

Fairview/Parkwood Mennonite Homes
Board AGENDA
February 28, 2019 5:30 pm, Parkwood Boardroom

Call to Order, Opening Remarks	Marion Good
Approval of Agenda	Marion Good
Devotions (next meeting Marion Good)	Ken Frey

Parkwood Mennonite Home

Minutes (January 24/19)	Marion Good
○ Resolution to approve	
Business Arising	Marion Good
Report from Leadership	Elaine Shantz
• CEO Report	
○ Resolution - CEO Report (1/19)	
○ LSAA – Resolution to authorize Board Chair to sign	
• Executive Director Key Performance Indicators	Lis Piccinin
○ Resolution – Executive Director Report (1/19)	
○ Operational Plan for Information Purposes	
• Budget Presentation	Brent Martin
○ Resolution – Budget Presentation	
• WWLHIN Patient Declaration of Values	Elaine Shantz
○ Resolution to adopt Values	
Resolution to Adjourn Parkwood Business	Marion Good

Fairview Mennonite Homes

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○ MSAA – Resolution to authorize Board Chair to sign	

- Executive Director Key Performance Indicators Elaine Shantz
 - Resolution – Executive Director Report (1/19)
 - Operational Plan for Information Purposes

- Budget Presentation Brent Martin
 - Resolution – Budget Presentation

- LSAA Elaine Shantz
 - Resolution to authorize Board Chair to sign

- WWLHIN Patient Declaration of Values Elaine Shantz
 - Resolution to adopt Values

- Resolution to Adjourn Fairview Business Marion Good

Joint Agenda

1. Spiritual Care Working Group Elaine Shantz

2. Annual Meeting/Annual Report Elaine Shantz

3. Policy Review Jennifer Krotz

4. Procurement Standing List Approvals Brent Martin
 - Resolution for approval

5. 2019 Dates to Remember:

Thursday, March 28 th	Board Meeting, Fairview
Thursday, April 25 th	Board Meeting, Parkwood
Thursday, May 23 rd	Board Meeting, Fairview
Wednesday, June 19 th	Annual General Meeting, Parkwood
Monday, June 24 th	Board Summer Event (venue TBC)

- Resolution to Adjourn Meeting Marion Good

- In camera session with CEO

- In camera session with Board

PARKWOOD MENNONITE HOMES

BOARD of DIRECTORS MEETING MINUTES # 2019 – 245

January 24, 2019

Present: Marion Good Fred Schiedel
Bob Shantz Jennifer Krotz
Ed Nowak John Shantz
Ken Frey Ruth Konrad
Nancy Mann

Staff: Elaine Shantz, Brent Martin, Barb Montague

A. NEAR TERM ISSUES AND REPORTING

1. Minutes of Meeting #2018-244

Revision: Record Nancy Mann as present.

Motion to approve the minutes of #2018-244 dated November 22, 2018 as amended was made by Fred Schiedel;
Seconded by Ed Nowak Carried.

2. Report from Leadership

CEO Report:

The CEO report was presented by Elaine Shantz.

The Architect will be looking at Parkwood regarding plans on how to increase care.

Elaine Shantz had a conversation with Jamie Schlegel where he indicated some ideas on what he thinks we can do with our land.

Motion to accept the CEO report was made by Ed Nowak;
Seconded by Jennifer Krotz Carried.

Executive Director Key Performance Indicator Report:

Parkwood's Key Performance Indicator Report was presented by Elaine Shantz.

Motion to accept the Executive Director report for December was made by Nancy Mann;
Seconded by Ken Frey Carried.

Financial Statements:

Brent Martin presented the Financial Statement.

Motion to accept the Financial Statement was made by Bob Shantz;
Seconded by Ruth Konrad Carried.

Motion to adjourn Parkwood business was made by Bob Shantz;
Seconded by John Shantz

Carried.

C. JOINT AGENDA

1. **Integrated Living Program Report (IALP)** Elaine Shantz

It was reported to the Board the IALP LHIN proposal, including financial implications was approved by the Board Executive.

The LHIN will submit to the Ministry of Health for approval.

2. **Leadership Support** Elaine Shantz

Sharing with the Broader Mennonite (faith based) Community

a) Conversation with Tri-County Homes

The Board gave approval to move forward with conversations and proceed in a collaborative way.

3. **Strategic Plan** Elaine Shantz

a) Motion to approve the Strategic Plan was made by Ken Frey; Seconded by Jennifer Krotz

Carried.

b) Presentation of Campus Operational Plans

The Executive Directors have completed their drafts;
Elaine Shantz requested deferral until February Board meeting.

4. **Spiritual Care Task Force** Elaine Shantz

A task force will be formed to develop the Strategic Plan objectives for Spiritual Care. A request was made to the Board members to reach out to Elaine if they are interested in joining the task force. The Board made suggestions for others who may wish to participate.

5. **Annual Meeting Event** Elaine Shantz

Discussion was held on how to increase attendance at the annual meeting. Suggestions included a theatre production No Longer Relevant? Change dinner to evening refreshments. Elaine Shantz will reach out to a theatre production group for their availability. Possible meeting date: June 12th or June 19th.

a) Annual Report:

Board agreed the traditional annual board report will no longer be created for the Board members; the Annual Meeting of the Corporation book will be provided to the Board and the church delegates; the monthly board minutes do not need to be included.

6. **Board Summer Event** Elaine Shantz

Barb Montague will send out an email poll for a date in June; venue to be confirmed.

7. **Committee Report – Policy and Ethics** Jennifer Krotz

Medical Assistance in dying was the topic of discussion at the recent committee meeting.

Jennifer Krotz advised there is now a policy on Sanctity of Life; the three options we have; 1) support completely, 2) maintain current policy, or 3) middle ground - not actively endorsed but referrals are given and resources in the community are utilized i.e. the LHIN.

Elaine will reach out to the LHIN for further information.

8. Nominating Committee Report

Nancy Mann

Nancy Mann advised there are not any anticipated board vacancies in June; Fred Schiedel and Nancy Mann will both renew.

9. Quality and Safety Committee Report

Elisabeth Piccinin and Steve Pawelko will be attending the meetings to present their quarterly KPI Reports, ensuring reporting will be the same for both homes.

Elaine Shantz advised that Barb Montague will set up individual folders for all Committee meeting minutes and reports.

Motion to adjourn the meeting at 9:45 p.m. made by Bob Shantz;
Seconded by Fred Schiedel

Carried.

In camera session with CEO

In camera session with Board

**Chief Executive Officer
Parkwood Mennonite Community
January 2019**

1. Community

Internal

Budget Meetings: CFO, Director Building Services and CEO spent time with each of the leadership teams to review and finalize a master staffing schedule; as well as a capital plan. A second meeting was held to review budgets and ensure in-put and buy-in. The meetings were long and arduous; however, outcome was positive, with a clear understanding of expectations for the coming year.

External

IC Funding Conference: attended by CFO, Director Building Services and CEO. Conference focused on Long Term Care (LTC) building initiatives with political updates. Politicians are still stating a commitment to 15,000 new LTC beds in the next 5 years and 30,000 in 10 years. No announcement has been forthcoming to date. The IC Funding team will be a resource if we begin a LTC building project in the future.

Tri County Meeting: Board Chair and CEO met with Tri County Board Chair and CEO to discuss Shared Services. Action required is development of an in-depth presentation for April Tri County Board meeting. This presentation (when complete) will be shared with Fairview/Parkwood Board in March.

Pharmacy RFP: received from three pharmacies; iPharm (small serve 800 residents); Remedy's Rx (medium serve 1900), and MediSyttem (large serve 40,000). Presentations will be held on February 26 for senior leadership team, Executive Directors and Directors of Care. The pharmacies will be evaluated on commitment to shared values, service, expertise, safety, vision and support for future opportunities, and financial commitment. All three pharmacies have provided an in-depth proposal and significant commitment.

Future of Health Care in WW LHIN: CEO attended two meetings with health care and community partners to discuss and anticipate pending Government announcements regarding changes to the health care system. LHIN CEO has been clear there will be a central structure in the form of a Super Agency for Health Care in Ontario. This will be like Alberta, Nova Scotia and Saskatchewan. It will have three prongs: 1) Health System Performance & Public Health; 2) Clinical Oversight and 3) Back Office. Clinical oversight will include Hospitals, LTC, Community Health Centres and Home Care. This is where Fairview and Parkwood will be situated.

The proposed merger is of massive scale. The predication is: 1) cost savings by streamlining back office services; 2) strategic clinical networks will remain (services that are not a good fit for consolidation, like services that require continuum of care service); 3) some regional governance will remain (local networks will be needed to remain responsive to patient needs).

The group is continuing to meet, with a commitment to be proactive when announcements are made.

2. Projects

Policy and Procedure

Increased efforts have been put into place to move this forward. Completed manuals are: Human Resources, Health and Safety and Emergency. In response to the RQI a concentrated focus has been placed on Nursing policies. These have been purchased from another senior living organization and will be customized for Fairview/Parkwood. In addition, Administration/Finance/Security table of contents has been constructed. It was determined there are many gaps in this area. This will be the next focus.

Information Technology

Email: Our service provider let us down over the past few months, causing considerable frustration across the organization. After considerable pressure on Execulink, Fairview and Parkwood are migrating to an updated version. Given the poor customer service during this time we are looking to change providers when our contract is due in April.

Cyber attack: A new server has been installed at Fairview and Parkwood. Back-up system is in place. Focus at this time is recovery of documents lost. CEO is in discussion with claims department to determine coverage and next steps.

Accounting System upgrade: As reported in December.

3. Committees

Building Meeting: Director Building, CFO, Executive Director, Director of Community and CEO met with Architect, Bob Dyck, to develop a refurbishing and enhancement plan. This will be presented to the Building Committee early March.

Quality and Safety Committee: Met in January. This meeting has been expanded to include the Executive Directors. This was a good opportunity for the EDs to present their indicators directly to Board members. It is anticipated this will give opportunity for EDs to be accountable for their community.

Kindness Committee: has been formed with 10 leaders from across the organization. The Kindness initiative, as per the Strategic Plan, decided to adopt the Olivia McIvor culture journey which will licence 20 kindness specialists; to include leaders, front line team, volunteer, resident and family representation. The culture journey is 3 years. A day to develop and finalize a plan has been set up late March.

Anniversary Event Committee: Met to review a dementia culture change education from the Research Institute for Aging. The Committee considered whether to use the \$80,000 raised for this education initiative. Decision was made not to move forward with the culture journey at this time. Further consideration will be given regarding use of the funds. In the meantime, funds will be held in reserve for a dementia initiative.

Spiritual Care Working Group: Plan to meet on April 2nd. An invitation is extended to all Board members who wish to attend. The invitation sent to participants is as follows:

Fairview and Parkwood, with the input from our internal and external community have developed a three-year strategic plan. This plan includes 5 overarching goals – Spirituality, Relationships, Communication, Sustainability, Innovation. The goal I am contacting you to discuss is Spirituality.

Define and develop a faith-based platform, setting the organization apart, using the solid foundation on which it was built, which will take Fairview and Parkwood into the future.

As a starting point, to achieve this goal, we have two objectives:

- 1. Develop a statement of faith clearly defining Fairview and Parkwood Communities “differentiator” as a faith-based organization*
- 2. Introduce a Director Spiritual Care and Culture leadership position – developing a job description.*

I would like to take this opportunity to invite you to be part of a task force to develop the two objectives. Your expertise, wisdom and experience in the Mennonite Community would add significant value to our conversation.

The group will consist of leadership team members, current Directors Spiritual Care, a resident, two Board members and two pastors. It will be a working group. The commitment will be one of time and sharing. Leadership team will provide follow-up support.

This is not an on-going commitment; I am hoping we can accomplish a great deal in a three-hour afternoon session. We will start with one 3-hour session. If possible, an afternoon. Perhaps a follow-up session.

If you are willing to consider – we would value your participation. I am happy to chat further by phone as needed. I look forward to hearing from you. Elaine

Currently there are 15 participants.

Parallel with this Committee – Fairview participated in a consultation with Preston and Wanner Churches to determine future spiritual care partnerships (see attached preliminary findings). This document will be a consideration as we move forward.

4. Human Resources

Director Administration has been hired with a start date of November 2019. Cynthia Lacroix has been hired to provide research and project support to CEO until this position is filled.

5. Other

Ministry of Health Complaints and Critical Incident Inspection: Ministry completed an inspection due to a resident fall with fracture. There were 3 Compliance Orders issued and 4 Written Notifications. The Orders were regarding care plan, failure to use approved assistive devices and not following the falls policy. A corrective action plan will be developed.

Rubin Devlin Report: This report was initiated by the Premier’s office. The first report has been released. As summary of this report has been attached for your information. The report focuses on the ailments of the current health care system. A second report will be forthcoming with strategies. (See attached summary).

It is safe to say these are tumultuous times in health care. We are told a strategies and funding are forthcoming.

Long Term Care Service Accountability Agreement (L-SAA) with Health Service Provider (HSP)

Agreement is for Long Term Care for the term of April 1, 2019 and March 31, 2022

The agreement reflects and supports the commitment of the LHIN and the HSP to provide an integrated health system to improve the health of Ontarians better access to high quality Health services. In this context the LHIN will provide funding on the terms and conditions set out in the Agreement. The agreement is very similar to the previous 3-year agreement.

Resolution: Parkwood Mennonite Homes Board of Directors authorizes Marion Good Board Chair to make (sign) the declaration agreement on the Board's behalf.

Waterloo Wellington Patient Declaration Values (see attached)

As part of the L-SAA and M-SAA agreement Fairview Mennonite Homes is required to adopt the Values developed by the LHIN.

Resolution: Parkwood Mennonite Homes adopts the Waterloo Wellington Patient Values as presented.

Board Report

Rubin Devlin Report on Health Care

Premier's Council on Improving Health Care and Hallway Medicine released first report; NDP leaked draft legislation on system change

Last week the Premier's Council released their summary of what ails the health care system. This report is attached. The report does not include strategies but says these will come in the next report in the spring. The report looks at overall system issues, and mentions long-term care in the context of these themes. Highlights are provided below.

- Hallway health care is measured by counting the number of people waiting for a hospital bed overnight in an unconventional space or emergency department stretcher. That captures the volume – or size – of the problem, but there are more things going on throughout the system that are connected to hallway health care, like **wait times for long-term care homes**, that also contribute to how well the system works.
- The concern is that on any given day in the province, there are at least 1,000 patients receiving health care in the hallways of our hospitals...waiting too long for health care isn't just a problem in hospitals; wait times are also longer than they should be in other parts of the health care system. For example, the median **wait time for long-term care home placement** in Ontario in fiscal year 2017/18 was 146 days...and this can vary significantly depending on where you happen to reside in Ontario.
- The health care needs of Ontarians are different than they were even a generation before, and this is contributing to the problem of hallway health care. One example of how patient profiles **and health care needs are shifting is among residents in long-term care homes**. These patients have changed in recent years, in ways that make caring for them more complex. The typical long-term care home resident in the province is over the age of 85, has chronic health care conditions – like diabetes, high blood pressure, heart or circulatory diseases, and dementia – and generally needs extensive help with personal care. Taken together, these conditions are expected to put significant strain on health care resources.
- Between 2008 and 2038, dementia will cost Ontario close to \$325 billion. This includes health care and other costs, including lost wages, or out-of-pocket expenses by people with dementia or their care partners. **Approximately 64% of residents in long-term care homes have dementia. Some long-term care homes cannot care for additional residents with dementia since** the numbers are already so high – which can delay admission and cause additional strain on families looking for support.
- Capacity pressures are also contributing to the problem of hallway health care in Ontario. There are several causes to the capacity challenge: Ontario may not have the appropriate number of hospital, or **long-term care beds to meet the health needs of the population**; there is insufficient capacity in community care systems – like home care and mental health and addictions care – to prevent people from needing to go to hospital and to enable them to return home from hospital quickly; and the province is not using the beds across the system as effectively as possible.
- Another area where we can see the direct impact of capacity pressures is in **how difficult it can be to find space in long-term care homes**. The largest proportion of cumulative ALC days (province-wide), are currently attributed to patients waiting to be discharged to long-term care (59%). This means that people are **waiting too long in hospitals before moving to an open bed in a long-term care home**. This is in part due to the fact that long-term care homes are currently at

98% capacity, with roughly 78,910 residents in 627 long-term care homes across the province, and also because community supports are not expanding fast enough. For example, a 2017 Canadian Institute for Health Information report found that in Canada more than 20% of seniors admitted to residential care could remain at home with appropriate supports; furthermore, seniors assessed in hospital are substantially more likely to be admitted to residential care than those assessed in the community. The mismatch of capacity, demand, and use of services is one of the main pressure points facing the health care system, contributing to hallway health care.

- [Following a discussion on hospital bed rates]: The projections are more concerning for the long-term care bed rate, which is projected to decline from 72 beds per 1,000 people aged 75 or older to 29 beds per 1,000 people aged 75 or older by 2041. This is a total decline in the long-term care bed rate of about 60%, or the equivalent of 48,000 bed closures by 2041 if nothing is done.
- Simply adding more [hospital or long-term care] beds to the system will not solve the problem of hallway health care. For example, community mental health and addictions services, as well as community rehabilitation services, are two areas where additional access to services could help relieve some of the pressures causing hallway health care

The NDP leaked potential draft legislation that would create a new health care “super agency” in the province, suggesting the LHINs and agencies such as Cancer Care Ontario and Health Quality Ontario would be encompassed in this Super Agency. In the absence of clear information, there is a great deal of speculation about what is in store. It will be a confusing time until the government provides actual direction, and implications become clear for senior care.

Fairview and Parkwood action to date:

The sub region LHIN table attended by CEO and Director of Community has formed a small advisory group. CEO has been invited to attend. This group is Patrick Gaskin CEO Cambridge Memorial Hospital (representing hospital), Bill Davidson LANGs (representing community) and Elaine Shantz CEO Fairview (representing seniors). The intention is to stay in touch with further government actions, ensuring we are positioned to respond as needed.

This group has been informed the government will put out their action plan by the end of February.

Long Term Care beds: We still do not know when the next call for beds will be forthcoming. In order to prepare we have identified 3 areas of consideration for Fairview:

1) Francophone (ongoing participation in working group). We are preparing to offer a bilingual home area of 21 residents – 7 of them will be offered to Francophone. At this time we are working closely with the LHIN, provincial and federal government Francophone bodies.

2) Dementia – currently there is not a specialized behavior home area in Waterloo Wellington LHIN. Potentially we could off this; however, it does come with challenges.

3) ALC (Acute, Complex, Continuing Care) – when a person is occupying a hospital bed and no longer needs the intense care hospital can provide. Meeting is set up with CEO and Patrick Gaskin CEO of Cambridge Hospital to determine a potential partnership.

The Ministry has clearly stated adding more LTC beds is not enough – they need to be specialized. This time of limbo is being used to prepare.

2018 Monthly - Parkwood Executive Director Board Report

RETIREMENT SUITES

Indicators	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD Avg.	YTD Total
# Monthly Occupancy Suites (77)	7	4	4	2	2	4	4	4	8	5			4.4	44.0
# Monthly Occupancy GH (18)	0	0	0	0	0	0	0	0	0	0			0.0	0.0
# Admissions	1	3	2	2	3	1	2	3	2	6			2.5	25.0
# Code Training	1	2	0	0	0	0	0	1	0	1			0.5	5.0
# Complaints (Resident)	0	0	0	0	0	0	0	0	0	0			0.0	0.0
# Discharges / Deaths	2	1	1	0	3	5	3	2	4	4			2.5	25.0
# Employee Complaints	0	0	0	0	0	0	0	0	0	0			0.0	0.0
# Expenditures over \$25,000	0	0	0	0	0	0	0	0	0	0			0.0	0.0
# Fire Drills	3	3	3	3	3	3	3	3	3	5			3.2	32.0
# Legislative Inspections	0	0	0	0	0	2	0	0	1	0	1		0.4	4.0
# Mandatory Reporting	0	0	0	0	0	0	0	0	0	0			0.0	0.0
# New Hires	4	2	3	3	2	0	0	1	1	1			1.7	17.0
# Non-Compliance	0	0	0	0	0	0	0	0	0	0			0.0	0.0
# Terminations	1	3	1	1	0	4	0	2	0	1			1.3	13.0

MONTH Narrative - Jan. '19

Month End Occupancy Suites

Month End Occupancy GH

Admissions

Code Training (name codes) Loss of Essential Services code was reviewed

Complaints (Resident)

Discharges / Deaths 2 LTC (one PMH); one FMH AL; one deceased

Employee Complaints

Expenditures over \$25,000

Fire Drills 3 regular drills and 2 false smoke alarms (recreation baking cookies; resident over baked muffin in microwave)

Legislative Inspections

Mandatory Reporting

New Hires last master line filled

Non-Compliance

Terminations Casual who was not available

Successes/Challenges/Events

Success Applied for 3 Canada Summer Jobs Grants; completed reupholstery of 50 diningroom chair seats; going green by replacing all plastic condiment dishes in diningroom with ceramic ramkins; celebrated a staff 5 yr anniversary; 7 performance reviews completed; 4 RN students from Conestoga College started Mondays until April; Public Health student started working in Wellness Centre and with recreation; Pastoral Student started with pastor Bev and he is providing programs in Suites

Challenge Having difficulty recruiting a new physician to cover when Dr. Wismer retires the end of March. Director juggled assisting with recreation programs due to shortage of staff (family emergency leave);

Events Started Chair Yoga program in partnership with City of Waterloo; Successful guest speaker on Tax issues for Seniors held; Director met with LHIN case manager for Suites & another new Care Partners homecare manager; Director participated in Memorial Service; Director attended quarterly RH meeting with LHIN making a connection for Parkwood CEO and LHIN looking into discussing future of RH and changing clientelle in Waterloo Region

2018 Monthly - Parkwood Executive Director Board Report

LONG TERM CARE

Indicators	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD Avg.	YTD Total
% Monthly Occupancy	99	98	99	98	99	99	99	98	98	97			98.4	
# Admissions	2	6	2	4	6	2	2	5	2	4			3.5	35.0
# Code Training	2	1	1	1	1	2	0	2	3	3			1.6	16.0
# Complaints (Resident)	0	0	1	0	1	0	1	0	1	0			0.4	4.0
# Critical Incidents	0	0	1	0	0	0	2	1	0	1			0.5	5.0
# Discharges / Deaths	3	5	3	4	5	3	5	2	4	6			4.0	40.0
# Employee Complaints	0	0	0	1	0	0	0	1	0	1			0.3	3.0
# Expenditures over \$25,000	1	0	0	0	0	0	0	0	0	0			0.1	1.0
# Fire Drills	3	3	0	2	3	3	3	3	3	3			2.6	26.0
# Legislative Inspections	0	1	0	0	0	2	0	2	1	1			0.7	7.0
# New Hires	4	6	2	1	4	1	4	4	1	2			2.9	29.0
# Non-Compliance	0	3	0	0	0	0	0	0	0	0			0.3	3.0
# Terminations	2	2	2	3	1	1	4	1	0	4			2.0	20.0

MONTH Narrative - Jan. '19

Occupancy rate remains high. Some concerns with how quickly we can fill our beds through CCAC. Taking a long time to fill when we have increased numbers of vacant beds. Refused one resident d/t outstanding balance owing to FMH (\$14,000). Letter sent that we would reconsider when amount owing is paid. CCAC unhappy with letter, forwarded it to Compliance. Have not heard from Compliance yet.

% Monthly Occupancy

Admissions From Community and RH.

Code Training (name codes) Code White, Code Blue and Loss of Hydro - all actuals done this month.

Complaints (Resident)

Critical Incidents Fall with injury, sent to hospital with fracture.

Discharges / Deaths Increased number of deaths

Employee Complaints Unable to accommodate 1 employees medical condition, meeting booked with Union Manager for February.

Expenditures over \$25,000

Fire Drills All shifts completed.

Legislative Inspections Public Health came and inspected LTC on Jan 31st - everything is in compliance, however she has requested some repairs to the walls in the dishroom (to prevent a non-compliance). MoH Compliance inspector was here to complete 6 critical incidents and 1 family complaint. Arrived on January 21-24th and again on the 25th and called for information several times on the 22nd and 23rd.

New Hires

Non-Compliance

Terminations

Successes/Challenges/Events

Success: Recruited an attending Physician to cover Weber Woods (Dr. Alex Kolbasnik) - affiliation with McMaster Medical School and University Gates. Dr. Grant continues to cover Bauman Homestead and Snyder's Corner. Ann Jose has returned from her Mat Leave and has started orientation as the Director of Care. JoAnn Guererro will be transitioning to the Clinical Coordinator role.

Challenge
Events

1) Difficulty recruiting PSW. Working on advertising through indeed and changing communication from phone to text messages. Many unfilled shifts noted. Increase in bathshift coverage has helped in managing the empty lines. 2) An RPN is on WSIB d/t an altercation with a resident - injuring shoulder. Delay in receiving physiotherapy Tx, remains on modified duties. 3) Audit of MDM form completions showed a number of staff that have not filled out their benefit forms. Completed forms and reviewed process with hiring managers. 4) One family is struggling to pay resident's accommodation bill. Will be 6 weeks in arrears (2 weeks in January and the month of February...will start monthly payment in March). Daughters are in the process of obtaining POA papers.

Parkwood Monthly - Key Performance Indicators Definitions

Index

Long Term Care Residents	96	Employees	146
Retirement Suites Tenants	78	Employees	48
Garden Home	18	Employees	0

Occupancy / Vacant - Long Term Care

% of vacant Long Term Care from Point click Care report

Occupancy / Vacant - Retirement Suites

of vacant suites at month end

Occupancy / Vacant - Garden Homes

Vacant Garden Homes at month end

Admissions

of new admissions for the current month

Code Training

of emergency training completed each month

Code description to be noted in narrative

All nine (9) Codes to be completed annually

- 1) **Red** – Fire
- 2) **Green** - Evacuation
- 3) **White** - Violent Resident
- 4) **Yellow** – Missing
- 5) **Grey** – Air Quality
- 6) **Orange** – External
- 7) **Purple** – Intruder / Hostage
- 8) **Black** – Bomb
- 9) **Blue** – Medical Emergency

Complaint(s)

Complaint which has been reported to the CEO or Board of Directors

Complaint which has been reported to the Ministry of Health (MoH) or Retirement Home Regulatory Authority (RHRA)

Critical Incident(s) Long Term Care (LTC)

Definitions of the following are detailed in Critical Incident System (CIS)

Narrative to include detailed description of each incident

1) Mandatory Reports to Ministry of Health

- a. *Misuse/misappropriation of resident's money*
- b. *Unlawful conduct that resulted in harm/risk to resident*
- c. *Abuse/neglect*
- d. *Misuse/misappropriation of funding provided to a licensee*

2) Unexpected Death

3) Disease Outbreak

4) Incident causing injury to resident where resident is transferred to hospital

5) Medication incident/adverse drug reaction

6) Emergency

7) Environmental Hazard

8) Missing Resident

9) Controlled substance missing

Parkwood Monthly - Key Performance Indicators Definitions

10) Contamination of drinking water supply

Discharges / Deaths

of residents who have died

of residents discharged from the home

Narrative to include the reason for discharge

Employee Grievances / Complaints

of employee grievances or written complaints that have not been resolved in 30 days

Grievances / Complaints to be recorded each month until resolution has been reached

Narrative to include grievances proceeding to arbitration

Expenditure over \$25,000

of capital expenditures; approved as part of budget or due to unexpected breakdown/emergency over \$25,000

Narrative to differentiate between planned and emergency

Fire Drills

Fire Drills: Number of fire drills completed per month. Legislative requirements include:

1) Three (3) monthly in Long Term Care

2) Two (2) monthly in Retirement Home

3) One (1) annually in Independent Living

Legislative Inspection

of inspections completed from a governing body

1) Ministry of Health - a) Resident Quality Inspection (RQI); b) Critical Incident; c) Complaint

2) Ministry of Labour

3) Public Health

4) Fire Department Annual

5) Commission on Accreditation of Rehabilitation Facilities (CARF)

Mandatory Reporting Retirement Home (RH)

Incidents under the Act reportable immediately to RHRA that cause harm, or risk of harm to a resident resulting from:

1) Improper or incompetent treatment or care

2) Abuse by anyone

3) Neglect by the licensee or staff

4) Unlawful conduct

5) Misuse or misappropriations of resident's money

New Hires

of new hires each month

Non Compliance

of standards not in compliance. This would include Written Notifications, Voluntary Plans of Corrective Action; Compliance Orders issued from a legislative body. Narrative to describe type of notification.

Terminations

Employees terminated by payroll in the month. This will include resignations and supervisor termination. To be defined in narrative.

The formula for YTD AVG in row 4, column K is:

```
=IF(COUNT(B4:J4)>0, AVERAGE(B4:J4), 0)
```

This statement checks whether there are entries in the row, and, if there are, finds the average and puts it in this spot. If there isn't, it puts in 0.

The formula for YTD Total in row 4, column L is:

```
=SUM(B4:J4)
```

Then, drag down to place the formula in each row and column

The average rounds to the nearest whole number and updates as new entries are added.

Although we don't have to, we might want to consider showing one decimal place in the average column so we can see a bit more detail.

APPENDIX A – Parkwood Mennonite Home - Departmental Operational Plan

Commit to home specific objectives; contributing to the organization’s overarching strategic direction.

Objectives	Action Plan	Lead	Date	Measurement
Participate in organization wide committees to develop and embrace consistent practices across the two campuses.	Committees: 1) Building @ Parkwood 2) Dementia 3) Kindness 4) CEO Communication 5) Spiritual Care 6) Fundraising 7) Nursing Management – FMH and PMH 8) Retirement Home – FMH and PMH 9) Dietary – FMH and PMH	Elisabeth Piccinin JoAnn Guerrero Jennifer King Glen Caswell Laura Gorman SLT Ann / Penny Tiffany / Christine Stacey / Sylvia	February 2019 February 2019 February 2019 March 2019 Summer of 2019 April 2019 February 2019 June 2019	Quarterly meeting with minutes. Develop goals and timelines to review and update best practices, policies, education sessions, evaluation templates.
Sustainability – look for available grants and dollars available to increase value added programming for residents, families and staff.	1) Develop an annual template for those grants that repeat. – summer students, SALC and Accessibility Funding 2) Add annual template to Policy Manager, under Reports 3) Maximize NGG and LCI funding opportunities 4) Assist in developing role / expertise in grant writing within the organization	Elisabeth Piccinin Tiffany Wurdell Ann Jose Cynthia	Track January to December 2019	# of grants applied # of dollars available # of successful grants # of shovel ready projects on the go
Sustainability – review contracts every 2 years and review for any value added options	1) Develop a process to review all contracts with a template that addresses a priority areas to review and confirm, this will be organization wide and available in Administration Manual 2) Develop an RFP process / template to be	Brent Martin Elisabeth Piccinin Jennifer King	January 2019 – December 2020 (one complete two year term)	# of contracts reviewed -look at cost savings across both organizations with combined contracts

Objectives	Action Plan	Lead	Date	Measurement
	used for new contracts 3) Develop a cost benefit tool to determine if beneficial to switch provider 4) Track improvements or success			# of value added options
Sustainability – Green Friendly Opportunities	1) Look at ways of reducing global foot print 2) Look at ways of to reduce, reuse and recycle 3) Implement 1 – 2 new processes to become green friendlier 4) Review annually and new green friendly opportunities that would benefit the organizations	Elisabeth Piccinin Jennifer King Chris Brissette	April 2019 April 2020 April 2021	# of changes implemented -cost savings achieved -options reviewed and not implemented -options reviewed and determined as future opportunities
Sustainability – Streamline Processes	1) Review admission process – consider preadmission changes (discuss with FMH Sharon and Dale) 2) Review change in condition process 3) Review transfer to hospital process 4) Review electronic vs. paper or duplication	Nurse Leadership Ann Jose JoAnne Guerrero Glen Caswell Lyndsay Garcia	September 2019	-reduction in time spent on admission process (day 1 and with financial agreement) -increase family satisfaction with process -develop template on PCC for annual reviews and change in condition
Innovation – Improve Human Resource Management	1) Work with FMH 2) Look at Recruitment Marketing- how can we best attract talented individuals using marketing methods and tactics 3) Employer Branding as a great place to	Steve Pawelko Elisabeth Piccinin Stella Ruza Joanne Gentile Glen Caswell	February 2019	-decrease in short shifts -decrease In overtime -decrease in

Objectives	Action Plan	Lead	Date	Measurement
	<p>work</p> <ol style="list-style-type: none"> 4) Improve inbound recruitment and proactively and continually attract candidates with the goal to make them choose PMH as their employer #1 employer 5) Providing a positive candidate experience with current, past and future candidate. Always put your best foot forward and f/u with any concerns and terminations 6) Consider implementing an employee referral process 7) Review stats on past hiring process: how long did they stay, did we make a good assessment and hiring choice. 	Tiffany Wurdell		<p>turnover rate</p> <ul style="list-style-type: none"> -improved staff satisfaction -improved retention rates of new and senior staff -develop tracking template -# of exit interviews completed -education and implementation of best practices in HR recruiting and retention
Innovation – Implement all aspects of the Best Practices HQO standards (LHIN request)	<ol style="list-style-type: none"> 1) Start with 2-3 priority areas as assessed and determined through Professional Advisory Committee 2) Implement all aspects – including education, assessment, treatment, resident and family education 	Nurse Managers	April 2019 April 2020 April 2021	<ul style="list-style-type: none"> -Compare with available resources and recommendations from HQO # of priority areas fully implemented
Innovation – Develop or source educational material that best meets the needs of PMH, staff and residents	<ol style="list-style-type: none"> 1) Excellence in Resident Care 2) Palliative Care 3) GPA/PIECES/Dementia training 4) Pain Management 5) Occupational Health and Safety 6) IDDIS implementation 	Nurse Managers Stacey /Eileen Jennifer King	Develop annual educational calendar to schedule and implement education sessions efficiently	<ul style="list-style-type: none"> -Compare calendar with actual sessions attended -evaluation of education provided -determine what education sessions are requested through annual satisfaction surveys

Objectives	Action Plan	Lead	Date	Measurement
Relationship – Implement a preventative approach to mental health programs in LTC	<ol style="list-style-type: none"> 1) Network with BSO and NLOT group and support the addition of mental health specialist supports for LTC 2) Reinitiate BSO team at PMH – develop a strong, knowledgeable team (RPN, PSW and Program staff) 	JoAnn Guerrero BSO Team	June 2018	Review submission measurements for BSO Program
Relationship- Implement RNAO Resident and Family Centered Care	<ol style="list-style-type: none"> 1) Change culture /language used in the Home 2) Ask the question “what would you like to do today” 3) Provide mentoring for flexible care 4) Implement RNAO best practices 5) Kindness Program 6) Palliative CFHI program 	Nurse Management Ann Jose Justyna Zmuda Lyndsay Garcia Glen Caswell	April 2019-April 2020	-Audits -Standard Measures for CFHI program -# of educational events -improved staff and resident satisfaction results
Relationship – support 3 community not for profit organizations in fundraising event	<ol style="list-style-type: none"> 1) Big Bike – Heart and Stroke 2) Back to School Back Pack 3) Breast Cancer 	Jennifer King	June 2019 September 2019 May 2019	-funds raised -positive media coverage -article in newsletter
Spiritual – Multicultural Opportunities	<ol style="list-style-type: none"> 1) Look at adding Google Translate on iphones 2) Increase use of translation cards 3) Add to admission process – which cultural practices are important to you 	Jennifer King Director of Spiritual Care	September 2019	-improvement in staff / family satisfaction survey -improved communications between staff and resident -# of cultural events /practices that we offer at PMH

Objectives	Action Plan	Lead	Date	Measurement



WATERLOO WELLINGTON PATIENT DECLARATION OF VALUES

You can expect your health care to include:



PATIENT-CENTRED CARE

- That understands that you are a whole person,
- Treats you with compassion and respect, and
- Includes your family and support system in your care.



A PARTNERSHIP WITH YOUR CARE PROVIDER

- That shares responsibility and accountability with you,
- Provides care and support to achieve your health goals, and
- Considers all your health needs, connecting you to health and community services.



COMMUNICATION

- That allows you to be heard in a safe and caring environment,
- Provides clear health information that you can understand, and
- Shares open and transparent information with you and your care teams.



EQUITABLE CARE

- That puts your needs first regardless of your situation,
- Eliminates barriers to receiving timely and safe services, and
- Is free of prejudice, stigma and judgment.



CONTINUOUS IMPROVEMENT IN HEALTH CARE

- That provides you with access to the best quality of care,
 - Increases access to new innovative technology and treatments, and
 - Contributes to your confidence and trust in the health system.
- 

FAIRVIEW MENNONITE HOMES

BOARD of DIRECTORS MEETING MINUTES # 2019 – 560

January 24, 2019

Present: Marion Good Fred Schiedel
Bob Shantz Jennifer Krotz
Ed Nowak John Shantz
Ken Frey Ruth Konrad
Nancy Mann

Staff: Elaine Shantz, Brent Martin, Barb Montague, Steve Pawelko

A. CONTEXT OF THE MEETING

1. Call to Order, Opening Remarks
Marion Good called the meeting to order at 6:25 pm.
2. Agenda was approved by consensus as distributed.
3. Devotions:
John Shantz read scripture based around team work; 'We believe in each other'.
Quote: 'Great leaders don't set out to be a leader...they set out to make a difference.'

B. NEAR TERM ISSUES AND REPORTING

1. **Minutes of Meeting #2018-559**

Revision: Record Nancy Mann as present.

Motion to approve the minutes of #2018-559 dated November 22, 2018 as amended was made by Bob Shantz;

Seconded by John Shantz

Carried.

4. **Report from Leadership**

CEO Report:

The CEO report was presented by Elaine Shantz.

Elaine advised the building committee met with the architect and are now looking at moving forward with certain areas of recommendation.

Fairview has received the hard copy of the RQI; Elaine advised that although they weren't pleased with the results, they will be moving forward to fix.

Motion to accept the CEO report for November and December 2018 was made by Fred Schiedel;

Seconded by Jennifer Krotz

Carried.

Executive Director Key Performance Indicator Report:

Steve Pawelko presented Fairview’s Key Performance Indicator Report.

Motion to accept the Executive Director report for December 2018 was made by John Shantz;

Seconded by Ed Nowak

Carried.

Financial Statements:

Brent Martin presented the Financial Statements.

Motion to accept the Financial Statement for December 2018 was made by Fred Schiedel;

Seconded by Nancy Mann

Carried.

Motion to adjourn Fairview’s meeting was made by John Shantz;

Seconded by Jennifer Krotz

Carried.

C. JOINT AGENDA

1. Integrated Living Program Report (IALP)

Elaine Shantz

It was reported to the Board the IALP LHIN proposal, including financial implications was approved by the Board Executive.

The LHIN will submit to the Ministry of Health for approval.

2. Leadership Support

Elaine Shantz

Sharing with the broader Mennonite (faith based) Community

a) Conversation with Tri-County Homes

The Board gave approval to move forward with conversations and proceed in a collaborative way.

3. Strategic Plan

Elaine Shantz

a) Motion to approve the Strategic Plan was made by Ken Frey;
Seconded by Jennifer Krotz

Carried.

b) Presentation of Campus Operational Plans

The Executive Directors have completed their drafts;

Elaine Shantz requested deferral until February Board meeting.

4. Spiritual Care Task Force

Elaine Shantz

A task force will be formed to develop the Strategic Plan objectives for Spiritual Care.

A request was made to the Board members to reach out to Elaine if they are interested in joining the task force. The Board made suggestions for others who may wish to participate.

5. Annual Meeting Event

Elaine Shantz

Discussion was held on how to increase attendance at the annual meeting. Suggestions included a theatre production No Longer Relevant? Change dinner to evening refreshments. Elaine Shantz will reach out to a theatre production group for their availability. Possible meeting date: June 12th or June 19th.

a) Annual Report:

Board agreed the traditional annual board report will no longer be created for the Board members; the Annual Meeting of the Corporation book will be provided to the Board and the church delegates; the monthly board minutes do not need to be included.

6. Board Summer Event

Elaine Shantz

Barb Montague will send out an email poll for a date in June; venue to be confirmed.

7. Committee Report – Policy and Ethics

Jennifer Krotz

Medical Assistance in dying was the topic of discussion at the recent committee meeting. Jennifer Krotz advised there is now a policy on Sanctity of Life; the three options we have; 1) support completely, 2) maintain current policy, or 3) middle ground - not actively endorsed but referrals are given and resources in the community are utilized i.e. the LHIN

Elaine will reach out to the LHIN for further information.

8. Nominating Committee Report

Nancy Mann

Nancy Mann advised there are not any anticipated board vacancies in June; Fred Schiedel and Nancy Mann will both renew.

9. Quality and Safety Committee Report

Elisabeth Piccinin and Steve Pawelko will be attending the meetings to present their quarterly KPI Reports, ensuring reporting will be the same for both homes.

Elaine Shantz advised that Barb Montague will set up individual folders for all Committee meeting minutes and reports.

**Chief Executive Officer
Fairview Mennonite Community
January 2019**

1.Community

Internal

Budget Meetings: CFO, Director Building Services and CEO spent time with each of the leadership teams to review and finalize a master staffing schedule; as well as a capital plan. A second meeting was held to review budgets and ensure in-put and buy-in. The meetings were long and arduous; however outcome was positive, with a clear understanding of expectations for the coming year.

Corrective Action: Fairview Executive Director (ED), nursing leadership team, nurse consultants and CEO met to develop corrective action plans for the Ministry of Health Resident Quality Inspection (RQI) results. Corrective action is moving forward with new policy, procedure and nursing schedule in Long Term Care. Education will be the next step. Early indicators suggest there will need to be a change in staff attitude. There is resistance, with a desire to do things "the way we always have".

External

IC Funding Conference: attended by CFO, Director Building Services and CEO. Conference focused on Long Term Care (LTC) building initiatives with political updates. Politicians are still stating a commitment to 15,000 new LTC beds in the next 5 years and 30,000 in 10 years. No announcement has been forthcoming to date. The IC Funding team will be a resource if we begin a LTC building project in the future.

Tri County Meeting: Board Chair and CEO met with Tri County Board Chair and CEO to discuss Shared Services. Action required is development of an in-depth presentation for April Tri County Board meeting. This presentation (when complete) will be shared with Fairview/Parkwood Board in March.

Pharmacy RFP: received from three pharmacies; iPharm (small serve 800 residents); Remedy's Rx (medium serve 1900), and MediSystem (large serve 40,000). Presentations will be held on February 26 for senior leadership team, Executive Directors and Directors of Care. The pharmacies will be evaluated on commitment to shared values, service, expertise, safety, vision and support for future opportunities, and financial commitment. All three pharmacies have provided an in-depth proposal and significant commitment.

Future of Health Care in Cambridge and North Dumphries: ED and CEO attended two meetings with health care and community partners to discuss and anticipate pending Government announcements regarding changes to the health care system. LHIN CEO has been clear there will be a central structure in the form of a Super Agency for Health Care in Ontario. This will be like Alberta, Nova Scotia and Saskatchewan. It will have three prongs: 1) Health System Performance & Public Health; 2) Clinical Oversight and 3) Back Office. Clinical oversight will include Hospitals, LTC, Community Health Centres and Home Care. This is where Fairview and Parkwood will be situated.

The proposed merger is of massive scale. The predication is: 1) cost savings by streamlining back office services; 2) strategic clinical networks will remain (services that are not a good fit for consolidation, like

services that require continuum of care service); 3) some regional governance will remain (local networks will be needed to remain responsive to patient needs).

The group is continuing to meet, with a commitment to be proactive when announcements are made.

Waterloo Wellington Francophone Working Group; held two meetings in January moving forward to develop the guide to integrate minority groups in LTC. Director Community and CEO continue to participate.

2. Projects

Policy and Procedure

Increased efforts have been put into place to move this forward. Completed manuals are: Human Resources, Health and Safety and Emergency. In response to the RQI a concentrated focus has been placed on Nursing policies. These have been purchased from another senior living organization and will be customized for Fairview/Parkwood. In addition, Administration/Finance/Security table of contents has been constructed. It was determined there are many gaps in this area. This will be the next focus.

Information Technology

Email: Our service provider let us down over the past few months, causing considerable frustration across the organization. After considerable pressure on Execulink, Fairview and Parkwood are migrating to an updated version. Given the poor customer service during this time we are looking to change providers when our contract is due in April.

Cyber attack: A new server has been installed at Fairview and Parkwood. Back-up system is in place. Focus at this time is recovery of documents lost. CEO is in discussion with claims department to determine coverage and next steps.

Accounting System upgrade: As reported in December.

3. Committees:

Building Meeting: Director Building, CFO, Executive Director, Director of Community and CEO met with Bob Dyck Architect to develop a refurbishing and enhancement plan. This will be presented to the Building Committee early March.

Quality and Safety Committee: Met in January. This meeting has been expanded to include the Executive Directors. This was a good opportunity for the EDs to present their indicators directly to Board members. It is anticipated this will give opportunity for EDs to be accountable for their community.

Kindness Committee: has been formed with 10 leaders from across the organization. The Kindness initiative, as per the Strategic Plan, decided to adopt the Olivia McIvor culture journey which will licence 20 kindness specialists; to include leaders, front line team, volunteer, resident and family representation. The culture journey is 3 years. A day to develop and finalize a plan has been set up late March.

Anniversary Event Committee: Met to review a dementia culture change education from the Research Institute for Aging. The Committee considered whether to use the \$80,000 raised for this education

initiative. Decision was made not to move forward with the culture journey at this time. Further consideration will be given regarding use of the funds. In the meantime, funds will be held in reserve for a dementia initiative.

Spiritual Care Working Group: Plan to meet on April 2nd. An invitation is extended to all Board members who wish to attend. The invitation sent to participants is as follows:

Fairview and Parkwood, with the input from our internal and external community have developed a three-year strategic plan. This plan includes 5 overarching goals – Spirituality, Relationships, Communication, Sustainability, Innovation. The goal I am contacting you to discuss is Spirituality.

Define and develop a faith-based platform, setting the organization apart, using the solid foundation on which it was built, which will take Fairview and Parkwood into the future.

As a starting point, to achieve this goal, we have two objectives:

- 1. Develop a statement of faith clearly defining Fairview and Parkwood Communities “differentiator” as a faith-based organization*
- 2. Introduce a Director Spiritual Care and Culture leadership position – developing a job description.*

I would like to take this opportunity to invite you to be part of a task force to develop the two objectives. Your expertise, wisdom and experience in the Mennonite Community would add significant value to our conversation.

The group will consist of leadership team members, current Directors Spiritual Care, a resident, two Board members and two pastors. It will be a working group. The commitment will be one of time and sharing. Leadership team will provide follow-up support.

This is not an on-going commitment; I am hoping we can accomplish a great deal in a three-hour afternoon session. We will start with one 3-hour session. If possible, an afternoon. Perhaps a follow-up session.

If you are willing to consider – we would value your participation. I am happy to chat further by phone as needed. I look forward to hearing from you. Elaine

Currently there are 15 participants.

Parallel with this Committee – Fairview participated in a consultation with Preston and Wanner Churches to determine future spiritual care partnerships (see attached preliminary findings). This document will be a consideration as we move forward.

4.Human Resources

Director Administration has been hired with a start date of November 2019. Cynthia Lacroix has been hired to provide research and project support to CEO until this position is filled.

5. Other

Rubin Devlin Report: This report was initiated by the Premier's office. The first report has been released. A summary of this report has been attached for your information. The report focuses on the ailments of the current health care system. A second report will be forthcoming with strategies. (See attached summary).

It is safe to say these are tumultuous times in health care. We are told a strategies and funding are forthcoming.

Long Term Care Service Accountability Agreement (L-SAA) with Health Service Provider (HSP)

Agreement is for Long Term Care for the term of April 1, 2019 and March 31, 2022

The agreement reflects and supports the commitment of the LHIN and the HSP to provide an integrated health system to improve the health of Ontarians better access to high quality Health services. In this context the LHIN will provide funding on the terms and conditions set out in the Agreement. The agreement is very similar to the previous 3-year agreement.

Resolution: Fairview Mennonite Homes Board of Directors authorizes Marion Good Board Chair to make (sign) the declaration agreement on the Board's behalf.

Multi Service Accountability Agreement (M-SAA) with Health Service Provider (HSP)

Agreement is for the Seniors Active Living Centre for the term of April 1, 2019 and March 31, 2022

The agreement reflects and supports the commitment of the LHIN and the HSP to provide an integrated health system to improve the health of Ontarians better access to high quality Health services. In this context the LHIN will provide funding on the terms and conditions set out in the Agreement. The agreement is very similar to the previous 3-year agreement.

Resolution: Fairview Mennonite Homes Board of Directors authorizes Marion Good Board Chair to make (sign) the declaration agreement on the Board's behalf.

Waterloo Wellington Patient Declaration Values (see attached)

As part of the L-SAA and M-SAA agreement Fairview Mennonite Homes is required to adopt the Values developed by the LHIN.

Resolution: Fairview Mennonite Homes adopts the Waterloo Wellington Patient Values as presented.

INTERIM REPORT

SUBMITTED TO: Preston Mennonite Church,
Wanner Mennonite Church, &
Fairview Mennonite Home

DATE: February 19, 2019

PREPARED BY: Betty Pries and Jessica Dyck
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INTERIM REPORT

Introduction

In November 2018, the Synergy Group, made up of members of Preston Mennonite Church (Preston), Wanner Mennonite Church (Wanner), and Fairview Mennonite Home (Fairview), met with Betty Pries of Credence and Co. (Credence) *to discuss the idea of the three groups remaining independent while sharing joint leadership in some fashion.* The three organizations subsequently contracted with Credence to facilitate a series of conversations regarding this idea. The following document outlines Credence's findings on this matter, following interviews with leaders of each of the three organizations.

Betty Pries and Jessica Dyck of Credence met with the Church Council of Wanner and Preston on January 24, 2019 and January 30, 2019 respectively, and with the Executive Director of Fairview on January 30, 2019. The following report is a summary of key themes that emerged from these conversations, questions that arose both during the conversations and when reflecting on the conversations, and emerging possibilities for consideration.

Background Information

Wanner and Preston are relatively near to one another; both are smaller congregations and both feel energized by various ministry initiatives. Both congregations are facing challenges associated with declining numbers. The two congregations occasionally engage in activities with one another. Fairview is near Preston; seniors from the Fairview community sometimes join the Preston congregation. Preston and Wanner each anticipate a leadership change in 1.5 years; Fairview has recently reviewed its strategy for spiritual care. All three bodies are interested in exploring how their ministry could be strengthened by sharing pastoral staff.

Strengths

The following strengths are identified with respect to the idea of shared ministry:

- The congregations of Preston and Wanner and Fairview Home share an Anabaptist/Mennonite tradition of faith.
- Wanner and Preston recognize that their anticipated leadership changes in 1.5 years creates a unique moment when a shared form of ministry might be possible, allowing each congregation to be strengthened.

- The possibility of Fairview’s participation in a shared leadership model could elevate these strengths as seniors’ ministry is central to both Fairview and each congregation.
- The physical proximity of the three groups allows shared leadership resources to be easily imagined.
- The conversation regarding a shared leadership model creates energy by inviting congregations to dream bigger together. In a sense, this process is ‘reverse engineering’ a larger church, where multiple staff can be hired according to their core skill sets. This holds exciting potential.

Challenges

Along with the strengths of this opportunity, several challenges present themselves.

- The congregations of Wanner and Preston have different cultures as seen in the congregations’ routines for planning Sunday morning worship, organizational structures, theological emphasis, and mission/visions. Each has worked to create a mission statement; each statement is good – but they are different. Some worry whether the congregations will be able to work effectively together across these differences to select leaders and/or whether shared leadership can effectively lead two distinct groups.
- Although Fairview is rooted in the Mennonite faith, some residents require spiritual care that may not align with the Mennonite tradition.
- Fairview is in the process of actively pursuing a full time Director of Spiritual Care and Culture, rather than a chaplain. This position is full-time, leaving the idea of shared ministry in question. Furthermore, Fairview’s timeline for filling this position is more accelerated than the timelines for Wanner and Preston.
- The available monies from Wanner and Preston for shared ministry positions is not yet clear. Fairview’s financial resources for spiritual care are being dedicated to the Director of Spiritual Care and Culture.

Additional Thoughts for Consideration

Pairings

- As congregations of relatively equal strength, Preston and Wanner are excellent conversation partners for this process. The outlier in this regard is Fairview whose needs are quite different from Preston and Wanner.

- There appears to be a natural pairing between Preston and Wanner (both are churches that, while different from one another, have similar needs). There is also precedence for this type of pairing in other settings.
- There appears also to be a natural pairing between Preston and Fairview (given the proximity and exiting affiliation of the two, a creative partnership could be imagined where Preston becomes a worshipping center of Fairview).

Fairview's Situation

- Fairview is differentiated from its peers by being attentive to its identity as a faith-based organization. As such, and as highlighted in its most recent strategic plan, Fairview is focusing resources on spiritual care for residents (many of whom are non-Mennonite and/or non-Christian). Specifically, Fairview is interested in hiring a Director for Spiritual Care and Culture.
- The focus on senior's ministry is an easy place to see the connection between Fairview and Wanner and Preston. Fairview also has a need for a facilitator of Sunday evening worship, Bible studies, hymn sings, and small group spiritual care.
- Fairview's needs and timeline have clarified themselves over the past several weeks putting Fairview at a somewhat different place than before. Specifically, Fairview's leader for Spiritual Care and Culture must be housed at Fairview for the position to be viable. While this might still work with Preston, it is more difficult to imagine Wanner in this scenario. As a result, a more difficult constellation emerges when the three institutions are brought together.

Congregational Direction

- Both Wanner and Preston would benefit from further conversation regarding where God is leading them. While Preston has the benefit of newcomers joining them from Fairview, Wanner does not have this natural source of new participants. Further, while Preston appears to align with a focus on serving seniors, Wanner does not appear as much at ease with this identity. Looking ten or more years into the future, each congregation faces significant further decline (though this may be less true for Preston if seniors becomes Preston's expressed mission). This suggests that the congregations will be served by the question: Do we want to live? If the answer to this is yes, the moment for creative thinking, dreaming and hard conversations is now.

- Both Wanner and Preston have decades of experience in planting, growing, and nurturing people and projects, and both congregations are at a fitting moment in time to turn to legacy thinking. As each looks ten years into the future what does each want to plant, grow, and nurture for that future congregation, and/or community? What implications does this suggest for the current membership? Mission/vision? Organizational structure?

Learning from other Shared Congregational Ministry Contexts

- The idea of shared ministry between congregations is less common in Mennonite churches but frequently seen in other denominations. In these places, shared ministry is often referred to as a 2-point or 3-point (or even 5-point) charge, based on the number of participating congregations.
- To pursue such an idea, Wanner and Preston would maintain their unique leadership councils while nonetheless developing a shared lay leadership structure to facilitate joint decision-making, as necessary.
- Having different congregational ways of being does not seem to be an impediment to shared ministry. Challenges do present themselves in the following areas: Learning to make hiring decisions together; jointly addressing ongoing employment questions; resisting us-them ways of thinking.

Constellation of Shared Pastoral Ministry

Wanner and Preston

Both Wanner and Preston are interested in pastoral leaders who can (a) lead effective Sunday morning worship (preaching, worship leading); and (b) provide pastoral care, especially to seniors. Both are also interested in hiring a leader who is gifted in mission. Additional interests include leadership with a focus on teaching/education, planning/administrative skills, nurturing the congregation, and leading each congregation with where to go next.

When imagining a partnership with Wanner and Preston, while there are many possible constellations of a pastoral team, a few options rise to the top of being more likely than the others.

- Three persons, not full time: one with significant gifts in the Sunday morning experience, one with significant gifts in pastoral care/senior's ministry, and one with significant gifts in mission.

- Two persons, both full time: one with significant gifts in the Sunday morning experience, the other with significant gifts in mission, and both with gifts in senior's ministry.

While this model assumes a partnership between Preston and Wanner, a goodwill relationship with Fairview remains possible.

Preston and Fairview

When imagining a partnership with Fairview and Preston, the following constellation could be possible:

- Preston becomes a worshipping center for Fairview; Fairview proceeds as planned with the Director for Spiritual Care and Culture; Preston's resources are pooled with Fairview to hire an additional pastoral leader to lead Sunday morning experience and engage in additional senior's ministry. This person would report to the Director of Spiritual Care and Culture and would work with a Preston's leadership council as an advisory body.

While this model assumes a partnership between Preston and Fairview, a goodwill relationship with Wanner remains possible.

Next Steps

This document is presented as a discussion document only. It is an interim report to support the conversation of the Synergy group on February 19, 2019, at which time the ideas in this report will be tested and refined. Further conversations with each of the congregations are planned for March 3, 2019.

Following the March 3 date, Credence will...

- develop an Assessment and Recommendations report;
- present the report to the Synergy Group (date to be determined);
- revise the report, as necessary;
- lead a meeting with and receive feedback from all interested parties (a single gathering with participants of both congregations and interested voices from Fairview) regarding the findings of the Assessment and Recommendations report; and
- revise the report, as necessary, and provide a final report to the Synergy Group to take to each respective congregation/ institution for decision-making.

Board Report

Rubin Devlin Report on Health Care

Premier's Council on Improving Health Care and Hallway Medicine released first report; NDP leaked draft legislation on system change

Last week the Premier's Council released their summary of what ails the health care system. This report is attached. The report does not include strategies but says these will come in the next report in the spring. The report looks at overall system issues, and mentions long-term care in the context of these themes. Highlights are provided below.

- Hallway health care is measured by counting the number of people waiting for a hospital bed overnight in an unconventional space or emergency department stretcher. That captures the volume – or size – of the problem, but there are more things going on throughout the system that are connected to hallway health care, like **wait times for long-term care homes**, that also contribute to how well the system works.
- The concern is that on any given day in the province, there are at least 1,000 patients receiving health care in the hallways of our hospitals...waiting too long for health care isn't just a problem in hospitals; wait times are also longer than they should be in other parts of the health care system. For example, the median **wait time for long-term care home placement** in Ontario in fiscal year 2017/18 was 146 days...and this can vary significantly depending on where you happen to reside in Ontario.
- The health care needs of Ontarians are different than they were even a generation before, and this is contributing to the problem of hallway health care. One example of how patient profiles **and health care needs are shifting is among residents in long-term care homes**. These patients have changed in recent years, in ways that make caring for them more complex. The typical long-term care home resident in the province is over the age of 85, has chronic health care conditions – like diabetes, high blood pressure, heart or circulatory diseases, and dementia – and generally needs extensive help with personal care. Taken together, these conditions are expected to put significant strain on health care resources.
- Between 2008 and 2038, dementia will cost Ontario close to \$325 billion. This includes health care and other costs, including lost wages, or out-of-pocket expenses by people with dementia or their care partners. **Approximately 64% of residents in long-term care homes have dementia. Some long-term care homes cannot care for additional residents with dementia since** the numbers are already so high – which can delay admission and cause additional strain on families looking for support.
- Capacity pressures are also contributing to the problem of hallway health care in Ontario. There are several causes to the capacity challenge: Ontario may not have the appropriate number of hospital, or **long-term care beds to meet the health needs of the population**; there is insufficient capacity in community care systems – like home care and mental health and addictions care – to prevent people from needing to go to hospital and to enable them to return home from hospital quickly; and the province is not using the beds across the system as effectively as possible.
- Another area where we can see the direct impact of capacity pressures is in **how difficult it can be to find space in long-term care homes**. The largest proportion of cumulative ALC days (province-wide), are currently attributed to patients waiting to be discharged to long-term care (59%). This means that people are **waiting too long in hospitals before moving to an open bed in a long-term care home**. This is in part due to the fact that long-term care homes are currently at

98% capacity, with roughly 78,910 residents in 627 long-term care homes across the province, and also because community supports are not expanding fast enough. For example, a 2017 Canadian Institute for Health Information report found that in Canada more than 20% of seniors admitted to residential care could remain at home with appropriate supports; furthermore, seniors assessed in hospital are substantially more likely to be admitted to residential care than those assessed in the community. The mismatch of capacity, demand, and use of services is one of the main pressure points facing the health care system, contributing to hallway health care.

- [Following a discussion on hospital bed rates]: The projections are more concerning for the long-term care bed rate, which is projected to decline from 72 beds per 1,000 people aged 75 or older to 29 beds per 1,000 people aged 75 or older by 2041. This is a total decline in the long-term care bed rate of about 60%, or the equivalent of 48,000 bed closures by 2041 if nothing is done.
- Simply adding more [hospital or long-term care] beds to the system will not solve the problem of hallway health care. For example, community mental health and addictions services, as well as community rehabilitation services, are two areas where additional access to services could help relieve some of the pressures causing hallway health care

The NDP leaked potential draft legislation that would create a new health care “super agency” in the province, suggesting the LHINs and agencies such as Cancer Care Ontario and Health Quality Ontario would be encompassed in this Super Agency. In the absence of clear information, there is a great deal of speculation about what is in store. It will be a confusing time until the government provides actual direction, and implications become clear for senior care.

Fairview and Parkwood action to date:

The sub region LHIN table attended by CEO and Director of Community has formed a small advisory group. CEO has been invited to attend. This group is Patrick Gaskin CEO Cambridge Memorial Hospital (representing hospital), Bill Davidson LANGs (representing community) and Elaine Shantz CEO Fairview (representing seniors). The intention is to stay in touch with further government actions, ensuring we are positioned to respond as needed.

This group has been informed the government will put out their action plan by the end of February.

Long Term Care beds: We still do not know when the next call for beds will be forthcoming. In order to prepare we have identified 3 areas of consideration for Fairview:

1) Francophone (ongoing participation in working group). We are preparing to offer a bilingual home area of 21 residents – 7 of them will be offered to Francophone. At this time we are working closely with the LHIN, provincial and federal government Francophone bodies.

2) Dementia – currently there is not a specialized behavior home area in Waterloo Wellington LHIN. Potentially we could off this; however, it does come with challenges.

3) ALC (Acute, Complex, Continuing Care) – when a person is occupying a hospital bed and no longer needs the intense care hospital can provide. Meeting is set up with CEO and Patrick Gaskin CEO of Cambridge Hospital to determine a potential partnership.

The Ministry has clearly stated adding more LTC beds is not enough – they need to be specialized. This time of limbo is being used to prepare.

2018 - 2019 Monthly - Fairview Executive Director Board Report

LONG TERM CARE

Indicators	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	YTD
													Avg.	Total
% Monthly Occupancy	98.5	98.8	98.7	98.2	99.7	98.0	98.5	100.0	100.0	98.8			98.9	
# Admissions	5	3	3	4	2	0	2	0	0	2			2.1	21.0
# Code Training	1	0	0	1	0	0	0	0	13	0			1.5	15.0
# Complaints (Resident)	0	0	0	0	0	0	2	3	0	3			0.8	8.0
# Critical Incidents	2	2	0	3	0	3	7	3	0	4			2.4	24.0
# Discharges / Deaths	3	3	4	4	0	1	3	0	0	2			2.0	20.0
# Employee Complaints	0	0	0	0	0	0	2	0	0	0			0.2	2.0
# Expenditures over \$25,000	1	0	0	0	0	0	0	0	0	0			0.1	1.0
# Fire Drills	3	0	1	3	3	1	3	3	3	3			2.3	23.0
# Legislative Inspections	0	0	0	0	0	0	1	1	0	0			0.2	2.0
# New Hires	6	4	2	2	3	2	4	4	4	4			3.5	35.0
# Non-Compliance	0	0	0	0	0	0	0	1	0	27			2.8	28.0
# Terminations	3	0	2	2	0	3	0	4	6	5			2.5	25.0

MONTH - January 2019

% Monthly Occupancy	98.77% - 32 lost time days - one bed in particular hard to fill, accepted, then refused 2 x. Empty Beds 18 and 16 days.
Admissions	2 - Both admissions on Jan 28, 2019
Code Training (name codes)	None
Complaints (Resident)	1 - length of time roommate in washroom, 2 - do not leave soaker pad on top of comforter, 3 - position in w/c at dining room table, compression socks, room is too cluttered.
Critical Incidents	2 resident abuse allegations, investigation completed ~ unfounded. 1 family concern care plan updated. 1 financial abuse.
Discharges / Deaths	2 Deaths - Jan 14 & 16
Employee Complaints	None
Expenditures over \$25,000	No
Fire Drills	Jan 30 all 3 Shifts
Legislative Inspections	None
New Hires	Hired 3 RPN's & 1 PSW, 2 Dietary
Non-Compliance	2018 RQI report received, 27 WN 14 VPC & 7 orders.
Terminations	1 RPN hired, worked 2 orientation shifts, not a good fit ~ terminated
Successes/Challenges/Events	
Success	Resident Satisfaction Survey results.
Challenge	PSW Recruitment - Staffing in general. Results of RQI
Events	

2018 - 2019 Monthly - Fairview Executive Director Board Report

APARTMENTS and RETIREMENT SUITES

Indicators	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD Avg.	YTD Total
# Monthly Occupancy - Suites	2	2	2	0	1	1	2	4	2	1			2	17.0
# Monthly Occupancy - Apt.	0	2	1	2	0	1	1	2	0	2			1	11.0
# Monthly Occupancy - Court	0	0	0	1	1	1	1	0	0	0			0	4.0
# Monthly Occupancy - School	1	1	1	1	0	0	2	1	3	4			1.4	14.0
# Monthly Occupancy - Villas	0	0	0	0	0	0	0	0	0	1			0	1.0
# Admissions	2	2	2	3	4	1	3	0	0	4			2.1	21.0
# Code Training	2	1	0	1	0	0	0	0	13	0			1.7	17.0
# Complaints (Resident)	0	0	0	0	0	0	1	0	1	5			0.7	7.0
# Discharges / Deaths	1	1	1	1	2	2	3	5	1	5			2.2	22.0
# Employee Complaints	0	0	0	0	0	0	0	0	0	0			0.0	0.0
# Expenditures over \$25,000	0	0	0	0	0	0	0	0	0	1			0.1	1.0
# Fire Drills	2	1	1	1	2	0	2	3	3	3			1.8	18.0
# Legislative Inspections	0	0	0	0	1	0	0	0	0	0			0.1	1.0
# Mandatory Reporting	0	0	0	0	0	0	0	0	0	0			0.0	0.0
# New Hires	0	2	0	0	0	0	0	0	1	0			0.3	3.0
# Non-Compliance	0	0	0	0	0	0	0	0	0	0			0.0	0.0
# Terminations	0	0	0	0	0	0	0	1	0	0			0.1	1.0

MONTH Narrative - January 2019

# Monthly Occupancy - Suites	3 Empty 316, 315, 104
# Monthly Occupancy - Apt.	
# Monthly Occupancy - Court	Full
# Monthly Occupancy - School	3 Empty 112, 210, 306
# Monthly Occupancy - Villas	1 Empty 843B - Moved to Suites
Admissions	4
Code Training (name codes)	0
# Complaints (Resident)	2 - Smell of Marijuana in Apartments, 3 - Cold apartments (wind blowing through new windows)
Discharges / Deaths	4 Discharges, 1 death.
Employee Complaints	0
Expenditures over \$25,000	1 - New Fire Pump at FA
Fire Drills	3 conducted on January 30th
Legislative Inspections	0
Mandatory Reporting	0
New Hires	0
Non-Compliance	0
Terminations	0
Successes/Challenges/Events	
Success	Shaw Cable installed in FS, FA & LTC, Lots of assessments set up for many January moves to FS
Challenge	Teaching residents how to use Shaw and making sure everyone was set-up. Lots of evening events, Choir Program, PSA Pot Luck, Tenant Banquet, Very busy Christmas / New Years Season.
Events	Tenant Banquet and Christmas Eve Service well attended and lots of positive reviews. Too many people at Christmas Snack - needs to be moved into Centre Dining Room. January Health Fair on the 25th was very successful, very well attended by community members.

2018 Monthly - Key Performance Indicators Definitions - Fairview Mennonite Home

Fairview Index

Long Term Care Residents	84	Employees	77
Retirement Suites	47	Employees	19
Shared		Employees	69
Apartments	141	Employees	0
PSA	56	Employees	0
Court	35	Employees	0
Villas	26	Employees	0

Note: There are 31 subsidized Fairview apartments and 16 Preston School apartments.

Occupancy / Vacant - Long Term Care

% of vacant Long Term Care from Point Click Care report

Occupancy / Vacant - Retirement Suites

of vacant suites at month end

Occupancy / Vacant - Retirement Apartments

of vacant apartments at month end

Occupancy / Vacant - Villas

of vacant villas at month end

Admissions

of new admissions for the current month

Code Training

of emergency training completed each month

Code description to be noted in narrative

All nine (9) Codes to be completed annually

- 1) **Red** – Fire
- 2) **Green** - Evacuation
- 3) **White** - Violent Person
- 4) **Yellow** – Missing Person
- 5) **Grey** – Air Quality
- 6) **Orange** – External / Loss of essential services
- 7) **Purple** – Intruder / Hostage
- 8) **Black** – Bomb
- 9) **Blue** – Medical Emergency

Complaint(s)

Complaint which has been reported to the CEO or Board of Directors

Complaint which has been reported to the Ministry of Health (MoH) or Retirement Home Regulatory Authority (RHRA)

Critical Incident(s) Long Term Care (LTC)

Definitions of the following are detailed in Critical Incident System (CIS)

Narrative to include detailed description of each incident

1) Mandatory Reports to Ministry of Health

- a. *Misuse/misappropriation of resident's money*
- b. *Unlawful conduct that resulted in harm/risk to resident*
- c. *Abuse/neglect*
- d. *Misuse/misappropriation of funding provided to a licensee*

2018 Monthly - Key Performance Indicators Definitions - Fairview Mennonite Home

- 2) Unexpected Death
- 3) Disease Outbreak
- 4) Incident causing injury to resident where resident is transferred to hospital
- 5) Medication incident/adverse drug reaction
- 6) Emergency
- 7) Environmental Hazard
- 8) Missing Resident
- 9) Controlled substance missing
- 10) Contamination of drinking water supply

Discharges / Deaths

of residents who have died

of residents discharged from the home. Narrative to include the reason for discharge

Employee Grievances / Complaints

of employee grievances or written complaints that has not been resolved in 30 days

Grievances / Complaints to be recorded each month until resolution have been reached

Narrative to include grievances proceeding to arbitration

Expenditure over \$25,000

of capital expenditures; approved as part of budget or due to unexpected breakdown/emergency over \$25,000

Narrative to differentiate between planned and emergency

Fire Drills

Fire Drills: Number of fire drills completed per month. Legislative requirements include:

- 1) Three (3) monthly in Long Term Care
- 2) Two (2) monthly in Retirement Home
- 3) One (1) annually in Independent Living

Legislative Inspection

of inspections completed from a governing body

- 1) Ministry of Health - a) Resident Quality Inspection (RQI); b) Critical Incident; c) Complaint
- 2) Ministry of Labour
- 3) Public Health
- 4) Fire Department Annual
- 5) Commission on Accreditation of Rehabilitation Facilities (CARF)

Mandatory Reporting Retirement Home (RH)

Incidents under the Act reportable immediately to RHRA that cause harm, or risk of harm to a resident resulting from:

- 1) Improper or incompetent treatment or care
- 2) Abuse by anyone
- 3) Neglect by the licensee or staff
- 4) Unlawful conduct
- 5) Misuse or misappropriations of resident's money

New Hires

of new hires each month

Non Compliance

of standards not in compliance. This would include Written Notifications, Voluntary Plans of Corrective Action; Compliance Orders issued from a legislative body. Narrative to describe type of notification.

Terminations

Employees terminated by payroll in the month. This will include resignations and supervisor termination. To be defined in narrative.

The formula for YTD AVG in row 4, column K is:

```
=IF(COUNT(B4:J4)>0, AVERAGE(B4:J4), 0)
```

This statement checks whether there are entries in the row, and, if there are, finds the average and puts it in this spot. If there isn't, it puts in 0.

The formula for YTD Total in row 4, column L is:

```
=SUM(B4:J4)
```

Then, drag down to place the formula in each row and column

The average rounds to the nearest whole number and updates as new entries are added.

Although we don't have to, we might want to consider showing one decimal place in the average column so we can see a bit more detail.

APPENDIX A – Fairview Mennonite Home - Department Operational Plan

Commit to home specific objectives; contributing to the organization’s overarching strategic direction.

Objectives	Action Plan	Lead	Date	Measurement
Compliance	<ul style="list-style-type: none"> • Ensure Nursing Home is in compliance with MOHLTC. • Ensure Retirement Home is in compliance with RHRA • Ensure all areas in compliance with Ministry of Labour 	Steve Pawelko Penny Fox Brenda Evans Sylvia Tsandelis Heidi Elliott Christine N	March 2019	Results of RQI not favourable – We will now draft/form an Action Plan and work to bring the LTC into compliance with the MOHLTC.
Building	<ul style="list-style-type: none"> • Updates, Furniture, fixtures and Equipment. • Carpets • Audit Inventory • Audit use of current space – plan for future use of space 	Steve Pawelko Penny Fox Heather Congdon Sarah Smith Brenda Evans Chris Brissette	June 2019 Ongoing throughout 2019. February 2019	New Director of Building Services will assist. Work with Bob Dyck
Growth	<ul style="list-style-type: none"> • New LTC Beds – if Awarded will be a huge growth opportunity for FMH 	Steve Pawelko Chris Brissette	Ongoing and throughout 2021/22	Be Awarded the beds, commence drawing, commence construction.
Communication	<ul style="list-style-type: none"> • Reassess and revise existing framework, evaluate & create process • Written Template – Resident • “Fairview TV” • Town Hall Meetings • Surveys 	Heather Congdon Christine Normandeau	March 2019 June 2019 Sept. 2019 Nov. 2019	Quarterly check-in to see progress. Success in all areas before the end of the year.

Objectives	Action Plan	Lead	Date	Measurement
	<ul style="list-style-type: none"> Website Self-Checking Web-based waitlist 			
Spirituality	<ul style="list-style-type: none"> Define Job Description for Director of Spiritual Care & Culture Develop statement & platform for faith based organization Engage all Stakeholders (Residents / tenants, community, staff, families, volunteers and church members End of Life Care 	Hilya Persaud Heather Congdon	March 2019 June 2019 June 2019	Completion of Job Description. Recruit the position. Survey all Stakeholders
Fundraising	<ul style="list-style-type: none"> Form Fundraising Committee – Involve all Stakeholder Groups Board Committee 	Board Members Karen Jolley Christine N	March 2019	Success – Also dependant on whether or not we are awarded new LTC Beds
Kindness	<ul style="list-style-type: none"> Creating culture of kindness Include all Stakeholders Develop Partnerships/access external resources 	Stephanie Silva Heidi Elliott	Ongoing and by year end	Be able to measure through satisfaction surveys of all Stakeholder Groups
Person Driven Care	<ul style="list-style-type: none"> Dignity, choice, spirituality, privacy, trust, physical and mental well-being Individualized, focused care plans Idea/Topic Box Assessing Care needs in Retirement Home. 	Penny Fox Sylvia Tsandelis Brenda Evans Hilya Persaud	Ongoing	Mandatory Training occurred on December 13 & 20, 2018. This has now set the stage for moving forward. – Back to the Basics.
Community	<ul style="list-style-type: none"> Engaging and becoming relevant as a part of the larger community Bring people in for: <ul style="list-style-type: none"> Volunteering Day Programs Clinic / Services New Partnerships 	Christine Normandeau Summer Montague	Ongoing	Continue to grow the Home of Choice in Cambridge. FMH has a great reputation so we need to grow this by involving the

Objectives	Action Plan	Lead	Date	Measurement
	<ul style="list-style-type: none"><li data-bbox="556 235 961 267">• Community Living Partnership			Community in all identified areas.



WATERLOO WELLINGTON PATIENT DECLARATION OF VALUES

You can expect your health care to include:



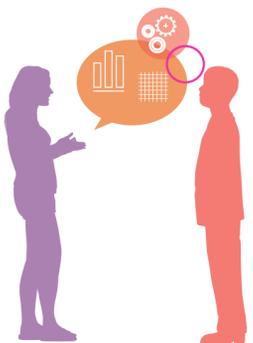
PATIENT-CENTRED CARE

- That understands that you are a whole person,
- Treats you with compassion and respect, and
- Includes your family and support system in your care.



A PARTNERSHIP WITH YOUR CARE PROVIDER

- That shares responsibility and accountability with you,
- Provides care and support to achieve your health goals, and
- Considers all your health needs, connecting you to health and community services.



COMMUNICATION

- That allows you to be heard in a safe and caring environment,
- Provides clear health information that you can understand, and
- Shares open and transparent information with you and your care teams.



EQUITABLE CARE

- That puts your needs first regardless of your situation,
- Eliminates barriers to receiving timely and safe services, and
- Is free of prejudice, stigma and judgment.



CONTINUOUS IMPROVEMENT IN HEALTH CARE

- That provides you with access to the best quality of care,
 - Increases access to new innovative technology and treatments, and
 - Contributes to your confidence and trust in the health system.
- 