



CITY OF KINGSTON
**INFORMATION REPORT TO ADMINISTRATIVE POLICIES
COMMITTEE**

Report No.: AP-10-027

TO: Chair of Administrative Policies Committee
FROM: Terry Willing, Acting Commissioner, Community Services
RESOURCE STAFF: Linda Peever, Director, Residential Long-term Care
Lori Knapp, Executive Assistant, Community Services
DATE OF MEETING: August 18, 2010
SUBJECT: Rideaucrest Action Plan Update

EXECUTIVE SUMMARY:

Council has resolved that the legislative requirement pursuant to the recently enacted Long Term Care Homes Act for the City to appoint a "Committee of Management" to oversee Rideaucrest be delegated to the Administrative Policies Standing Committee. The mandate for the Administrative Policies Committee has been expanded to include this new role.

The purpose of this report is to provide the AP Standing Committee with information that will assist in orienting the Committee in its new role as Committee of Management for Rideaucrest Home. This is the first of quarterly reports that will be provided to the Committee on an ongoing basis.

It should be noted that the role of the Committee of Management (COM) will continue to evolve as the Province solidifies the requirements. While the Act prescribes the requirement to form a Committee of Management, it does not provide any specific detail as to the roles and responsibilities of that Committee.

Council also approved an action plan developed by the CAO to address organizational issues within the Home with a focus on three primary goals:

1. Creating a corporate culture focused on resident-centred care
2. Implementing the requirements of the Long Term Care Homes Act and its regulations
3. Improving the accountability of the staff and management of Rideaucrest

This report provides the Committee with an update on the implementation of the action plan including the formation and role of an Oversight Steering Committee, a Communications Plan, an Implementation Plan and the development of a Change Network Committee. In addition, the report addresses the process for establishing a performance measurement process, including the development of a performance measurement work plan and the identification of key performance measures that will provide the Committee with an overview of performance.

At the Committee meeting, staff will provide information regarding the Long Term Care Homes Act.

RECOMMENDATION:

This is an information report to be received by the AP Committee and no action is required at this time.

AUTHORIZING SIGNATURES:

ORIGINAL SIGNED BY COMMISSIONER _____ Terry Willing, Acting Commissioner, Community Services
ORIGINAL SIGNED BY CHIEF ADMINISTRATIVE OFFICER _____ Gerard Hunt, Chief Administrative Officer

CONSULTATION WITH THE FOLLOWING COMMISSIONERS:

Cynthia Beach, <i>Sustainability & Growth</i>	N/R
Denis Leger, <i>Transportation, Properties & Emergency Services</i>	N/R
Jim Keech, <i>President and CEO, Utilities Kingston</i>	N/R

(N/R indicates consultation not required)

OPTIONS/DISCUSSION:

1. Legislative Background

On October 10, 2006 the Minister of Health and Long-Term Care tabled long-awaited legislation to consolidate, update and improve the regulatory framework for Ontario's 618 long-term care facilities that are home to some 75,000 seniors. This became Bill 140, the Long Term Care Homes Act which came into effect on July 1st, 2010. Staff is currently focusing much of their attention to participating in workshops, teleconferences and reviewing the regulations to ensure we are in compliance and will provide further information to APC at the meeting. Ministry road shows are currently underway to assist management in interpretation of the *Act* and to identify significant changes that will need to be incorporated into the operations of the Home. Starter kits have been sent as recently as last week to Long-Term Care Homes which will provide further detail related to the reporting processes.

Rideaucrest Home receives provincial funding through an agreement with the Local Health Integration Network ("LHIN"). The LHINs were formed as part of the evolution of health care in Ontario, making it a system that is patient-focused, results-driven, integrated and sustainable. LHINs possess significant decision-making power at the community level which focuses on local community needs, and improving health results for patients. LHINs are also responsible for funding a wide range of health service providers and for managing the majority of service agreements with these providers. The government's role is to provide stewardship of Ontario's health system, setting direction, strategic policy and system standards and delivering provincial programs and services.

The City of Kingston on behalf of Rideaucrest Home has recently executed an Agreement with the South East LHIN. Further details of the financial implications will be provided to APC and Council once they are solidified.

2. Project Status Update:

Terms of Reference for the newly established Rideaucrest Oversight Steering Committee ("ROSC") are attached as Exhibit 'B'. The Committee has been meeting bi-weekly since early May; its focus is to ensure that the integrity and foundational pieces of this Action Plan are implemented to advance the organizational processes, policies and procedures, communications, employee engagement and overall improvement to resident services at Rideaucrest.

The Implementation Plan outlines the responsibilities and timelines expected of this committee and is attached as Exhibit D. Also to show the relationships between the timelines and to provide further detail a Gantt chart has been drafted and is attached as Exhibit 'E'.

A Project Manager has been assigned to guide and assist in the change process. The Project Manager has expertise in labour management, conflict resolution and an ability to lead the Change Network Committee (CNC). The CNC is essential in addressing organizational issues and improving the operations and work environment. This committee has been established comprised of management, supervisors, union representation and staff from Rideaucrest. The Project Manager has provided guidance and leadership to channel the Committee's efforts towards the common goal of improving the work environment for staff and to focus on resident-centred care. An external consultant assists the Project Manager to align the priorities within the framework of the Action Plan. The composition of the CNC is as follows:

1 CUPE President	2 ONA Representative
1 Dietary Aid	2 Management Staff
1 Housing keeping Staff	1 PSW
1 RPN/RAI Coordinator	

3. Human Resources

As we move toward a cultural change at the Home we emphasize below two critical areas that the Project Manager, supported by the Rideaucrest Oversight Steering Committee will focus on over the next while: staffing and communications.

Staffing - Recruitment at Rideaucrest continues to be a priority. It is essential to have a firm foundational team in place to provide the appropriate leadership, team building and sense of belonging including oversight and guidance. Once this foundational piece is in place and our recruitment finalized we will be better positioned to move forward in our desire to build a Centre of Excellence.

The following chart below provides an overview of the senior administration at Rideaucrest Home. A more detailed chart of the entire home is attached as Exhibit 'E'.

Communications: *"Communication can be described as the achievement of a common understanding between two or more people - ie: where both attribute the same meaning to the information that is exchanged"*

An essential component of *"Improving the effectiveness of communication style, content and practice"* as noted as item 4 (h) of the recommendations to council, Report ARCP 10-017 attached as Exhibit 'A' is a tangible communications strategy (Exhibit 'C').

Communication is fundamental in changing the culture, improving relationships and building momentum amongst staff and management. How, what, where, when and why we communicate to staff and community partners is important to the success of building cohesive relationships. Respectful communication, both verbal and written, are essential to ensuring a sustainable improvement at

Rideaucrest. Our vision is to have an environment that fosters inclusive and sincere dialogue amongst staff, management, residents, family members and volunteers.

4. Performance Management

(a) Performance Management Planning

The Rideaucrest Action Plan approved at the Arts, Recreation and Community Policy Committee meeting April 29, 2010 recommends that a standard system of performance indicators and reporting to various stakeholders as set out in Exhibit B of the KPMG report be introduced as a tool for measuring success. Full report available at: http://www.cityofkingston.ca/pdf/cityhall/committees/community/agenda/2010/ARC_A0710-10017.pdf

The 45 indicators set out in the exhibit broadly cover operational/medical indicators, financial indicators and staffing/human resources indicators, and include suggestions for frequency and level of reporting, possible comparators (e.g. to other Homes, to other city operations), and methods of communication (e.g. annual report).

While the KPMG indicators provide a sound basis for formalizing a structured performance measurement system, current performance management policy, process and practice is sporadic at the Home and does not operate as a coherent tool to assist decision making at both operational and strategic levels. Certain indicators of performance are required to be collected under legislation, however these are more to reflect compliance with standards than to exemplify and target resources to support change, or to promote efficiencies and improve effectiveness other than the required baselines.

The KPMG report also discusses a number of sources of performance data, however, some of these are still in the development stage, such as the initiative mandated by the Province of Ontario to the Ontario Health Quality Council to develop and publish performance measurement indicators using data directly from the new Resident Assessment Instrument (RAI) care management system. Rideaucrest is in the process of implementing RAI and the resulting measures will be an important element of the performance measurement system in terms of providing data on the quality of care. It is also expected that this system will eventually provide comparative data from homes across Ontario that will be useful in setting realistic target measures. Other data sources are discussed within the KPMG report along with challenges with respect to timeliness, frequency and validity of data.

Notwithstanding the challenges noted above, the Home currently utilizes and reviews some specific performance measurements in monitoring various operational aspects, however, validation and verification of data sources to ensure that decisions can be made with confidence is still in its infancy and there are legitimate concerns over the methods for collecting and validating data at source, which need to be addressed before data is used in any kind of performance measurement process. Furthermore, if performance management policy and other policies to facilitate change are not in place to enable management to act swiftly and decisively on findings, effort can be misdirected or, worse still, change is not effective and initiative and impetus for change is lost. Care must therefore be taken to ensure a holistic performance management culture is in place first.

Taking into account the need for immediate and consistent performance measurements, the current state of legislative change and the concerns over data availability and validity, we have developed a work plan that will outline the tasks required to implement a successful performance management culture. This work plan includes appropriate up-front planning to ensure a strategy that incorporates appropriate measurement, target setting and follow up processes.

The work plan includes the following elements:

1. Development of a Performance Management Planning document, which outlines the philosophies and criteria for success for a performance management framework. This document outlines, in policy format,
 - a. A performance management strategy
 - b. An outline of which performance measures are being selected, and in which combinations, so as to present a clear unambiguous picture of how well the Home is doing operationally, financially and in terms of workforce performance
 - c. How targets are selected and managed
 - d. How performance management information is delivered and validated
 - e. How action to improve is initiated and measured
2. Review of existing data sources and performance data, in accordance with KPMG suggested indicators, and the development of a 'definition document' which outlines exactly what each indicator means, how data is collected and validated, and who has responsibility for both preparing the indicator and following up on measurement results.
3. Assessment of the work required to enable performance management systems to be embedded within Home policy, procedure and culture to ensure the risk of failure of performance management initiatives is minimized.

Below is a model of best practice in performance management to help illustrate our desired operational state:

(Source: A Manager's Guide to Performance Management – Audit Commission)

(b) Performance Indicators

As performance indicators are developed under the work plan discussed above, a more formal reporting process will be incorporated into the quarterly reports to the Committee of Management. Recognizing the importance of consistently measuring and reviewing key performance indicators in monitoring and reviewing operations, and taking into account that some data is readily available within current systems and processes, four distinct performance measures as included within the KPMG report have been identified as indicators that could initially be measured to provide management and the Committee with an overview of performance until a more robust measurement system is developed. These indicators were selected according to the strength and reliability of data currently available and include financial, operational/medical and human resource based measures as follows:

- a. Number of new grievances, paired with number of resolved grievances/grievances underway (Human Resources).
- b. Cost per bed day by department (Financial)
- c. Medication error rate (Medical)
- d. Compliance – Unmet MOH Standards (Operational)

An example of a performance indicator currently monitored by management is included below to show the type of format being considered for the Committee.

RIDEAUCREST HOME - PERFORMANCE INDICATOR REPORT		CURRENT YEAR PERFORMANCE - 2010			COMPARATOR	PLAN
P. I. #	DEFINITION	TARGET	PERIOD RESULT JUNE 2010	YEAR TO DATE – TO JUNE 30, 2010	TOTAL FOR YEAR 2009	
1	<u>FINANCIAL</u> Cost per bed-day – All departments	< than total YTD 2009	Admin: \$13.39 Dietary: \$32.93 Raw Food: \$8.26 Medical: \$131.79 HKeep: \$15.24 Laundry: \$7.98 Building: \$14.63 L. Enrich:\$8.36 All Depts: \$224.32 Bed days : 5,069	Admin: \$13.22 Dietary: \$33.28 Raw Food: \$7.39 Medical: \$138.64 HKeep: \$16.90 Laundry: \$5.38 Building: \$18.77 L. Enrich:\$9.04 All Depts: \$235.24 Bed days: 30,461	Admin: \$13.44 Dietary: \$36.21 Raw Food: \$8.73 Medical: \$144.79 HKeep: \$17.49 Laundry: \$5.33 Building: \$19.37 L. Enrich:\$10.51 All Depts: \$247.14 Bed days: 61,410	Reduce \$ per bed day total 2010 vs total 2009
RISK: Costs rise without justification or understanding leading to missed budgetary targets and unreliable efficiency information. Must be balanced with effectiveness indicators to ascertain value for money						
COMMENTARY: Year to date June 2010 suggests REDUCED costs per bed day over 2009 TOTAL YEAR figures in all areas, EXCEPT Laundry (\$5.38 yr to June 2010, \$5.33 total 2009). Total for all departments June ONLY is lower at \$224.32 (note: total JUNE ONLY 2009 (not shown) = \$232.24						
ACTION PLAN: Continue to monitor and validate data						

The performance management process will also incorporate budget to actual reporting similar to that provided in the quarterly operating reports to Council, however, the Committee of Management will be provided additional information by program envelope, as in the table below. Analysis will include projections to year end and comments on projected variances and proposed follow up. Information provided in the table below includes actual expenditures incurred and revenues received to June 30, 2010. Expenditure accruals have also been incorporated in projecting year end results, based on management's best estimates for costs that are currently unknown and/or subject to other changing circumstances. Staff continues to monitor and update projections for costs which include estimates for

arbitration costs, as well as costs for employee absences and food costs, both of which are based on year to date and previous year cost patterns.

RIDEAUCREST HOME	TO JUNE 30, 2010	ANNUAL BUDGET 2010	PROJECTION TO YEAR END	VARIANCE	COMMENTS
EXPENDITURE					
Administration	402,645	857,709	810,000	(47,709)	
Dietary Services	1,013,833	2,022,051	2,022,051	0	
Medical and Nursing	4,223,257	9,479,886	9,229,000	(250,886)	Includes accrual for current arbitration costs unknown Vacant positions (2) in nursing ONA contract settlement pending Sick days down from 2009
Environmental Services	1,250,498	2,453,048	2,623,000	169,952	Higher utility costs than expected Cost to cover leave for employees that exceed 11 days per year.
Life Enrichment	275,504	603,736	580,000	(23,736)	Vacant position in pastoral care
Transfer to Reserve Fund	200,000	400,000	400,000	0	
High Intensity Needs	61,693	100,000	100,000	0	
TOTAL EXPENDITURE	\$ 7,427,430	\$ 15,916,430	\$ 15,764,051	\$ (152,379)	Saving
REVENUE					
Provincial Subsidies	(3,233,417)	(6,683,019)	(6,659,000)	(24,019)	This excludes some one time funding expected but value is not known at this time
Resident Revenues	(1,702,211)	(3,541,600)	(3,390,844)	(150,756)	
Other Revenues	(40,333)	(140,042)	(140,042)	0	Revenues always match expenses for this program
TOTAL REVENUE	\$ (4,975,961)	\$ (10,364,661)	\$ (10,189,886)	\$ 174,775	Shortfall
NET MUNICIPAL SUBSIDY	\$ 2,451,469	\$ 5,551,769	\$ 5,574,165	\$ 22,396	Over budget

EXISTING POLICY/BY LAW: N/A

NOTICE PROVISIONS: No requirements under the Act.

ACCESSIBILITY CONSIDERATIONS:

Copies of this report are available in alternative formats upon request including translation to French.

FINANCIAL CONSIDERATIONS:

The annual gross operating expenditure budget is \$15,916,430 for Rideaucrest.

CONTACTS:

Terry Willing, Acting Commissioner, Community Services	x 1250
Linda Peever, Director, Residential Long-Term Care	x 4233

OTHER CITY OF KINGSTON STAFF CONSULTED:

Pat Burns, Director, HR and Organization Effectiveness
Desiree Kennedy, City Treasurer
Deanne Roberge, Manager, Employee Relations, Project Manager
Jonathan Nicholls, Financial Analyst, Financial Services
Joe Davis, Manager, Finance and Administrative Services, Rideaucrest Home
Lori Knapp, Executive Assistant to the Commissioner

EXHIBITS ATTACHED:

Exhibit A – Recommendations from ARCP-10-017, May 18, 2010
Exhibit B – Terms of Reference ROSC
Exhibit C – Communications Plan
Exhibit D – Implementation Plan
Exhibit E – Gantt Chart of projected timelines to implement Action Plan for Rideaucrest
Exhibit F – Detailed Organizational Structure at Rideaucrest

Exhibit 'A'

At the Council meeting of May 18, 2010 approval was granted for the Chief Administrative Officer's (CAO) Plan for Rideaucrest. The recommendation of the ARCP-10-017 report is as follows:

1. *That By-law 2004-360 "A By-law to Define the Composition and Terms of Reference for Committees Established by the Corporation of the City of Kingston" be amended to add the responsibilities of the Rideaucrest Home Committee of Management, as identified in the Long Term Care Act to the Administrative Policies Committee (APC) mandate.*
2. *That, as regular practice, at a minimum quarterly, the Committee of Management (APC) receive meaningful statistical and other information on the operation of the home, and that the first report be provided within 3 months of Council approval of this report.*
3. *That the Commissioner responsible and the Home Administrator enhance operational accountability by:*
 - a. *Preparing and providing appropriate orientation on long term care to the APC to enable it to assume its role as the Committee of Management*
 - b. *Developing regular standard reporting and other practices for the Committee of Management*
 - c. *Effectively leading the change strategies required to achieve Rideaucrest's goal and objectives including those recommended in this report*
 - d. *Monitoring legislation and best practices and introducing policies, practices and systems that result*
 - e. *Defining clear roles, responsibilities and expectations for management and staff*
 - f. *Establishing a focused and priority approach to resolving organizational issues in a consultative manner*
 - g. *Improving the effectiveness of communication style, content and practices*
 - h. *Updating business continuity plans*
4. *That the Resident Assessment Instrument (RAI) system be fully introduced and that the standard reports of that system become a tool for decision making.*
5. *That a standard system of performance indicators and reporting to various stakeholders as set out in Exhibit B of the KPMG report be introduced as a tool for measuring success.*
6. *That the draft strategic plan, started in 2008 be updated, completed and presented to the APC for approval, by September 15, 2010.*
7. *That the Administrator, in conjunction with the City Treasurer, develop a multi-year financial operating plan and an updated 10 year capital plan, by September 2010, that considers financial and organizational risk and achieves fiscal accountability by stabilizing and/or reducing the annual percentage rate of municipal subsidy.*
8. *That the Administrator, in conjunction with the Director of Human Resources, develop a multi-year human resources plan to be completed by October 2010, that reviews hiring practices in light of changes to scheduling, attendance management or other elements of the change process, and succession planning requirements.*

9. *That project management resources be retained, with dual reporting responsibilities; to the Commissioner responsible and the Administrator, to initiate, develop and implement strategies to significantly improve the workplace culture/environment and the organizational elements of the strategic plan to support the goal of quality resident care, with immediate focus on the following:*
 - a. *Increasing the effectiveness of communication methods and practices*
 - b. *Increasing the effectiveness of training methods and practices*
 - c. *Determining the changes necessary to scheduling systems and practices*
 - d. *Determining causes and solutions for poor attendance and related working-short situations, considering minimum staffing requirements, scheduling constraints and other issues*
 - e. *Improving workplace respect and cooperation*
 - f. *Reviewing and improving processes and policies to introduce best practices, revised policies and practices, defining clear roles, responsibilities, expectations and accountabilities for all staff*
 - g. *Establishing performance indicator reporting including formal processes for analyzing, reporting and following up variances on a regular basis*
 - h. *Improving health and safety practices*

10. *That a combined union (joint labour)/management committee be introduced immediately (with membership to include representatives from CUPE 109, ONA and management (members to be determined by the team), to provide leadership to the change process, and focus on the development of a positive, respectful and cooperative work environment with immediate focus on the following:*
 - a. *Improvements to communications practices*
 - b. *Scheduling solutions*
 - c. *Attendance management*
 - d. *Accountability at all levels*
 - e. *Role clarification*

11. *That a 2010 operating budget amendment in the amount of \$100,000 be approved, with funding from the working fund reserve, to support the hiring of project management resource(s).*

- C. *That the vision of a "Centre of Excellence" continue to be a goal in the longer term, and that a future report provide commentary and potential opportunities to the Committee of Management, once organizational culture improvements are rooted.*

Exhibit 'B'

TERMS OF REFERENCE Rideaucrest Organizational Improvement Action Plan Project Oversight Committee

Purpose:

The Project Oversight Committee is responsible for the monitoring the progress of the overall project planning (including accountability and operational control), integrity of process, and project oversight. The Committee will function as an advisory committee to the Project Manager in the areas of organizational and risk, project management, project scope, budget, resource allocation, and the resolution of significant issues on the project. Note the initial project scope is attached, dated April 30, 2010, as transmitted by CAO.

Functions:

- Provide oversight to the project, by ensuring the work-plan is up to date and progressing in a manner that effectively addresses issues identified in the originating documents as updated over the course of the project.
- Provide guidance to the Project Manager in the development of relevant policies and strategies.
- Receive and review quarterly progress reports from the Project Manager.
- Receive and review reports including identification of outstanding or upcoming priority issues from functional areas, emerging issues that may impact risk assessments and risk management strategies, and any other matters that have a significant impact on the project, and approve recommended remedial action.
- Ensure the integration of strategic and operational issues and action plans across the department and across the corporation from supporting administrative service areas.
- Ensure a consistent communications strategy.

Composition of the Committee:

Chair: Commissioner - Terry Willing
Support: EA to Commissioner – Lori Knapp
Members: Home Administrator - Linda Peever
Director Human Resources and Organization Development – Patricia Burns
Director of Finance (City Treasurer) Desiree Kennedy
Project Manager – Deanne Roberge

As required: Staff or Union Representatives as may be required.

Meetings:

The Project Oversight Committee will meet on a minimum quarterly, and at the call of the Chair.

Agendas, Minutes, Records and Reporting:

An agenda will be prepared by the Chair and will be distributed to members prior to the meeting. The committee shall keep accurate records of all matters that come before it. It shall report quarterly to CMT on the progress of the project.

Exhibit 'C'

Rideaucrest Culture Change Communications Strategy

1. Statement of Purpose & Objectives

The **purpose** of the Rideaucrest Home (Home) communications strategy is to engage staff, employees & volunteers in the process of culture change.

The **objectives** of the culture change communications strategy are:

- Home staff, employees & volunteers feel engaged, inspired and motivated
- Home staff, employees & volunteers feel recognized and valued
- Home staff, employees & volunteers have the information and knowledge they need to align their work with the mission, vision and priorities of the organization
- Home staff, employees & volunteers have the required information and knowledge to empower them to take action on a daily basis to respond to Residents

2. Communication Principles

Home communications (messages & methods) will be developed and executed in a manner which:

- Is inclusive, breaks down silos, and creates a sense of team across staff, employees & volunteers
- Is transparent, honest and consistent
- Facilitates “safe”, open, two-way dialogue – solicits input and responds to feedback
- Reinforces the contribution of each department to the overall care of residents and success of the Home

3. Key Elements of the Communications Strategy

Organizational Communication Needs – What? So What? Now What?

As an organization it is important to:

- Communicate the mission, vision and priorities of the Home
- Ensure staff, employees & volunteers know what happens at the Home, how it happens and how the various departments link together to provide holistic, resident-centred care
- Let staff, employees & volunteers know they are valued
- Communicate Home policies, programs and procedures

Audiences & their communication needs – what knowledge & information is the audience looking for from the Leadership Team?

All Staff, Employees & Volunteers:

- Corporate priorities
- Home mission, vision and priorities

- “Who does what?” – the accountability of every person in delivering quality resident care
- “Who are our Residents?” – the personal bios of Home Residents in order to provide resident-centred services
- Progress on initiatives, challenges and problems requiring solutions, opportunities for innovation and change
- Home achievement and success
- Process & policy changes, and impact of those changes on them, individually and collectively
- How are decisions made? And impact of those decisions on them, individually and collectively

Leadership Team:

- Same information and knowledge needs as rest of employees
- Need knowledge of City priorities, Ministry directions, and Home priorities in order to support communications and respond to employee & volunteer questions
- Need information & knowledge with respect to significant changes in advance of employee & volunteer communication in order to support communications and respond to employee & volunteer questions

Corporate Leaders (including Council):

- Home priorities and goals
- Long Term Care Act and other legislation with significant impact on Home operations
- Home performance indicator reports (quarterly)
- Culture Change initiatives and achievement

Residents & Families / Friends:

- Home priorities and goals
- Long Term Care Act and other legislation / standards with significant impact on Residents’ care and personal well-being
- “Who are the Home employees?” – who are the people who are providing services and caring for me – employee

4. Key Messages

- Everyone’s responsibility is to take accountability for the quality of resident care in every situation
- This isn’t our home, this is the resident’s home
- It is important to break down silos - respect and teamwork results in a harmonious, positive and energizing culture
- Safe and efficient practices contribute to the positive work environment

Communication Methods/ Media - manage the amount and form of communication to ensure that the messages are heard and there isn’t “communication overload”

For Information sharing: e-mail; newsletter; town hall; intranet; TV monitors

For purpose of two-way dialogue: staff meetings; town halls; interdisciplinary meetings

For purpose of performance mgt, training and development: one-on-one meetings

Internal Communications Activities Plan

Communication Initiative	Audiences	Communication Method	Purpose / Message	Accountability	Resources Required	Frequency
Introduction of Culture Change Project	Staff, employees and volunteers	Lunch or Afternoon "Ice Cream Break" (TBD based on scheduling of change network members)	Review purpose of culture change project Convey time and effort required to ingrain a culture change Introduce change network members Identify key initiatives between now and year end	Linda – sponsor & allocate resources Change Network Committee – planning the event Leadership Team – participating in event	Food for lunch/ice cream break Door prizes Gerard & Steering Committee participation	once
Culture Change Progress Report	Staff, employees and volunteers	Bulletin Board	Is to build and sustain momentum for culture change Inform staff, employees & volunteers on key initiatives and achievements	Deanne – keeping information updated Change Network Committee & Leadership Team – providing input into meaningful content	Dedicated space Specific colour background and paper	monthly
Other communication initiatives for further discussion at next Change Network Meeting:						
Regular Team Meetings	All staff & employees on working on the floor	In person meeting	To brief everyone on policies, procedures To update on issues & achievements			
Thank You Campaign	Everyone	Thank you cards	To recognize and reward day-to-day commitment to the care of residents and support to each other		Thank you cards	

Communication Initiative	Audiences	Communication Method	Purpose / Message	Accountability	Resources Required	Frequency
Culture Change Cheat Sheet	Staff, employees & volunteers	Posters (letter size & large)	<p>To remind people of key behaviours that will support the desired culture</p> <ul style="list-style-type: none"> • Saying “thank you” for a job well done • Responding to emergency bell • “all hands on deck” approach when someone needs help 			
Morning Turnover Report	Staff & employees from all departments	In person meeting	To identify specific resident issues and on-going activities from shift to shift			
Resident Bios	Staff & employees	Bio Book	To tell the life story of each resident so staff & employees can provide personalized care to the residents			

Exhibit 'D'
Rideaucrest Implementation Plan

		Task	Description	Responsibility	Timeline (End Date)	Support	Status
A		<u>Governance</u>					
	1	Establish Oversight Committee	Develop Terms of Reference	CAO – G. Hunt	April 30, 2010	M. Ryttersgaard	Complete
			Meet with Committee (TW, LP, DK, PB) - to explain purpose	CAO – G. Hunt	May 20, 2010	M. Ryttersgaard	Complete
	2	Meet with Rideaucrest Management Team	1st meeting after the action plan has been approved	CAO – G. Hunt	May 11, 2010	T. Willing, L. Peever	Complete
	3	Establish Committee of Management	Develop Terms of Reference and report to council	T. Willing	July 2010	L. Peever	Complete
			Hold 1st meeting of the Committee of Management (incl. appropriate orientation)	T. Willing, L. Peever	August 2010		Complete
			Effectively leading the change strategies required to achieve Rideaucrest's goals and objectives				Ongoing
			Prepare and provide appropriate orientation on long-term care to ACP to enable it to assume its role as the Committee of Management				Ongoing
			Develop regular standard reporting and other practices for the Committee of Management				Ongoing
			Establish a focused and priority approach to resolving organizational issues in a consultative manner				Ongoing

		Task	Description	Responsibility	Timeline (End Date)	Support	Status
	4	Long Term Care Act and Regulations	Ongoing requirements of complying with legislative changes	L. Peever	July, ongoing	R/C Mgmt Team	Ongoing
			Monitor legislation and best practices and introducing policies, practices and systems that result				Ongoing
B		<u>Resources</u>					
	1	Review Management Job Descriptions	Clearly Define Roles from Management in R/C structure	L. Peever, P. Burns	May 2010		Complete
			Meet with existing management team and clarify work/set clear expectations	L. Peever, P. Burns	May 2010		Complete
			Determine Management training requirements	L. Peever, P. Burns	May 2010		Ongoing
			Initiate training and development as determined	L. Peever, P. Burns	May 2010 onward		Ongoing
			Define clear roles, responsibilities and expectations for management and staff				Ongoing
	2	Recruit Environmental Supervisor	Provide thorough orientation/establish clear expectations	L. Peever		P. Burns	Ongoing
	3	Recruit Assistant Administrator	Provide thorough orientation/establish clear expectations	L. Peever		P. Burns	Ongoing
	4	Project Management Resources	Prepare job responsibilities and lay out expectations	T. Willing, G. Hunt	May 2010	L. Peever, P. Burns	Ongoing
C		<u>Labour/Management Committee (CUPE/ONA/Mgmt)</u>					

		Task	Description	Responsibility	Timeline (End Date)	Support	Status
	1	Establish Joint Committee	Develop Terms of Reference (with CUPE and ONA reps)	T. Willing, G. Hunt	May 2010	Project Manager	Complete
			Appoint the membership	Project Manager	May 2010		Complete
			Determine the scope of issue to be addressed (as a minimum, see CAO report, recommendation 10)	Project Manager	May 2010		Complete
D		<u>Reporting</u>					
	1	Establish the standard reporting	Based on KPMG report, develop specific reporting templates for various stakeholders	D. Kennedy	June 2010	L. Peever	Ongoing
			Improve the effectiveness of communication style, content and practices				Complete
			Determine roles in the reporting process (i.e. How indicators are collected, who is the keeper, who signs off on the report, accepting the information as complete (multiple layers))	L. Peever	June 2010	D. Kennedy	Ongoing
			First report for management purposes		June 2010	D. Kennedy	Ongoing
			First report for employee purposes		June 2010	D. Kennedy	Ongoing
			First report for the Committee of Management purposes		August 2010	D. Kennedy	Complete
E		<u>Action Plan Specific Items</u>					
	1	Increasing the effectiveness of communications methods and practices	To be defined	Project Manager			Ongoing

		Task	Description	Responsibility	Timeline (End Date)	Support	Status
	2	Increasing the effectiveness of training methods and practices	To be defined	Project Manager			Ongoing
	3	Determining the changes necessary to scheduling systems and practices	To be defined	Project Manager			Ongoing
	4	Determining causes and solutions for poor attendance and related working-short situations, considering minimum staffing requirements, scheduling constraints and other issues	To be defined	Project Manager			Ongoing
	5	Improving workplace respect and cooperation	To be defined	Project Manager			Ongoing
	6	Reviewing and improving processes and policies to introduce best practices, revised policies and practices, defining clear roles, responsibilities, expectations, and accountabilities for all staff	To be defined	Project Manager			Ongoing
	7	Establishing performance indicator reporting including formal processes for analyzing, reporting and following up on variances on a regular basis	To be defined	Project Manager			Ongoing

	Task	Description	Responsibility	Timeline (End Date)	Support	Status
	8	Improving health and safety practices	To be defined	Project Manager		Ongoing
F	Other					
	1	Update Business Continuity Plans		L. Peever		T. Willing Ongoing
	2	Update Strategic Plan		L. Peever, T. Willing	August 2010	R. McIlroy Ongoing – Sept APC Meeting
	3	Multi-Year Financial Plans	3 year projected operating plan	L. Peever, D. Kennedy	September 2010	Ongoing
			Updated 10 year capital plan	L. Peever, D. Kennedy	September 2010	Ongoing
	4	Multi-Year (high level) Human Resources Plan	Initial plan to complement strategic plan, including retirements identifications and contingency planning and initial analysis of part-time vs. full-time complement review	L. Peever, P. Burns	October 2010	Ongoing
			**Extracted from Report to ARCP 10-017			

Exhibit 'E'
Gantt Chart - Rideaucrest Action Plan Tasks

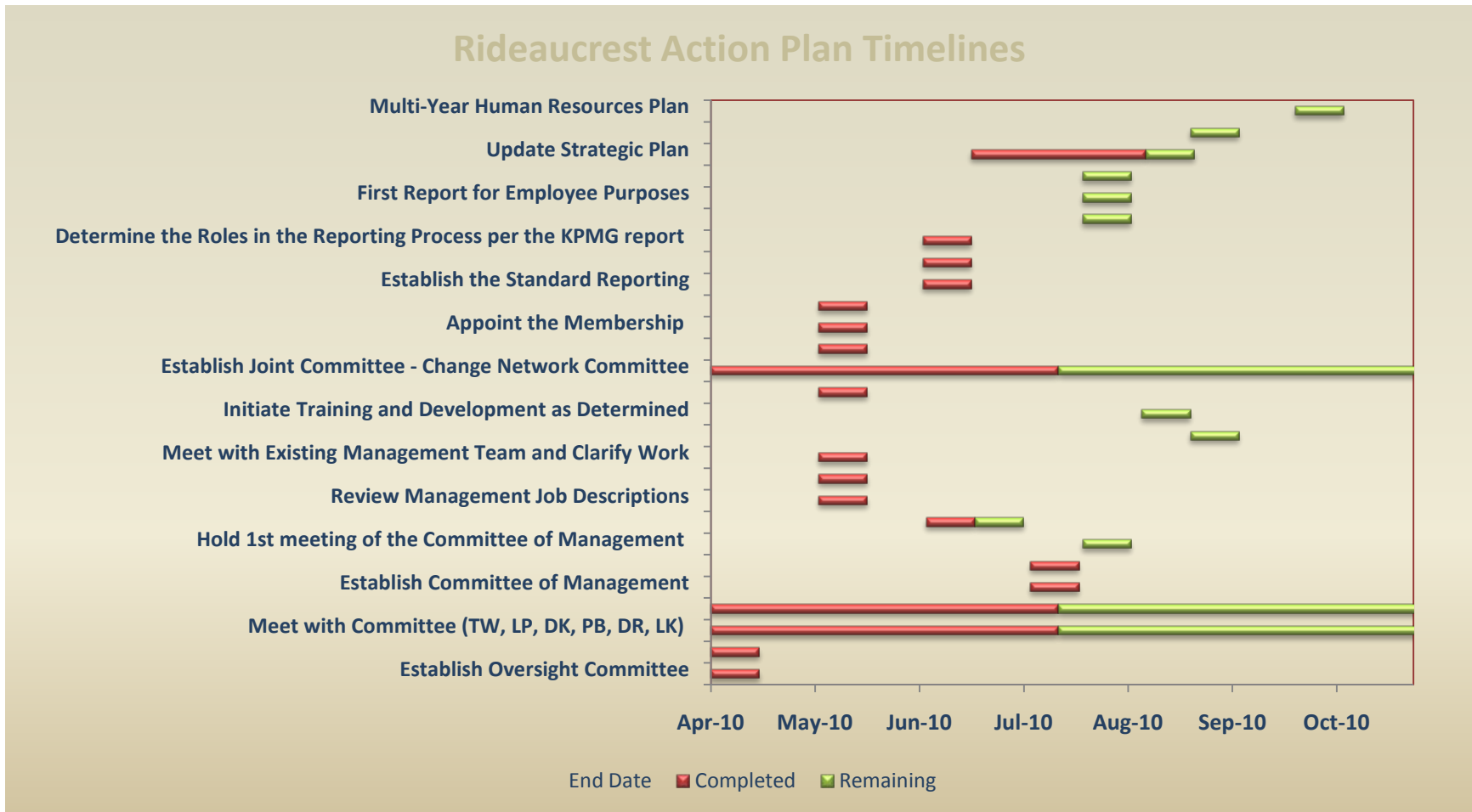


Exhibit 'F'
Detailed Organizational Structure of the departments within Rideaucrest

Nursing Department
1 Director of Resident Services (vacant)

Nursing

*2 Directors of Nursing
1 Nurse Practitioner
2 Resident Care Coordinators
17 Registered Nurses
35 Registered Practical Nurses
94 Personal Support Workers*

- Assist with all aspects of care of residents from administration of medication to personal care.
- Enhanced training in various specialties including wound care, oral health, falls prevention, incontinence and gerontological nursing.
- Promote individualized nursing care which includes the resident, family in the decision making process.
- Involvement with local Colleges and Universities in arranging clinical placements for Nursing Students.
- RAI/MDS documentation systems

Occupational Health, Infection Control and Staff Development

1 Staff Health and Development Coordinator

- Staff development ensures staff receive education to enhance their skills, knowledge and personal well-being. Includes internal and external workshops and conferences.
- Occupational health responsible for ensuring all equipment and practices used in the Home are safe for staff and residents. Coordinates return to work initiatives for staff.
- Infection control regularly audits and makes improvements for risk areas in the Home

Business Office
1 Manager

Reception

1 Clerk/Receptionist

- 24/7 presence at the front desk to greet visitors to the Home, answer questions, receive some deliveries, monitor door alarms.

Business and Admissions

*1 Business and Admissions Clerk
1 Clerk/Secretary*

- Coordinate admissions to the Home.
- Administer Admissions Agreement with residents and family
- Issue and collect on monthly statements
- Manage trust accounts when necessary

Payroll/Scheduling

1 Payroll/Staffing Clerk

- Payroll recording keeping for the Home
- Schedules staff for Environmental and Nutrition Services departments
- Assists with clerical duties as required
- Maintains accurate attendance and WSIB records and staff files.

Environmental Services
1 Supervisor; 1 Assistant Supervisor

Housekeeping

24 Cleaners

2 Laundry Aides

- Laundering/organizing residents personal items. Managing external laundry. Labeling personal effects and minor repairs.
- Daily cleaning of resident rooms and common areas using proper infection control practices.
- Setting up conference room areas

Maintenance

1 Maintenance Mechanic

2 Assistants

- Utilize predictive and preventative maintenance and troubleshooting technologies to keep the physical plant and environmental operations of the facility operating.

Life Enrichment and Ancillary Volunteers
1 Manager

Life Enrichment

5 Life Enrichment Coordinators

- Plan and present a variety of program opportunities for resident and family participation.
- Design programs for resident who may not be able to participate
- Develop activity calendars on a monthly basis

Restorative Care

2 Restorative Care Assistants

- In collaboration with contracted physiotherapist and other professionals, implement, evaluate and revise therapeutic plan of care for residents.
- Carry out prescribed rehabilitative protocols and strategies under the direction of therapists, both group and individual programs.

Volunteer Services

70 Volunteers

- Run Tea Shoppe and other fundraising initiatives
- help with special events

Ancillary Services

Includes contracted physiotherapists, dental, hairdressing, spiritual care etc.

- Provide prescribed services to residents