

APANS Health Services
Middlesex 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.



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

O PEN

I NTEGRITY

C ARING

E THIC

APANS HEALTH SERVICES

MIDDLESEX TERRACE

SWOT Assessment

Sept. 2021

Strengths:

- Home continues to promote Resident Bill of Rights
- Home continues to access and participate in all funding opportunities i.e. BSO, Life Enrichment Summer Student, Clinical Services Coordinator, PSW Students, High School co-op, Fanshawe Food and Nutrition Student, Fanshawe recreation student, and Fanshawe Dental Students.
- Location, peaceful rural setting
- Grounds-raised flower beds, fairy gardens, decorative fencing, staff/resident smoking area, vegetable garden, additional landscaping
- Bright open windows in dining rooms
- Staff are friendly
- Long standing staff
- Auto front door, making it accessible for residents.
- Outside patios, outdoor BBQs through summer months (Postponed 2020 due to COVID-19, food was BBQ and brought in for the residents)
- Satisfied residents/ families
- Improved WIFI with dedicated drops for resident use, 2 new resident use computers, new iPads.
- large screen TV's available in all lounges
- On site medical services i.e. optometry, audiology, dental hygienist, denturist, foot care, partnering with local dentist (postponed due to COVID-19, can call for individual resident needs)
- Strong partnerships with medical providers i.e. Physicians, New Pharmacy system including on site medication dispensing, dietitian, physiotherapist
- Holistic care promoted through use of Social Worker working remotely due to COVID-19, music therapy (postponed due to COVID-19)
- Pet Therapy i.e. cats, fish, visiting dogs, using zoom due to COVID-19, new bunny Coconut for pet therapy.
- MAID continues to be available as requested and if qualified.
- Strong relationships with external stakeholders i.e. MOHLTC, Local Public Health, Public Health Ontario, Parkwood Institute, LHINS, BSO, BRT, VON, PT PROVIDER, SW PROVIDER
- Continue to promote and encourage educational opportunities for the staff i.e. GPA, Pieces Train Registered Staff, CAPCE training, and FOOD HANDLERS, and be in contact with other LTC homes in the surrounding area.
- Accredited with CARF

Weaknesses

- Transportation barriers considered a weakness for some due to accessibility issues.
- Aging building- lack of space, lack of bathrooms, structural limitations that make provision of care and personalization in basic accommodation a challenge.
- Basic Accommodation (4 to a room) versus resulting in reduction of beds until redevelopment
- Recruiting of experienced non-registered staff to nursing and LTC
- In a sector that requires constant change and advancement to meet the expectations of external stakeholders and consumer need, Long Term Care continues to struggle to “do more with less” and is faced by a culture that includes staff apprehension and frustration.
- Only one elevator makes the provision of care challenging.
- Lack of space does not allow for confidential nursing stations when needing to share information.
- Increased Resident Acuity across LTC sector.
- Lack of space for offices and accessibility challenges related to location of offices on lower level.
- Lack of interest for volunteers
- Nursing Equipment aging
- Lack of space for family engagements.
- Resident acuity, resident co-morbidities
- Dietary, Cook and PSW, RN, LE recruitment and retention
- Lack of walking paths
- Third floor patio accessible
- Lack of palliative care on main floor (no private room)
- Lack of walk-in freezer or fridge
- Culture of the emerging workforce, increased stress leaves for employees
- Aging workforce
- Increased speed in resident turn over
- Increase in residents with responsive expressions
- Constant elevating of residents
- Storage for PPE and supplies

<ul style="list-style-type: none"> ➤ Positive feedback from residents and families on Home's cleanliness. ➤ Home continues to network and be visible in various community committees. FLAG, BSO, REACT ➤ Staff recognition events continue to be held to show appreciation. ➤ Annual Strategic Planning ➤ Functioning family counsel, new welcome package ➤ In good standing with the Ministry of LTC. ➤ Involvement of resident food committee with menu planning ➤ Low concern rate from families ➤ Adequate parking spaces ➤ Corporately enhanced infection control practices ➤ Able to recruit a stable Leadership team ➤ Switched to Medisystem Pharmacy. 	
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> ➤ Opportunity for redevelopment through RFP process continues. Sector has announced the call for redevelopment. APANS-did have public consultation ➤ Maintaining funding opportunities offered through ministry initiatives: i.e. falls initiatives ➤ Staff development through the RNAO, RPNO ➤ Continue to promote improved morale and encourage team building and open communication between all departments and levels of staff. Weekly staff appreciation events ➤ Continue to encourage staff to utilize the tools available to be an active team member within the Home. More paid opportunities to attend meetings and committee work within the home. ➤ Encourage staff participation with staff in new roles i.e. assisting with managing visits for residents, completing task with TENA etc. ➤ Continue to provide educational opportunities for all staff and management and utilization of SURGE learning for educational opportunities. Palliative Care SWPPM ➤ Continue to develop partnership with local Fire Department for education and capacity building. ➤ Continue partnerships with educational institutions to offer location for student placement. ➤ Continue to utilize Behavioral Supports of Ontario to reduce behaviors within the Home. ➤ Continue to promote safe medication management practices in the home through training, positive reinforcement of medication error reporting, and auditing. ➤ Follow up for education outcomes ➤ Enhance recreation programming to involve 	<p><u>Threats</u></p> <ul style="list-style-type: none"> ➤ Aging building results in ongoing competitive ➤ environment due to appeal of newer builds (i.e. two-bed "basics", in-room bathrooms) ➤ Increased cost of operations (i.e. HST, Hydro, Water, Fuel prices) ➤ Increasing expectations from regulatory bodies without the resources to support full implementation. ➤ Increasing labour costs and funding increases that do not balance the increasing costs-collective agreement bargaining ➤ Lack of staff recruitment ➤ Uncertainty of the CMI ➤ Recruitment and retention of direct care staff ➤ Sustainability of qualified staff ➤ Strep A, superbug, pandemic ➤ 2025 deadline for redevelopment, sprinklers ➤ Staffing crisis, reduced student intake to all programs ➤ Cyberattacks ➤ Media attention continues to portray all Long-Term Care homes in a negative light due to ongoing abuse stories that have become spotlight in media outlets ➤ Current reduction in 3 and 4 bed wards, to two beds reducing funding until redevelopment. ➤ Current threat, loss of resident co-pay for empty beds. ➤ Law suits related to the pandemic ➤ Obtaining PPE and supplies. Increase costs for PPE and food. ➤ Staff and resident mental health r/t pandemic. ➤ Current outcomes of WW pandemic ➤ Uncertainty of pandemic containment funding.

residents

- Improve staff understanding of continence care
- Improve diversity and inclusion for both residents and staff.
- Lobbying for transportation
- Improve aesthetics of grounds and useable green space
- Increase in all envelopes for funding
- Improve funding through CMI
- Improve practices for IPAC
- Engage with new consultant



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

The focus of our strategic planning session for the upcoming years, 2021 AND 2022, concentrated on reviewing risk, helping residents and staff live safely in long term care during a world pandemic and planning for our future. Goals were set to manage human resource issues that were identified and determine approaches that involve leadership and direct care staff within our home. These goals mirrored the pillars of focus set out in our corporate mission, vision and values.

The environmental challenges of living and working in an older home were discussed at length. These challenges have never been more evident than in 2020 and 2021 with the ongoing threat of Covid-19 around us. All agreed that our people and people served were the strength needed to make our home the best possible place to live and show we care... because you matter. These relationships were determined to be the important focus for the upcoming years ahead.

Safety and Security consumes the focus in relation to infection control. The need to manage the environment and infection control practices have required significant financial impact in order to safely care for the remaining residents. These changes have been essential for a safe work environment for staff. 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 appraised and revised plans are included for review. It also has the goals for moving forward in 2021-2022.

We walk the walk and talk the talk and share a leadership philosophy of leading by example. Living at Middlesex Terrace is a partnership of care between staff, residents and families. This strategic planning process

will be shared amongst the individuals that work, live and care for those we serve with a focus on CHOICE for all involved.

Our teams will begin the first quarter of 2022 to achieve ideas set out. We will strive to keep “living” while we battle the everyday threat of Covid-19 amongst this world pandemic.



APANS
Health Services

ACCESSIBILITY PLAN

MIDDLESEX TERRACE

2021

ACCESSIBILITY PLAN 2019

Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
ARCHITECTURAL							
Accessibility to Bathrooms- many rooms in the south wing were not built with a bathroom. This is very difficult for staff to provide care, as it adds an additional step to the care process, but more importantly, it is very challenging for the residents having to wait in line for a washroom to become available and/or staff assistance to get to the bathroom.	When home participates in the redevelopment process, number of bathrooms and location will be addressed as mandated by the Building Code. Ministry of Health's continued commitment is necessary to proceed with the redevelopment of "C" homes.	Medium-High	Unknown	APANS and redevelopment funding	Dec 2023 - redevelopment		- Head Office Facilities Manager
Residents who reside on the second floor have to be elevated down to the lower level dining room for all three meals as there is not a dining room on the residential floor. This is an additional time constraint for both residents and staff and is very disruptive to daily routines. Residents and staff spend approximately 3 hrs. per day elevating up and down Unchanged in 2021 Accessibility Review-	When home participates in the redevelopment process, each wing will have designated dining rooms as mandated by the Building Code. Ministry of Health's continued commitment is necessary to proceed with the redevelopment of "C" homes.	Medium-High	Unknown	APANS and redevelopment funding	Dec 2023 - redevelopment		- Head Office Facilities Manager
Challenge	Solution	Priority	Cost	Funding Source	Due Date	Actual Date	Person Responsible
Dining room on third floor has limited space and makes it difficult during meal service.	When home participates in the redevelopment process, dining room size will be addressed as mandated by the building code. Ministry of Health's continued commitment is necessary to proceed with the redevelopment of "C" homes.	Medium-High	Unknown	APANS and redevelopment funding	Dec 2023 - redevelopment		- Head Office Facilities Manager
Residential floors have a designated "Centre Wing" for resident rooms. To access this area on main floor, the	When home participates in the redevelopment process, the centre wing will be redesigned. Ministry of Health's	Medium-High	Unknown	APANS and redevelopment funding	Dec 2023 - redevelopment		- Head Office Facilities Manager

ACCESSIBILITY PLAN 2019

<p>residents have to go up an elevated “ramp”. For residents who have impairments, this can be very difficult and also difficult for staff if residents are heavier. Risk of residents coming down the ramp too quickly is also a concern Unchanged in 2021 Accessibility Review-</p>	<p>continued commitment is necessary to proceed with the redevelopment of “C” homes.</p>						
<p>Home has very little storage space on the floors, which requires resident mechanical lifts, care carts etc. to be stored in resident rooms as Fire Chief will not allow equipment to be stored on one side of the hall.</p> <p>Some shelving has been purchased for the storage areas on lower level and a door opened in this same room to allow for more storage Shower room north end-make that where all the linen for second floor go -clean storage room where linen is currently</p>	<p>Mechanical lifts are stored in resident rooms, which is unappealing and limit space in rooms.</p> <p>When redevelopment occurs, storage space will be provided.</p>	<p>Medium-High</p>	<p>Unknown</p>	<p>APANS and redevelopment funding</p>	<p>Dec 2023 – redevelopment</p> <p>Completed Aug 2021</p>		<p>- Head Office Facilities Manager</p> <p>DES</p>
<p>Location of Business Office is only accessible by going up a small set of stairs. This makes it very difficult for residents/families to access these offices DOOR BELL ADDED 2019 AUGUST TO ALERT D OF BUS SERVICES THAT RESIDENT/FAMILY NEED ASSISTANCE Unchanged in 2021 Accessibility Review.</p>	<p>When home participates in the redevelopment process, the accessibility of offices will be addressed. Ministry of Health’s continued commitment is necessary to proceed with the redevelopment of “C” homes.</p>	<p>Medium</p>	<p>Unknown</p>	<p>APANS and redevelopment funding</p>	<p>Dec 2023 - redevelopment</p>		<p>E CULLIN- Head Office Facilities Manager</p>
<p>Location of the majority of management offices is located on the lower level. Families and residents have expressed desire to have offices accessible and easy to find.</p>	<p>When home participates in the redevelopment process, home has requested that the location of offices be relocated to the main floor. Ministry of Health’s continued commitment is</p>	<p>Medium</p>	<p>Unknown</p>	<p>APANS and redevelopment funding</p>	<p>Dec 2023 – redevelopment</p>		<p>- Head Office Facilities Manager</p>

ACCESSIBILITY PLAN 2019

<p>The DOCS and ED office is on the main floor, no office space is available on the third floor Unchanged in 2021 Accessibility Review.</p>	<p>necessary to proceed with the redevelopment of "C" homes.</p>				<p>Complete April 2021</p>		
<p>Home is not equipped with a built-in fire sprinkler system. In the event of a fire, sprinkler systems have been proven more effective. Unchanged in 2021 Accessibility Review.</p>	<p>When home participates in the redevelopment process, fire sprinklers will be installed as per building code requirements by 2025. Ministry of Health's continued commitment is necessary to proceed with the redevelopment of "C" homes.</p>	<p>High</p>	<p>Unknown</p>	<p>APANS</p>	<p>Dec 2025</p>		<p>- Head Office Facilities Manager</p>
<p>Driveways, pathways are uneven in some parts- makes it difficult for wheelchairs and walkers to maneuver.</p>	<p>When home participates in the redevelopment process, enhancements will be made.</p>	<p>Medium</p>	<p>Unknown</p>	<p>APANS and redevelopment funding</p>	<p>Dec 2023 – redevelopment Some work completed annually to ensure environment is safe.</p>		<p>- Head Office Facilities Manager</p>
<p>Parking lot is small and creates challenges for staff, visitors and deliveries being made to the Home. Additional parking spots were added to the Home in 2021.</p>	<p>When home participates in the redevelopment process, additional enhancements will be made to the parking lot.</p>	<p>Medium</p>	<p>Unknown</p>	<p>APANS</p>	<p>OA ask 2021</p>	<p>Completed April 2021</p>	<p>- Head Office Facilities Manager</p>
<p>Visitor bathrooms are not available on residential floors and ONE is available on the lower level. All resident and visitor washrooms have been labeled Unchanged in 2021 Accessibility Review.</p>	<p>When home participates in the redevelopment process this will be addressed.</p>	<p>Medium</p>	<p>Unknown</p>	<p>APANS and redevelopment funding</p>	<p>Dec 2023 - redevelopment</p>		<p>- Head Office Facilities Manager</p>
<p>Staff room and staff locker rooms are small, difficult to accommodate all needs</p>	<p>When home participates in the redevelopment process this will be</p>	<p>Medium</p>	<p>Unknown</p>	<p>APANS and redevelopment</p>	<p>Dec 2023 - redevelopment</p>		<p>Head Office Facilities Manager</p>

ACCESSIBILITY PLAN 2019

of staff. Staff continue to share the lockers requiring them to remove personal items at the end of their shift. Unchanged in 2021 Accessibility Review.	addressed.			funding			
One elevator in the home used for all services. Unchanged in 2021 Accessibility Review.	When home participates in the redevelopment process this will be addressed.	Medium	Unknown	APANS and redevelopment funding	Dec 2023 - redevelopment		- Head Office Facilities Manager
Nurse's stations are located in high traffic areas- creates concerns related to privacy staff are encouraged to give report in respite room when a room is empty Unchanged in 2021 Accessibility Review.	When home participates in the redevelopment process this will be addressed.	Medium	Unknown	APANS and redevelopment funding	Dec 2023 - redevelopment		- Head Office Facilities Manager
ARCHITECTURAL							
Heating and cooling within the building is not consistent. Unchanged in 2021 Accessibility Review	When home participates in the redevelopment process, heating and cooling requirements will be installed as per building code requirements. Ministry of Health's continued commitment is necessary to proceed with the redevelopment of "C" homes.	High	Unknown	APANS and MOLTC funding	Work completed on some upgrades in April and Sept 2021		Head Office Facilities Manager
Home does not currently have a "welcome/reception" area to welcome individuals to our Home. Added Screener made changes to this in 2021 Accessibility Review	When home participates in the redevelopment process this will be addressed.	Medium	Unknown	APANS	Dec 2022	Currently the home has a screener for COVID 19. This will continue into 2022	- Head Office Facilities Manager
ATTITUDINAL							
Discrimination by residents/staff towards staff and/or residents due to cultural differences. Updated Harassment policy and procedure. See Cultural Competency Plan for ongoing capacity building. Programming continues and hiring practices include a multicultural	Education for residents and staff regarding other cultures and acceptance and respect towards all individuals. Address inappropriate comments as they occur. Programs to incorporate education regarding other cultures	High	Program Time	Program Budget	Ongoing	A number of programs were not held in 2021 due to COVID. Continue to work on this in 2022	Dir. Of PSS & E. D

ACCESSIBILITY PLAN 2019

staff							
EMPLOYMENT							
Recruitment efforts and Retention of all categories of nursing staff and dietary staff have identified a need to review relationships with training colleges -transportation remains and issue based on location -PLAN A and Pinkerton's is now utilized to assist with staffing issues -all new employees are asked if they require accommodation and must sign off on hire	All applications are immediately screened and interviewed and credentials checked Involve other staff and residents in interview process. Direct care staff and resident participated in hire of DOPS -rapport building with TVDSB, Trios College -scholarships, incentives for referrals, flexible staffing	High	Goal is to hire and retain qualified staff	Nursing and Dietary	Ongoing	Hired TFW, first employee arrived in Sept 2021. Continue in 2022	DOCS/DCS
Retention- challenges around retaining part-time and new staff within the nursing department. unchanged in 2021 Accessibility Review	CA negotiations will occur Continue to work with working short committee (Unifor and APANS)	High	Ongoing unfilled shifts	Nursing Budget	Assess June 2022	Redeveloped staff schedules and completed line picking in spring 2021 increasing full time lines.	DOCS
COMMUNICATION							
Many communication tools in place i.e. staff minutes, general staff meetings staff newsletters, minute board etc.- email, communication on PCC Home continues to utilize "the grapevine" on both floors, Emails, Newsletters for both staff and residents/families, General Staff and departmental staff meetings. Kiosk's updated to allow staff to check the dashboard of PCC	Continue to promote and encourage staff to utilize the resources in place.	Medium			Ongoing Dec 2022	Dec 2021	All management
Accommodating sight impairments and learning disabilities or English as a second language when communicating policies/procedures or other information regarding the home to residents and staff.	Assign a staff member to assist with reading or translation as needed. Cross Cultural Learning Centre, London, Ont and Across Languages for interpretation	High			Completed	Completed April 2021	All Management



APANS
Health Services

CULTURAL COMPETENCY PLAN

MIDDLESEX TERRACE

2021

Cultural Diversity 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						
<p>Provide cognitive specific activities.</p> <p>Residents with CPS scores and clinical evidence of memory impairment are offered different programing options</p>		<p>Enhanced Montessori programming for those with dementia</p> <p>Baby Nursery implemented and structured programs.</p>	Monthly basis	<p>Many programs have been implemented, will continue to search for variety of programs.</p>	Ongoing	DOPS
<p>To enhance the men's programming by utilizing a variety of resources.</p>		<p>Investigate a variety of male specific programming including but not limited to: wood working, social time, sports activities etc.</p> <p>All program inclusive despite sexual orientation.</p>	Monthly basis	<p>Wood working has been added to the activities calendar.</p> <p>Men's programming begins in October 2021 and will run monthly (Men's social club).</p> <p>Encouraging gender equality throughout programming.</p>	Ongoing	DOPS
Socioeconomic						
<p>To ensure all residents have an equal opportunity to participate in</p>		<p>Resident council will support resident with limited financial funds for specific</p>	Monthly basis	Complete	January 2017-ongoing	DOPS

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
programs		<p>programs. (i.e. meals, etc.)</p> <p>Offer a wide variety of free programming to meet the needs of all residents</p>				
Language						
<p>To improve communication with consumers whose populations have limited English proficiency</p> <p>Market our Medical Advisor MD as speaking Portuguese</p>	<p>Translation of information on as needed basis.</p> <p>Develop connections with Cross Cultural Learning Centre.</p> <p>Interpreter list available.</p>	<p>Bill of Rights translated (English/French)</p> <p>Translation program on computer IPADs</p> <p>If unsure staff will call families and have them translate for resident</p>	December 2022	<p>Currently use family members/staff members who speak and understand English and the “mother tongue” of resident to translate general conversation</p> <p>Consents and legal documents translation services may be purchased via the cross-cultural learning Centre.</p> <p>Lists of common words/ phrases are developed on a one to one basis to assist with daily provision of care.</p>	Completed-Ongoing	DOCS

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
Culture						
To align program policies and procedures with culturally competent principle and practices	Program policies and procedures are regularly reviewed and revised to reflect awareness and importance of Cultural Competency	Review and assessment of current program policies and procedures. As policies procedures are reviewed, they're examined for CC content The arm chair program is conducted monthly. This focuses on a specific culture each month, which includes cultural food, information, etc. Residents decide the culture they would like to investigate each month.	Dec 2022	Some cultural programming was completed in 2019- the intent is to ensure the focus is developed for a monthly cultural programming continues in 2020.	Ongoing	DOPS
Persons Served						
Individual cultural differences are recognized in the delivery of resident care	Person Centered Plans formally address and document cultural variables inclusive of Culture, Age, Gender, Sexual Orientation,	Plan of Care documents individual needs/preferences. Dietary department will accommodate cultural food preferences as requested, if able. Spiritual needs and	December 2022	Ongoing		DOCS Dir. Cul DOPS

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
	Spiritual beliefs Socioeconomic status, and Language	considerations will be addressed on an individualized need in conjunction with residents and families. London is a multicultural area and access to religious or spiritual connects are present. In 2021, 82% of the residents surveyed felt their cultural and spiritual needs were attended to.				
To improve staff knowledge in respect to Cultural Diversity with both residents and co-workers	Evidence of a Cultural Education for staff.	Informal education through staff newsletter to highlight various cultures. Arm Chair travel program	Ongoing	Information placed in newsletter that highlights key facts about other countries. Social worker involved with staff and resident to address any cultural differences if needed	Ongoing	Dir. Of Programs
Spiritual Beliefs						
To recognize individual spiritual needs including; dietary, customs, rituals etc.	Resident satisfaction on annual survey Also,	Kosher, and vegetarian meals. Arranged for spiritual music on request	As needed	Virtual bible studies Outdoor church services available	Ongoing	Dir. Of Programs Dir. Of Culinary

Goal	Indicators	Activities	Timeline	Status	Completion Date	Person Responsible
	<p>participation in specialized programs</p> <p>Referral to spiritual care.</p>	<p>Referrals to clergy</p> <p>Regularly scheduled church programs</p>				
Sexual Orientation						
Sexual identification and orientation is recognized and individualize needs are met.		<p>Continue to monitor and educate staff as needed</p> <p>Staff are participating in RNAP Best Practice Webinar- Promoting 2SLGBTQI+ Health Equity</p>	<p>Ongoing</p> <p>October 7, 2021</p>	Social worker is active in assisting residents and staff to ensure sensitivity and inclusiveness	Ongoing	Dir. Of Programs DOCS ED
Racial Inclusion						
Ensure all staff and residents are treated in an equal manner, regardless of ethnicity.	Encourage our teams to be inclusive, to ensure all lives matter.	<p>Hiring staff according to ability, to ensure the right person is hired for the job.</p> <p>All residents are welcome to reside in our home, regardless of ethnicity.</p>	Ongoing	Ongoing	Ongoing	



APANS
Health Services

RISK MANAGEMENT PLAN

MIDDLESEX TERRACE

2021

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
Decreased number of residents satisfied with aspects of the program department Diversity and meeting of needs from 55%	Program participate is recorded and tracked on a daily basis. Program calendar is reviewed monthly at resident council	Survey residents monthly on calendar and change events as recommended Survey residents/families biannually for improvement rather than annually for participation and meeting of needs	Offer residents and family to have a committee to help plan events and or review the calendar before posted	Ongoing communication with residents and families about programming and activities Review with residents and families staffing patterns for the Programs department and receive input into morning or pm programs.	Increase positive scores by 5%	June 2021 Ongoing agenda item at resident council	Director of Programs and Support Services
RECRUITMENT RETENTION of all direct care STAFF Unable to recruit and retain psw, dietary aides, cooks, housekeeping, program staff	Job postings are continuously run on indeed.ca, healthline and posted at London education sites	Attend job fairs Review hiring practices Review orientation process		Union management Alternate worker Scholarships TFW's	Increase retention	Dec 2021 Sept 2021	Leadership team
Uncertainty of CMI funding and the need for accuracy	Monitor media and continue to work with our association			CEO in contact with association regularly		ongoing	APANS
Increased risk of illness for residents, staff and family	2016 was at 35% of all staff Increased to 49%	Education of staff Vaccination	Ongoing. Continue to encourage staff	Continue to promote the need for vaccinations		Annual Vaccine clinic in	Clinical services manager and

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
related to low immunization rate, and ongoing COVID pandemic.	in 2017 Decreased to 19% in 2018 Increased in 2019 to 54%. Increase in 2020 to 86.6% COVID vaccine is at 89%	clinics are held Lead by example	to get their flu shots by using the percentage sign in the basement, and having draws for staff.	for influenzas and COVID 19		September, due to COVID 19 vaccine there will be a delay.	Director of clinical services, Associate director of clinical services.



APANS
Health Services

TECHNOLOGY PLAN

Middlesex 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 & Serveries	Determining funding	8-10k per home		ITX Solutions	Spring 2022		Copper Terrace completed, rest of the homes to come once funding determined
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	August 2021 All computer have been replaced in the last 2 years.	
Software							
Security/Confidentiality							
Symantec Antivirus / Malware Renewal	Renew antivirus	Unknown		ITX Solutions	Dec 2018	Fall 2019 ongoing	Completed in spring 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		April 2019	April 2021 ongoing	Completed annually
Disaster/Virus							
Next Generation Firewall Renewal	Renew subscription to get protection	\$500-1000 depending on size of the	Security is becoming something that requires keeping	ITX Solutions	Yearly, however renewal of	July 2021 ongoing	Renewed as they come up for renewal

Goal	Action Required	Cost Associated	Challenges	Responsible Person	Target Date	Actual Date	Status
	current and replacement hardware under warranty program. When renewed it is important to upgrade firmware as well.	device at the home	on top of things and it is critical that we continue to keep the networks as secure as possible		3 year period saves on cost.		
Assistive Technology							
Home Specific							
Wireless System refresh at Middlesex Terrace and addition of resident specific WIFI throughout the home.	Wireless System is getting very old, should be replaced before it fails as can't be without it	12K	Wireless system is getting old, and much better technology exist		2020	Spring 2021	Additional internet line added to increase speed in August 2017 Completed.
Improve and upgrade phone system throughout the home	Replace telephone system including all handsets	\$30,000	Age of buildings and other challenges with running new lines	ED and ITX Solutions	Dec 2020		Completed.
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	The home is to work collaboratively with ITx Solutions to organize the group	Unknown	Time	All Leadership team	March 2022		

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

Middlesex Terrace
Attendance Strategic Planning
September 20, 2021

Leadership Team:

Executive Director – Breanne Woodley

Director of Clinical Services – Emilia Potra (Acting DOC)

Associate Director of Clinical Services - Diane Wolfe

Director of Business Services – Sonya Boyce

Director of Culinary & Environmental Services – Cassie Boros

Director of Programs and Support Services – Rebekah
Jakimczuk

RAI Coordinator – Lindsey Murray

Corporate – Joe Anne Holloway

Corporate – Kailey Flanagan



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 Middlesex Terrace from a baseline of 78.8% satisfaction by 10% within the next year.

Objective

- Seek opportunities to collaborate with families to increase the resident's environment. i.e., resident room
- Minimize conversations between employees in common spaces such as dining rooms or resident rooms by providing education and ongoing monitoring
- Entertain the use of soft music playing during meals
- Review with IPAC constraints the opportunity to improve the aesthetics in the dining rooms
- Minimize overhead paging during meals
- Review the homes décor to ensure its placement is not easily removed or pulled away
- Finalize the corporate colour painting pallet within the home in conjunction with Head Office
- Promote involvement with residents and families to review the environment homelike setting with restrictions due to Covid-19
- Review the homes entrance, screening area and swabbing clinic to a permanent professional environment
- Provide education with the recreation team on engagement with the resident

Outcomes

-

Lead

DOPASS & ADOC



APANS

Health Services

Home Strategic Direction Goals for 2020-2021

2. Financial Sustainability:

Goal

To increase the paid CMI from .9966 to 1.01 by March 31st, 2022.

Objectives

- Ongoing quarterly and significant change review of each resident on the nursing restorative program
- Training of Care Plans and assessments for new employees after orientation if needed
- Promote the importance of documentation to maximize funding by the RAI coordinator to all new PSW during orientation
- Provide quarterly education in service for staff regarding the frequent deficits in documentation. Staff to review and sign after in
- Work with BSO collaboratively to capture responsive behaviors
- Collaborate with physio to identify residents appropriate for restorative or that would qualify for increased physio

•

Outcomes

•

Lead

RAI MDS Coordinator, ADOC



APANS
Health Services

Home Strategic Direction Goals for 2020-2021

3. Pursuit of Excellence:

Goal

To improve the overall resident satisfaction with their meal experience from a baseline of 69.7% by 5% to 73.19% based on the Resident Satisfaction Survey, specifically where residents indicate “The Home provides an enjoyable dining experience.”

Objectives:

- Implementation of the Winter / Spring Menu
- Review with the resident food committee the options of resident choice meals
- Explore the option of digital show plates with the focus on plate presentation
- Explore the option of garnishes
- Explore the option of resident based recipes
- Managers presence increased at meal times in the Dining Rooms
- Ensure appropriate condiments are provided based on menu choices
- Compliance with following standardized recipes to improve food quality
- Explore the opportunity to provide food samples at resident food committee for satisfaction
- Complete a food satisfaction survey of 10% of the population to be completed quarterly for the next year
- Share the results of the survey with the Food Committee
- Enhance the dining experience with soft music
- Explore the options of interactive placemats on “Fun Friday”
-

Outcomes:

-

Lead:

DOCS, DOES, & ED



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 75.8% by 5% to 79.59% by August, 2022.

Objectives

- Provide education to families on the difference between formal complaints and verbal frustration
- Provide education with staff on their autonomy to address complaint within their scope of practice and document appropriately
- Launch new complaint process from the 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 quarterly and reviews at Quality Meeting
- Focus on complaint follow up and that their satisfaction has been documented
- Ongoing compliance with directives

Outcomes

-

Lead:

DBS, DOC, ADOC



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 Middlesex Terrace from a baseline of 78.8% satisfaction by 10% within the next year.

Objective

- Seek opportunities to collaborate with families to increase the resident's environment. i.e., resident room
- Minimize conversations between employees in common spaces such as dining rooms or resident rooms by providing education and ongoing monitoring
- Entertain the use of soft music playing during meals
- Review with IPAC constraints the opportunity to improve the aesthetics in the dining rooms
- Minimize overhead paging during meals
- Review the homes décor to ensure its placement is not easily removed or pulled away
- Finalize the corporate colour painting pallet within the home in conjunction with Head Office
- Promote involvement with residents and families to review the environment homelike setting with restrictions due to Covid-19
- Review the homes entrance, screening area and swabbing clinic to a permanent professional environment
- Provide education with the recreation team on engagement with the resident

Outcomes

-

Lead

DOPASS & ADOC



APANS

Health Services

Home Strategic Direction Goals for 2020-2021

2. Financial Sustainability:

Goal

To increase the paid CMI from .9966 to 1.01 by March 31st, 2022.

Objectives

- Ongoing quarterly and significant change review of each resident on the nursing restorative program
- Training of Care Plans and assessments for new employees after orientation if needed
- Promote the importance of documentation to maximize funding by the RAI coordinator to all new PSW during orientation
- Provide quarterly education in service for staff regarding the frequent deficits in documentation. Staff to review and sign after in
- Work with BSO collaboratively to capture responsive behaviors
- Collaborate with physio to identify residents appropriate for restorative or that would qualify for increased physio

•

Outcomes

•

Lead

RAI MDS Coordinator, ADOC



APANS
Health Services

Home Strategic Direction Goals for 2020-2021

3. Pursuit of Excellence:

Goal

To improve the overall resident satisfaction with their meal experience from a baseline of 69.7% by 5% to 73.19% based on the Resident Satisfaction Survey, specifically where residents indicate “The Home provides an enjoyable dining experience.”

Objectives:

- Implementation of the Winter / Spring Menu
- Review with the resident food committee the options of resident choice meals
- Explore the option of digital show plates with the focus on plate presentation
- Explore the option of garnishes
- Explore the option of resident based recipes
- Managers presence increased at meal times in the Dining Rooms
- Ensure appropriate condiments are provided based on menu choices
- Compliance with following standardized recipes to improve food quality
- Explore the opportunity to provide food samples at resident food committee for satisfaction
- Complete a food satisfaction survey of 10% of the population to be completed quarterly for the next year
- Share the results of the survey with the Food Committee
- Enhance the dining experience with soft music
- Explore the options of interactive placemats on “Fun Friday”
-

Outcomes:

-

Lead:

DOCS, DOES, & ED



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 75.8% by 5% to 79.59% by August, 2022.

Objectives

- Provide education to families on the difference between formal complaints and verbal frustration
- Provide education with staff on their autonomy to address complaint within their scope of practice and document appropriately
- Launch new complaint process from the 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 quarterly and reviews at Quality Meeting
- Focus on complaint follow up and that their satisfaction has been documented
- Ongoing compliance with directives

Outcomes

-

Lead:

DBS, DOC, ADOC