

**Grove Park Home - 2024 Strategic and Risk Management Plan (Operational)**  
**"We shall continuously provide excellent care in a secure environment with family and community support"**

Excellent Care							
Priorities	Strategic Goals	Targetted Projects	Project Description	Baseline Measure	Target Measure 2024	Reason for Target/Risk Identified to Be Addressed	Outcome Target - 2024
To provide excellent care for GPH residents	To Implement Quality Improvement Initiatives to Improve Resident Care	Wound Care	To strive to be below the 2024 provincial average for residents who develop a Stage 2 to 4 Pressure Ulcer	4.40%	Goal: Striving to be below provincial average of 4% stage 2-4 pressure injury.	Recent Ministry inspections have identified gaps related to our wound care practice. Overall progress has been made. The home wants to lower pressure injury wounds below provincial average. Risk: <u>Medium</u> : Pressure ulcers decrease quality of life and present risk for infection.	Outcome:
		Resident Falls	Improve unit huddles following a resident fall. Continue monthly team meetings. Conduct review/audits to ensure care plan accuracy. Increase completion rates of post fall assessments.	Provincial average	To decrease the rate of falls-with-injury to be at or below the 2024 provincial average.	Risk - <u>High</u> : Amongst other negative outcomes, Resident falls can lead to broken bones, head injury, and a decrease in independence. Falls are the leading cause of injury and injury related deaths in persons 65 years of age and older.	Outcome:
		IPAC - Hand Hygiene	Proper hand hygiene is an important component of infection prevention and control. Recent Ministry inspections revealed that staff require re-training regarding hand hygiene during meal service. Hand Hygiene education will be provided to all nursing staff either through on-line training or in-person. Special emphasis on the importance of, and proper practice of, hand hygiene during meal service.	NA - New Project	The goal for this project is to have a 90% or above hand hygiene compliance rate specifically related to meal service and entering and exiting the dining room. The outcome will be reviewed quarterly. Interventions will be created to help achieve goal. The goal will also be reviewed to determine achievability.	This target was identified as a gap during the most recent Ministry of Health and Long Term Care inspection. It was noted that hand hygiene was missed several times during the duration of meal services for both staff and residents. Risk - <u>High</u> : Poor/improper hand hygiene practice can impose a significant risk of spread of infection if/when hand hygiene is not being completed.	Outcome:
		Medication Safety	It is important to ensure compliance with College of Nurses medication administration practices. Registered Staff to receive re-education on College of Nurses medication standards with an emphasis on med cart security and medication administration. Pre-Post audits to be conducted and re-education to be implemented accordingly.	NA - New Project	Goal: To obtain 100% compliance by end of the third quarter of 2024.	This project was identified through internal observation and Ministry of Long Term Care investigation outcomes. Risk - <u>High</u> : Leaving the med cart unlocked and unattended can result in risk of residents inadvertently consuming medication or other unintended consequences. Not following CON procedures for medication administration risks leaving residents vulnerable to medication errors and negative health outcomes.	Outcome:

Secure Environment							
Priorities	Strategic Goals	Targetted Projects	Project Description	Baseline Measure	Target Measure 2024	Reason for Target/Risk Identified To Be Addressed	Outcome Target 2024
Safe and Secure Environment for Residents and Staff	To maintain a safe and secure environment	Create a document that will allow multi-year planning for replacement of infrastructure capital replacements/ purchases	Working with the management team, a review of capital assets and physical infrastructure will be conducted. Items will be identified in terms of condition and estimated replacement dates and cost.	NA - New Project	To complete the review and the document in 2024. Analysis, estimates, review and document to be created and completed by <b>September 2024</b> - in time for Capital Planning for 2025 (and subsequent years).	Maple and Aspen home areas are planned for redevelopment in 2025. However our Pine, Spruce and Willow Home areas and associated infrastructure are now 20 years old. This part of the building and equipment are needing repair or replacement. Risk - <u>Medium</u> : Infrastructure such as building envelope, HVAC equipment, and roofing are important to maintain for resident and stakeholder safety.	Outcome:
		To conduct a security and privacy review of Grove Park's communication and IT systems, and follow-up with recommended changes.	Working with the Director of Information Technology and our IT partners, the home will conduct a review of existing IT security equipment and communication technologies. Identified items work or items to increase system security will be identified and recommendations provided.	NA - New Project	To complete the IT/Communication Technology review and provide recommendations to the Executive Director or Board of Directors by <b>June 30th 2024</b>	Organizations are increasingly being targeted for data theft. The home has not conducted a broad review of our IT hardware/software and security protocols in some time. In addition, an audit of existing files on our server identifying who has 'permissions' is to be conducted. A review of internal and external communication methods is to be conducted to ensure that current practice ensures privacy. Risk - <u>Low</u> : Organizations have been targeted for data theft exposing them to breach of privacy legislation and potential financial cost to retrieve the data. Ensuring that only intended persons have access to specific files on our server, and that internal and external communication is private and secure.	Outcome:
	To advance the redevelopment project - Completing Working Drawings and obtain 'no further comments' from the Ministry of Long Term Care	The redevelopment project continues to be a strategic priority for the home. The home wants to position itself in a good state of readiness once the second round of 'Top-Up' Funding is announced.	The Steering Committee for the Redevelopment Project has directed the Redevelopment Committee to proceed with the completion of our Working Drawings, submission to the Capital Branch at the Ministry, and to work with the Ministry to achieve 'no further comments'. It is expected that the Ministry will announce a second round of funding for redevelopment projects in 2024.	Working Drawings are approximately 85% complete by end of 2023.	Completion of Working Drawings and Narrative submission by <b>March 2024</b> .	The 62 beds in Aspen and Maple Home Areas are C-Class beds and do not meet the Ministry's 2015 design standards. As per Ministry directive, C-Class beds are required to be redeveloped. The announcement of additional Top-Up funding has made our project financially feasible. Risk - <u>Medium</u> : The home needs to meet Ministry time-lines in order to qualify for funding. If the home is unable to complete our project planning in time, the home will not qualify for needed funding and the beds may not have their licence renewed.	Outcome: Target Met

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Human Resources							
Priorities	Strategic Goals	Targetted Projects	Project Description	Baseline Measure	Target Measure 2024	Reason for Target/Risk Identified to Be Addressed	Outcome Target 2024
Stable and Effective Workforce	To improve opportunities to communicate with and identify staff concerns and follow-up with responses and or implement change	Resume Staff Liaison Committee and regular unit/home area meetings.	To recruit more members to our staff Liaison Committee and resume regular scheduled monthly meetings and circulate Minutes from the meetings. Home area/unit meetings to be scheduled monthly.	Results of 2023 Staff Survey indicate that 16.22% of staff respondents believe that management communication to staff is 'poor'.	To increase overall staff satisfaction with communication management to staff. <b>Goal: To decrease the number of staff respondents stating that communication with management is 'poor' by 50% or from 16.22% to at least 8%.</b>	An identified theme from our Staff Satisfaction survey and feedback from the Staff Liaison Committee as well as meetings with staff indicate that communication between staff and staff and management needs improvement.	Outcome:
	Reduce agency hours	Recruit and retain more staff	In 2023 the Board approved compensation increases for staff. Using this, along with government and facility level incentives, and leveraging our relationships with local educational institutions, the home will recruit more staff. This will be followed up with 'touch-points' during probationary periods with newly hired staff, and exit interviews where possible with staff leaving the organization.	NA - New Project	To reduce agency hours by a minimum of 10% for 2024	The increased use of agency staffing has been the result of a shortage of staff. While agency staffing has helped to address staff shortages, it has also reduced staff morale and increased staffing costs. <b>Risk - High:</b> The use of agency staffing creates risk as temporary staff do not know our residents and families well. Agency staff typically do less work (required documentation such as RAI-MDS) and cost the us more. All stakeholders in our organization have identified that efforts to recruit and retain more of our own staffing is in the best interest of our organization.	Outcome:
	Reduce agency hours	To resume staff attendance program	During the COVID 19 Pandemic, the staff attendance program was placed on pause. It has been identified that while the use of agency staffing has been used to address staff shortages, some staffing shortages have been the result of staff calling-in to work. Since the pausing of our staffing attendance program, the home is looking to resume tracking and following up with staff who have poor attendance. This program will seek to identify if attendance issues can be addressed with support from the home or through other measures to achievement.	NA - New Project	To reduce agency hours by a minimum of 10% for 2024.	The increased use of agency staffing has been the result of a shortage of staff. While agency staffing has helped to address staff shortages, it has also reduced staff morale and increased staffing costs. However the organization placed a pause on our attendance management program (due to the pandemic) and it has been identified that a portion of the use of agency staffing is due to staff calling in. <b>Risk - High:</b> The use of agency staffing creates risk as temporary staff do not know our residents and families well. Agency staff typically do less work (such as not completing RAI-MDS) and cost our home more. All stakeholders in our organization have identified that efforts to recruit and retain more of our own staffing is in the best interest of our organization.	Outcome:
	To increase training and educational opportunities for staff	Staff identify that they want opportunities to learn. During the COVID 19 pandemic many of the scheduled learning opportunities other than on-line was reduced. The reintroduction of 'Education Days' and other in-person opportunities will resume. Additionally, the home will implement incentives to encourage greater compliance with on-line learning.	Two 'Education-days' will be scheduled in addition to other in-person and hands-on learning opportunities. This will include GPA, Safe Resident Handling, as well as Evacuscaped Training. A review of existing on-line content will be conducted, edited and new content added as required.	NA - New Project	To conduct two (2) Education Days by December 2024. To increase Surge On-Line learning compliance increased by 15% in 2024.	Staff have expressed a desire for learning opportunities other than on-line learning. During the pandemic many of the regularly scheduled in-person training had been put on pause. In 2024 the home will resume a number of in-person training. This will include Education Days as well as in-person training in Palliative Care, Gentle Persuasive Approaches, Evacuscaped, as well as Safe Resident Handling. In addition, the home will seek to improve compliance with on-line training by providing incentives. <b>Risk - Medium:</b> There are a number of important and required training that benefits staff learning, and resident safety/best practice if it is conducted in a hands-on, face to face manner.	Outcome:
	To enhance organizational cultural competency	Creation of a staff Diversity Committee. The purpose of the committee is to add to our cultural competency work related to fostering acceptance, inclusion and respect for all staff and residents.	To recruit front-line staff to participate in a diversity committee. To establish regular meetings, create a terms of reference and goals and objectives.	NA - New Project	To establish a Staff Diversity Committee (TOR, Goals/objectives) meeting on a monthly basis. Review as of end of 2024. Staff satisfaction survey results for 2025.	Since the start of the COVID 19 pandemic Grove Park Home has hired many new staff. A good number are newcomers to Canada and from diverse backgrounds. While not as prevalent, our resident population is becoming more diverse. <b>Risk - Medium:</b> Grove Park Home strives to be an organization that values diversity, equity and inclusion. While the home has always done work to develop our cultural competency, it was determined that obtaining greater representation and input from frontline staff was needed. Building on our cultural competency work will lead to greater employee satisfaction and engagement and work toward inclusion, equity and diversity.	Outcome:

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Community Involvement							
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<b>Re-engage with volunteer recruitment and community group involvement.</b>	Restart formal volunteer recruitment activities	Increase number of active volunteers by 10%	Develop and Implement Strategies to Increase Volunteer Involvement at Grove Park Home	Number of active volunteers in 2023	<b>To increase the number of active volunteers by 10%</b>	The volunteer sector continues to experience a trend in reduction of volunteerism. During the COVID 19 pandemic volunteers were not permitted to enter the home. Many of the long-term volunteers were aging persons themselves and at greater risk. Since the resumption of our volunteer program, the Grove Park needs to resume its efforts to recruit new volunteers. <b>Risk - High:</b> Volunteers play an important role in the quality of life for our residents, family, and staff. Our Mission Statement includes community support. We acknowledge that the involvement of our volunteers contributes greatly to the overall experience of our residents, staff, and family members.	Outcome:
Financial Sustainability							
Priorities	Strategic Goals	Targetted Projects	Project Description	Baseline Measure	Target Measure 2024	Reason for Target/Risk Identified to Be Addressed	Outcome Target 2024
<b>Financial Sustainability</b>	Achieve satisfactory financing for our redevelopment project and 'Approval to Construct' from the Ministry of Long Term Care.	Obtain a favourable mortgage for our redevelopment project. Significant financial work will need to be conducted in order to provide potential lenders, Ministry/Ontario Health partners, and our Steering Committee with information in order to proceed with obtaining financing and managing our organization in financially feasible manner successfully through the redevelopment project and beyond.	Completion of project budget, proforma, requested financial information and models in order to meet the requirements of our Steering Committee, financial lenders and the Ministry.	NA - New Project	Obtain a satisfactory Term Sheet from a lender and 'Approval to Construct' by Ministry deadline - <b>November 2024</b>	Grove Park Home currently has 62 beds that do not meet the Ministry's 2015 design standard. The Ministry is requiring LTC homes to upgrade/redevelop older beds in order to obtain their licence to continue to operate. <b>Risk - High:</b> If the home is unable to upgrade our 62 older beds financially, the home will lose our licence for these beds and may have to consider getting out of the Long Term Care sector entirely.	Outcome:
	Enhancing Financial Controls	Continued monthly meetings with department heads in order to review financial performance and relevant indicators. Greater emphasis on financial controls in light of our impending redevelopment project. Inclusion of targets to reduce use of staffing agencies.	Monthly department head meetings to include a review of agency staffing costs/usage and methods to improve as relevant. Additional indicators to include a review of usual expense lines.	Monthly Meetings	<b>Monthly meetings</b> with Director of Finance and Department Directors	<b>Risk - High:</b> As the home is expecting to enter into a period of financial challenge/uncertainty with the redevelopment project, we must ensure that operating expenses are managed. This includes the usual expense lines and also the management of staffing agency costs. Identification of expense lines that are not meeting target to be followed up with actions to be put in place accordingly.	Outcome -