



# Strategic Plan 2015 ~ 2018

## MEETING TOMORROW'S CHALLENGES

Victoria Gardens is a resident focused long term care centre that nurtures the human spirit and body.  
Service is based on Respect, Honesty, Integrity, Trust and Teamwork.

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## EXECUTIVE SUMMARY

Victoria Gardens is a 76-bed long-term care facility that has been accredited for the last fifteen years. It is a modern, three story building built in 1995. The building is spacious, accessible and equipped with up-to-date safety and security systems. Victoria Gardens is a privately owned facility. Victoria Gardens is part of a responsive and integrated network of long term care centres providing a continuum of care to residents that respects individual autonomy and dignity. Victoria Gardens provides resident driven care that nurtures the human spirit and body. Service is based on respect, honesty, integrity, trust and teamwork. Through the strategic planning process, Victoria Gardens identified trends that will affect its operation. These include:

**Changing Demands of Long Term Care Services** due to older and frailer resident population requiring more care.

**Changing Demand for Service** that will include additional Government directives regarding mandated services and target populations, increased competition from public and private health providers and the demand for more information and easier access into the long term care services.

**Changing Profile of the Market** is emerging with changes to the traditional family/community profile and emerging group of “high needs” clients with psychiatric needs, drug and alcohol addiction, and H.I.V.

**Challenge in Working with Other Providers** who have differing ideologies amongst service providers and the need to identify and differentiate services.

**Staffing Challenges** will include increased competition for experienced, registered staff, an aging work force and the need to create a work environment that responds to the needs of the staff.

**Increase Safety Focus** to improve workplace safety and reduce the number of onsite injuries.

### Strategic Directives it will focus on for 2015 ~ 2018

Based on the environmental assessment and internal review Victoria Gardens has identified the following strategic directives for 2015 ~ 2018:

- Directive 1** Focus on being responsive to the holistic needs of residents to improve resident experience.
- Directive 2** Safety First~ Strengthen the safety and security of all aspects of the operation including residents, families, staff, service providers and members of the general public.
- Directive 3** Recruit and maintain competent, committed and qualified staffs who share the vision, mission, service objectives, values and principles of Victoria Gardens.
- Directive 4** Strengthen the relationship between the community partners and stakeholders to ensure seamless delivery of care services.
- Directive 5** Strengthen the viability and efficiency of Victoria Gardens through continuous quality improvement.

## HISTORY

Victoria Gardens is a privately owned long term care centre. It was built in 1969 on the back corner of the current property. The original building housed 51 residents in a two storey building. Initially the building was used as a men's residence. Many of the early residents were **Homes for Special Care** residents who had been discharged from Ontario psychiatric facilities.

In 1990, the Home became accredited with the Canadian Council on Hospital and Long Term Care Accreditation.

Following a needs assessment in 1992, the decision was made to build a new facility. This new facility was designed to create a homelike atmosphere for residents, while providing up-to-date clinical facilities and a safe and secure environment. In 1995, a modern three storey brick building, for 76 residents, was erected on the property and the old building was demolished.

In 1997, the Home adopted the nurturing philosophy, which sought to create a supportive and home like environment for residents and their families. This new philosophy led to the introduction of resident pets, year round gardens and a de-institutionalized environment.

In 2004, the Ministry of Health increased the long-term beds in Hamilton. These beds were located primarily in the suburbs. The new facilities were more spacious with more amenities. As a result, occupancy in older facilities, particularly those in the inner city, declined. In 2004, Victoria Gardens fell below 97% occupancy. In 2005 and 2006, Victoria Gardens renovated its facility to provide many of the same amenities found in the newer Homes. Renovations included Wellness Room, Spa type bathrooms and complete redecoration of the resident areas.

From 2007 -2009 Victoria Gardens launched an overhaul of its Health and Safety Programs. As a result, a new Safety First Focus was introduced that encompassed all aspects of the operation. New safety programs included the addition of lifts in all resident areas, a focus on non violence gentle persuasion intervention and improved safety training for staff, residents, families and service providers.

From 2010 -2013 Victoria Gardens supported HNHB LHIN Integrated Health Service Plan by working with CCAC and local hospitals to develop a protocol to expedite admissions to the Home in order to address ALC issues and identifying opportunities to reduce transfers to ER. During that time Victoria Gardens continued to strengthen the role of the Residents Council and Family Council group in the support, empowerment, and advocacy in regards to issues pertaining to operation of the Home as well as opportunities for improvement of services. In co-operation with CIHI, Victoria Gardens completed Phase 7 of the RAI MDS in preparation for the transition to the new funding mechanism for LTC operators. In 2014 -2015, Victoria Gardens continued to focus on enhancing its Quality Improvement Process to meet the new standards of Health Quality Ontario, replaced its elevator and undertook plans to redevelop the site in order to meet Ministry standards.

## ENVIRONMENTAL ASSESSEMENT

### Demographics

By 2021, Hamilton will see a 108% increase in the age 85 and over bracket. Population growth in the next ten years is projected at 5% and the proportion of seniors, aged 65 and over will increase to 17% of the total population. Females, who represent the majority of the long term care population, are 50% more likely than males to live below the poverty line. Seniors living below the poverty level experience poorer health, greater use of health resources, are less likely to have caregiver support to maintain independence in their own homes, and are more likely to enter long term care.

The healthcare needs of seniors are increasing. Many residents are being admitted from hospitals, geriatric facilities, and psychiatric settings rather than from their homes. Many are immobile, require gastric feeding tubes and are on oxygen support. About 65% have mental health problems and/or dementia, 80% need assistance with dressing, and 62% need toileting assistance. It is estimated that more than 90% are at risk for injury to themselves or to others, and many residents display aggressive behaviour.

## Funding

The provincial government and its health strategies have had a significant impact on the services provided in long term care facilities. Victoria Gardens revenue is made up of 68% Ministry of Health and Long Term Care funding, 30% resident co-payment and 2% preferred accommodation. Preferred accommodation revenues remained flat due to declining resident ability to pay.

The contributions of the Ministry of Health and Long Term Care to long term care facilities have increased dramatically in the last 10 years. The increase reflects the Ministry's intent to improve the quality of care in long-term care facilities by increasing the staffing. As a result direct care envelopes were able to keep up with increases in staffing costs and add additional staffing hours. While funding increases have been steady, they have not kept pace with the level of care needed by residents in most Ontario long term care facilities. The increase to the accommodation envelope has not kept pace with rising costs of salary increases and utility expenses. These are two areas of importance in the current lobbying by the Ontario Long Term Care Association.

## Health System Changes

The accountability processes of the Ministry of Health and Long Term Care has become increasingly stringent. The Smith report "Commitment to Care: A Plan for Long-Term Care in Ontario (2004)" brought new government controls and more prescriptive care standards. The principles underlying long term care include the integration of health and social services, consumer participation and control and racial equality and cultural sensitivity. The Ministry of Health and Long Term Care's intent is to create a continuum of care that respects individual autonomy and dignity. These changes have been reflected in recent revisions to the long term care standards and increased monitoring by the Ministry of Health to ensure compliance. In addition there is increased collaboration between nursing, pharmacy, and laboratory to improve resident outcomes.

In developing strong compliance, inspection and enforcement programs, the Ministry launched a website for public posting of unmet standards and verified concerns of individual homes. Any unmet standards must have detailed action plans that ensure compliance within a brief time period following the inspection. In 2009, Victoria Gardens had 2 unmet standards. The deficiencies were promptly corrected. One of the reasons for the high attainment of standard is a result of our extensive QIP program's successful participation in a national accreditation program.

The Ministry's goal of improved staffing has been matched with incremental funding targeted to the employment and retention of registered nursing staff. Victoria Gardens has used these resources to increase registered staff positions. The ability of long-term care to attract physicians is being enhanced with new monetary support for physicians caring for long-term care residents and for on call services. It is also hoped that the development of family health teams will attract more physicians to family practice.

The long-term care system has adopted Resident Assessment Instrument – Minimum Data Set (RAI - MDS). The RAI-MDS tool provides a common and consistent assessment mechanism as well as workload measurements, quality assurance and benchmarking. Victoria Gardens implemented the RAI-MDS System in 2009.

## Local Health Integration Network

The Province of Ontario is committed to transforming the health-care system and making it more patient centred and responsive. As a result they have set up the Local Health Integration Networks. The LHINs are 14 community-based organizations with the mandate to plan, coordinate, integrate, manage, and fund care at the local level within their defined geographic areas. LHINs are currently focused on developing their Boards and working with local organizations to develop health delivery plans that focus on collaboration of service delivery and resource utilization. The Local Health Integration Network is responsible for funding allocations.

## Geographical Local

Victoria Gardens is situated on a main artery in the northeast sector of Hamilton. The Home is close to the downtown core and is on a bus route. The General Hospital is located two blocks from the Home. The neighbourhood is comprised of single family dwellings. This is a popular resettlement area and there are large immigrant populations residing in the neighbourhood. The facility is two blocks from the Barton Street business district. Although there is some revitalization happening, a large number of commercial properties remain vacant. The close proximity of the neighbourhood to the heavy industrial area raises concerns about air quality. Poverty is prevalent in the neighbourhood and issues arising from homelessness, drug abuse and vandalism are routinely faced by the community.

## Changing Client Profile

Within the last three years, there have been significant changes in the care requirements of people accessing long term care. These include younger individuals with chronic conditions, street people with psychiatric and addictions problems, and people with H.I.V., Hepatitis C, and positive MRSA. In addition, hospitals are discharging people to long term care homes with more complex care requirements. As an inner city facility, Victoria Gardens has been asked to accommodate more street people and high needs clients requiring long term care.

## COMMUNITY PARTNERS

Victoria Gardens endeavours to relate directly to the needs of the community through effective liaison with other health services and agencies. Victoria Gardens works directly with the Local Health Integration Network and the area hospitals, Community Care Access Centre, the Department of Public Health and other community health providers. Our primary focus is how we may best serve the community in providing a continuum of care. We endeavour to draw in many factors of the community thereby enriching the quality of life for both resident and community member.

Residents, whose needs can no longer be met by the Home, are referred to other health care centres. Working relationships with other providers have been established to ensure that our limitations do not affect our resident care program. In partnership with a community network of service providers, Victoria Gardens is able to deliver a continuum of long-term care.

### Community Partners include:

#### Co-operative Providers:

Hamilton General Health Sciences Corporation  
Chedoke McMaster Psycho-Geriatric Services  
Medical Community  
St. Peter's Hospital

#### Purchase of Service:

Pharmacy Services  
Physiotherapy Services  
Laboratory Services  
Podiatry Services  
Dental Services  
Optical Services

#### Support Groups:

Alzheimer Society  
Mental Health Association  
Bereavement Council  
Seniors Support Programs  
Family Council Project of Ontario  
D.A.R.T.S.

#### Coordinating and Planning:

Community Care Access Centre  
Local Health Integration Network  
Ontario Long Term Care Association

#### Government Agencies:

Ministry of Health (Funders)  
Public Guardian Trustee Office

## INTERNAL ORGANIZATION SCAN

### Changes & Challenges

Victoria Gardens is a small independent privately owned facility. Due to its size and structure it can quickly respond to new changes and initiatives. The current owners have been involved in delivery of Long Term Care for the past thirty years and they are committed to the delivery of effective, appropriate, efficient, and accessible services. Most of the staff have been with the facility for many years and developed a sense of family amongst themselves. Like the owners, the staff are committed to residents and the provision of high quality services.

Victoria Gardens also recognizes that in order to keep committed and qualified, it must respond to the needs of its workers. Victoria Gardens has an aging work force. This presents unique challenges in terms of scheduling, work routines, staff deployment and staff training requirements. Responding to the changing needs of residents means constant changes in when and where services are delivered. This presents challenges to the work force. However working together with the unions, at the centre of every decision, has allowed us to meet many of our staffing challenges.

## Safety First

Health Care Health and Safety Association (HCHSA) is a non-profit corporation established under the Workplace Safety & Insurance Act. Its services are based on the principles identified in the Ontario Ministry of Labour's paper, *Preventing Illness and Injury -- A Better Health & Safety System for Ontario Workplaces (January 1998)*. The mandate of the HCHSA is to support the prevention and reduction of workplace injuries. This has resulted in significant resources being directed to the long-term care facilities to purchase safe lift equipment and train staff on safe lifting and client transporting. In 2007, Victoria Gardens introduced a comprehensive Safety First Initiative that focused on all aspects of the operation.

The power and growth of the internet continues to affect day to day operations at Victoria Gardens. As the government eHealth network continues to grow Victoria Gardens must be ready to deal with these new technologies. As a small centre, Victoria Gardens does not have information experts on staff and yet we must be ready to meet these new information requirements. One of our newest challenges is preparing staff for the new information technologies that are unfolding.

Significant upgrades have been made to communication systems. In addition to computerized business systems and web based care plans, computers are available in all nursing stations for care documentation and our system is eHealth ready. The government's eHealth network will provide integration across providers of care from doctors and labs to CCACs, hospitals, and long-term care and will enable a smooth flow of patients through the facets of the system.

While the Ministry of Labour has been focusing on improved worker safety, the Ministry of Health and Long Term Care have focused on improving resident safety. As a result, additional monies have been spent on resident safety systems and staff training. Victoria Gardens has always had an excellent staff safety record and a strong safe and early return to work program. This Safety First focus has helped Victoria Gardens to improve its safety record.

## Staffing Structure

Services are provided by staff, physicians, volunteers, students and through purchase of service contracts. The Senior Management Team is made up of seasoned managers with relevant and current qualifications. There are many long service employees, and staff turnover is low. The staff is represented by two unions, the Ontario Nurses' Association and the Service Employees' International Union. Department Heads are responsible for ensuring that their department is appropriately staffed according to resident needs. Victoria Gardens is governed by the Hospital Labour Dispute Arbitration Act, which forbids strikes or lockouts. Collective Agreements are negotiated through collective bargaining to ensure harmonious and productive staff management relationships.

## Medical Personnel

Physicians are licensed by the College of Physicians and Surgeons in the Province of Ontario and are guided by Medical Staff By-laws and service agreements with the Home.

## Students & Volunteers

Student placements come from recognized educational institutions under a signed affiliation agreement. Volunteers with a special interest in the elderly are recruited from families and the community at large. Mandatory police checks are required for volunteers and students.

## Purchase of Service Contracts

Purchase of service contracts are provided by skilled professionals who meet contract qualifications. Contract Medical Services include: pharmacy, physiotherapy, laboratory, social work, podiatry and dental. Contract Building Services include: security, HVAC systems, plumbing, electrical and maintenance.

## Staff Deployment

Each position has a written job description that clearly outlines the required qualifications, experience and registration. Staff qualifications and competency are monitored and evaluated on a regular basis. Opportunities for ongoing educational and professional development are made available to staff.

## Staff Education

One of the biggest challenges Victoria Gardens faces in the area of staff development is the limited desire by front line staff to participate in in-services and education. Despite adjustments to schedules and staff recognition for participation, attendance remains low for all non-mandatory training. English is not the first language for a large number of staff and this creates communication issues from time to time. The Ministry of Health has introduced mandatory training for all staff as part of the long term care reform act. Training is being provided through e-learning and direct participant workshops. An E-Learning Centre is being setup on site to provide staff access to the training site. Staff are now being paid for mandatory training.

## Case Mix

Currently, community support services keep seniors in the community until they require intermediate to heavy care services. It is sometimes difficult to create a homelike, human environment when the environment is dominated by heavier medical care needs and declining medical conditions. In addition, trying to balance the needs of the residents with supportive families and the needs of former homeless people who value less structure is often difficult.

Over the last five years, a review of the CMI indicates changes to the resident population. Five years ago the majority of the residents were able to help themselves and required only supervisory or intermediate care. 40% of the residents required light to moderate care and 60% of residents required heavy care; 83% of the residents suffered from some form of dementia.

## Nurturing Environment Focus

At Victoria Gardens we believe that meaningful community life revolves around close and continuing contact with children, plants and animals. These relationships provide young and old alike with a pathway to a life worth living. Victoria Gardens provides a nurturing environment with access to human and animal companionship and opportunities to give and receive care.

## Quality Improvement Plan

In the provision of its services and programs, Victoria Gardens will utilize a client centered approach to care and improve resident quality of life. The development and implementation of quality monitoring and the improvement process will be the cornerstones of this process. Six (6) characteristics that promote quality of life will be used to develop and evaluate programs and services. These will include:

**Accessibility** – Service or activity is provided in the right place at the right time

**Safety** – Each service or activity avoids risk to the resident, staff and visitors

**Acceptability** – Service or activity meets the expectations of the resident and family

**Effectiveness** – Service or activity provides measureable increases in resident quality of life

**Appropriateness** – Services address individual needs

**Efficiency** – Using the fewest resources (time, tests, equipment, facilities) to achieve the desired outcome

Each year as part of the ongoing QIP process, Victoria Gardens identifies and targets potential areas for improvements. These targets are based on performance indicators and identified deficiencies. The selected improvements are incorporated into the annual goal setting process. Selected improvements are reviewed by senior staff to determine their priority and to develop implementation strategies. The processes are monitored throughout the year as part of the ongoing QIP process. The quality improvement initiatives are reviewed with staff on an annual basis before new targets are set. The quality improvement plan is now integrated with Health Quality Ontario to ensure that Victoria Gardens meets established provincial standards.

## EMERGING TRENDS

Through the strategic planning process, Victoria Gardens identified trends that will affect its operation.

### II. Changing demands of long term care services:

- i. A shift towards older and frailer residents requiring more care
- ii. An increase in the number of residents suffering from dementia
- iii. More complex care and increased costs to meet individual care plans
- iv. Difficulties integrating programs for the different needs of residents
- v. A lack of external resources and support to deal with residents with complex care needs
- vi. Shorter hospital stays - residents are returned in a more medically fragile condition
- vii. Chronic care patients are being transferred to long term care homes without adequate resources for care

### III. Changing Demand for Service

- i. Increasing Government directives regarding mandated services and target populations
- ii. Increased competition from public and private health providers
- iii. Increased demand for more complex and specialized health services within a long term care setting
- iv. Demand for more information and easier access into the long term care services
- v. Providing individualized care and programming due to shifts in resident mix
- vi. A decline in residents able to pay for preferred accommodation
- vii. The ability to stay competitive with other larger and newer long term care homes.

### III. Changing Profile of the Market

- i. Emerging changes in family/ community profile:
  - generation of adults with high health care expectations
  - better informed consumers
  - focus on rights to self determination
- ii. Prospect of declining number of children relative to an aging population
- iii. Increases in the number of high risk clients with complex care requirements
- iv. More individuals from the long term care community
- v. More single individuals with no traditional support
- vi. Emerging group of “high needs” clients with psychiatric issues, drug and alcohol addiction, Hepatitis B and C, and H.I.V.

### IV. Challenge in Working with Other Providers

- i. Differing ideologies amongst service providers
- ii. Different levels of funding and access to resources
- iii. Need to identify and differentiate services.

### V. Staffing Challenges

- i. Increased competition for experienced, registered staff
- ii. An aging work staff and the effects of ongoing repetitive motion work
- iii. Increased staff training and education to deal with “high needs” clients
- iv. Creating a work environment that balances family and work life
- v. Increased Government pressure to ensure a safe work environment

## STRATEGIC DIRECTIVE PRIORITIES

**Directive 1** Focus on being responsive to the holistic needs of the residents to improve the resident experience

### Target Outcomes

- Improve resident health through health promotion
- Increase opportunities for resident autonomy, self direction and the right to choose
- Increase services for behavioural and cognitively impaired residents
- Increase opportunities for multi disciplinary team input
- Increase programming for culturally diverse resident groups
- Increase funding for enrichment activities

**Directive 2** Safety First~ Strengthen the safety and security of all aspects of the operation including residents, families, staff, service providers and members of the general public.

### Target Outcomes

- Minimize potential risks and hazards to residents
- Minimize potential risks and hazards to staff, volunteers and service providers
- Reduce workplace injuries, accidents and near misses
- Reduce resident injuries, accidents and near misses
- Decrease infection rate and related illness to residents
- Decrease infection rate and related illness to staff, volunteers and service providers
- Enhance safety features of facility
- Enhance safety components of programs

**Directive 3** Recruit and maintain competent, committed and qualified staff who share the vision, mission, service objectives, values and principles of Victoria Gardens

### Target Outcomes

- Reduce resignations and terminations
- Increase work life satisfaction (staff survey)
- Decrease sick time
- Improve health and well being of the work force

**Directive 4** Strengthen the relationship between community partners and stakeholders to ensure seamless delivery of service

### Target Outcomes

- Improve inter facility coordination (protocols)
- Decrease wait time
- Timely transfer of documentation
- Increase resident satisfaction (resident survey)
- Improve access to community services

**Directive 5** Strengthen the viability of Victoria Gardens through continuous quality improvement

### Target Outcomes

- Common and shared information across all services
- Shared vision
- Continuous quality improvement with measurable outcomes
- Adherence to best practice
- Maximized resource allocation
- Increased efficiency
- Compliance with Ministry and Industry Standards

## VISION

**Victoria Gardens strives to be part of a responsive and integrated network of long term care centres providing a continuum of care in a safe and secure environment.**

## MISSION STATEMENT

Victoria Gardens provides resident driven care that nurtures the human spirit and body. Service is based on respect, honesty, integrity, trust and teamwork.

## SERVICE OBJECTIVES

*Victoria Gardens shall provide services that:*

1. Encourage meaningful interaction with residents, family, community and staff
2. Are committed to safety and security
3. Meet the holistic needs of residents including: physical, social, emotional, intellectual and spiritual
4. Improve the quality of services through ongoing evaluation and adherence of best practices
5. Are responsive to the needs and expectations of our stakeholders

## CARE TEAM VALUES

*In delivering services, the Resident Care Team shall adhere to the following care values:*

1. Promotes optimum functional ability in the residents by restoring the individual to his/her fullest physical and mental capabilities
2. Attitudes or behaviours of residents do not alter or affect the care he/she receives
3. Residents are treated with respect, dignity, understanding and compassion at all times
4. Residents are provided with choices and involved in decisions affecting their care
5. Informed consent shall be maintained and procedures, treatments and services will be explained to residents and families, including expected outcomes and possible risks
6. Decisions regarding care and treatment will be developed in a collaborative, non coercive and multidisciplinary approach

## OPERATING PRINCIPLES

*Victoria Gardens is committed to the fulfilment of its Mission. To this end we adopt the following standards to guide our operating practices:*

1. We recognize that future growth depends on our ability to initiate, facilitate and adapt to change. We will be supportive and sensitive to the challenges initiated by change
2. Positive staff relationships are characterized by honesty, respect and trust
3. Initiative, resourcefulness and innovation are essential qualities for managers
4. We will recognize the efforts, commitment and fulfilment of our vision through our employees
5. Staff shall be part of the decision-making process and we will maintain an atmosphere that encourages ongoing communication
6. We will establish staff developmental plans through on-going assessment and evaluations
7. We will be committed to the continuous quality improvement and safety of the operation

## APPENDICES

LAPS Submission- Local Health Integration Network

MOHLTC Priority Objective – QIP – Ministry of Health & Long Term Care

Quality Improvement Plan