



ACCREDITATION 2023 - 2025

# RESIDENT and TENANT SAFETY PLAN



Holland Christian Homes

Holland Christian Homes Inc.

7900 McLaughlin Rd. S., Brampton, Ont. L6Y 5A7  
Telephone: (905) 463-7002 ♦ Fax: (905) 459-8667 ♦ web site: [www.hch.ca](http://www.hch.ca)

Senior management is committed to guiding the execution of the Resident and Tenant Safety Plan across all Holland Christian Homes Long-Term Care homes and Seniors Services programs.

Our mission is to provide effective, high-quality, safe and efficient long-term care services in a home-like setting. Our purpose is to ensure our residents feel safe while in our Manors and Towers. This Resident and Tenant Safety Plan will drive continuous improvement to quality and safety throughout our Long-Term Care homes and Seniors Services programs, and builds upon our mission, vision and values.

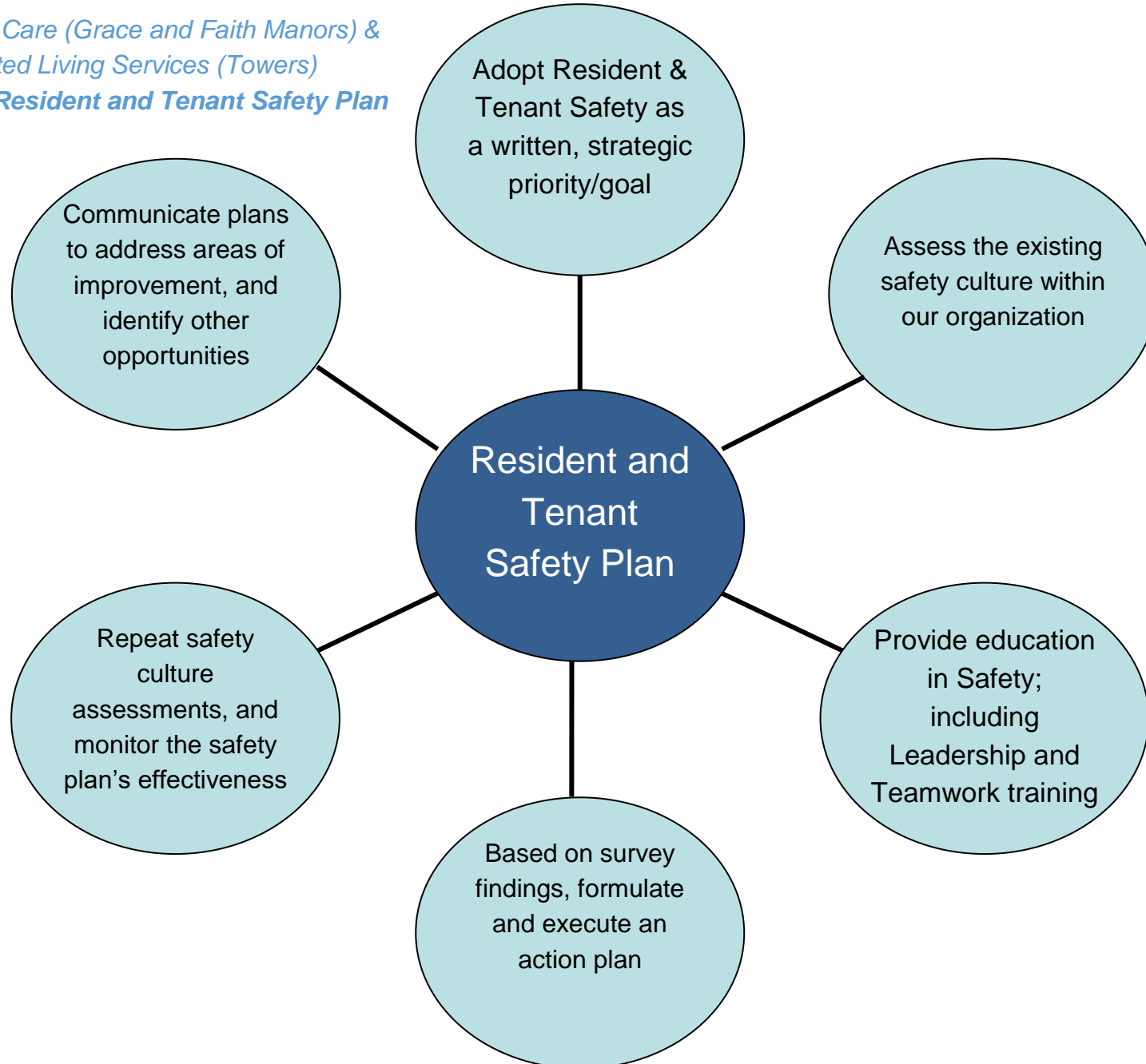
The Resident and Tenant Safety Plan focuses on core areas of resident safety including culture, workforce and development and management communication, resident safety, medication use, infection control, falls prevention, violence in the workplace prevention, risk assessment and management. CARF Accreditation Standards are referenced as we develop this plan and recognized as essential practices that our organization must have in place to enhance resident/tenant safety and to minimize risk.

This document articulates the go forward strategy for quality and safety at Holland Christian Homes. Strong multi-disciplinary experience, quality improvement practices, collaboration, and leadership throughout our programs, services and departments will foster attention to continuous quality improvement and drive improved performance in quality and safety for residents, tenants, families, caregivers, volunteers, staff and our community.

**Tracy Kamino, CEO**

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*Long-Term Care (Grace and Faith Manors) &  
Assisted Living Services (Towers)*  
**2023-2025 Resident and Tenant Safety Plan**



**MISSION:**

We are a Christian seniors' community, providing a professional, supportive, and safe environment, respecting individuality and dignity, and living out our faith in all that we do.

**VISION:**

To be the preferred home and community for seniors on their continuing journey of faith in Jesus.

**VALUES**

- We are Christians
- We are respectful
- We are compassionate
- We are supportive
- We are empathetic
- We are caring
- We are accountable
- We are collaborative

*Our Mission Statement complies with the fundamental principle and the Resident Bill of Rights. The Board is accountable for the Mission Statement, which is developed and revised as necessary in collaboration with the Residents' Council, Family Council, and other key stakeholders within Holland Christian Homes.*

# HOLLAND CHRISTIAN HOMES – LTC and TOWERS RESIDENT and TENANT SAFETY PLAN (where the word “resident” is used, also refers to our tenants)

RESIDENT SAFETY AREA	Safety Goal	STEPS	RESPONSIBILITY	ACTION AND TIMELINES	OUTCOMES
CULTURE	Adopt Resident Safety as a written, strategic priority/goal	<p>Safety is included in Our Mission Statement</p> <p>Safety has been added as a written, strategic priority to the LTC Goals &amp; Objectives and the Operational Plans.</p>	CEO, HCH Leadership	Annually	<p>The Resident Safety Plan drives continuous improvement of quality and safety throughout Holland Christian Homes and builds upon our mission, vision and values.</p> <p>Promotes the philosophy of safety, high-quality care and services for our residents.</p>
CULTURE	Enable proactive quality and safety leadership	Plan and budget for Leadership training on Improving Resident Safety in Our Organization	CEO, HCH Leadership, HR	<ul style="list-style-type: none"> <li>Investigate training/ seminars offered on Improving Resident Safety in Our Organization; e.g., Resident Safety one day training</li> <li>Training requirements are discussed at the time of annual budgeting.</li> </ul> <p>Training Provided so Far:</p> <ul style="list-style-type: none"> <li>Senior Leadership Training</li> <li>Respect in the Workplace - all staff</li> <li>Customer Service</li> <li>Registered Staff Leadership</li> <li>Nurse Leadership and</li> </ul>	<ul style="list-style-type: none"> <li>Enables proactive quality and safety Leadership</li> <li>Achieves optimal quality and safe outcomes for our Residents</li> <li>Builds an accountable quality and safety culture</li> <li>Ensures best use of our resources to support quality and safe care</li> <li>Balances financial and Resident outcomes</li> <li>Promotes the philosophy of safety, high-quality care and services for our Residents</li> <li>To better prepare staff and residents in the event of any emergency / disaster / outbreak.</li> </ul>

				<p>Team Leads for all Specialized Programs such as: Wound Care Management, Responsive Behaviours, Restraints and PASDs, Continence and Bowel Management, and Resident Abuse and Neglect Prevention, and Fall Prevention</p> <ul style="list-style-type: none"> <li>• 2 staff certified as Coaches to Train other staff – for GPA</li> <li>• 4 staff certified in training other staff on “Living the Dementia Journey”</li> <li>• Employed a FT Emergency Preparedness Coordinator</li> <li>• FT IPAC Leads hired for both Manors and certified / trained in infection control</li> <li>• Director of Tenant Care certified / trained in infection control</li> <li>• Enterprise Risk Management Training provided to senior leadership</li> </ul>	
CULTURE	All staff receive training	An annual training session is prepared with	Education Coordinator, Education	<ul style="list-style-type: none"> <li>• Use Surge Learning as alternative training method for those staff</li> </ul>	<ul style="list-style-type: none"> <li>• Equips staff with the tools and accountability to provide quality and safe care</li> </ul>

	<p>annually to promote and support safe and quality care</p>	<p>an inter-disciplinary approach</p> <ul style="list-style-type: none"> <li>• Provide sessions on “Living the Dementia Journey” (LDJ)</li> <li>• Code Training provided annually and drills held</li> <li>• Roll out of “Who AM I”</li> <li>• Update Emergency Management Plan (FLTCA)</li> </ul>	<p>Committee, Human Resources, PSWs, Emergency Management Coordinator, LDJ Coaches, CQI Committee</p>	<p>who cannot attend live training sessions</p> <ul style="list-style-type: none"> <li>• Towers staff receive annual training on such things as: CPR, AED to be prepared and ensure safety of tenants in the event of medical emergencies</li> <li>• Several sessions held for front line staff on “Living the Dementia Journey” – caregivers and families also attend sponsored sessions</li> <li>• BSO Leads bring in 1:1 support as required for residents with personal expressions</li> <li>• Code Drills held annually</li> <li>• Vulnerable Occupancy Drill</li> <li>• Bariatric Resident Evacuation Drill completed with Fire and EMS (2023)</li> <li>• Palliative Approach to Care, End of Life Care Training</li> <li>• LEAP Training ongoing</li> <li>• POeT Education</li> <li>• Purposeful Hourly Rounding Training</li> <li>• CQI Program (identify risks, analyze trends and make improvements)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures that all staff hear one clear consistent message with regards to our expectations for safe quality care</li> <li>• Peer to peer training which supports safe, quality, resident-centered care</li> <li>• Supports better understanding at all levels of the organization</li> <li>• Engages families and caregivers</li> <li>• Ensures actions taken to identified risks</li> </ul>
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CULTURE	<p>Health &amp; Safety Rounds are an opportunity to enhance the culture of safety by giving front line staff an opportunity to identify areas for improvement.</p>	<p>Joint Health &amp; Safety Committee in our Home do regular safety walk-rounds; provide feedback to staff on lessons learned and improvements made.</p> <p>Falls Huddles and Purposeful Hourly Rounding</p> <p>Revamp entire JHSC Meeting Agenda and Terms of Reference (more front-line certified members)</p>	<p>Joint Occupational Health &amp; Safety Committee, HR, EVS, HCH Leadership, Interdisciplinary Teams</p>	<ul style="list-style-type: none"> <li>• The process involves conducting the rounds, sharing the findings broadly with staff, and developing action plans.</li> <li>• The minutes and / or action plans are posted</li> <li>• EVS and HR and JOHSC will do a joint workplace inspection to identify and rectify any slip, trips and falls hazards.</li> <li>• HCH Leadership assign front line staff to do monthly inspections of their own work areas</li> <li>• Results of Falls Huddles clearly documented with actions taken</li> </ul>	<ul style="list-style-type: none"> <li>• The H&amp;S rounds enable clinical staff to see first-hand the benefit of a process that is solely focused on addressing their resident safety concerns.</li> <li>• Rounds provide an opportunity for developing a proactive risk identification system that draws equally on staff and management.</li> <li>• JOH&amp;S asks staff about their safety concerns and ensures follow-up discussion takes place to identify action items.</li> <li>• Purposeful Hourly Rounding and Falls Huddles ensures an interdisciplinary approach to support prevention of resident falls</li> <li>• Health and Safety Committee more competent in identifying risks</li> </ul>
CULTURE	<p>“Daily Risk Management Review” inter-disciplinary Team Meetings</p> <p>Virtual Meetings</p>	<p>Inter-disciplinary High-Risk Team Meetings held daily to review the 24-hour report and discuss issues, concerns specified high risk safety and quality of life resident issues</p>	<p>DRC, ADRC and all HCH Leadership</p>	<ul style="list-style-type: none"> <li>• The intent is to discuss common issues, concerns, high risk Residents and ensure all appropriate interventions and actions have been taken to reduce risk and / or harm on a daily basis.</li> </ul>	<ul style="list-style-type: none"> <li>• The daily Inter-disciplinary Team meetings promote culture of safety by identifying or evaluating High Risk Residents who require appropriate interventions and quality actions to remain safe in our homes.</li> <li>• Provides ongoing safety information/education to staff</li> </ul>



CULTURE	Purposeful Hourly Rounding – Falls Prevention	All staff required to complete purposeful rounding with every resident encounter	All staff	<ul style="list-style-type: none"> <li>• Direct care staff champions have been trained in each home.</li> <li>• All job descriptions have been updated to include a requirement for staff to complete purposeful rounding</li> </ul>	<ul style="list-style-type: none"> <li>• Falls Prevention Program policies current and up to date</li> <li>• Purposeful Hourly Rounding training provided annually</li> <li>• Purposeful Hourly Rounding and Falls Huddles ensures an interdisciplinary approach to support prevention of resident falls and other safety issues</li> </ul>
CULTURE	Ensure Resident Safety is included in our Policies	When revising policies and procedures. HCH Leadership considers resident safety	HCH Leadership	<ul style="list-style-type: none"> <li>• Education provided to staff on how to access policies on SharePoint.</li> <li>• Policies are reviewed on an annual basis by designated HCH Leadership.</li> <li>• Monthly meetings held with Towers staff where one tenant safety policy is reviewed in detail</li> <li>• Call bells tested annually</li> <li>• Annual lift and transfer training for 100% of all staff</li> <li>• Bed Safety training</li> </ul>	<ul style="list-style-type: none"> <li>• All policies are current and consider Resident Safety</li> <li>• Policies are kept up to date by using Annual Policy Review Schedule form.</li> <li>• Improves staff access to and knowledge of policies</li> <li>• Provides a consistent approach for staff who work in both Manors and the Towers</li> </ul>
CULTURE	Adopt the Purposeful Engagement Philosophy  Engage with residents and families on	<p>BY end of 2023 - Train Champions in each home on Purposeful Engagement Methods.</p> <p>Allocate resources for Purposeful Engagement</p>	Purposeful Engagement Trained Staff (champions), BSL Program Leads, Activities Staff Director of Programs and Services Volunteers Caregivers,	<ul style="list-style-type: none"> <li>• Direct care staff champions have been trained in each home.</li> <li>• ‘Purposeful Engagement -style’ programs to be incorporated into monthly Program Calendars as appropriate and considered for residents who do not</li> </ul>	<ul style="list-style-type: none"> <li>• Provide meaningful activities to assist in reduction of personal expressions</li> <li>• Improved resident safety</li> <li>• Allows families to be better engaged with residents through the availability of activities through the use of the Purposeful Engagement Carts and the RAP Committee</li> <li>• Improve quality of life, reduce boredom by providing more</li> </ul>

	<p>emotion-based care through the RAP sub-Committee (Residents as Partners)</p> <p>Implement the Music and Memory Program by 2024</p>	<p>approach including self-directed activities and signage for resident as needed.</p> <p>Offer on-going information to staff, residents and families on the Purposeful Engagement Philosophy through newsletters, information boards, and meetings.</p> <p>Create Purposeful Engagement Carts for each floor (where needed) and train families and staff on its usage and benefits</p> <p>Have staff trained and certified in Music and Memory and purchase required supplies</p>	<p>residents, families, RAP Committee members.</p>	<p>participate in large group programs.</p> <ul style="list-style-type: none"> <li>• Continuous education with staff, volunteers, residents and families through newsletters, information boards, and meetings. Attend Family and Resident Council Meetings and show the cart and how to use it effectively.</li> <li>• Implemented changes in the environment to support emotion-based care – ie. Murals, Train Simulator, Tovertoval</li> </ul>	<p>opportunities for meaningful engagement</p>
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CULTURE	<p>Ensure care is provided within an inter-disciplinary approach with open communication</p> <p>Use the best practice tools to ensure resident safety and quality care</p>	<p>Hold care conferences with entire inter-disciplinary team involved (PACC &amp; IDCC) Format – all care team together rather than only 1 discipline (nursing)</p> <p>Implement new tools as presented to stay current and at the top in regards to best practice and in compliance with changing legislative requirements</p>	All Departments	<p>Care conferences held with the entire team (or rep thereof) along with resident (if competent) and family – has been well received by residents and families</p> <ul style="list-style-type: none"> <li>• Towers uses Telemedicine to promote and ensure access to timely information by members of the care team</li> <li>• Towers staff are involved in Health Links Coordinated Care Plans to meet tenant needs</li> <li>• Annual CHA Assessments completed for Assisted Living tenants.</li> <li>• Assisted Living Care Plans, ICP, Palliative Care ICP.</li> <li>• Using best practice tools: CST Tools, Nursing Advantage, BPG's</li> <li>• Palliative Approach to Care philosophy</li> </ul>	<ul style="list-style-type: none"> <li>• Transparency</li> <li>• Improves open communication and builds team to all work together to ensure care plan is reflective of resident needs and that care is being provided in the best and safest way</li> <li>• Access to timely information</li> </ul>
WORKFORCE AND DEVELOPMENT AND MANAGEMENT	Staff will be aware of their role in Resident Safety	Each job description within LTC has been updated to explicitly outline expectations,	HCH Leadership. Human Resources	<ul style="list-style-type: none"> <li>• Job descriptions incorporate both “resident safety” and “infection control responsibilities” for every staff position.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff are made aware that everyone shares accountability for Resident Safety</li> </ul>

		roles and responsibilities for Resident Safety		<ul style="list-style-type: none"> <li>• Ongoing as new positions are developed.</li> </ul>	
WORKFORCE AND DEVELOPMENT AND MANAGEMENT	At time of hiring, staff will receive orientation on their role in Resident Safety	<p>Continually update and standardize New Hire Employee training manuals including tips on Resident Safety.</p> <p>Revise the General Orientation training Program for HCH to meet changing needs of HCH and legislative requirements (FLTCA)</p> <p>Care Guide – great tool for staff – supports how to provide safe care</p>	HCH Leadership, Education Coordinator, Human Resources and the Education Committee	<ul style="list-style-type: none"> <li>• Standardized New Hire Employee manual finalized in 2023/4 to streamline processes and to align with the new regulatory changes under the FLTCA and other legislative requirements.</li> <li>• Orientation training program</li> <li>• Annual Mandatory Training Package - updated annually</li> <li>• Care Guide clearly identifies how to care for residents safely – provide to care staff upon hire</li> <li>• Moving towards a full day of new hire orientation / onboarding</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation and annual education program includes resident safety directives and has standardized across homes.</li> <li>• New staff are provided with “Tips – Did you know?” and a “workplace hazards sheet” so they are made aware that they are working in an organization that is committed to providing safe and high-quality care to its residents and their families.</li> <li>• Staff know how to care for our residents safely.</li> <li>• To support staff in their new roles and in their understanding of the issues around resident care and safety.</li> </ul>
WORKFORCE AND DEVELOPMENT AND MANAGEMENT	Staff will be aware and educated about their role in Resident Safety	Staff receive ongoing annual Resident Safety Training (falls, restraints, fire safety, workplace violence, Hand Hygiene, Infection	Education Coordinator and Specialized Program Team Leads	<ul style="list-style-type: none"> <li>• Staff attend a 4-hour day of training annually and additional training as identified</li> </ul>	<ul style="list-style-type: none"> <li>• Provide knowledge and encourage behaviours to help promote culture of safety on a small scale, improve quality of care, empower the staff and residents.</li> <li>• Staff are reminded of the importance of Resident Safety</li> </ul>

		Prevention and Control).			in providing care services through the required programs training.
		Palliative Approach to Care – new in 2023			
COMMUNICATION	Residents and families and visitors will be aware and educated about their role in Resident Safety	<p>Updated Resident and Family Handbook includes safety tips.</p> <p>Emergency Management Coordinator to attend Resident and Family Councils to discuss Emergency Preparedness Plan including Fire Safety</p> <p>Residents / Families / visitors receive PPE and hand hygiene training upon entry to the Manors</p> <p>Implemented Cliniconex as a method to communicate to residents/families</p>	IPAC Leads, Resident Advocates, Resident Council, Family Council, Emergency Management Coordinator,	<p>Resident and Family Handbook is updated annually as required - includes ways to maximize safety in the resident's environment</p> <ul style="list-style-type: none"> <li>• safety tips are provided to Residents and families on admission.</li> <li>• In the event of an outbreak, all families and residents receive personal phone calls.</li> <li>• Hand Hygiene signs are posted throughout the buildings. Hand hygiene is reviewed at both Resident Council and Family Council</li> <li>• Included in the Admission Package is information that acknowledges our commitment to Resident Safety</li> <li>• Tenants receive bi-annual in-services by the Fire Department on Fire Safety.</li> <li>• Emergency Management Plan and Resident Safety Plan is</li> </ul>	<ul style="list-style-type: none"> <li>• Information is communicated upon admission to Residents, family and/or SDMs.</li> <li>• Demonstrates our organization's commitment to Resident Safety</li> <li>• Information is communicated to staff, volunteers, residents, families and/or designates to encourage involvement and promote safety</li> <li>• Information is communicated to the public and conveys our commitment to safety of our Residents.</li> </ul>

				<p>posted on our website</p> <ul style="list-style-type: none"> <li>• TVs at entrances to Manors with educational videos and information for residents/families</li> <li>• Website is updated daily as required during outbreaks</li> <li>• IPAC is a standing item at all Resident and Family Council Meetings so it can be discussed</li> <li>• Signage is at every entrance to inform all visitors of the current status of outbreak/infections etc.</li> </ul>	
COMMUNICATION	<p>Improve communication between NPs, physicians and families / residents on medical issues</p>	<p>Hire Attending Physicians and Medical Directors who are qualified for these roles</p> <p>Orientation checklist for new physicians and education for physician in LTC on the FLTCA</p> <p>Evaluations for NPs and Physicians to be completed in</p>	<p>Administrators, Medical Directors, Attending Physicians and Nurse Practitioners</p>	<ul style="list-style-type: none"> <li>• Medical clinics held for tenants living in the Towers and supported by TNO staff (partnership with outside Medical Team)</li> <li>• We have a Nurse Practitioner for both Manors (2023)</li> <li>• New education required for Medical Directors as per Fixing LTC Act, physicians certified (2023)</li> <li>• Orientation checklist available for new NPs and physicians joining HCH</li> </ul>	<ul style="list-style-type: none"> <li>• Improved communication and better understanding of medical issues</li> <li>• Prevents residents and tenants suffering unnecessary transition and deterioration when they are transferred to the hospital with medical needs that can be taken care in the home.</li> <li>• Ensures physicians are well trained and qualified to perform their role and understands the resident population at HCH</li> </ul>

		2023		<ul style="list-style-type: none"> <li>• NPs and Physicians attend all mandatory trainings at HCH</li> <li>• CQI – annual Resident/Family Satisfaction Survey includes medical services, so residents and families can provide input / feedback into changes needed regarding medical services</li> <li>• Physicians and NP attend resident/family care conferences to respond to medical concerns</li> </ul>	
COMMUNICATION	Information / education for Staff, Resident and Family Council	<p>Provide information /education to Staff, Resident and Family Councils to help understand residents with personal expressions and psychological symptoms of dementia</p> <p>RAP Committee (Residents as Partners) – ongoing</p>	Education Coordinator, CQI and Risk Mitigation Specialist, BSL of each Manor, Director of Programs and Services, RAP sub-Committee	<ul style="list-style-type: none"> <li>• BSL of each Manor will attend Family and Resident Council Meetings annually (if invited and approved by the Councils) to provide information/education on the use of Antipsychotics in Behavioural and Psychological Symptoms of Dementia</li> <li>• Annual Mandatory Training covers this topic along with GPA training for staff</li> <li>• Education Coordinator provides an annual</li> </ul>	<ul style="list-style-type: none"> <li>• Creates a supportive environment</li> <li>• Satisfies the unmet needs of Residents</li> <li>• Promotes development of Routines that match the person's habits and preferences</li> <li>• Improves communication</li> <li>• Increases understanding as to how personal expressions can change at different times of the day</li> <li>• Increases understanding and awareness of contracted services</li> <li>• Residents and families are educated on elements of emotion-based care and support its implementation</li> </ul>

		CQI and Education Boards – provide educational material, transparent information		<p>Resident/Family Information Night with vendors and key stakeholders / contracted services in LTC</p> <ul style="list-style-type: none"> <li>• Education Board provides information about education sessions open/available to residents/families</li> <li>• RAP – Resident/Family and Staff Committee meets regularly with their subcommittees to review best approaches and discuss ways HCH can support a move towards “emotion-based care”</li> <li>• CQI Boards has tons of educational information including how HCH is doing compared to other homes</li> <li>• Towers sponsors regular educational sessions for tenants – speakers present regularly on services available in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Provides opportunities for increased learning for residents and families</li> </ul>
RESIDENT SAFETY	Duty To Protect Residents from harm	Follow Prevention of Resident Abuse and Neglect Program Policies, including	HCH Leadership, CQI and Education Committees, Resident	<p>Implemented RNAO Best Practice Guideline on Prevention of Resident Abuse and Neglect</p> <ul style="list-style-type: none"> <li>• Whistle-blowing</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation</li> <li>• Transparency</li> <li>• Trust</li> <li>• Accountability</li> <li>• Resident Safety</li> </ul>



	<p>Identifies and responds to any conduct that may pose a risk of harm to residents or staff, or to the operation of the Home</p> <p>Staff Training</p>	<p>the reporting requirements and Whistleblowing Protection</p> <p>Provide annual mandatory training on these policies</p> <p>Screen applicants carefully prior to accepting or admitting a new resident – ask for additional information if required.</p>	<p>Advocates, Director of Tenant Care, Admissions Cor, HR, Administrators</p>	<p>protection training</p> <ul style="list-style-type: none"> <li>• Annual Mandatory Training and Essential Knowledge Test completed</li> <li>• Program developed with several policies to comply</li> <li>• Ongoing – Purchase equipment/supplies to support strategies to prevent wandering into other resident rooms (yellow strips, door alarms, black curtains etc)</li> <li>• Implement strategies to address exit seeking behaviours through use of door key pads, alarms, and wanderguard bracelets</li> <li>• BSL Team Leads at both homes trained and certified as GPA Coaches</li> <li>• Certified coaches in Living the Dementia Journey – training for all</li> <li>• Through the BSO, FM is a host home for the BS Therapeutic Recreation Program. The Faith Manor BSO TRs supporting residents with personal expressions</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure staff understand – essential knowledge test - knowledge transfer</li> <li>• Staff more confident in dealing with residents who exhibit personal expressions</li> <li>• Reduced admissions to hospitals due to behaviours</li> <li>• Reduced incidents of resident to resident incidents – keeping residents safe</li> <li>• Risk of elopement minimized and residents protected</li> <li>• Appropriate admissions</li> <li>•</li> </ul>
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				<p>at both FM and GM and 4 other LTC homes in the CW region.</p> <ul style="list-style-type: none"> <li>• Use of 1:1 through HINF when required to ensure resident safety</li> <li>• Anti-psychotic teams meet regularly to review high-risk cases to support safe care</li> <li>• Partnerships - PRC comes regularly, Neuro-behavioural teams, behavioural rounds completed, virtual assessments, geriatric psychiatry</li> </ul>	
RESIDENT SAFETY	Protect Disclosure Health Information	<p>Collection and Disclosure of Personal Health Information – annual sign offs for IAR</p> <p>Centralized access for disclosure – Privacy Office</p> <p>IT Plan for privacy and security to be finalized (2024)</p> <p>Towers - Admissions and TNO records to be entered into</p>	Privacy Officers and LRA and RAI Coordinators, Standards Committee	<ul style="list-style-type: none"> <li>• Privacy Officers for each Manor, HCH and the Towers.</li> <li>• Staff specifically trained on privacy and confidentiality upon hire and annually thereafter – signed forms completed</li> <li>• Secure transmission of RAI Assessments to Health Information Network (HINP) Providers as determined by the Ontario Health.</li> <li>• Provide access to Connecting Ontario and ONEID by only those who need to have this</li> </ul>	<ul style="list-style-type: none"> <li>• Resident Health Information is kept secure with the knowledge that only healthcare providers have access to their information</li> <li>• Limits the number of staff accessing confidential information</li> <li>• Ensures action is taken for privacy breaches</li> <li>• Staff are aware of their responsibility for ensuring privacy and confidentiality</li> <li>• HCH has secure networks and appropriate software for storing personal health information</li> </ul>

		PCC (2024)		access <ul style="list-style-type: none"> <li>• IAR audits completed monthly as added check</li> <li>• Standards Committee (review of privacy and privacy breeches is a standing agenda item)</li> <li>• Use of strong malware / password protected documents etc</li> <li>• Staff are assigned monthly security awareness videos with a test after</li> </ul>	
RESIDENT SAFETY	Roam Alert Installation and Testing	Upgrade current wander-guard system  Update process for Roam Alert bracelet testing.	RPNs, PSWs Maintenance	<ul style="list-style-type: none"> <li>• The process for Roam Alert has been updated to reflect the testing of the Residents' bracelets in use.</li> <li>• The new process is that a task was added to POC for the PSW to bring every resident with a wander-guard bracelet to the exit doors every day/evening shift to test it to make sure they are working.</li> <li>• If bracelets are working, PSW simply sign off in POC. If the bracelet is not working, PSW informs the RN / RPN who immediately informs Maintenance by filling out an R4R.</li> </ul>	<ul style="list-style-type: none"> <li>• Added security and safety feature for exit-seeking residents</li> <li>• Ensures check of Resident bracelets</li> <li>• Added safety for Residents by checking bracelets on regular basis.</li> <li>• Easy way to remember to do testing.</li> </ul>

RESIDENT SAFETY	LIFT Committee	<p>Lift Committee to meet as part of the JOHSC to review lift data / stats related to quantity of lifts / slings, incidents</p> <p>Annual Training provided to all staff who use the mechanical lifts and / or transfer residents.</p> <p>Residents are assessed every 3 months or more often as required to ensure proper lifting device or method of lift is being used by staff</p>	Physiotherapist, JOHSC, Restorative Care Leads, HCH Leadership, Education Coordinator, HR	<ul style="list-style-type: none"> <li>• Lift Committee Report is presented at each JOHSC for review and analysis</li> <li>• Lift audits are ongoing prior to each use</li> <li>• New hire and annual Mandatory training for staff using mechanical lifts including a competency test after each training session</li> <li>• Each resident assigned their own personal sling for infection control purposes</li> <li>• FM installed many ceiling lifts to support safe care</li> <li>• Use of specialists such as OT to support specialized lifts and transfers (i.e. bariatric lifts/slings)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures Staff are trained in proper and safe lifting techniques and repositioning</li> <li>• Monitors and tracks issues related to lifts to ensure safe outcomes</li> <li>• Tracks appropriate inventory to provide safe care</li> </ul>
RESIDENT SAFETY	Emergency Codes	<p>Codes are practiced regularly to prepare staff for any type of emergency</p> <p>Annual code training</p> <p>Fire Drills</p> <p>Emergency Management</p>	HR and Education Committee, Emergency Management Coordinator	<ul style="list-style-type: none"> <li>• Staff attend a mandatory training session on all codes annually</li> <li>• Code drills performed randomly throughout the year on all shifts</li> <li>• Fire Department observes annual fire drill (Vulnerable Occupancy)</li> <li>• FT Emergency Management Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• Staff know how to respond in an emergency to ensure resident safety</li> <li>• Staff feel more confident in an emergency</li> <li>• Residents and Families feel safe in the home</li> </ul>

		Coordinator to attend Resident and Family Council to review the Emergency Management Plan		<ul style="list-style-type: none"> <li>• Emergency Management Plan developed and posted on website</li> <li>• Fire Panel Training</li> <li>• Emergency Management Boards in all work areas</li> <li>• Each employee name tag has the emergency codes listed on the back as quick reference</li> </ul>	
MEDICATION USE	Resident identifiers	<p>The team uses at least two resident identifiers before providing any service or procedure.</p> <p>Programs and Services Staff (Activation) to update resident photos annually at the annual care conference (2023 – ongoing)</p> <p>Towers tenants to have pictures entered into PCC once implemented (2024)</p>	Registered Nursing Staff, Activation, Director of Programs and Services	<ul style="list-style-type: none"> <li>• Staff use at least two resident identifiers before administering medications; i.e., up to date picture on PCC/POC and Emar Identification bracelets</li> <li>• Staff audit these bracelets regularly</li> <li>• Verbal cues</li> <li>• Towers staff receive regular training on safe handling of drugs.</li> <li>• Towers staff work with Shoppers (in-house) who prepares blister packs which are checked regularly by registered staff to reduce med errors and to promote safe medication management</li> </ul>	<ul style="list-style-type: none"> <li>• Assures Residents' Safety (the "r's")</li> <li>• Up to date photos are available for staff to ensure clear identifier</li> </ul>
MEDICATION USE	Staff Competenc	Registered Staff perform safe	Pharmacy, Directors of	<ul style="list-style-type: none"> <li>• Monthly audits in-house including observations</li> </ul>	<ul style="list-style-type: none"> <li>• Registered Staff are competent and perform safe medication</li> </ul>

	y	medication practices and receive training to be competent in their role	Resident Care, Registered staff, Physicians and NPs	as well as external partner audits (ie pharmacy audits) <ul style="list-style-type: none"> <li>• Medication cart audits done monthly</li> <li>• All registered staff receive extensive training on our medication management systems at time of hire</li> </ul>	practices <ul style="list-style-type: none"> <li>• Problems are identified early and action is taken quickly to rectify errors prior to a high-risk medication incident / error occurring.</li> </ul>
MEDICATION USE	Ensure the safe use of high risk medications	Registered Staff are aware of High Alert Medication  Provide additional education to staff on the safe use of high risk medications.  Monthly audits completed  New Signage posted on med carts – to limit medication errors/distractions	Pharmacy, Directors of Resident Care	<ul style="list-style-type: none"> <li>• High Alert Medication alerts are provided on PCC for every high alert medication - posted by the Pharmacy</li> <li>• Medication Inservices provided annually by pharmacy to nursing staff</li> <li>• Medication audits done monthly by pharmacy, results shared and acted upon by DRC</li> <li>• Signage posted on med carts to ask others not to disturb during med pass</li> <li>• Shoppers Drug Mart on site to support Towers staff and tenants</li> </ul>	<ul style="list-style-type: none"> <li>• Staff will be kept aware of any drug safety issues happening within the province</li> <li>• Reduce risk of medication errors</li> <li>• Additional education will reinforce staff knowledge on the safe use of high risk medications.</li> <li>• High risk medications are flagged on Emar as well as packaged individually in strip packages; e.g., Coumadin</li> <li>• On-site Pharmacy added risk-control measure</li> </ul>
MEDICATION USE	Ensure pharmacy is operating efficiently	Contracted services with a specialized pharmacy providers	CEO, Director of Finance, DRCs and Administrators, Director of Tenant	<ul style="list-style-type: none"> <li>• Contract with a specialized LTC pharmacy – staff trained on their practices and</li> </ul>	<ul style="list-style-type: none"> <li>• A pharmacy that operates in a manner consistent with safe medication practices</li> <li>• Equipment and supplies available to ensure safe</li> </ul>

	and safely  Proper equipment and supplies are readily available and systems in place to monitor pharmacy practices		Care	procedures, supplies being provided as required • Towers – on site pharmacy partnership	medication delivery and storage
MEDICATION USE	Monitoring effectiveness of the medication management system and Pharmacy Provider	MACPAC Meetings held regularly	Medical Directors, Administrators, DRC, NP and Pharmacy	<ul style="list-style-type: none"> <li>• Detailed reporting form developed for reporting Medication Errors and Drug Utilization - used for analysis and reporting at MACPAC meetings</li> <li>• Medication errors are reviewed, including who it was reported to, actions taken and if re-education provided</li> <li>• Clinical policies reviewed at MACPAC</li> <li>• Falls, IPAC, weight loss (and gain), and stat box contents/usage are also reviewed at each MACPAC meeting</li> <li>• Committee is educated by the Pharmacy using the PAC Pearls)</li> <li>• Interdisciplinary</li> </ul>	<ul style="list-style-type: none"> <li>• better detailed reporting on Medication Errors and Drug Utilization</li> <li>• Improved discussion and analysis of trends and actions taken to reduce medication errors</li> </ul>

				approach including residents/families - annual program evaluation on medication management system and administration – action plans and goals set for each year	
INFECTION CONTROL	The organization tracks and trends infection rates and educates staff on best practices regarding infection control	<p>The organization routinely tracks and trends infection rates; analyzes the information to identify trends, clusters</p> <p>Homes have adopted the PIDAC and Peel Public Health Processes as Best Practices</p>	IPAC Leads, CQI Team, ICC, Emergency Management Coordinator	<ul style="list-style-type: none"> <li>Indicators are collected for C-Diff, MRSA, Skin Wound, Urinary Tract Infections, COVID-19, ESBL, VRE and other infections that are lab confirmed not elsewhere classified</li> <li>Education was provided to staff regarding the importance of hydration, ongoing fluid management and good peri-care in the prevention of UTIs as part of mandatory training</li> <li>TNO and Manors – N95 mask-fit testing took place – certify champions</li> <li>TNO and Manors (Dietary) – Food Handler Course taught (every 5 years)</li> <li>Staff trained in how to clean up biological spills, use of PPE, HIV</li> </ul>	<ul style="list-style-type: none"> <li>Reduce rate of Infections</li> <li>Resident improved health</li> <li>Staff are trained and knowledgeable and understand how to implement and follow good infection prevention and control techniques</li> <li>Risks Assessments are more effective</li> </ul>



				and blood-borne diseases <ul style="list-style-type: none"> <li>• Flu Clinics provided annually to all residents and staff and volunteers,</li> <li>• Tenants can get their flu shot at Shoppers Drug Mart, or TNO office or at the Drs. Clinic.</li> </ul>	
INFECTION CONTROL	The organization evaluates its compliance with accepted hand-hygiene practices by implementing Just Clean Your Hands Program	Just Clean Your Hands program is implemented.  Hand Hygiene audits are performed  Use of speedy audits and glo-germ audits  Results are used to make improvements	Infection Control Lead, and ICC, CQI Team, Emergency Management Coordinator	<ul style="list-style-type: none"> <li>• Education Sessions occur annually and attendance is tracked (included in Mandatory Training)</li> <li>• Audits are performed quarterly using audit tool</li> <li>• Results are communicated at CQI Committee meetings and Infection Control Committee meetings in Towers and action plans are developed to make improvements</li> <li>• Results are posted in homes for Residents and families to view and published in CQI newsletters and reviewed at Family and Resident Council meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce Infection rates</li> <li>• Increase Resident safety</li> <li>• Continual monitoring in effect</li> <li>• Staff are trained and knowledgeable</li> <li>• Volunteers and service providers understand how to apply the hand hygiene protocol through in-services</li> </ul>
INFECTION CONTROL	Review Best Practices	Collect evidence that reprocessing processes are	Infection Control Lead, IC Committee,	<ul style="list-style-type: none"> <li>• Medical Devices policy has been developed</li> <li>• Collect evidence that</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce risk of contracting an infection</li> <li>• Increase Resident Safety</li> </ul>

	for Cleaning, Disinfection and Sterilization of Medical Equipment/ Devices	<p>taking place.</p> <p>Examine and improve reprocessing processes where indicated</p> <p>HME does regular wheelchair cleaning clinics</p>	Emergency Management Coordinator	<p>reprocessing processes are taking place.</p> <ul style="list-style-type: none"> <li>• Each nursing department implemented an equipment cleaning guidelines binder.</li> <li>• Examine/improve reprocessing processes where indicated.</li> <li>• Cleaning is tracked through checklists for: Walkers, wheelchairs, tubs, therapeutic surfaces, assistive devices (POC). HME providing w/c and assistive devices cleaning clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Continual monitoring in effect</li> <li>• Staff are trained and knowledgeable</li> <li>• Resident wheelchairs and assistive devices are properly cleaned as per current contract and schedule yearly by professional company to ensure smells and infections are reduced</li> </ul>
INFECTION CONTROL	Develop and Implement new procedures as it relates to COVID-19	<p>Create policies based on the MOH Directives and keep them updated as these directives change</p> <p>Implement ongoing screening, testing and surveillance and maintain records of these efforts</p> <p>Work with Public Health to manage the outbreak as required</p>	<p>Infection Control Lead, IC Committee, Emergency Management Coordinator</p> <p>IPAC Hubs</p> <p>MHLTC Inspections</p> <p>Community of Practice</p> <p>IPAC Audits</p>	<ul style="list-style-type: none"> <li>• Implemented policies specific to covid-19 and kept them updated as directives changed (constantly)</li> <li>• Update the staffing plan and outbreak management plan every year</li> <li>• Hired new FT IPAC Leads to oversee the IPAC Program in both Manors (2020)</li> <li>• Hired a FT Emergency Management Coordinator to oversee the Emergency Management Plan which includes IPAC</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation Plans and Outbreak Management Plans clear and easy to implement</li> <li>• Reduce risk of contracting a covid-19 infection</li> <li>• Increase Resident Safety</li> <li>• Continual monitoring in effect</li> <li>• Staff are trained and knowledgeable</li> </ul>

				(2021) <ul style="list-style-type: none"> <li>• Covid-specific - active screening and RAT Testing, tracking vaccines</li> <li>• Flu Vaccinations</li> <li>• IPAC Leads certified in IPAC (new training required by 2024 - requirement Fixing LTCHA)</li> <li>• staff trained in Public Health Core Competencies</li> </ul>	
FALLS PREVENTION	Falls Prevention Strategy is evaluated regularly	Falls Prevention is a Required Program under Fixing LTC Act and Regulations.  Post Falls Huddles to be held  Participation in RNAO Best Practice Falls Guideline  Development of a Program not only policies – to address falls  Training for staff on Falls Prevention	Falls Leads, Administrators, Education Cor.  Interdisciplinary meetings monthly	<ul style="list-style-type: none"> <li>• A new Falls Program developed rather than a falls policy</li> <li>• The Falling Leaf Program” has been implemented in FM, while the “Falling Stars” has been implemented in GM.</li> <li>• Monthly in Homes</li> <li>• Quarterly to CQI</li> <li>• Review results from Annual Falls Prevention Evaluation</li> <li>• Specialized Care Teams deep dive into “falls” (and other areas) occurring in our homes to be able to prevent increased falls and to improve strategies and identify risks.</li> <li>• Falls is part of</li> </ul>	<ul style="list-style-type: none"> <li>• In-depth review of Falls occurring in homes</li> <li>• Prevention of increased falls</li> <li>• Improved Strategies to reduce risks of increased falling.</li> <li>• Having equipment readily available to help prevent falls and serious injury/trauma from falls</li> <li>• An interdisciplinary approach to safe care</li> </ul>

		<p>Program</p> <p>Purchase of falls equipment</p> <p>Specialized Care Teams</p> <p>Formal Physiotherapy contracts / service providers</p>		<p>mandatory training</p> <ul style="list-style-type: none"> <li>• Audits being completed</li> <li>• Post Falls Huddles being completed on the unit – after each fall – multi-disciplinary approach</li> <li>• Purchase supplies needed for fall prevention</li> <li>• Physiotherapy Contract signed (specializing in LTC and falls prevention), ADP authorizer, OT – increased hours of on-site PT and PTA.</li> <li>• Participation in RNAO Best Practice Falls Guideline – FM and GM implemented “purposeful rounding”.</li> </ul>	
VIOLENCE IN THE WORKPLACE PREVENTION	<p>Violence occurring in the Homes is evaluated regularly e.g., Residents to Residents, Residents to Staff, Staff to Residents</p> <p>In addition, Resident</p>	<p>Violence in the Workplace is a Program under the Public Services Health &amp; Safety Association (PSHSA).</p> <p>Homes report incidents on a quarterly basis to the CQI Committee Chair who prepares indicators that are</p>	HCH Joint Occupational Health & Safety Committee, CQI Team	<ul style="list-style-type: none"> <li>• Every three years: Confidential Violence in the Workplace Employee perception Survey is performed with the intent to identify any potential areas or situations for violence.</li> <li>• Participation in this survey is crucial in identifying and preventing workplace violence.</li> <li>• Report results are shared with the Joint</li> </ul>	<ul style="list-style-type: none"> <li>• Zero Tolerance for violence in our home</li> <li>• Residents feel safe in our home</li> <li>• Whistle Blowing Protection for Staff who report</li> <li>• Regular review is conducted.</li> <li>• Violence is investigated and acted upon</li> <li>• Program Evaluation is conducted annually with families, residents, staff, volunteers and Board input</li> <li>• Compare results to previous years</li> <li>• Strategies to prevent violence is implemented and re-evaluated</li> </ul>

	<p>personal expressions / behaviors are tracked</p> <p>Near misses tracked and investigated with follow-up</p>	<p>reviewed by the CQI Committee members and the Care Committee of the Board of Directors.</p> <p>Indicators are also provided to the Joint Health &amp; Safety Committees in the homes for their feedback.</p> <p>HCH's Health and Safety Statement is reviewed annually by the Joint Health &amp; Safety (JHSC) Committee and through an annual policy manual review. The Policy is used for all divisions within HCH.</p> <p>How to report Violence in the Workplace has been included in the Common Orientation training for new staff hired.</p>		<p>Health and Safety Committee.</p> <ul style="list-style-type: none"> <li>• Action Plans are developed to address concerns</li> <li>• As requested or required for staff - HR purchased personal safety alarms for staff.</li> <li>• The results are also shared at the Annual Program Review Day – with residents, Board members, families, staff and volunteers present.</li> <li>• Staff Training Provided during mandatory training (code of conduct, workplace violence, bullying, harassment etc)</li> <li>• Extra training occurred in 2023 regarding Self-defense techniques for staff.</li> <li>• Near Miss Posters at every time clock</li> <li>• Respect in the workplace added as onboarding topic and annual mandatory training</li> </ul>	<p>to ensure resident safety</p> <ul style="list-style-type: none"> <li>• Staff understand their responsibilities to promote a safe workplace</li> <li>• Staff feel safe at work.</li> </ul>
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		<p>Human Resources Department conducts an organization-wide risk assessment every 3 years to ascertain the risk of workplace violence and shares the results with all staff. (2018)</p> <p>Resident aggressive behaviors are tracked monthly and support is sought through Behavioral Support Leads and Psychogeriatric Resource Consultants (Neuro Behavioural Support Team).</p> <p>Staff Training GPA and Living the Dementia Journey</p> <p>BSO TR recreationists added to the</p>			
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		team through BSO Ontario to support residents with personal expressions			
Violence in the Workplace Prevention	<p>To ensure Staff personal safety by providing a method for alerting other staff when help is required.</p> <p>Emergency Preparedness Attestations signed and submitted on our compliance</p>	<p>Ongoing - purchased personal safety alarms for staff.</p> <p>Consulted with Joint Health &amp; Safety Committee and agreed on using personal safety alarms for staff.</p> <p>Alarms ensure that all staff have a method of calling for assistance in cases where their safety may be in jeopardy.</p> <p>Code White Drills practiced</p> <p>Code White Training</p>	Joint Health & Safety Committee, Management and Staff Emergency Management Coordinator	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Annual Mandatory Training sessions</li> <li>• Audits – drills – random throughout the year – records kept of participation</li> <li>• Code White Training provided during the annual mandatory training to all staff</li> <li>• Red / White Card Posted in every work area identifying to staff if a potential threat exists – maintaining confidentiality but alerting people to ask about what they should do to protect themselves</li> <li>• Code Silver and Code Purple to be implemented (2023/4) and added as part of our codes</li> <li>• 24-hour reception and security guards at nights (2024)</li> <li>• Access to front doors</li> </ul>	<ul style="list-style-type: none"> <li>• Improved method for staff to communicate and respond when in need of assistance in cases where their safety may be in jeopardy.</li> <li>• Staff are more confident to respond to all types of emergencies</li> <li>• Alerting staff, residents, families and visitors of a potential threat or safety issue</li> </ul>

				through front reception (new 2023/4)	
RISK ASSESSMENT	<p>Team Leads and Managers generate regular reports about their department or team's performance</p> <p>QIP submitted</p> <p>Quality Improvement Plan Attestations submitted</p> <p>ERM (Enterprise Risk Management) implemented</p>	<p>Indicators are tracked, standardized in order to meet all health sector requirements (QIPs) while also looking at high risk areas to the organization.</p> <p>CQI Chair quarterly reporting – to teams, Care Committee of the Board and residents and families</p> <p>Use of analytics software for analysis</p>	CQI Chair, Team Leads	<p>LTC indicators are reported on a monthly, quarterly and annual basis into a spreadsheet.</p> <ul style="list-style-type: none"> <li>Performance Indicators are reviewed: Quarterly @ CQI and Specialized Care Team Meetings (Indicators are tracked through QIP and Excel spreadsheets).</li> <li>CQI Chair runs a quarterly report highlighting achievements and where we are falling behind on performance. This report is reviewed and analyzed by all team members at the quarterly specialized programs and CQI team meetings.</li> <li>Reports of the results are also provided to the Care Committee of the Board of Directors.</li> <li>CQI Board – NEW posts reports results to residents/families and visitors</li> <li>CQI News – newsletter available to</li> </ul>	<ul style="list-style-type: none"> <li>Indicators are tracked and reviewed on a regular basis by the Continuous Quality Improvement Committee, Specialized Care Teams and the Care Committee of the Board.</li> <li>Follow-up and Improvements to programs are noted within reports.</li> <li>Quality Improvement Plans (QIPs)-- High Risk Indicator data (Falls, Incontinence, Restraints, Wounds, Subscribing of anti-psychotics, potential avoidable emergency department visits), are collected, analyzed, trended and reported with recommendations / action plan on a quarterly basis.</li> </ul>



				everyone – reports on “how we are doing”	
RISK ASSESSMENT	CQI Staff in our Homes to collect data, track and analyze quality and safety risks and implement improvements as needed	Defined roles and responsibilities of CQI staff in all homes	CEO, Administrator's Senior Leadership Team and Human Resources	<ul style="list-style-type: none"> <li>• Roles have been defined.</li> <li>• The Manors share a QI Program Coordinator to collect data, track and analyze quality and safety risks and make improvements.</li> </ul>	<ul style="list-style-type: none"> <li>• A Quality Improvement Coordinator to collect, analyze and monitor data</li> <li>• Quality Improvement Coordinator provides reports to Quality Improvement Committee and Specialized Care Team Committee</li> <li>• Assesses community health needs to establish priorities</li> <li>• Promotes the philosophy of safety, high-quality care and services for our Residents</li> </ul>
RISK ASSESSMENT	Health Quality Ontario – Quality Improvement Plan (QIP)	<p>Each home will develop and implement a QIP</p> <p>Results will be shared amongst the homes to establish Leading practices</p>	CQI Coordinator, CQI Team	<ul style="list-style-type: none"> <li>• Quality Improvement Plan is developed annually for each home. Results will be evaluated at year-end and improvements will be implemented across the homes</li> <li>• QIPs are reviewed/evaluated at quarterly quality meetings. If actions are not effective in creating data improvement, revisions are implemented.</li> <li>• QIPs results are shared with CEO for further direction. Board of Directors also receives results quarterly.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued quality monitoring of services and reduction of risk</li> <li>• Improved Resident safety</li> <li>• Opportunity to share Leading practices</li> <li>• Transparency</li> </ul>
RISK ASSESSMENT	Homes will address in a	Homes will work in conjunction	CQI Coordinator, Administrators	<ul style="list-style-type: none"> <li>• Review on a monthly basis to determine if</li> </ul>	<ul style="list-style-type: none"> <li>• MHLTC Home inspection areas of non-compliance are</li> </ul>

	timely manner all issues raised from MHLTC Proactive Inspection process to ensure Resident Safety is being met	with the interdisciplinary Team to develop Action Plans to address all findings MHLTC Inspection – Compliance Tracking and monitoring	and all staff	audits are required based on results. • To meet compliance, action plans are developed and followed up as per schedule.	addressed and improvements implemented • Assess risks level • Minimize Risk to the Organization • Improve Resident Safety
RISK ASSESSMENT	Focus on Safety and Continued Quality Improvement and Performance Program	Provide Quarterly quality reports to CQI Team for discussion at Quarterly Quality Team meetings.  Quarterly Quality Reports are submitted to CEO for further direction.	Quality and Risk Mitigation Specialist, CQI Team	• Each member of the interdisciplinary team contributes to the content of the report ensuring new issues, improvements and resolutions are reported for all our homes (monthly)	• Monitor and track indicators • Senior Management is kept informed of current activities, safety issues, risk factors, improvements and resolution • Minimize Risk to the Organization • Improve Resident Safety • Transparency
RISK ASSESSMENT	Home Departmental Audits	Audits and Audit Schedule to be implemented: Each Department and Team will determine which audits will be completed for the upcoming year and the frequency with which these audits will occur.  Audits will be analyzed and	CQI and Specialized Care Teams	• Audit schedule and audit form completion • Audits on surge learning for easy access and for alerting action items for assigning, recording and tracking audits completed • CQI Calendar for tracking deliverables	• Ongoing process of quality improvement and management • Optimal Resident Care and Services • Appropriate Indicators of performance are identified and monitored for Resident safety. • Community health needs are being addressed • Promotes the philosophy of continuous quality improvement • Assess risks level • Minimize Risk to the Organization

		<p>plans of action directed to improving/ maintaining quality of life and safety of our Residents will be developed</p> <p>Ongoing evaluation and documentation of the effectiveness of actions taken will be conducted and results communicated to staff, Residents and families</p> <p>Issues to be addressed for formulating future planning will be communicated to senior management</p> <p>Electronic system for audit tracking</p>			<ul style="list-style-type: none"> <li>• Improve Resident Safety</li> </ul>
RISK ASSESSMENT	Incident report will be completed for all events during the process of care that	<p>RISK Management Program:</p> <p>All adverse events complaints, concerns, critical incidents,</p>	<p>CQI Committee</p> <p>Nursing Leadership</p> <p>Administrators</p> <p>Joint Health &amp; Safety</p>	<ul style="list-style-type: none"> <li>• Ongoing as needed</li> <li>• Concern form to document and track and concerns and to ensure appropriate follow-up</li> <li>• Information shared at Resident/Family</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate Action is taken</li> <li>• Assess risks level</li> <li>• Minimize and mitigate Risk to the Organization</li> <li>• Improve Resident Safety</li> <li>• Identifies areas that may require systematic improvements</li> <li>• MHLTC is notified when critical</li> </ul>

	<p>result in a negative or unanticipated outcome (CIS)</p> <p>Incidents may also be reported by staff, Residents, families or other stakeholders in the form of complaints/concerns.</p> <p>Resident and Family Council minutes, Staff Meetings, CQI Meetings and Satisfaction Survey Results.</p> <p>New concern form</p>	<p>violence in the workplace, abuse &amp; neglect are reported through the Risk Management Program for tracking, following up and investigating, if required.</p> <p>Potential or actual events will be identified.</p> <p>Nursing Teams review all 24HR reports, and incident reports to ensure follow up action is taken when required.</p> <p>Potential or actual events will be investigated; improvements to process will be developed and communicated to the Care Team.</p> <p>Should there be concern for the Safety of Residents, staff or others a communication</p>	<p>Committees</p> <p>Education Coordinator</p>	<p>Council Meetings</p> <ul style="list-style-type: none"> <li>• Annual Mandatory training – talks about importance to address issues when concerns and not lead to complaints</li> <li>• New policy developed on being transparent and admitting when we have done wrong</li> <li>• Ethics policy and Ethics Committee in place to work through ethical issues</li> <li>• Participation in research projects, policy and procedures are in place</li> </ul>	<p>incident is identified</p> <ul style="list-style-type: none"> <li>• Improved customer service in the timely response to Family/Resident complaints and concerns</li> <li>• Ability to identify and mitigate negative outcomes</li> <li>• To ensure that there is a forum where ethical issues can be discussed and reviewed</li> <li>• Ensure participation in ethical research projects</li> </ul>
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		<p>with directives will be issued immediately to staff to mitigate the issue.</p> <p>Events will be reviewed through the CQI Committee and Care Committee of the Board of Directors to evaluate processes to ensure safety.</p>			
RISK ASSESSMENT	<p>Required Programs:</p> <p>To ensure Annual Evaluations are completed for all required programs as set out in the FLTC Act and Regulations (Falls, Skin/ Wound Care, Continence Care/ Bowel Mgmt and Pain Mgmt), as well as other</p>	<p>To provide guidelines for Program</p> <p>Evaluation as required.</p> <p>To maintain a process to evaluate the effectiveness of programs related to evidence based practice or prevailing practice.</p> <p>To assess and continually improve the safety, quality of care and services provided to</p>	<p>Appropriate inter-disciplinary team, CQI Committee, program leads</p>	<ul style="list-style-type: none"> <li>• Annually</li> <li>• One day meeting held with lunch served to involve all levels of the organization</li> <li>• Separate day for each Manor</li> <li>• Family Council and Residents Council also present a report Goals of the program are established annually</li> <li>• Each Committee/ Team will submit the results of the Program Evaluation to the CQI Committee with recommendations for improvement, if any</li> <li>• Opportunities for improvement will be discussed and</li> </ul>	<ul style="list-style-type: none"> <li>• Meet Fixing LTC Act and Reg.</li> <li>• Continued Quality Improvement Process</li> <li>• Reduces and mitigates risks to the organization</li> <li>• Provides performance measurements</li> <li>• Improves Resident</li> <li>• Safety</li> <li>• Identifies trends in program deficiencies that may require changes in care processes</li> <li>• Information shared with staff, residents and families</li> <li>• Transparency</li> <li>• Program Evaluation is conducted annually with families, residents, staff, volunteers and Board input</li> <li>• Families and residents and volunteers and staff feel a part of the team, part of goal</li> </ul>

	<p>required programs: Complaints Mgmt, Satisfaction Survey, contracted Services, Infection Prevention and control, Nursing and Support Services Staffing Plan, Restraint, Responsive Behaviors, Palliative Care, Med. Mgmt, Medical Services, Prevention of Abuse, Dietary Services and Hydration, Staff Orientation and Training, and Quality Improvement Program</p>	<p>Residents.</p> <p>To maintain a formalized Performance Management System that incorporates elements related to quality, safety, risk, ethics and resource utilization.</p> <p>To utilize both process and outcome measures to evaluate organizational performance.</p> <p>Hold a one day event to review all programs and services – reporting on how our organization met goals and targets related to safety and care and other quality of life issues</p> <p>Invite residents, families, Board members, staff and volunteers to be a part of this</p>		<p>approved at the CQI and Specialized Care Team Meetings</p> <ul style="list-style-type: none"> <li>Statistics are posted for viewing by families and residents</li> <li>A record of quality improvement initiatives and outcome measures will be documented</li> <li>The results are also shared at the Annual Program Review Day – with residents, Board members, families, staff and volunteers present.</li> <li>Tenants – tracks satisfaction every two years.</li> <li>Assisted living Tenants (TNO) – tracks satisfaction twice a year.</li> </ul>	<p>planning and changes being made</p> <ul style="list-style-type: none"> <li>Being transparent on how we are or not achieving our goal in providing safe and quality care</li> <li>Opportunity to share and celebrate accomplishments, while discussing opportunities or improvement</li> </ul>
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RISK ASSESSMENT	Strong Community partnerships for supporting Behaviour Management	<p>Behavioral Support Ontario Project (BSO) and the new Therapeutic Recreation Program</p> <p>RGP program for training and support</p> <p>Utilize Hi Intensity Needs Funds</p> <p>Neurobehavioural Support Team and Geriatrician</p> <p>2023/4 – new BSO Program – mobile unit (FM lead home)</p>	CWOHT NLOT BSL RGP BSO TR Program	<p>Utilize Hi Intensity Needs Funds – 1:1 staffing to be provided as required</p> <p>Partner with RGP and Neurobehavioral Support Team to address resident responsive behaviours / challenges with family acceptance of behaviours etc</p> <p>RGP Training provided regularly on specific topics as required</p> <p>Refer to and utilize the in-house BSO TRs for support</p>	<ul style="list-style-type: none"> <li>• Behavioral training offered to staff by experts in the field</li> <li>• Community partnerships enhanced i.e. Neurobehavioural Support Nurses to work with staff to problem solve and come up with viable interventions to improve the situations and the quality of life of the Resident experiencing behavioural issues.</li> <li>• Reduced admissions to hospitals due to behaviours</li> <li>• Reduced incidents of resident to resident incidents – keeping residents safe</li> <li>• Staff feel supported through extra help for 1:1 residents</li> </ul>
RISK ASSESSMENT	Ensure education exists to support resident safety	<p>Fixing LTCA requirements</p> <p>End of Life Care Resources</p>	All staff Residents Tenants Education Coordinator	<ul style="list-style-type: none"> <li>• Training r/t respiratory management (if the program serves any persons who required respiratory management, including ventilatory assistance): For both Residents and Families</li> <li>• Advocacy education as needed: Families</li> </ul>	<ul style="list-style-type: none"> <li>• Comply with legislation</li> <li>• Residents and families will be well-informed</li> </ul>

				<ul style="list-style-type: none"><li>• Education and training included in workforce development activities: For staff</li><li>• New Hire and Mandatory training on all safety topics</li><li>• Resident Lift and Transfer Training</li><li>• Resident/Family Handbook – safety tips to educate</li></ul>	
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