

APANS Health Services

Grace Villa

STRATEGIC PLAN

2021/2022



Management Strategic Planning

September 2021



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.



APANS

HEALTH SERVICES

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

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C ARING

E THIC

APANS HEALTH SERVICES
GRACE VILLA

SWOT Assessment

Updated September 2021

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> ● Rapport with families-open door concept (Virtual – open communication) ● Positive, Dynamic Management Team ● Core group of dedicated employees ● Wound Care ● Physio Department onsite ● External Resources & networking (BSO, Public Health, Psychogeriatric, NP, etc.) ● Good Occupancy ● Strong Head Office Support ● Consistent Job Routines/time efficient ● Strong positive Leadership ● New equipment in the home ● Dining Room Tables (multi-position) ● New furnishing ● Covered patio area in backyard ● BBQ & Outdoor events (e.g. Fun Day, Corn Roast etc.) ● Water Cooler on 1st and 3rd Floors ● Towel/blanket Warmers on all units ● Programs storage space on floors ● Newly renovated Kitchen ● SURGE Learning management system ● Maintenance Care System ● ABBY Boards (1st, 2nd & 3rd – 4 onsite) ● BSO care planning & Onsite ● Student clinical placements ● Updated accessible showers (1st and 2nd Floors) ● Updated Policies & Procedures ● New duet bike and wheelchair swing ● Sensory boards and murals on special care unit ● Upgrades to outdoor space including new patio ● New call bell system 	<ul style="list-style-type: none"> ● Second floor set up is not ideal infection control procedures ● Parking ● Limited Storage ● Limited meeting spaces ● Poor team morale ● Older building in need of repair- awaiting re-build and renovation ● GPA education – require 1 more trainer ● Staff attendance ● Lack of Volunteers (TB test & Vulnerable sector screen expense) - Pandemic ● Tuck Shop hours (volunteers required) ● 2nd floor residents – risks for elopement ● Significant turnover of key leadership positions

<ul style="list-style-type: none"> • Newly hired foreign workers to the nursing team • Improved communication with front line staff • COVAX third shot clinic went well 	
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Active Volunteers • Voice mail for floors/units • Gentle Persuasive Approach Resources • Need enhanced RN/RPN fire training, hands-on fire prevention • New hiring/orientation process will improve staff morale • Develop employee wellness program • Enhance recreation programming including the use of Sensory Programs • Develop Program Champions – Nurses • Improve relationships with Union Stewards (SEIU & ONA) • Vaccination program (re: MOHLTC funding – Pneumovax & Shingles) • Continue working closely with MOHLTC • Add storage • COVID vaccinations for staff • Collaboration with HHS • Ontario Health team collaboration 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Provincial budget pressures • Uncertainty of future funding for Long-Term Care (LTC) • Behavioural Supports Ontario (BSO) role changes • Pharmacy tiered funding change • Aging workforce • Global shortage of PSWs, health care workers • Competition with municipal homes • Increased expectations from residents/families • Increased complexity of residents • Delay in renovation of building • On-going poor attendance of staff • Maintaining compliance while meeting unique resident needs • Reduction of Ward (3-bed and 4-bed rooms) – 42 bed reduction • Pandemic



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.

The team spent time reviewing our mission, vision and values. We also 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 mission statement and values, as well as 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. Grace Villa will continue preparing for the next CARF accreditation in the Spring of 2022. 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 Hamilton.



APANS
Health Services

ACCESSIBILITY PLAN

Grace Villa

September 2020

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							
Lack of storage	Ensure it is in the redevelopment plans.	Med	Unknown	MOH OA	Unknown	Unknown Park Lane Terrace for offsite chart/file storage	Head Office, Facilities Manager
	Reviewed & Realigned Programs storage.					Jan 2021	Facilities Manager
	Add Sea Can's for storage					On going	Head Office, Facilities Manager
Will review offsite storage options							
More Visiting Space	Ensure it is in the redevelopment plans.	Med	Unknown	MOH OA	Unknown	Unknown	Head Office ED
More Office Space	Ensure it is in the redevelopment plans.	Med	Unknown	MOH OA	Unknown	Unknown	Head Office ED
	Improvements include Interdisciplinary Team and Nursing Hub.					December 2021	Office temporarily vacated in August 2020 for Essential Visitors.
	Programs & File Storage, High Intensity Supplies.					June 2021	Director, Programs & Support Services
Reclaimed Chapel Space.						Aug 2021	

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Building updating is required	Overall redevelopment of building	High	Unknown	MOH OA - redevelopment, funding	2022	Unknown	Head Office
Smoking Spaces for Residents	Investigate opportunities for safe resident smoking spaces	Medium	Unknown	MOHLTC OA	December 2021	Added patio and identified resident smoking area April 2021	ED
Environmental							
Parking Shortage	Additional parking extended into green space at side of property (behind garbage)	Med	Unknown	Environmental Services	Unknown	Deferred to time of new build/ redevelopment	ED Head Office
	Temporary parking	High	TBD	OA			
Improve aesthetics	Replace curtains & Privacy Curtains	Med	\$20,000	OA	Dec 2021	April 2021	AED ED Facilities Manager – Head Office
	New furniture replacement – 1 st , 2 nd and 3 rd Floor lobby areas, lounge spaces and Cozy Corner	Med		OA	April 2022	April 2021 <i>Additional items in summer and fall 2021</i>	

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	Added patio area with wheelchair swing	Med	\$45,000			April 2021	
Attitudinal							
Improve Satisfaction of Stakeholders and staff	Continue with regular Staff Appreciation functions. Provide +ve feedback by Managers Provide Educational opportunities for profession growth. Review/share survey results and planned improvements/follow up where able. Gift Card Program Staff Awards Ceremony Appreciation for Staff – During	M E D	Unknown	Budgets	On-going	On-going Improved satisfaction throughout the home 2021 Quarterly allotment received May 2021 March 2021	Management Team APANS Health Services Directors

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	<p>COVID – snacks provided by Head Office</p> <p>Staff Suggestion Box Summer BBQ (beginning & end of summer)</p>					<p>onward – weekly snack cart</p> <p>January 2021 June 2021 & October 2021</p>	<p>Director of Business Services Director of Programs & Support Services</p>
Continue to Offer Customer Service Training.	Provide Customer Service Training upon hire and annual refreshers. Completed on SURGE	MED	Unknown	Budgets	On-going	<p>On-going</p> <p>June 2021 completed by all staff</p>	<p>All Managers</p> <p>Clinical Services Coordinator to provide at orientation.</p>
Financial							
Maintain 97% Occupancy	<p>Marketing</p> <p>Promote Tours</p> <p>Maintain Website</p>	HIGH	Unknown	Advertising/Marketing	On-going	<p>Review annually - Currently on track</p>	All Staff

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Website update to enhance virtual tours	<p>Watch outbreaks</p> <p>Marketing – provide updated photos</p>			Continue positive community partnerships - LHINs	September 2022	<p>Corporate review of website Oct 2021</p> <p>4-bed and 3-bed rooms now move to 2-bed</p>	
Ensure Resident accounts are paid in full	<p>Monitor Accounts Stay in contact with families ASAP; when in arrears.</p> <p>Pre-Authorized Deposit for 70 % of residents</p> <p>Successful transition of residents to PGT assistance</p> <p>Ensure that financial abuse is being appropriately reported (PGT, Police, CI – Financial Abuse)</p>	MED	Unknown	OA	On-going	<p>On-going</p> <p>Annual review of accounts to write off outstanding dept</p> <p>HO review of E-transfer</p> <p>Need capacity assessment done</p> <p>September 2021 – follow-up</p>	<p>ED</p> <p>Director of Business Services</p> <p>Monthly letters sent for collections</p> <p>Director of Clinical Services, ED & Director of Business Services</p>

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
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>					April 2021.	<p>Controller – improvements by April 2021</p> <p>ED Directors</p>
Employment							
Recruitment of Suitable employees	<p>Utilize Grace Villa website.</p> <p>Currently utilize Indeed</p> <p>Legislation allowed emergency hiring (Quality Care Aides); restrictions to single-site health service provider agency</p> <p>Hire temporary foreign workers in nursing</p>	HIGH	\$200-300 per month	Advertising Budget	December 2020	<p>Ongoing</p> <p>Arrived Sept 2021</p>	Leadership Team
Staff Retention	Provide adequate orientation program	HIGH	Orient. Costs	Department Budgets	December 2022		ED All Directors

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	<p>Monitor retention</p> <p>Ensure staff receive mandatory training through Surge Learning in a timely manner (new P & P rollout – Fall 2022)</p>						
Job Specific Fire Training	<p>Develop a process for training (education) related to emergency fire procedures that covers both hiring orientation and annually.</p> <p>Job Specific to SURGE</p> <p>Drills conducted on each shift monthly</p>	<p>HIGH</p> <p>Medium</p>	Unknown	Orientation	December 2022	Ongoing	<p>JHSC</p> <p>Directors</p> <p>DOCS</p>
Communications							
Enhance overall Communication with Stakeholders.	<p>Monthly Family Newsletter</p> <p>Encourage family members to become involved in Family Forum.</p> <p>Encourage Residents</p>	HIGH	Unknown	Administration	December 2022	Ongoing	All Managers

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
	<p>to become involved in Residents' Council (& Food Committee). Memos, departmental meetings "Team Meetings" Ensure Communication boards are kept Up to date and "In-touch Link" TV screens are current.</p> <p>Communication Tab in Point Click Care.</p> <p>Residents informed at Council meeting & Public Health notices sent to all stakeholders -- in staff room or via OneCall.</p>					Ongoing	Director of Clinical Services
Difficult to hear overhead paging for drills	Have speakers addressed during installation of phone system.	High	Unknown	OA Quote – October 2020	Dec 2022	Aatel & Exceltech have reviewed	AED

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Transportation							
<p>Difficulty getting transportation for programs.</p> <p>DARTS reduced their number of wheelchair seats in the buses.</p>	Investigate other options for bookings	Medium	Unknown	<p>Programs & Support Services</p> <p>Residents</p>	Dec 2022	On hold due to pandemic restrictions	DOPASS
Staff Transportation	<p>Investigate the extent of issue (survey).</p> <p>Review options to advocate with municipal transportation re: early mornings & weekend buses</p>	<p>Med</p> <p>(COVID -19; need to adjust some shifts)</p>	Unknown	Staff	December 2022		<p>ED/AED</p> <p>Employee Services Coordinator</p>
<p>Patient transport is a financial burden for residents</p> <p>Some members unable to do patient transfers (due to COVID restrictions)</p> <p>Ensure reversal of Ambulance Copayment (\$45).</p>	<p>Education for families to reduce avoidable ED visits</p> <p>Discussed with residents during disclosure at move-in</p>	High	Unknown	Residents	Ongoing	<p>During each resident move-in a consent is reviewed</p> <p>On going</p>	Director of Business Services

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Other:							
Ensure compliance with AODA Legislation	Education for Staff regarding requirements of AODA (Surge) Ensure that Customer Service Training & Office accessibility are part of curriculum	Medium	Unknown	MOHLTC – OA	April 2022 (Annual)	Ongoing	ED VP Facility Services
Accessibility Enhancements 2020	1 st Floor – Lobby Patio Exit	High	\$2800 + \$500	MOHLTC – OA	August 2022	August 2021 Install accessible entrance/exit	AED ED
	Activities Patio	High	\$300	MOHLTC – OA	August 2022	August 2021 Install accessible entrance/exit	AED ED



APANS
Health Services

CULTURAL COMPETENCY PLAN

Grace Villa

September 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						
Provide age and gender appropriate programs that meet the individual and diverse needs of our residents	<p>Satisfaction of residents on annual survey</p> <p>Resident Care Conferences</p> <p>Profile building during Welbi move-in interview and ongoing</p>	<p>Specialized gender related programs.</p> <p>Specialized programs for younger population.</p> <p>Resident input in creation of program plans.</p> <p>Creative program ideas.</p> <p>Resident-specific Netflix/entertainment</p> <p>Residents able to go offsite to age-appropriate programs.(Post COVID restrictions)</p> <p>Increased use of A/V programming during pandemic.</p>	Monthly program plan.	<p>Monthly meetings this is reviewed to strengthen.</p> <p>Reviewed at resident council and revised as needed (when applicable).</p> <p>Ensure residents' wishes, preferences and individual needs are discussed at Resident Care Conferences (RCC). Encourage participation of residents/family at RCCs.</p> <p>Gardening Program (Summer 2019, ongoing annual event)</p> <p>Men's Breakfast (indoor & outdoor- on hold)</p>	<p>Monthly completion.</p> <p>Ongoing</p>	Director of Programs & Support Services

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
Strengthen cohesiveness with the team crossing the Generations in the Workplace	Satisfaction of staff as identified in the Staff Satisfaction Survey	Education & awareness of the differences in the generations	December 2019	Address ongoing issues as they arise.	--	Management Team
		Review Job Routines and activities of staff.		Teamwork at PSW meetings.	Summer 2021	ED and VP
		Suggestion Box		Job Routines were reviewed & assignments updated	Clinical Services – December 2021	Directors
		Weekly Snacks during COVID-19 pandemic.			Programs – September 2021	
		New Job Routines & Working Short Guidelines	Summer 2021	Completed	Dietary November 2021	
Socioeconomic						
To ensure all residents have an opportunity to participate	Inclusiveness of residents in programs and events.	Tuck Shop will continue under the leadership of the DPSS for the Residents' Council	Monthly identify needs	Ongoing work with staff to identify needs of residents in the home.	Ongoing	Dir of PSS
		Recreation Dept. responsible that Christmas gifts are		Reviewed monthly at Residents' Council meeting.	December 2021	DPSS

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		<p>purchased.</p> <p>Support to the community</p>		<p>Pastoral Care & Environmental Services teams review clothing & residents' needs.</p>		<p>Dir of Business Services</p>
To assist in catastrophic events	To identify employees who suffered a catastrophic event	<p>Share information on employee catastrophic events with Corporate Team</p> <p>Corporate Team to provide financial assistance as appropriate.</p> <p>Policy developed and shared with the homes</p>	Spring 2018	<p>Program was established in April 2018 and has been utilized across the organization.</p> <p>Joint Health & Safety Certification for additional staff member</p>	<p>April 2018 – Ongoing</p> <p>DES</p>	CEO
To assist employees with academic opportunities	Develop a program for employees to apply for academic assistance	<p>Policy developed and shared with homes.</p> <p>Policy allows staff the opportunity to apply for funding to continue their education.</p>	Summer 2018	<p>Program was established in June 2018 and has been utilized throughout the organization.</p> <p>Administrator training commenced in June 2018 – Ongoing.</p>	Open	CEO

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		<p>Funding is allotted on an individual basis.</p> <p>Annual administrator certification opportunity for each home. One manager is supported to complete the course annually.</p>		IPAC Course at Queen's University ADOCS	December 2021	
Assist residents in obtaining necessities.	Develop a process for residents to identify and receive needed items.	<p>Investigate the opportunity of using a Giving Tree program.</p> <p>Items needed by residents can be placed on a centrally located tree. Individuals can purchase said items as they wish.</p>	December 2021	All residents will receive Christmas stocking	Santa for Seniors 2020 ongoing—staff/resident donations of personal items	<p>Director of Business Services</p> <p>(All teams)</p>
Language						
To improve communication with residents, staff and families who have limited English proficiency.	Translation of information on as needed basis.	<p>Sign boards in resident rooms.</p> <p>Bill of Rights translated as needed.</p> <p>BSO and Programs</p>	Ongoing and on an as needed basis.	Currently use family members/staff members who speak and understand English and the “mother tongue” of resident to translate	Sent out request for staff to identify languages Jan 2017 – ongoing	<p>All Staff</p> <p>Director of BS (Paystubs – December 2021)</p>

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		<p>maintain communication resources for staff and residents.</p> <p>Use of ITS Translation Service (as needed)</p> <p>iPad Apps</p> <p>Add Dining Room language cards to support pleasurable dining.</p>	Ongoing December 2021	<p>information.</p> <p>Lists of common words/phrases are developed on a one-to-one basis to assist with daily provision of care.</p> <p>Culturally specific newspapers (Italian, Philippines, Croatian etc.) Ongoing</p>	Maintain list annually – December 2021	<p>DOPASS (Newsletter)</p> <p>Director of Programs & Support Services & BSO</p>
To support prospective and new employees who have learned English as a second language	Maintaining new employees who speak English as a second language past the probationary period.	<p>Education</p> <p>Additional orientation to Point Click Care (specific to documentation)</p>	December 2019	<p>Clinical Services has dedicated support to ESL staff (3 PSWs) who assist with onboarding.</p> <p>Completed September 2021</p>	Ongoing as needed	Management Team

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
Culture						
To ensure alignment of program policies and procedures with culturally competent principles and practices.	Program policies and procedures are regularly reviewed and revised to reflect the current awareness and importance of Cultural Competency.	Review and assess current program policies and procedures. As policies and procedures are reviewed, they're examined for Cultural Competency content.	Policies & Procedures introduced in November 2021	Completed annually to ensure changes are incorporated for care needs.	Customize care plans on admission Review each year	DOPASS
To improve staff knowledge in respect to Cultural Diversity with both residents and co-workers.	Evidence of a Cultural Education for staff.	Informal education Signs regarding Cultural Diversity. Annual Education Staff Potluck cultural recognition. Scheduling to accommodate religious observances	September 2019 - ongoing Ongoing	Work started in 2017. Ongoing. Improvements have been made with staff awareness. We will continue to strengthen this. Prayer Time to facilitate religious observance. English to be spoken	Working with staff to identify needs.	All managers All staff

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
				in resident neighbourhoods/units (official business language).	Ongoing	
Persons Served						
Individual cultural differences are recognized in the delivery of resident care to mesh with our resident-centred approach.	Resident-centred plans formally address and document cultural variables inclusive of Culture, Age, Gender, Sexual Orientation, Spiritual beliefs, Socioeconomic status and Language.	<p>If there are individualized cultural needs for a resident, these would be outlined in their Plan of Care.</p> <p>Welbi resident profile</p> <p>Refer to the Languages List in the Report Section of Point Click Care for Residents.</p> <p>Dietary department will investigate opportunities to accommodate cultural food preferences as requested.</p> <p>Spiritual needs and considerations will</p>	December 2021	<p>Currently working with residents and families to ensure that this is being addressed in a timely manner.</p> <p>Culinary Services – New Menu – with cultural diversity.</p> <p>Some residents’ family members bring specific foods for the resident (resident choice) On hold during COVID Pandemic.</p> <p>Jamaica Day</p> <p>(as at September 2020) Kosher – 0 Halal – 0</p>	<p>At admission and throughout stay</p> <p>Continuation of teambuilding and cultural lunches postponed due to COVID-19.</p>	<p>DOCS</p> <p>Director of Culinary Services</p> <p>Director of Programs & Support Services</p>

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
		<p>be addressed on an individualized need in conjunction with residents and families.</p> <p>List of staff with second language to be available to assist with resident care.</p>		<p>Vegan – 0</p> <p>Residents’ Council</p> <p>We strive to provide culturally specific food options as requested and sometimes add to Residents’ Choice (e.g. Mexican food, hot sauces, Jamaican patties etc.)</p>		
<p>To identify current practices within the Home that recognize or celebrate Cultural Diversity (both of residents & staff)</p>	<p>Evidence of Cultural Events throughout the Home.</p>	<p>Themed meal days for both staff and residents to highlight different staff cultural backgrounds.</p>	<p>Monthly appropriate dates to incorporate events as highlighted</p>	<p>Oktoberfest etc.</p> <p>Chinese New Year Celebration.</p> <p>Irish celebration in March.</p> <p>Robbie Burns Day in January.</p> <p>Shrove Tuesday (Lent) – Staff Event</p> <p>Christmas Meal</p> <p>Spaghetti Dinner</p>	<p>Program well established. Ongoing adjustments as needed</p>	<p>DOPASS</p> <p>Director of Culinary Services</p>

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
				(Programs – December 2020) & Around the World entertainer with Italian theme. Various religious and cultural events ongoing 12 Days of Christmas (food choices).	Postponed due to COVID pandemic (social distancing)	
Spiritual Beliefs						
“World Day of Prayer” Celebrations.	Evident of Cultural Events throughout the home.	Continue to implement “World Day of Prayer” program in March of each year in conjunction with Program Dept. and Pastoral Care Coordinator. Multi-faith services throughout the year are available for various denominations	March 2021 Ongoing	Research resources available; specific date or upcoming “World Day of Prayer” in March annually	Annual event well received by residents and families On hold during COVID Pandemic	DOPASS Pastoral Care
To provide comfort at end of life.	Aromatherapy (scent-free considerations) &	Resident and/or family identify if resident is in	Given as an option at end of life for each	Process is set up and has been working well.	Ongoing for each resident	Comfort Care committee

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
	<p>Music Therapy offered</p> <p>Placing a comfort cross for residents who have a Christian faith or because they want it.</p> <p>Special bed linens and night gowns are offered.</p> <p>Dignity quilt is placed on resident at time of death.</p> <p>Family members supported near end of life (COVID-19 – allowing visitors per Public Health and MOH guidelines, adjustments made accordingly).</p>	<p>agreement of receiving the comfort cross.</p> <p>(Cross is made out of olive wood. It is placed in the hands as the resident passes)</p> <p>Refreshment Tray offered to family members. <i>(Unable to offer during COVID-19 Pandemic)</i></p>	<p>resident.</p> <p>2021</p>	<p>Pastoral Care team obtains from Israel.</p> <p>Pastoral Care and Social Work debrief with staff when a resident dies.</p> <p>Sympathy card send to family at end of life</p> <p>Celebration of Life provided (quarterly).</p> <p>Sympathy card upon death & at first Christmas.</p> <p>Memorial Service held June 2021 at both GV and a local funeral home. For all residents who passed during COVID)</p>	<p>Ongoing</p>	<p>Pastoral care committee</p> <p>Program Staff</p> <p>Director of Culinary Services</p> <p>DPSS</p>

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
Ensuring staff spiritual rights are being met by the home to the best of our abilities	Staff obtaining permanent lines with accommodation for religious rights	<p>Individuals with restrictions on employment such as: not working on religious observance days may be accommodated.</p> <p>Accommodating break times for observation of religious rights.</p> <p>Develop a Request for Accommodations Form.</p>	December 2021	<p>Have developed accommodations for a number of staff that include but are not limited to:</p> <ul style="list-style-type: none"> • Scheduling alterations • Break times <p>Clinical Services team has developed accommodations for staff who require support in their schedule for religious observances. (Shift changes etc.)</p>	Ongoing	Management Team
Sexual Orientation						
To improve the communication within the family when needs arise caused by family discord.	<p>Facilitate open communication with the family.</p> <p>Education for staff on individual sexual preferences, cultural differences, race, religion, etc.</p>	<p>Education opportunities are required by all staff.</p> <p>Training on Intimacy and sexuality protocol</p> <p>Expanding gender choices in resident profile section in PCC</p>	September 2021	Completed September 2021	Annual training – SURGE November 2021	Leadership Team

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
To continue to support autonomy with sexualization within our employee team	Cultural diversity is now included in the Staff Satisfaction Survey.	Continue to educate staff as needed.	December 2021	Currently staff express appropriate inclusion (survey)	Annual training & ongoing	Management Team Social Worker (resource)
Sensitivity to Race						
To ensure inclusion of all residents and staff regardless of race	The organization is committed to recognizing the value of all lives	To develop an inclusive home and work atmosphere Recruitment and retention of the most appropriate person for each role, regardless of race All residents, staff and visitors are welcome from any cultural group, race etc.	December 2021	Promote opportunities for diversity and inclusion and encourage cultural awareness among all residents and staff.		Management Team



APANS
Health Services

RISK MANAGEMENT PLAN

Grace Villa

September 2020

Risk Management Quality Improvement Worksheet

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
<p>Wait List The homes wait list for perspective residents is maintained at about 49.</p> <p>Bed capacity impact of up to 42 beds as 3—bed and 4-bed rooms must become 2-bed wards (due to Pandemic Order).</p>	<p>The wait list has increased slightly over the last 2 years.</p> <p>We have a higher number of basic in the home and continue to put efforts in place to increase our preferred accommodation waitlist.</p>	<p>Reduced wait list will result in difficulty maintaining the 97% for full funding.</p> <p>Reduced preferred accommodation will result in reduction funding for added programs.</p>	<p>Reduced funding will reduce the ability to maintain staffing levels for the residents in the home.</p> <p>DOCS and ADOCS review the waitlist and portal.</p>	<p>Review tour process with Clinical Services Coordinator (incl. Virtual tours)</p> <p>Continued attendance at LHIN meetings to improve relationship with LHIN team.</p> <p>Continue to improve timely review</p>	<p>Monitor Occupancy % Monthly</p> <p>Feedback from resident satisfaction surveys are analyzed for quality improvement initiatives.</p> <p>Reorganized due to the reduction of beds to ensure not more than 2 residents per room.</p>	<p>September 2021</p> <p>Virtual LHIN/Ontario Health West meetings</p> <p>July 2021</p>	<p>Leadership Team</p>

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				& approval of portal.			
<p>Competition with new homes The Homes aesthetics need to be addressed. The environment is aging and needs to be updated.</p>	<p>The home areas are older and requires ongoing improvements to keep up with competitors.</p> <p>Redevelopment will address all units.</p>	<p>Plan of action for painting and ongoing repairs.</p> <p>Plan for painting unit.</p> <p>Ongoing surveillance of unit for improvement needs. .</p>	<p>Implement plan for Improvements:</p> <ul style="list-style-type: none"> -Floor Naming (Nature) -Outdoor Spaces -2nd Floor Lounge -All Lounges -2nd Floor Dining Room -Windows at East Wings (1st, 2nd) – seals -Tree maintenance (need ongoing & annually) -Ongoing painting plan & budget -Sensory Equipment 	<p>Plan to improve flooring Improved lighting</p> <p>Added furnishing throughout the home.</p>	<p>Target: December 2022</p> <p>Monitor satisfaction surveys.</p> <p>Monitor wait list.</p>	<p>New furniture:</p> <p>June/July 2021 (Dining Rooms, Lounges, Nursing Stations).</p> <p>Directors office chairs.</p> <p>New patio completed April 2021</p>	<p>Head Office Directors</p>

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			<p>-Painting Project</p> <p>-Dining Tables & Chairs</p> <p>-10% Furniture replacement</p>				
<p>2nd Floor Security The elevator is not secured.</p>	<p>Residents can exit "the floor when the door opens.</p> <p>Visitors will allow residents to get onto the elevator.</p> <p>Educate staff and temporary staff of risk.</p>	<p>Investigate temporary options for security and diversion.</p> <p>To be addressed at redevelopment</p> <p>Review options for Wanderguard system.</p>	<p>Team to review possible options for diversion.</p> <p>Head office to plan redevelopment of home</p>	<p>Heightened education for Visitors & Staff.</p> <p>Security Codes have been updated as needed.</p> <p>Locking of Elevator as necessary.</p>	<p>Monitor elopements and near misses.</p> <p>Target for options: December 2022</p>	<p>Requesting quote from Cintel (a Canadian elevator security system).</p>	<p>AED - proposal</p>
<p>Possible increases for Resident Elopement</p>	<p>Younger population resulting in increased opportunity for elopement as visitors hold</p>	<p>Post pictures of resident.</p> <p>Investigate name tags for wandering residents.</p>	<p>Director of Clinical Services to review possible solutions.</p> <p>Investigate</p>	<p>Programs Team has developed individualized programming for specific residents.</p>	<p>Team working on improvements Target: December 2022</p>		<p>DOCS DOPASS Leadership Team</p>

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	doors open for them. Risk of elopement due to stakeholders offering assistance and opening exits to incapable residents	Educate family through newsletter Educate construction team on importance of safe practices. Proper signage & education to mitigate risks	opportunity for secure outdoor space				
Possible use of medical and recreational marijuana with legislative changes	Potential risks of staff arriving unfit for work Potential for visitors arriving under the influence	Education regarding changes in legislation, monitoring & taking action as necessary. Use of Camera system.	Corporate Policy was developed Monitoring of cameras, as needed.	Cameras installed & training for use.	TBD	Camera monitoring Ongoing	Leadership Team Corporate Team
Condition and slopes of sidewalks	Annual plan to review sidewalks & parking lot for repairs. Rear parking lot door exit ramp	Repair potholes Fix uneven sections of sidewalk. Investigate	Sidewalk grinding and replaced areas that were not repairable.	Improvements completed	Reduction of tripping hazards.	Pothole repairs (July 2018 and September 2019). Sidewalk and	AED

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
	has sloped grade that requires assistance for anyone in a wheelchair. Exit is closed due to COVID-19 pandemic.	opportunity to improve sidewalk slope. Quote requested				sitting area replaced July 2021 Completed July 2021	
Verification of health regulatory college registration & falsification of credentials/experience	Could cause significant care issues with unqualified staff.	Ensure follow-up on health regulatory college websites/Registrar. Cross-reference dates that have been disclosed to determine accuracy.	Consistently following APANS Health Services hiring practices.	Review all health professional registration prior to interviews. Review Do Not Hire List (APANS). Vulnerable Sector Screen (Criminal Record Check)		Ongoing	Leadership Team
Increased number of residents who smoke or vape	Could cause potential fire risk, burns & elopement risk &	Smoking addressed in plan of care	New smoke detectors were installed in all resident rooms	June 2021 All smokers were moved	Target: September 2022		Leadership Team

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	responsive behaviours	Smoking cessation offered	Cigarettes and lighters are kept in secure space (Nursing Station) Offering programs as alternatives to boredom	to the 1 st Floor for safety reasons.			
Capable residents who chose to live at risk	Could result in risk or injury	Behaviours related to living at risk (nearby shops etc.)	Assess ongoing capacity & ability to appreciate consequences of decisions		Target: December 2022		Leadership Team Social Worker
Risks of privacy of records (HR and Resident records)	Moved all archives to a new room – only records and some rarely accessed Pandemic Stockpile for Culinary Services	Restrict access to this area Risk Mitigated	Restrict access to the room to Management Team members only.		Target: September 2022		Leadership Team



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TECHNOLOGY PLAN

Grace Villa

September 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 & Serveries	Determining funding	8-10k per home		ITX Solutions ED	Spring 2022		Tablets have been ordered anticipate set up early 2022
Computers /Laptops have a 5-7year lifecycle typically	Replace as they fail, however good idea to budget for 5-8 per year	Each computer with software is approx. \$1000-1300		Executive Directors, ITX Solutions	Annual Budget	2021 – Upgraded computers as needed	RAI Coordinator computer upgraded. ED and AED computers. Annual review of needs
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	March 2021	Complete for all homes. Some problems with logins are being addressed
Security/Confidentiality							
Symantec Antivirus / Malware Renewal	Renew antivirus	Unknown		ITX Solutions	Dec 2022	Completed annually	Completed & Ongoing
Fortinet system (remote access security)				ITX Solutions	2020/2021		
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	DOCS	May 2021	Annually	Completed & Ongoing

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
Disaster/Virus							
Next Generation Firewall Renewal	Renew subscription to get protection current and replacement hardware under warranty program. When renewed it is important to upgrade firmware as well.	\$500-1000 depending on size of the device at the home	Security is becoming something that requires keeping on top of things and it is critical that we continue to keep the networks as secure as possible	ITX Solutions	Yearly, however renewal of 3-year period saves on cost.	Annual	Renewed as needed. Monitored by ITX Solutions
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 Outdated equipment	Director of Programs and Support Services	Annual Budgeting	Feb 2021 Annual	Completed Investigate purchase of new resident equipment Feb 2021
Home Specific							
Server to be relocated from Admin office to Server room	Develop a spot for the server. Fix the cooling system for the server before it is put in the room. Add shelving and computer	\$10,000	Air flow in room Old cabling Server is loud and hot in the admin office Review feedback the environment is not	ITX Solutions Admin	Dec 2022	In progress	The room is ready for the move. Working on further changes in new year

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
			comfortable – move this to admin computer				
To improve programming & care for residents through the use of technology	SMART TV use Added 3 new iPads for use during Pandemic to support Virtual Visits	Unknown	Wi-Fi and consistent signal	ITX Solutions DOPASS DOCS 1 BSO 3 Programs	Dec 2022		Many technological advancements have been introduced in 2021. Continue to enhance programming. New TV added to Cozy Corner with basic Cable package
To improve telephone functionality	Review sensors & technology to optimize use of portable phones Exceltech to assess dead zones & provide quote on repair	Unknown	Telephone connection drops when moving through units.	Exceltech AED	April 2022		
Added new labels & reprogrammed all phones		\$250		AED		Summer 2021	Complete
Added UPS Battery System (phone now works in event of power failure)		\$400		AED/Exceltech		July 2021	Complete

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
Wireless System	Enhancements for access from all home area Programs including Zoom, WebEx, FaceTime, Skype installed on iPad devices Projector for Activity Space being reviewed				Summer 2021 September 2021	June 2021 Aug 2021	Completed Complete
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.		APANS Leadership team DOPASS	November 2021		
Group drive cleanup (RT)	The home is to work collaboratively with ITx Solutions to organize the group drives within the home.	Unknown	Time	All Leadership team	March 2022		

GRACE VILLA

Attendance Strategic Planning

Leadership Team:

Executive Director - Janette West

Associate Executive Director - Scott Hebert

Director of Clinical Services – Tammy Weir

Associate Director of Clinical Services – Jannine Cayuga

Director of Business Services – Diane Sturrock

Director of Programs and Support – Jody Clarke

Director of Culinary Services – Chris Humphries

Corporate – Joe Anne Holloway (VP Quality & Strategic Direction)

2021 Goals

Team Engagement

Goal

- To continue to offer wellness program that meets the needs of our team during the COVID-19 pandemic

Objective

- Host Health and Wellness opportunities for staff 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 in the Tuck Shop in 2021
- Trend the WSIB injuries to identify opportunities for improvement

Outcomes

- TBD

Lead

Director of Programs and Support Services

Director of Business Services

Join our Conversation

Goal

To develop a process to standardize sharing of information, pandemic education and COVID-19 directives with residents, families and staff

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 & add bulletin boards for 2nd and 3rd Floor lounges)
- Continue to host health & safety huddles, daily Leadership huddles and team huddles as needed
- Ongoing information check-ins with Ontario Health West, Hamilton Public Health, APANS Health Services and Ministry of Long-Term Care COVID Resource representative
- Joint Health & Safety COVID Survey and education sessions
- To share news and information with personal phone calls, technology visits (e.g. Skype, Zoom, FaceTime, etc.) and e-mail (photos etc.)

Outcomes

- TBD

Lead:

Executive Director

Associate Executive Director

Financial Sustainability

Goal

To accurately capture the Case Mix Index at Grace Villa, increasing from a baseline of 1.0791 (PCC) to 1.10 (PCC)

To maximize our census with the new bed configuration (potential capacity of 142 beds due to Ministry and public health directives)

Objective

- To maximize census
- To review resident charts to ensure they accurately reflect the acuity and complexity of resident care
- To ensure RAI Coordinators complete credentialing scheduled for November 2020

Outcomes

- TBD

Lead:

Director of Clinical Services

Associate Director of Clinical Services

Pursuit of Excellence

Goal

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

Objective

- To continue to enhance a homelike environment in resident lounges
- To improve wayfinding and artwork related to the new Neighbourhood Names
- To utilize the isolation pods if needed (for COVID-19)
- To promote spa-like Tub/Shower Room
- To ensure there is a single entrance access to Grace Villa, so that all staff and visitors clear screening (e.g. directives & guidelines)
- Continue to maintain tree safety project
- Investigate added sensory equipment and mobile options
- Enhance Dining Room spaces & services

Outcomes

- TBD

Lead:

Associate Executive Director

Director of Culinary Services



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Home Strategic Direction Goals for 2021-2022

Team Engagement

Goal

- To develop a plan to work within the COVID-19 restrictions to improve wellness amongst staff and resident engagement.
- To continue to offer wellness program that meets the needs of our team during the COVID-19 pandemic

Objective

- Reduce the operational and personal conversation between employees in resident areas
- Host Health and Wellness opportunities for staff within public health guidelines
- Continue to support staff in health and wellness opportunities and tips regarding self care
- Trend the WSIB injuries to identify opportunities for improvement
- To collaborate with residents' council to improve the culture of the home
- Consider opportunities to improve aesthetics in dining room and tub room

Outcome

- TBD

Lead

Director of Programs and Support Services
Director of Business Services



APANS
Health Services

Home Strategic Direction Goals for 2021-2022

Join our Conversation

Goal

To develop a process to standardize sharing of information, pandemic education and COVID-19 directives with residents, families and staff

Objectives

- Share information in the monthly newsletter and using One Call Now
- To continue to share Ministry of Long-Term Care and Chief Medical Officer of Health directives (COVID-19 Binder in staff lounge & add bulletin boards for 2nd and 3rd Floor lounges) and resident council board.
- Encourage staff to bring issues and concerns to the appropriate team lead in a timely manner.
- ED trends complaints for the quarter and reviews at the Quality Meeting.
- Continue to host health & safety huddles, daily Leadership huddles and team huddles as needed
- Ongoing information check-ins with Ontario Health West, Hamilton Public Health, APANS Health Services and Ministry of Long-Term Care COVID Resource representative
- Joint Health & Safety monthly meetings and education sessions as required.
- To share news and information to residents, families and staff (e.g., Skype, Zoom, FaceTime, emails, PCC, grapevine etc.)

Outcomes

- TBD

Lead:

Executive Director

Associate Executive Director



APANS
Health Services

Home Strategic Direction Goals for 2021-2022

Financial Sustainability

Goal

To accurately capture the Case Mix Index at Grace Villa, increasing from a baseline of 1.0791 (PCC) to 1.10 (PCC)

To maximize our current census with the current bed configuration.

Objective

- To maximize census
- To review resident charts to ensure they accurately reflect the acuity and complexity of resident care
- RAI Coordinator to attend all PSW monthly meeting, to review the importance of documentation as related to RAI funding
- Continue with the quarterly review of each resident on the nursing restorative program.
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Outcomes

- TBD

Lead:

Director of Clinical Services
Associate Director of Clinical Services



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Health Services

Home Strategic Direction Goals for 2021-2022

Pursuit of Excellence

Goal

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

Objective

- To continue to enhance a homelike environment in resident lounges
- To improve wayfinding and artwork related to the new Neighbourhood Names
- To promote spa-like Tub/Shower Room
- To maintain a single entrance access to Grace Villa, so that all staff and visitors clear screening (e.g., directives & guidelines)
- Enhance Dining Room spaces & services
- Work with culinary staff to ensure appropriate condiments are being provided based on menu choices.
- Collaborate with recreation and dietary team to incorporate cultural meals and programs
- Complete a food satisfaction survey to be completed on an annual basis.
- Share and discuss results of the food satisfaction survey with the Food Committee.

Outcomes

- TBD

Lead:

Associate Executive Director
Director of Culinary Services