

Care
and
Services
Annual
Report

2017

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A MESSAGE FROM THE ADMINISTRATOR

Sitting along the banks of the Grand River in Brantford, the John Noble Home is a municipal home jointly owned by the City of Brantford and the County of Brant. This state of the art facility has a proud tradition of caring stretching back over 135 years. It boasts a diverse and engaged workforce whose commitment to caring is evident in the community it serves. The site is home to a 156 long term care residents and 28 tenants in our seniors apartments. This dynamic Hub also supports the bustling Day and Stay Centre, a community program for those with dementia, as well as service providers such as the Alzheimers Society and the newly built John Noble Apartments. 2017 brought many new accomplishments, among which was acceptance to become a pre-designate Best Practice Spotlight Organization through the Registered Nurses Association of Ontario. This prestigious honour brings education and support to our engaged staff and drives clinical best practice. Also of note is the development of our Education and Support Group for family caregivers. This group offers support and education to help those adjusting to life in long term care. New

partnerships were formed, among which were Laurier Brantford and the Niagara Peninsula Aboriginal Area Management Board which gives volunteer opportunities and training to urban indigenous youth. Please enjoy this look back on 2017. We embrace the opportunity to care for our residents and look forward to another amazing year.

Jennifer Miller

Administrator

OUR MISSION, VISION AND VALUES

Our Mission

Working together to enhance the quality of life for those we serve, by providing LOVE, CARE, and DIGNITY within a safe home-like environment.

Our Vision

As leaders we strive for continued excellence, now and in the future.

Our Values

To further support and facilitate the growth and development of exemplary housing, care and services within our caring community of Brantford and Brant County.

THE STATISTICS

Our Long Term Care operations houses 156 beds. It is our core program within a modern state of the art environment.

Current Long Term Care Resident Profile- 2017

- Average age 8.21 years: Male 78.14 years, Female 82.75 years old
- More females (66.6% than males: Males 51; Females 102
- Current age ranges: 26-100 years of age
- Average length of stay: 1033.419 Days or 2.83 years
- Most require assistance with mobility -89% residents use a mobility aide (walker/ wheelchair)
- Catholic 24% Christian based religion 58% and 18% no designation
- 64% are basic rate MOH subsidized
- Clinically complex 33.3

Our Long Term Care Medical Services Team

MEDICAL DIRECTOR UPDATE

Janice M. Legere, B.A. (Hon. Psyc.), M.D., CCFP, Medical Director

THE NURSING DEPARTMENT

The nursing department has had a busy 2017 with many exciting accomplishments. The daily operations of the John Noble Home have continued to reflect the fast paced environment that we work in. During 2017 the Home admitted 62 new residents which is a higher than average number from the Home. During this time we have had 232 people tour our Home as a potential Home for their loved ones. In December 2017 our waitlist was 240 with 21 of those applicants being a priority crisis admission. On average 4.2 residents were admitted to hospital each month which remains within expected outcomes for the Home. We continue to see an increase in the medical acuity of the residents in the Home.

This year we were chosen as a training site for the certification of new compliance officer during our annual Resident Quality Inspection (RQI) by the Ministry of Health. The inspection was very intensive and looked at all areas of our operation. At the conclusion, 9 areas of non-compliance were noted all of which were written notifications and voluntary plans of correction which are considered low risk areas. We were also inspected by Public Health with 2 minor recommendations. The Home immediately developed action plans which are in place to resolve the concerns noted from both inspections.

We continue to move forward with our Noble Journey. Wall murals are changing the environment that our residents live in. The murals have softened the Home areas and created spaces for visits and engagement for our residents. In 2017 we are trialing another project on one of our Home areas. Often with the aging process and dementia, the ability to maintain appropriate weight becomes very difficult. Currently before meals we are using a food related scent on the Home area to stimulate appetite. Initial results look very positive at this time and we continue to monitor outcomes if this project proves successful we will initiate this intervention on other Home areas. Also new to Noble Journey is the creation of Fidget Blankets. Fidget Blankets are lap quilts which contain buttons, zippers and other items with which the resident can 'fidget'. Fidget Blankets have been shown to decrease responsive behaviours in seniors with dementia. An initiative of the Home saw staff members on each Home Area creating a



Fidget Blanket for resident use.

Also late in 2017, we started to connect with the Canadian Music Therapy Foundation who works with different facilities to provide grants and assistance to create music therapy programs for residents. The grant will allow us to have a qualified music therapist initiate and evaluate the music therapy program on a regular basis. The Foundation will provide ongoing support to the Home to create a program that reconnects our residents with dementia to the songs and rhythms that have been a part of their lives. The development of this program will continue into 2018 and we hope, through the program, to emotionally engage the residents we care for. The funds come from the Canadian Music Therapy Trust Fund. This will benefit the whole person, mind, body, spirit and end of life.

In 2017 we were accepted to become a Best Practice Spotlight Organization with the Registered Nurses Association of Ontario.. This program will support the introduction of the most current and forward thinking practices in nursing and without question improve the outcomes for each of our residents at the Home. The Home follows best practice guidelines at this time already but this three year program will help to create a culture of growth and learning for our staff and families.

During 2017, we supported staff in their continued learning and growth and in 2018 will be sending one of our nurse managers to leadership and administrative training through AdvantAge Ontario. By creating an environment of learning and personal growth we believe we will create a strong and dedicated nursing department.

The nursing department examined several areas of policy development; some of which were difficult areas for staff and challenged our moral and ethical principles. In particular the policy on Cannabis and Medical Assistance In Dying were the most challenging to develop; ensuring that we met the needs of our residents and legal obligations while still remaining consistent with the principles of the John Noble Home.

The year of 2017 was a year of change, and growth. We look forward to the challenges and opportunities to improve in 2018. We continue to look for innovative and forward thinking concepts to improve the quality of life for each and every resident.

Mary Cox, RN DOC

Danielle Kennedy, Resident Care Coordinator

Fidget quilts are a happy resource for the person with dementia and *fidgeting fingers*.



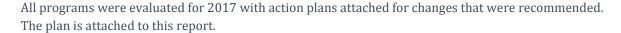
Therapeutic Recreation and Resident Programs

The resident programs department includes the recreation therapists, music specialist, horticulture specialist, social service worker and physiotherapist. This department manager also oversees the pastoral care programs and services, volunteers and our main reception staff and volunteers.

RECREATION PROGRAMS DIVISION:

A variety of new recreation programs were once again added this year. Some of them include:

- o Traveling Guitar Tunes
- o Zumba (a staff member took Zumba Gold training)
- o Royal History
- o Ker-Plunk
- o Solitude and Serenity
- o Giant Crosswords
- o Guided Meditation
- o Word Scrambles
- o Documentaries
- o Categories
- o Concentration
- o Getting to Know You
- o Music in Motion
- o Apron Fashion Show
- o Musical Painting
- o Crokinole
- o Laughter Yoga
- o Art Gallery Show



•Three new sponsors were found to sponsor monthly birthday parties for the residents.



•New partnerships were formed with local schools and courses. Laurier University had 2 different programs come into the home. We had Social Workers assist with personhoods and we had English majors come in and work on resident's life stories. We also had the Assumption College English Class come in to coordinate special event programs. We continued our partnerships with all the local high schools for coop students, as well as SKIP (Senior's and Kids Intergenerational Program)



- •We had 2 grade 2 classes from Ryerson Heights become pen pals with our residents as well as our tenants and volunteers. For 4 months the children wrote to our residents/tenants/volunteers and then they wrote back. In May both classes came and met their grandpal, it was a wonderful program. We are continuing with this program again in 2018.
- •The recreation department purchased a computer software program "Activity Pro" to enable the recreation staff to keep complete records on programs residents attend; it looks at all the domains for Recreation Therapy and ensures programs meet all domains. The program tracks residents who participate in self-directing programming, produces calendars and reports etc.
- •We had a total of 45 residents "adopted" at Christmas by an individual from the community or a group. 156 residents received Body wash, and Mary Kay lotion donated by community groups, and 3 different groups made up Christmas cards for all of our residents to receive.
- •The recreation staff and coordinator attended 44 educational sessions in 2017. These were above the mandatory education requirements.
- •For Quality Improvement all our targets were met. With the introduction of Activity Pro, numbers changed mid-stream, however we were able to always be below provincial benchmarks for residents with little to no activity. New indicators have been developed for 2018.
- •A staff retreat was held and goals for the upcoming year were made.
- •The department was very fortunate to have funding available to purchase 2 new multi-sensory carts. We are anticipating them to be very beneficial to our residents.
- •A new Montessori cart was purchased and set up with a variety of kits that can be used when doing one to one visiting.

Four major special events happened in 2017 that were coordinated by the recreation team.

O In May we held our Spring Treasure Sale.

O In June we held our annual Pig Roast

O In September we held our Fall Festival

O In December we held our annual Resident and Family Christmas Dinner

BUS REPORT:

In February 2017, we 'inherited' the Day Programs bus for our recreation department to use. Funds to bring the bus up to standard were obtained by John Noble Home donated funds. The recreation department started to take residents on trips in March 2017. The following are some highlights:



- The bus traveled a total of 4, 042 km
- A total of 54 trips happened from March until December
- The day program used our bus a total of 9 times. This could have been due to their bus being in the shop or they added an extra program to their day and they used our bus.
- The total number of residents that benefited from going out on the bus was 621.
- Approximately \$135.00 was spent each month on gas. The funds for this come out of the Resident Programs operating budget.
- The bus went in a few times to have maintenance done on it. The funds for the work were taken from donated funds.
- Places we took the residents were: Ancaster to see a movie at Silver City, the market, Turkey
 Point, Port Dover, Dunnville, Sanderson Center, local restaurants for lunch, numerous ice cream
 trips, Christmas Lights around the city and morning drives to places such as Burford, Waterford,
 Paris and St. George.
- Having a bus in long term care has been a huge bonus allowing us to offer many more trips and outings for our residents. We look forward to taking them to new places in 2018

VOLUNTEER DIVISION:

- A total of 114 new volunteers joined the John Noble Home's volunteer team
- A total of 13,928 hours were accumulated for the year
- All volunteers had their yearly performance review completed.
- The majority of volunteers still work in recreation; however we do have a good team on the reception desk and in the skylight café. Our visiting volunteer program grew with more volunteers wishing to just do visits.
- Volunteers were recognized in the month of April for National Volunteer Week as well as at the Ministry Awards. They also attended a BBQ in the summer and a Christmas Dinner in December.



- The coordinator continues to be an active member of BRAVA (Brant Regional Association of Volunteer Administrators) and the meetings continue to be held here at the home. BRAVA will be celebrating their 30th Anniversary in 2018, and the coordinator is involved in the planning of this event.
- •The volunteer policies were all reviewed and updated in 2017.
- •A volunteer survey was completed and part of the action plan included more education for volunteers. A mini survey was then sent out and from those results 4 educational sessions have been planned for 2018, based on their suggestions.
- •With the coordinator retiring this year, the department is looking at having a Volunteer Reunion during the month of April. Invitations will be sent out as well as posted on our facebook page to let past volunteers know about this event.

SOCIAL SERVICE WORK DIVISION:

Social Work, which is a 25 hour per week position, had the following accomplishments in 2017:

- •Continues to work closely with Hamilton Niagara Haldimand Brant LHIN, and new residents and families upon admission to help ease the transition to Long Term Care.
- •Continued working with the Behavioral Support Ontario to support new residents

- •Continue to work with Day and Stay Program to support new residents during their transition from the Day Program to Long Term Care
- •With generous donations from family council, resident council and families we continue to improve the palliative care program
- •Support provided during the various phases of residency pre-admission, admission, residency, and discharge, transfer, or death to ensure the well-being of residents in long-term care and their families.
- •Assisted in the implementing new Resident Handbooks and updated the information packages to maintain relevance and compliance with long term care home's act
- •Social Service Worker position continues to provide a tour and information about the facility, assesses the resident's needs, and begins to establish relationships with the resident and family members that will evolve over the course of admission through to discharge
- •Participated in workshop regarding Consent and Capacity
- •Member of PIECES, Pain and Palliative Care Team, HPAC committees, Noble Journey and Ethics committee
- •Continue working with community members and resource within our community to provide support for our residents
- •Mentor Social Service Worker students from various colleges.
- •62 Admissions, 232 tours and 487 resident/ SDM contact completed in 2017

PHYSIOTHERAPY DIVISION:

- •Achieva Health is continuing to provide physiotherapy service with one part time physiotherapist and one part time physiotherapy assistant.
- •PT completes the initial assessment on every new admission and uses professional judgement in planning physiotherapy interventions which are specific to meet individual needs to promote physical stability as well as mobility
- •PT completes quarterly assessments on every resident on physio to re-assess progress or to add new interventions for physical well-being of residents.
- •There was a change in the PTA in November 2017. Scany Patel resigned and a new PTA, Benjamin Alomia joined the department.
- •PT is now involved in skin and wound management and is rostered with College of Physiotherapist of Ontario for undertaking the skin and wound management course from the Ontario Physiotherapy Association. PT provides wound management programs using modalities and measures to promote healing of wounds upon referral.
- •PTA helps with PT in carrying out treatment and exercise interventions which are offered 2-3 times per week.

- •2 volunteers completed their placement working in this department.
- The PT department has a good list of equipment in the 'gym' and this year they were able to utilize it tremendously with residents being brought to the gym to complete their treatment. The room is also used for training, and the yoga program.
 - Purchased a new Electrical stimulator device for wound management treatments.

PASTORAL CARE:

The pastoral care program is managed by the Coordinator of Resident Programs, with the assistance from one of the Recreation Assistants.

- We have a list of priests, pastors, reverend's etc. that has been developed so when new residents
 or any resident wishes a visit by their specific clergy we can contact them. This was initiated at
 the end of 2015 and was used quite often in 2017. The nursing staff and recreation staff referred
 residents often for pastoral care visits.
- A pastoral care visiting binder is still available and continues to monitor and track resident visits by the various clergy that come in on their own. This continued to show improvement throughout the year as more clergy were signing in the book.
- Many pastors/volunteers/priests continued to provide Sunday morning services to our residents.
- Many spiritual programs were offered throughout the year. Bible Education, Psalms and Songs,
 Hymns with Cynthia, Hymns with Johanna, Gospel Music with Barry, Bible Visits with Bonnie etc.
- The policy on Pastoral Care Visiting was updated. All the other policies will be reviewed in 2019 as required.
- Two memorial services were held in 2017, and we will once again host 2 services in 2018 (April and November).

GOALS FOR THE RESIDENT PROGRAMS DEPARTMENT:

The following were goals for our department in 2017.

- •To offer new Therapeutic Recreations programs **-Goal met**.
- •To develop new large groups, small groups and one to one programs. **Goals met**. The recreation team offered many new programs large and small as well as new one to one visits by volunteers was established.
- •To evaluate evening and weekend programs. **Goal in progress**.- We continue to look at the programs and times offered. We added another night during the week and attendance has been fairly good most nights. A coffee morning program has been added on Saturday and this has been very well received.
- •To increase calendar planning time. **Goal met** We set aside time each month for each of the recreation teams to sit together to go over the upcoming months calendar. With the introduction of activity pro software new calendars can also be generated from this program that the staff is currently training on.
- •To purchase Activity Pro for the recreation staff. **Goal met** the staff continues to grow using this software. Many reports can be generated from this program which gives the staff validity in their jobs.

•To secure new partnerships for special events, fundraising, volunteering etc. **Goal met-** New groups were added to our birthday rotation and new partnerships with Laurier.

Goals for 2018:

- •To secure a grant for an Arts Program for the department
- •To secure new partnerships for special events, fundraising, volunteering etc.
- •To spread awareness of Therapeutic Recreation within our home.
- •To look at providing more meaningful lower functioning programs for the residents.

Janet Beachy

Coordinator of Resident Programs and Volunteers

Resident and Family Council

RESIDENT COUNCIL REPORT

In 2017 the Resident Council hosted and sponsored many events. Here is a list of those successes for the year:

- •Sponsored the January Birthday Party
- •Easter egg hunt
- •May tailgate garage sale. Council organized a book sale for this day as well as profits from the popcorn sale
- •Assisted in both Memorial Services
- Fall carnival and John Noble's Birthday Celebration
- Christmas Market
- Resident & Family Christmas dinner

Other Resident Council Accomplishments for 2017:

They donated funds to the recreation department for wireless speakers

- They gave \$100 towards the entertainment at pub nights each month
- They helped to cover the cost of the Welcome Lunch (a lunch held 6 times a year to welcome our new residents). They share this cost with the family council.
- Resident Council continues to be an active member of Ontario Association of Resident Councils (OARC)
- They purchased a Raised Garden Bed for the Horticulture Department
- Council members created a poem on what volunteers mean to them and this was read and shared at the volunteer appreciation dinner
- With the return of the Committee of Management meetings to our home, the council members were able to attend the meeting and be on top of issues related to the home.
- A representative from Attends (our supplier for incontinent products) visited the resident council to explain products as well as to get feedback from the residents on current products.
- hosted a Christmas Lunch for the new council members' of 2018.

FAMILY COUNCIL YEAR END REPORT:

The past year was a year of transition for our Family Council. Our long time Chair stepped down from her position, and new members were elected to executive positions. Change began the year, but it did not slow Family Council down. 2017, may have been our most dynamic and successful year to date. Much was



accomplished, and we could not have done it without the support of the John Noble Home Administration and Staff. Their encouragement and support is invaluable to our success.

The following is a brief synopsis of Family Council's donations and accomplishments.

Donations:

- •Donated funds to purchase 5 IPODS for individualized, music therapy program.
- •Donated over 2,500 complimentary beverages to residents
- •Donated over 1,500 complimentary beverages to volunteers
- •Donated \$1,200 to cover entertainment for Pub Night
- •Donated \$500 to Residents' Christmas Gift fund
- •Donated gifts, food, and entertainment for the August Birthday Party
- •Donated pizza, for Pub night during Family Council week in August
- •Donated floral bouquets for four residents who celebrated their 100th birthday
- •Donated for fellowship for the Celebration of Life for a respected staff member
- •Donated food and beverages for two Memorial Service fellowships
- Donated food and beverages for Remembrance Day Services
- •Donated the funds to purchase 6 windows for Home areas that state: "Our Residents

Do not live in our workplace we work in their home"

- •Donated funds to pay for Welcome Lunches, in conjunction with Resident Council
- •Donated the funds to purchase a grave marker, for a former resident of our Home.
- •Donated funds raised through BBQs to Resident Council

Accomplishments:

- •Our 4th Annual Spring Fling, fundraiser in April, was a rousing success
- •We received 3 new Dignity Quilts, from Brant Heritage Quilters Guild,
- •In June, a ceremony was conducted to bless the quilts, at a Thank you Tea, members of the Quilters Guild and St. George United Church, attended.
- Fundraised by selling Sesquicentennial pins and adopt a Noble Bear, project
- •Created new Skylight Café loyalty cards, Family Council business cards, Advocacy posters and new Family Council letterhead

- Family Council members had the opportunity to tour Grandview Lodge in Dunnville to view their dementia care unit, based on the Butterfly Home philosophy
- •Helped celebrate John Noble's birthday, by providing birthday cake and beverages for the Open House in September
- •Formed a John Noble Home Advocacy Committee
- •Continued to operate the Skylight Café and provide catering, hot meals on Tuesdays for families and staff, and donations of coffee and tea to residents for social activities
- •Purchased dishes to be used for catering opportunities
- •A member of our Family Council applied and was invited to sit on the Patient Family Advocacy Committee, through the Ministry of Health and Long Term Care, representing our LIHN
- •In November, Family Council Members had the opportunity to meet with Andrea Horwath, Leader of the Ontario NDP, to discuss concerns with Long Term Care in the province

We had an exciting year. Many opportunities came our way and much was accomplished. The members of the John Noble Home Family Council commit their time, energy and talents to the Home, out of the gratitude and respect they have for the care and dignity the Staff give to the residents, and our individual loved ones. It has been an honour to Chair this committee and I look forward an exciting 2018.

Respectfully,

Jane Oliver, Chair- John Noble Family Council





QUESTIONS?

CONCERNS?

IDEAS?

... We can help!

John Noble Home Family Council's newly formed

Advocacy Committee

We are the voice of residents and their families and the "go to" committee for advice, support and action regarding area or home-wide concerns and unanswered questions.

Contact Us:

Email: familycouncil@jnh.ca
Telephone: 519-756-2920 ext. 4255

(Leave a message directed to the family council advocacy committee so we can follow up with you)

Join Us:

The John Noble Home Family Council meets monthly (usually the last Friday of each month at 1 p.m.) Advocacy Committee meeting days/times vary. Call or email for information about upcoming meetings

Our Mission Statement:

The John Noble Home Family Council is composed of families and friends of residents. It serves as a support group as well as a liaison between family and staff. The purpose of the Family Council is to inform and educate, explore concerns, share ideas, act on issues and communicate effectively. The Council is dedicated to the promotion and improvement of the health, welfare and happiness of all residents in The John Noble Home and their families



Quality Improvement

The John Noble Home is committed to continuing to integrate quality improvement throughout our organization. Our Quality Improvement Program is continually evolving and growing with a commitment to provide higher quality of care to our residents. Our Quality Improvement Plan focuses on improving key performance indicators and targets that align with quality indicators identified by the MOHLTC, Health Quality Ontario public reporting processes, Long Term Care Homes Act, LHIN priorities as well as the home's operational priorities.

QUALITY IMPROVEMENT:

The Quality Improvement Team (QIT) meets on a quarterly basis (or more often as needed) to review goals identified on both the Health Quality Ontario Quality Improvement Plan (HQO QIP) and the managers departmental quality improvement plans including a review of action plans and records of improvement.

The 2016 HQO QIP focused on:

- Reduction in the number of Emergency Department visits for residents within the home
 by ensuring a thorough admission assessment identifying health conditions requiring
 management, education on deterioration in resident health status and development and
 implementation of a Triage Assessment Triangle to assist Registered Staff with decision
 making relating to resident change in condition.
- Reduction in psychotropic medication use by completing interdisciplinary medication reviews and providing education to Registered Staff on the use of antipsychotics and alternatives to managing responsive behaviours.
- Reduction in falls by introducing a new program charter for the Falling Leaves Program
 which focuses on falls prevention, identification of residents at most immediate risk and
 ensuring appropriate interventions have been put into place to reduce risk of injury. In
 addition to the Falling Leaves, Registered Staff identify all falls and required follow up on a
 High Risk Assessment Tool which is submitted to the Resident Care Coordinator for
 auditing and follow up.
- Continued performance below provincial average in restraint use by ongoing education to all Registered Staff and continued communication to residents, substitute decision makers and staff related to risks associated with restraints and alternatives to restraint use.
- Improvement of the resident experience to ensure resident's feel they are listened too, can
 express their opinions without fear and have overall satisfaction with the home.
 Education was provided to all staff on customer service/communication skills and
 increased information was provided to residents and their families related to the
 comment/concern form and process within the home.

On each home area, Quality Improvement Boards were updated monthly to facilitate enhanced communication and data sharing with all direct care staff. Information posted on the boards included: monthly fall stats, hand hygiene audit results and worklife pulse survey results.

Tracking and trending of critical incidents and near miss/sentinel/adverse events are reviewed at each meeting in an effort to manage risk proactively.

RISK MANAGEMENT:

The John Noble Home is committed to considering the risk involved in all decisions that are made in regards to residents, staff, visitors and volunteers. The Risk Management Team is a multidisciplinary team that focuses on evaluating situations with potential negative outcomes and developing interventions to manage and reduce risk.

The QI Coordinator chairs the Risk Management team and in 2017 joined the Health and Safety Committee in an effort to promote enhanced communication related to workplace violence incidents.

Residents identified on the Falling Leaves program due to falls resulting in significant injury are discussed at Risk Management in an effort to provide multidisciplinary collaboration related to falls reduction/injury prevention interventions.

RESTORATIVE CARE:

The John Noble Home's Nursing Rehabilitation-Restorative Care program aims to improve or maintain a resident's functional abilities, cognitive capabilities and quality of life. Approaches and principles of Restorative Care are integrated into home programs and individual resident care plans. It is a multidisciplinary and coordinated approach to care. Assessments for Nursing Rehabilitation-Restorative care programs are completed for all new admissions to the home. Resident's placed on programs are evaluated at 6 weeks, quarterly and annually. All residents with a significant change in status are also assessed.

Restorative Programs offered in 2017 in the home:

- Range of Motion/Bed Mobility
- Transfers/Ambulation
- Dressing/Grooming
- Communication
- Eating/Swallowing
- Continence

Highlights of the Restorative Care Program in 2017:

- Enhancements made to the Dressing/Grooming, Communication and Eating/Swallowing programs
- Annual Lift and Transfer training completed with 100% of all direct care staff
- Implementation of new Mechanical Lift and Slings on one home area

The Nutrition Department

The Nutrition Services department continued to be very active in 2016. Resident's voices were heard, through the Resident Food Committee and individual meetings. Residents continued to provide input into Resident Choice menus and the development of the Spring/Summer and Fall/Winter menu cycles. New menu choices were included and healthier menu items were tried.

Family Council and Recreation food events were supported by the Nutrition Services department which created alternate dining experiences for residents. These included theme dinners, lunch clubs and home wide barbeques.

The main kitchen continues to be the hub of activity for food preparation. Skilled Cooks prepare food in the main kitchen and distribute to each of the six resident home area dining rooms just prior to meal service. Dietary aides trained in food handling, ensure the food is served in a manner that the food is safe and at its optimal nutrition. Routine inspections by the Public Health Department and Ministry of Health confirmed our JNH Nutrition Services staff continue to meet industry standards.

In 2016, more residents with complex nutritional needs were admitted to the home. The Nutrition Services Supervisor (NM) and Nutrition Services Manager/Registered Dietitian endeavoured to meet the nutritional and hydration needs of the residents by meeting with the resident or their substitute decision maker shortly after they arrive at the home to ensure a smooth transition.

The department policies and procedures continue to be based on the Long Term Care Act 2010 and the Dietitians of Canada Best Practice Guidelines for Nutrition, Foodservice and Dining in Long Term Care.

ACCOMPLISHMENTS THIS YEAR

The Nutrition Services department strived to continue to improve the quality of services delivered. In 2016, we focused on achieving our budget, enhancing food quality, creating nutrition education opportunities for staff and residents and improving communication within the department.

IMPROVING OUR TEAM

- Job postings fell by 39% from the previous year. There was less movement in positions and this consistency allowed the department to continue to develop staff skills.
- Monthly staff meetings allowed the opportunity for the department management staff to meet with all staff to share information, provide education and hear their concerns.
- Staff increased their use of the department education room to complete their mandatory reviews.

IMPROVING FISCAL RESPONSIBILITY

Food costs continued to rise in 2016 making the food budget difficult to achieve.

• Efficiencies through product substitution, changing menu items, tighter inventory control and waste reduction were used.

- I Pads were introduced in dining rooms to show pictures of the meals to residents at meal times instead of actual plates. This reduced food waste by 24 meals daily.
- The Ministry of Health increased their contribution to the food budget in July 2016 from \$8.03 per resident per day to \$8.33 per resident per day.
- High intensity funding remained at \$0.12 per resident per day which as the number of residents requiring tube feeding rose, at times did not cover the total cost of tube feeding supplies.
- Department purchases in other areas i.e. equipment and supplies, were reduced to offset the cost
 of food.

IMPROVING RESIDENT SERVICE

- Researched Nutrition computer programs that would improve communication and be able to
 automate department systems. At year end, Sysco Synergy was purchased and will be
 implemented in 2017. This new program allows for automation of production counts, recipes,
 menus, meal and nourishment serving information and has the ability to link resident nutrition
 information.
- A project was undertaken to improve the food quality of pureed food. Recipes were reviewed and developed where needed. Staff was provided education and end products were evaluated.
- Work began preparing for the replacement of the walk in refridgerators and freezer in the main kitchen. Replacement scheduled for 2017.

IMPROVING CLINICAL NUTRITION

- Residents with more complex nutritional needs were admitted in the past year as evidenced by 6% more residents at high nutritional risk and Nutrition Referrals to the Registered Dietitian increasing by 12%. The number of residents requiring tube feeds also increased by a third.
- Residents, staff and visitors participated in March Nutrition Month activities. The theme was "Take a 100 meal journey. Make small changes one meal at a time...". A display with daily themes and educational information was in the Café area for the entire month.

In 2017, we look forward to continuing to improve our services for our residents. Our kitchen fridge freezer renovation; the implementation of our new Nutrition computer system; the upcoming Accreditation Canada survey and the annual Ministry of Health Long Term Care review, promise to provide us with new opportunities to improve for our department.

Environmental Services Update 2017

The Environmental Services Department consists of Laundry, Housekeeping and Maintenance. These departments provide essential services to residents and maintenance provides service to the whole facility.

MAINTENANCE

Maintenance Accomplishments

• Completed _____ work orders in 2017.

As part of the Building Capital assessment and 10 year capital plan, inventory and Bar coding of assets is on-going. Assets are downloaded into the maintenance care program for tracking.

On going Projects for Maintenance

- Painting and wall repair
- · Repair of flooring
- Replacing key pad coded doors or keyed doors to a FOB access doors. This allows better monitoring of who can access certain areas and monitor what time and who accessed these areas. Staff who need FOB access are supplied the FOB on their swipe card/name tag.
- Inspected and repaired 3 apartments for new tenants in Bell Lane apartments.

HOUSEKEEPING

Housekeeping is an important and essential service and is an important to our infection control process. Housekeepers and Heavy cleaners provide daily and deep cleaning of resident home areas and common areas. Extra cleaning is done for vacant rooms and outbreaks. Handyman which is part of the housekeeping department does some inside work and care for the grounds.

Housekeeping Accomplishments

- Started Virox test strip check sheet for all housekeepers to test the strength of Virox to ensure its
 effectiveness.
- Ministry annual inspection had no cleaning issues reported.
- Health unit annual inspection had no cleaning issues reported.
- Handyman assisted Bell Lane apartment's Garden committee to prepare courtyard for proposed new design.
- With a ministry of labor inspection we found that the handyman was no longer able to cut all the hills with the current tractor they are using. Some hills had to be out source to service providers who had appropriate equipment. Premiere provided education to all staff working handyman position and maintenance technicians training on all equipment they use and preventative maintenance on all equipment.

LAUNDRY

Laundry provides clean linens to all resident home areas and launders and returns resident personals. On admission and as new laundered items come in Residents clothes are labelled and put on file.

Laundry Accomplishments

- Held a Laundry reclaim day in May 2016.
- Ministry annual inspection had no laundry issues reported.
- Maintained the number of average loads to 17loads per day or less throughout 2016. Maintaining reduced number of loads keeps the cost per load down with reduced water consumption and waste water.

New Goal to increase laundry reclaim day to monthly.

Business Office and Operations Update

FINANCIAL SERVICES UPDATE

The Financial Services Department believes that it should provide complete and accurate financial records and statistics needed to guide the John Noble Home in the financial direction and planning necessary for its operation. The Department also provides resources to meet the financial needs of the residents, tenants and the Ministry of Health and Long Term Care.

The Financial Services Department's principal activities include: administrative, resident finances/accounting, resident statistics/census, financial reporting/statements, short/long range planning and budgeting, payroll and benefits administration. The Department also provides services to the Bell Lane Terrace Apartment Complex and the John Noble Day and Stay Program.

The Department communicates regularly with all Department Managers to ensure financial goals are met. As well, the Financial Services Manager is a member of regular meetings with Senior Administration and the Committee of Management. The Department follows all government regulations, facility guidelines and generally accepted accounting principles for municipal organizations.

JOHN NOBLE HOME LONG TERM CARE- 2017 OPERATING BUDGET

DESCRIPTION	REVENUE
Nursing and Personal Care	7,265,777
Raw Food	495,038
Programs and Support Services	747,209
Other Accommodation Costs	5,196,381
Bell Lane Terrace - self funded	235,024
John Noble Day & Stay - self funded	599,919

FINANCIAL SERVICES ACCOMPLISHMENTS

On-going collection of preferred accommodation revenue helps to offset municipal contributions that are required to operate the John Noble Home. The facility has increased the available preferred accommodation offered to residents through the capital upgrade to the facility under the redevelopment project. A report was developed that monitors the amount of preferred accommodation revenue collected by John Noble Home on a monthly basis and compares to budget targets.

Goal Achieved: The facility is currently at 116.15/100 for preferred accommodation revenue and has exceeded the budget target to date.

John Noble Home continues to meet the reporting requirements set by the Ministry of Health and Long Term Care for both long term care operations and Day and Stay operations for filing various financial and statistical information. Education and training continues to ensure all reporting requirements are met in accordance with the Ontario Health Care Reporting Standards.

Goal Achieved: The facility is currently 100% compliant and has passed all edit tests for quarterly and annual MIS, CAPS, SRI filing.

Since the implementation of the new Long Term Care Act, 2007, the Department continues to develop audits and protocols to ensure that systems and documents are in place that comply with the new legislation. The Department is required to implement these protocols within the resident financial and trust account area. All financial accommodation agreements are in place and no trust accounts exist that are in excess of the limits set in the legislation. On-going audit and monitoring continues to ensure that the Department will be compliant during both external audit at year end and any annual compliance inspection by the Ministry of Health and Long Term Care. These inspection protocols have also been added to the year-end audit conducted by external auditors to ensure compliance with the standards.

Goal Achieved: The facility currently has 0 trust accounts in excess of \$5,000.00 and all accounts are in balance. 100% Purchase of Service Agreements are in place.

During 2013 the Department implemented the option of electronic funds transfer for resident payments of monthly accommodation fees. Throughout the 2016 year residents and tenants have been encouraged to utilize this service to increase efficiencies in the Home and allow for ease of payments. Approximately 96.67% of newly admitted residents have chosen to pay their monthly fees under this option. As a result, collection of outstanding accounts has improved and accounts over 90 days in arrears have decreased.

Goal Achieved: Currently 24/26 (92.3%) tenants and 124/156 (79.49%) of residents pay monthly accommodation fees by electronic funds transfer. 98.33% of new admissions have signed up for this service.

Accommodation rates for residents in Long Term Care are set by the Ministry of Health and Long Term Care. Residents can apply for a reduction in their rate if occupying a basic bed. In order to apply for this subsidy the resident must provide a copy of their most recent Income Tax Notice of Assessment. Many residents and families have difficulty filing income tax returns. As a result, the Department held a free Income Tax Clinic that was sponsored by Revenue Canada to assist residents and families in the timely filing of the 2016 income tax return. A total of 28 returns were prepared for low income seniors who would otherwise struggle to pay for these services. This clinic also assists the Home in collecting the necessary documentation in order to apply for rate subsidy and reduces the amount of uncollectible accounts as a result of high rates being set unnecessarily.

Goal Achieved: 28 individual income tax returns were completed. The Home received a certificate for participation in the Volunteer Income Tax Clinic

INFORMATION TECHNOLOGY UPDATE

The focus for information technology for the 2017 year was to have a better understanding of how to manage our information needs and to collaborate with City/County resources in order to improve efficiencies in purchasing, upgrading and maintaining our information technology infrastructure. One of the major projects undertaken in the 2017 year was the implementation of a new telephone system throughout the facility as well as cell phones for nursing department. The Home also wanted to implement a free WIFI service for residents and families to utilize during visiting the Home.

INFORMATION TECHNOLOGY ACCOMPLISHMENTS

- On-going replacement of hardware/software equipment through City contracts for pricing and shared platforms.
- Minutes taken and policies updated at meetings are now directly inputted into computer system in order to reduce resources previously spent on distribution. This also allows for policies and procedures to be automatically updated and remain current at all times.
- Collaboration with Municipal partners to implement a new telephone system
- Implementation of cell phones connected to the telephone system for staff portability
- Free WIFI in the Skylight Café area for residents and public

Human Resources and Wellness Committee

MESSAGE FROM THE HUMAN RESOURCES GENERALIST

This year we continued to follow our strategic roadmap for 2017. In doing so, we maintained our course and saw it to its completion.

Within the roadmap we had four strategic themes that guided our activities. These themes included: maximizing efficiency and effectiveness in business processes and service delivery; developing and enhancing programs; providing clarity and direction through policy and protocol enhancement; enhancing technology systems to better serve our employees. I am pleased to report the department has made significant progress in advancing each of these themes and, as a result, we are now in a more effective and efficient place.

The themes guided our activities as we worked towards our goal of improving our services, developing new mechanisms to help us gain efficiencies. They also enabled us to focus on our employees and ensure the services we offered best met their needs.

I am proud of the work and accomplishments of our dedicated Human Resources team and would like to thank them, as we were able to accomplish so much because of their work, dedication and support.

Respectfully Submitted,

Connie Glover Human Resources Generalist

FACTS

The Department of Human Resources supports 279 current employees. In 2017, the Home recruited 71 new employees for all departments which included 85% for the nursing department alone. Recruitment continues to be on-going, due to the retention of casual employees. The Home continues to complete exit interviews when an employee leaves our employment.

The average age of our employees is 42.54.

The Home processed 32 Short Term Disability Claims and 10 Long Term Disability claims in 2017 which remain consistent with 2016.

The Home continues to maintain good working relationships with all three unions, ONA, SEIU, IUOE and the non-union group.

ONA – 1.4% increase IUOE – 1.4% increase

SEIU - scheduled for arbitration in February 2018

In 2017, the HR department prepared for the changes to Bill 148, an act to amend the Employment Standards Act, 2000, the Labour Relations Act, 1995 and the Occupational Health and Safety Act and to make related amendments to other Acts, included the following:

- Requests for Changes to Schedule or Work Location
- Scheduling
- Overtime Pay
- Determination of minimum wage
- Public Holidays
- Vacation with Pay
- Equal Pay for Equal Work
- Leaves of Absence
- Domestic or Sexual Violence Leave
- Personal Emergency Leave

These amendments were phased to take effect on December 3, 2017, January 2018 and 2019. The Human Resources Department ensured that policies were updated and reflected the changes to Bill 148.

The department reviewed hours in the staffing department and payroll to ensure maximizing efficiency and effectiveness were being met for our employees.

Internal Job Postings

Nursing Department -138

Nutrition Department - 33

Recreation Department - 3

Non-Union – 7

Environmental – 22

TOTAL = 203 job postings for 2017

PERFECT ATTENDANCE 2017

17 Employees had perfect attendance for 2017 and will be recognized in June 2018 during our employee recognition week for years of service.

ORIENTATION

This year due to recruitment numbers being high, the Home looked at the orientation of new employees for cost saving measures including the elimination of the paid time to complete on-line education during orientation. Completion of mandatory education for all new employees and departmental orientation is monitored.

The Home continues to support work placements for students in various employment programs sponsored by Canada Employment, Medix, Mohawk College, Conestoga College, Assumption School and March of Dimes.

2018 GOALS

- Support Management on promoting a team environment
- Update our payroll software (Time & Attendance)
- Bi-annual performance reviews will be completed
- Recruitment of casual nursing employees on going
- Finalize SEIU Pay Equity

EDUCATION:

The 2017 Education Program was designed to incorporate training needs that were identified in the 2016 Education Assessment as well as legislated, training requirements. The results of the 2016 Education Assessment indicated that 98.1% of staff found the course content to be useful and 76% of staff rated the presentation styles to be good/very good. Topics of interest were: Managing Responsive Behaviours, Physiology of Aging, Cognitive Issues and Team building. Training was provided in several different ways to meet the learning needs of staff. 100% of the Homes mandatory education was completed. In-class training was provided on topics that include: Critical Incident Reporting, GPA, CPR, Mental Health First Aid, Abuse Prevention, Ethics Awareness, PHIPA, Infection Prevention, and Falls Prevention. Workshops and Education opportunities attended by staff outside of the Home:

- Working from Heights
- Supporting Residents with Responsive Behaviours in LTC Workshop
- NLOT Education Day
- Medical Mart Wound Care Day
- Care of the Elderly Conference
- OANHSS LTC Convention

Wellness 2016 Year End Report



The John Noble Home Wellness Program continues to provide Health & Wellness for all employees to participate. The Home employs 268 employees with an average age of 43. To help effectively foster healthy lifestyles and encourage all members of our campus of care and the community to pursue health, safe and balanced lifestyles.

Embracing a holistic approach to health and wellness recognizing the intellectual, spiritual, financial, emotional, physical, social, occupational, and environmental aspects of health and wellness.

Translating the principles of health and wellness into concrete programs, activities and learning experiences with intentional focus and measurable directions to support achievement of individual's health and wellness.

Supporting the inclusion of health and wellness as an area of academic study - teaching and research.

Collaborating and coordinating internally and externally to promote:

- Access to information, programs, and services
- Awareness
- Dialogue between members and groups in the Home
- Working, teaching and learning groups at all levels that sustain and support healthy working, learning and living, leading to the evolution of grass roots initiatives that engage individuals in health living and mutual support
- Recognizing and celebrating health and wellness of individuals and communities

The John Noble Home Wellness Program continues to recognize one (1) employee each month selected by fellow employees, residents, and families nominating an employee for the "Employee of the Month".

The Home continues to offer (EAP) Employee Assistance Program for both full-time and part-time employees. There were 73 visits to the Brantford Family Counselling Centre.

The Home completed the annual Wellness Survey. 265 employees were invited to complete the survey. 50 employees completed the survey – positive feedback - no action required.

This year the Wellness Committee put on the second Christmas Dinner & Dance off site. 69 Employees attended the event, it was well received.

The Wellness Committee will continue to plan for 2017 by choosing different health topics for each month. Displays and health related information will be available for staff to choose from.

Following is a summary of the Wellness Programs and activities for the fiscal year 2016.

January: De-stressing over the holidays display

February: Heart & Stroke display

Shrove Tuesday - Pancakes & Sausages for all Staff

Blood Pressure Clinic available for all staff

March: Nutrition Information Display
April: Parkinson's Information Display
May: Free BBQ for Nurses Week
June: Employee Recognition

Free BBQ to all staff

July: Free Pizza Day

September: Fitness Information Display

Reiki demonstration – Free fifteen minutes for staff that signed up

Sundaes for all staff Wellness Survey

October: Cancer Information Display

Health & Safety Week - full of activities

November: Diabetes

Pre-screening of diabetes clinic

December: Christmas Dinner & Dance

Management thanking staff for all their hard work – clementine's/apple cider/hot

chocolate

The Committee will meet in January to determine our 2017 goals.

John Noble Centre Day and Stay Program Report-2017

The Day and Stay Program is a community based program that provides four unique and different types of respite services, including "drop in" service, bathing service and footcare service for clients with a primary or secondary diagnosis of dementia, MCI (Mild Cognitive Impairment) or memory loss. The Day and Stay Program will accept individuals from Brantford, County of Brant and surrounding area. As per the M-SAA Section 3 Subsection 3.1 (d) "Unless the HSP is a community care access centre, the HSP will not restrict or refuse the provision of Services to an individual, directly or indirectly, based on the geographic area in which the person resides in Ontario."

Access to programs is referred through the Local Health Integrated Network, Behavioural Supports Ontario (BSO), The Alzheimer Society, Brant Seniors Mental Health Outreach Program, Brantford General Hospital, Primary Care or a family member may refer. Once a referral is received from the LHIN the Day and Stay Program staff assesses each client for individual goals, such as enhancing cognition, sensory stimulation, physical exercise, social engagement and caregiver relief. If a client is referred by an outside source other than the LHIN, Day and Stay Program staff will assess each client and admit the client to the Program. A referral will still be sent to the LHIN (if client consents) by staff to have the client receive LHIN services if needed.

Transportation is provided for all Day and Afternoon Programs. Meals and nourishment and all program supplies are provided.

There is a user fee for all programs.

OVERVIEW OF THE FOUR PROGRAMS:

- 1) The Day Program provides a supervised setting for clients Monday to Friday from 8 am until 4 pm.
- 2) The LEAD Programs operates Thursdays from noon until 8 pm. This Program is client directed and includes a support group lead by counsellors from The Alzheimer Society of Brant. This Program benefits clients who are in the early stages of dementia.
- 3) The Responsive Behaviours Therapeutic and Education Program started in November of 2013. It operates Sunday to Wednesday noon to 8 pm. This Program is specific to clients with responsive behaviours which occur more frequently and intensely, later in the day (i.e. wandering, agitation). A smaller group environment is offered as clients have more needs and require one to one support. This Program includes a Social Service Worker that is an employee of the John Noble Home Day and Stay Program.
- **4)** The Weekend/Respite Program runs Friday afternoon at 4 pm until Sunday afternoon at 2 pm. Clients stay overnight in a supervised setting. There are 6 semi private beds.

Accomplishments:

- Each of the four programs has met their census requirements. There are waitlists for the Day Program, Responsive Behaviours Program and LEAD Program. The Weekend/Respite Program is on a first come, first served basis and there are weekends that have a waitlist. In 2013, two beds were added to the Program's six available beds as there is an increased need in the community. These beds were added voluntarily to meet the needs of the community with no additional funding from the LHIN.
- The Responsive Behaviours Therapeutic and Education Program have been operating in compliance since November of 2013.
- In October, the Social Worker position funding was turned over to the Day and Stay. The Alzheimer Society was having difficulty recruiting for that position due to the low number of hours and the time frame the position required. The Social Worker position was changed to a Social Service Worker or equivalent position. Staff from the Day and Stay has assumed that role with positive effect. There is closer communication with the staff at the Day and Stay and caregivers.
- The LEAD group continues to be part of the research through the University of Waterloo MAREP Program. Two clients participated in creating another "By Us For Us" Guide on safety. This is the seventh book in the series.
- QI stats are completed and submitted monthly.
- RAI CHA Assessments are completed for 2017.
- LHIN Report: All requirements met for the 2017/2018 QI Plan.
- QI stats for the Home are completed and submitted monthly.
- Budget variance report is submitted monthly if required.
- Program Audits and Calendar Audits are completed monthly.
- CAPS completed and submitted to the LHIN for 2018-2019. This has been approved by the LHIN.
- Policies and Procedures continue to be a work in progress. <u>Goal 2018-</u>review and revision (if required) of all policies and procedures.
- Marketing Process- Advertising completed in the Brantford General Patient Guide. Took part
 in the Health and Wellness Display at Lorne Towers. In 2017 the CARP Fair was cancelled and
 a smaller version was held at Tranquility Place. The Day and Stay Program set up a display.
 Goal 2018-attend the CARP Fair, continue to advertise in the BGH Patient Guide.
- Client surveys completed annually. The results from the 2018 Survey must be reported to the LHIN at the end of Q4 (March 2018).
- New medication procedure in partnership with iPharm is utilized by the clients that stay for weekend respite.
- New Falls Strategy has been created and revised in 2015 and is being used for all new and current clients. Falls strategy is reviewed annually. <u>Falls Strategy to be reviewed and</u> <u>updated 2018</u>.
- Chart Audits are being conducted monthly. Charts are reviewed and updated.
- New orientation package is now part of the hiring practices in the Program. New employees
 go over the Orientation Package during their initial online education. <u>Orientation Package to
 be reviewed and updated 2018</u>.
- The Centre is always in the process of risk management.
- Strong communication with community partners continues Behavioural Supports Ontario, Geriatric Mental Health, Alzheimer's Society of Brant and LHIN.
- Strong association with the regional Adult Day Program.
- New ADP Program website up and running. http://www.adp-hnhb.ca
- Strong association with the PSW Collaborative to enhance front line worker education. In 2017 \$7,321 was spent on front line staff education by the PSW Collaborative. Funding for 2017/2018 has been received in December. Staff has attended Dementiability, GPA and Falls Prevention.

- Continue to provide therapeutic recreational programs under 4 domains-Cognitive, Social, Physical and Creative.
- The Advisory Council was formed and the first meeting was October 2015. The Council is made up of caregivers, clients, volunteers, public and staff. The Council met on February 27, 2018.
- The Day and Stay Program is active on Facebook. The Day and Stay page has 84 followers.

The CAPS budget for 2018-2019 was submitted to the LHIN and been approved.

GOALS 2018:

- -with the amalgamation of CCAC and the LHIN- Staff will continue to monitor the number of referrals
- -continue to monitor referrals coming in from LHIN that they meet criteria and eligibility
- -Update and revise the current admission packages for Day/RB/LEAD Program and the Weekend Overnight Program
- -Therapeutic Programming will be refined and improved to meet the needs of the clients
- -Social Service Worker from the RB Program will expand services to include clients from the Day/RB/LEAD Program. This will be done within existing hours.

STATISTICS:

- -Occupancy Rates for Day Program from April 2017 to December 2017-103% (based on a target of 12) **Stats only available from April 2017*
- -Occupancy Rate for Weekend Respite from January 2017 to December 2017-93% (based on a target of 6)
- -Occupancy Rate for LEAD Program from April 2017 to December 2017-81% (based on a target of 10) **Stats only available from April 2017*
- -Occupancy Rate for Responsive Behaviours Program from April 2017 to December 2017-83% (based on a target of 7.5) **Stats only available from April 2017*
- -# of CCAC/LHIN referrals-96 -# of those referrals "Not ready, willing or able"-40 =42% of all referrals received
- **Referrals have declined since the CCAC and LHIN have joined**
- **The Day and Stay Program continues to be a community-based organization that is needed and wholly appreciated by the clients and their caregivers. The Day and Stay Program continue to have strong, respectful ties to our community and our partners. Therapeutic programs continue to meet the needs of our clients and staff continues to strive to enhance those programs. The staff at the Day and Stay Program will continue to provide the highest quality of service and care for the community.