observation period when possible.
- New RAI MDS coordinator attended RAI/MDS certification education.

- Upon hire, RPN staff get three training shifts on nights.
- RAI/MDS coordinator meets with new hire to answer any questions regarding RAPs. Once RPN completes their first RAP it is reviewed by RAI/MDS coordinator and any issues noted are rectified with further education.
- New hire PSWs get training on the floor by seasoned PSWs who are familiar with the coding process.
- While coding, if RAI/MDS Coordinator notices any discrepancies in the charting a one on one follow up is completed. This may include a formal in-service as required.
- RAI/MDS Coordinator created an example sheet of each of the levels of resident participation in their care and posted it in the staff room as a reference.
- RAI/MDS Coordinator to provide a short in-service during orientation on proper documentation to increase accuracy.
- Home to continue aligning pharmacy quarterly reviews with RAI/MDS assessment schedule when possible.
- Due to staffing shortages BSO team not working at full complement.
- Physicians are now seeing and documenting on each resident within the OBS period.
- Current percentage levels for Restorative Nursing :
 - o 2W: 64.5%
 - o 2E: 66.7%
 - o 3W:79.1%
 - o 3E: 75%
- TOTAL BUILDING AVERAGE: 70.9% of population on at least 2 restorative programs. (As of Aug 26, 2021)
- Home continues to capture RAI/MDS significant changes effectively.
- Weekly C.Q.I. meetings continue to be an effective way to capture resident care needs.

Lead

RAI MDS Coordinator, RAI MDS Coordinator – Back up, Director of Clinical Services



APANS
Health Services

Home Strategic Direction Goals for 2020-2021

3. Pursuit of Excellence:

To increase resident satisfaction with their incontinence products in a fiscally responsible way. This would be noted by a 5% positive increased in the resident/family survey question, “I am satisfied that the continence product keeps you clean, dry and comfortable”.

Objectives:

- Assess continence level of all residents on admission using the three day voiding diary, TENA Profile assessment.
- Continue to complete the Bowel and Bladder assessment in PCC on admission, quarterly and change of condition.
- Unit managers to review and assess the TENA Change request forms as needed.
- Brief type clearly noted in resident’s room in closet.
- Work with the TENA representative to explore more fiscally responsible interventions.
- Education of PSW’s on brief management, fiscal responsibility and risks of skin breakdown.
- Review quarterly TENA reports, and identify areas of improvement.

Outcomes:

- All residents assessed for continence level on admission using the three day voiding diary, TENA Profile assessment.
- Complete the Bowel and Bladder assessment in PCC on admission, quarterly and change of condition. Completed on midnight shift.
- Unit managers have reviewed and assessed the TENA Change request forms as needed.

- Brief type is clearly noted in resident's room in closet. In May 2021 the home did a complete audit of all brief type logos. All updated as required.
- Currently Richmond Terrace is within budget for incontinence supplies.
- Bedside education is pending but all employees complete annual continence training as part of the homes annual education system.
- Continence lead reviews all quarterly reports as needed.
- Home was proactive during the pandemic and preordered briefs to ensure coverage in the event of a delivery issue.
- Home to explore the use of the TENA orientation checklist for new employees.
- 2020 percentage was 90.1% and 2021 was 83.18% resulting in a 6.92% decrease in satisfaction.
- As a result this goal was not attained.
- We strongly believe this negative outcome was due to the climate surrounding the current pandemic.

Lead:

Clinical Service Managers, Director of Clinical Services



APANS
Health Services

Home Strategic Direction Goals for 2020- 2021

4. Join our Conversation:

Goal

To develop a process to standardize sharing of information, pandemic education and COVID-19 directives with residents, families and staff. As shown with a positive increase (5%) in our resident, family and staff survey question “Would you recommend this home to others” .

Objectives

- Share information in the monthly newsletter and using One Call Now
- Shared Ministry of Long-Term Care and Chief Medical Officer of Health directives (COVID-19 Binder in staff lounge & on all four units). Flag any new information as it arrives.
- Continue to host health & safety huddles , leadership huddles and team huddles as needed
- Ongoing information check-ins with Ontario Health West, Windsor Essex Public Health, APANS Health Services and Ministry of Long-Term Care COVID Resource representative
- Joint Health & Safety email correspondence and education sessions.
- To share news and information as needed with staff and family surrounding personal phone calls, technology visits (e.g. Skype, Zoom, FaceTime, etc.) and e-mail (photos etc.)
- Explore the development of standard shift report checklist.
- Leadership Team to be diligent is checking and answering emails daily

Outcomes

- The home continued to share information in the monthly newsletter and using One Call Now. The home also added emails as a form of communication. Which was well received.
- The home shared Ministry of Long-Term Care and Chief Medical Officer of Health directives (COVID-19 Binder in staff lounge & on all four units). Flag any new information as it arrives. The home also utilized the communication tab in PCC as needed.
- Daily leadership meetings continue, departmental meetings are being held, increase rounding on the units to communicate with the staff.
- The home continues to communicate with the MHLTC, PHU. The home tracks vaccination status of employees. Updating and submit all required reports.
- Email was an effective tool of communication throughout 2021 for the JHSC. Meetings held allowed the team to ask questions and clarify information as needed.
- The program department shared news and information as needed with staff and family surrounding personal phone calls, technology visits (e.g. Skype, Zoom, FaceTime, etc.) and e-mail (photos etc.)
- Intouch link board utilized to communicate outbreak status.
- Shift report checklist not implemented at this time. Home has decided to promote the use of the computerized shift report feature.
- Email response times are stellar in this home.
- Created a computerized scheduling drive for all staff. Promotes access.
- The drive also includes phone list, catastrophic plan, working short policies, mask fit testing. Excellent resource.
- Created and continue to update vaccination/COVID testing spread sheet for staff and essential caregivers. Great resource for the home Clinical Clerks.
- Although the survey statistic decreased from 96% to 94% the home feels they are still highly recommended in the community.
- Resulting in a 2% decrease in satisfaction.
- This goal was not attained.
- We strongly believe this negative outcome was due to the climate surrounding the current pandemic_

Lead:

Director of Business Services, Director of Culinary Services

