

Provide exceptional care	Improve quality indicators	To improve home-level performance as measured by Health Quality Ontario	Daily physical restraints New Stage 2-4 pressure injuries Worse Stage 2-4 pressure injuries Has pain Worse mood without symptom of depression Antipsychotic without psychosis diagnosis Has fallen in last 30 days	0% 3.96% 6.42% 12.10% 65.45% 27.59% 18.55%	0% 3% 3% 4.9% 21.25% 20% 15.13%	Least restraint training for staff, families and residents Skin assessments to occur weekly to assess for new or worsening pressure injuries Pain assessments will be completed for all residents on analgesics Geriatric Depression Scale completed on admission and with change in condition Medication reviews with pharmacy, attending and nursing Review of current fall prevention strategies and a physiotherapy referral post fall	Administrator DOC ADOC DQI	Q4
Provide meaning, purpose and quality of life for our residents	Strengthen spiritual and activation programming	Provide meaningful activities and spiritual care that enhances quality of life	I like the activities in this home There are opportunities for me to participate in activities I have access to enjoyable things to do on weekends There are activities that support my religious beliefs	53.57% 57.14% 42.86% 67.86%	60% 60% 50% 70%	Provision of group activities that reflect resident choices	Administrator Programs Manager Chaplain	Q4
Provide meaning, purpose and quality of life for our residents	Strengthen spiritual and activation programming	Customized spiritual care plans to enhance resident quality of life	Number of care plans with spiritual care component	Collect baseline	Collect baseline	Identify the spiritual needs of each resident and include as part of a holistic plan of care	Chaplain	Q4
Provide meaning, purpose and quality of life for our residents	Maintain resident and family satisfaction	Improve on overall resident and family satisfaction with GHT	Percentage of families that would recommend GHT to others	37.50%	60%	Support effective resident and family councils	Administrator Leadership Team	Q4
Provide meaning, purpose and quality of life for our residents	Develop trusting relationships that empower of future residents and their families as well as current residents and their families	Effective communication between residents, families and care teams that builds trust and supports exceptional care	As a family I am aware of who to contact for initiating a concern/complaint As a resident I am aware of who to contact for initiating a concern/complaint I receive updates about my family member's health	35.35% 35.71% 29.41%	60% 60% 60%	Timely and transparent communication of new developments utilizing "Cliniconex" technology Improving clinical staff communications with substitute decision maker (SDM) to ensure timely and relevant information shared through targeted staff training in areas related to professionalism and care. Creation and distribution of family council brochure in admission package	Administrator Leadership Team	Q3
Provide meaning, purpose and quality of life for our residents	Develop trusting relationships that empower of future residents and their families as well as current residents and their families	High quality admissions that foster trust and support smooth transitions into GHT	Create a post admission survey	Collect baseline	70%	Proactive conversation with residents or the SDM pre admission Creating of a 'My Story' document for each new resident that is shared with care team in advance of admission Personalize resident room prior to admission Inclusion of information regarding palliative care in admission package with corresponding discussion at 6 week care conference Develop resident welcoming committee Personalized story box for each resident	Administrator Leadership Team	Q3
Continuous learning and innovation to strengthen and broaden scope of care and services	Promote learning and knowledge transfer to optimize care by continually improving processes	Excellence in resident centred clinical care through the creation of staff learning opportunities	Percentage of full time and part time staff trained in Gentle Persuasive Approaches and DementiaAbility Number of preceptors on each home area	20% 1 North - 2 2 North - 2 2 South - 1 3 North - 2 3 South - 1 RN - 2	40% 1 North - 6 2 North - 6 2 South - 6 3 North - 6 3 South - 6 RN - 3	Monthly Gentle Persuasive Approaches sessions Create a PSW and Registered Staff Academy, respectively Jayne Harvey training sessions: Falls Prevention, Activities of Daily Living, Accountability, Elder Abuse, Infection Prevention and Control, Team Talk. Training staff in leadership skills and Silver Meridian Adoption of train the trainer models for Gentle Persuasive Approaches, DementiaAbility, Skin and Wound Application in Point Click Care, RNAO Person and Family Centred Care Best Practice Guideline Pallium Canada - LEAP training for Full Time and Part Time staff	Administrator DOC ADOC DQI	Q4

Continuous learning and innovation to strengthen and broaden scope of care and services	Strengthen customer service standards throughout the home	Build staff capacity to deliver and embed a culture of customer service	Complaints are acknowledged within 24 hours Complaints are resolved within 10 days	100% 100%	100% 100%	Provide care teams with Jayne Harvey training in falls prevention; activities of daily living; accountability; elder abuse; team talk; infection prevention and control (IPAC) Training nursing leaders in Excelling as Nurse Leader IPAC education RNAO Person and Family Centred Care Best Practice Guideline Adoption of Surge Learning	Administrator DOC ADOC DQI	Q3
Continuous learning and innovation to strengthen and broaden scope of care and services	Implement and drive efficiencies	Drive efficiencies in orientation processes through the adoption of new technologies	New hires will complete mandatory training using Surge Learning within two weeks of hire Existing staff will complete annual training using Surge Learning.	0% 0%	100% 100%	Surge Learning and training platform	Administrator DQI DOC ADOC	Q4

Strategic Direction 2: Nurture our Network (strengthen relationships to enhance collaboration)

2. Strengthen relationships to enhance collaboration:

Organizational Strategic Goal	Organizational Objectives	Home Goal	Indicator	Current Performance	Target	Key Action Items	Responsible	Timeline
Nurture relationships with employees, stakeholders, community agencies, health professionals and government	Strengthen visibility and advocacy in the community	Create effective partnership with Home and Community Care Support Services to support safe and timely admissions	Achieving occupancy target of 97%	93%	97%	Active review of "Health Partner Gateway" (HPG) waitlist	Social Services Coordinator	Q2
Nurture relationships with employees, stakeholders, community agencies, health professionals and government	Strengthen visibility and advocacy in the community	Forge effective partnerships with community-based faith providers to enhance spiritual programming	Number of GHT residents receiving catholic and protestant communion, respectively, through community partnership	70%	100% of residents who wish to receive communion	Catholic residents receiving communion the 1st and 3rd Fridays of every month. Build partnerships with community churches to meet resident's worship needs	Chaplain	Q4
Work collaboratively with community partnerships and agencies	Leverage partnerships that assist with the coordination of care	Leverage partnership with Behavioural Supports Ontario to support delivery of high quality resident-centred dementia care	Antipsychotic medication usage without a diagnosis of psychosis Worsened behavioural symptoms Improved behavioural symptoms	27.59% 14% 9%	20.36% 12.71% 13.44%	Formalize partnership with Behavioural Supports Ontario (BSO) BSO training for new BSO nurse	DOC BSO nurse	Q4
Work collaboratively with community partnerships and agencies	Leverage partnerships that assist with the coordination of care	Create effective partnership with Public Health and IPAC Hub to support improved outbreak management and IPAC implementation	Increase compliance with hand hygiene in "Moment One"	70%	90%	Ongoing communication during outbreak Consultation with Public Health, and IPAC HUB co-development of outbreak plans Routine IPAC audits Education and training in Public Health Ontario IPAC modules	Administrator IPAC Lead ADOC	Q3
Promote a learning atmosphere whereby new initiatives and innovations are encouraged	Maintain CARF Accreditation	Maintain CARF Accreditation	3 year accreditation achieved	CARF Accreditation	Maintain CARF Accreditation	Foster a holistic culture that focuses on: — Autonomy, dignity, and individual choice of the persons served — Relationships among persons served, families/support systems, and personnel — Understanding what services persons served want, how the services should be delivered, and how the persons served can be engaged in the community. — Persons served making decisions about the rhythm of their day, the services provided to them, and the issues that are important to them — Cultural competence, flexibility, and safety and security of the community. Develop CARF teams to support annual bridge survey	Administrator DQI	Q4
Promote a learning atmosphere whereby new initiatives and innovations are encouraged	Develop best practices that improve effectiveness and efficiency	Utilize lean process improvement to achieve efficiencies in laundry and environmental services	Family Survey Results: The home is clean and tidy The laundry services are good Resident Survey Results: The home is clean and tidy The laundry services are good	66.67% 17.65% 85.71% 46.43%	80% 80% 80%	Mapping of laundry processes to find efficiencies Surface cleaning testing using "Glo Germ" Environmental services staff mentorship and job shadowing	Administrator Environmental Services Manager	Q2

Strategic Direction 3: Promote Growth and Sustainability (Ensure effective and efficient use of resources in existing and new communities)

3. Ensure effective and efficient use of resources in our existing and new communities

Organizational Strategic Goal	Organizational Objectives	Home Goal	Indicator	Current Performance	Target	Key Action Items	Responsible	Timeline
Ensure financially viable operations	Maximize resources in accordance with annual budget	Maximize preferred accommodation revenue	Number of basic payers in private room reduced to zero	97%	100%	Effect internal transfers to properly balance basic and preferred accommodation	Administrator Social Services Coordinator	Q3
Ensure financially viable operations	Maximize resources in accordance with annual budget	Improve attendance to stabilize agency costs	Staff attendance rates	Unpaid sick: 216.91 hours per pay Paid sick: 140.36 hours per pay	200 hours per pay 100 hours per pay	Implementation of attendance management program	Administrator DQI DOC	Q3
Ensure financially viable operations	Maximize resources in accordance with annual budget	Measure and maintain low rates of WSIB sick time and lost time claims	Paid health claims per quarter Lost time per quarter	2 2	2 2	Occupational Health and Safety Committee to track performance and collect data to create benchmarks, year over year; and, to identify and promote strategies to prevent injuries and illness	Administrator DOC ADOC	Q4
Ensure financially viable operations	Maximize resources in accordance with annual budget	Maintain compliance excellence	Number of administrative monetary penalties issued	0	0	Bring orders into compliance Develop and implement targeted action plan for compliance in relevant areas Train staff in regulatory requirements related to high risk areas where orders previously issued	Administrator Leadership Team	Q1

Ensure financially viable operations	Maintain/increase occupancy levels and waitlists	Achieve and sustain 97% occupancy	97 percent occupancy	93%	97%	Develop admissions policy to ensure high quality admissions while meeting occupancy target Collaborate with Home and Community Care Support Services regarding waitlist management Collaborate with Home and Community Care Support Services regarding bed matches	Administrator Social Services Coordinator	Q3
Continue to provide on-going communication to our membership, stakeholders, staff, residents and families	Manage relationships with stakeholders (residents, families, staff, unions, residents and families)	Create effective resident and family councils	Family council meetings to occur 6 times per year Residents council meetings to occur 12 times per year	3 7	6 12	Family Council: Leverage relationship with Family Councils of Ontario to provide resources and support to family council chair regarding building an effective council Support family council chair in developing agendas that provide educational information targeted to sector and council concerns Provide learning opportunities for family council members Residents' Council: Collaborate with resident council regarding model post pandemic	Administrator Programs Manager	Q4

Legend

Director of Quality and Innovation - DQI
 Director of Care - DOC
 Associate Director of Care - ADOC
 Infection Prevention and Control - IPAC
 Behavioural Support Nurse - BSO