



Business Plan 2016-2020

Department: Fairmount Home
Administrator: Steven Silver (Interim)
Version/Date: September 2015

Department/Unit Strategic Goals

Fairmount will provide a holistic lifestyle for all residents by responding to their unique needs and wishes related to their desired lifestyle in an effort to satisfy their physical, social, emotional, spiritual, mental and cultural needs resulting in being recognized as the “home of choice”.

Key strategic directions

1. To provide responsive and dignified care to the residents of Fairmount Home always seeking to improve their quality of life
2. To provide an efficient, positive and safe work environment based upon best practices and mutual respect
3. To see the involvement of the wider community by reaching out as a leader and participant to improve the lives of the elderly throughout the entire area as a positive voice for long term care.

Alignment with Council Strategic Priorities:

Goal #1 and #3

Meeting the Aging Tsunami Challenge and Respect for the Tax Payer: “Issues surrounding seniors is a common theme running through County of Frontenac Documents”. This plan addresses the needs of the seniors living in the County’s long term care facility while at the same time identifies the goal of community outreach to become a leader in the region as the population rapidly ages.

This plan incorporates the regular monitoring of best practices for more efficient and improved ways of providing care to seniors respecting our residents, our employees and our ratepayers.

Sustainability & Resilience

We will endeavour to seek out opportunities and resources that will allow Fairmount to reduce our financial and environmental impact on our community. Also maintain a strategy for recruitment, training and employee retention to ensure an exceptional group of staff and volunteers.

Department/Unit Function

Fairmount Home is governed by the Provincial Long Term Care Homes Act, 2007 (LTCHA) and licensed by the Ministry of Health and Long Term Care (MOHLTC). Fairmount is a 128 bed, long term care home serving adults whose needs can no longer be met within the community, whose medical conditions are relatively stable and who do not require intensive, ongoing intervention by physicians and other health professionals. Notwithstanding, residents may have a serious condition requiring intensive personal care or complex medical needs requiring nursing expertise. The waiting list for admission to Fairmount is long and often numbers in excess of 160 people at any one time.

Legislative Framework

- *Long-Term Care Homes Act, 2007 (LTCHA):*
<http://www.ontario.ca/laws/regulation/r10079>

Proclaimed July 1, 2010, the LTCHA, 2007 is the cornerstone of the Province's strategy in improving and strengthening resident care in Ontario's long term care homes. The Act emphasizes a resident focussed model of care, significant involvement of "resident & family councils" and greater public reporting and transparency. The MOHLTC continues to develop, refine and modify regulations contained within the LTCHA.

- *Long Term Care Service Accountability Agreement (L-SAA):*
Local Health Integration Networks (LHINs) assist in delivering the MOHLTC directives of regionally coordinated and integrated health care services. The LHINs have assumed responsibility for long term accountability and funding through "long term care service accountability agreements".
- *As well as all other applicable employment, labour, and environmental legislation.*

Clients

Fairmount provides 24-hour nursing care which incorporates nursing restorative care through a team consisting of physicians, a full-time nurse practitioner, RNs, RPNs, and PSWs. Support services provided include: physiotherapy, occupational therapy and social work. Fairmount also provides recreational activities, dietary, housekeeping, laundry, maintenance and administrative services. Fairmount also enjoys the services of a dedicated and active team of volunteers.

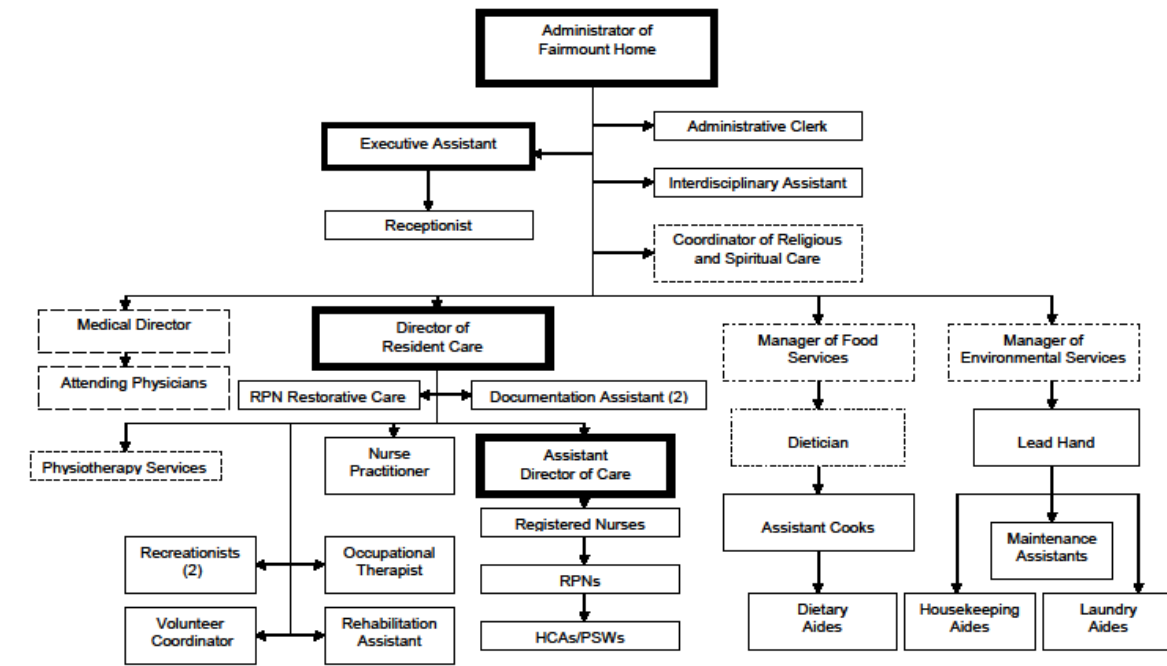
Internal: Fairmount Home residents

External: Resident family members, Power of Attorneys, and volunteers.

Employee Complement:

	2015	2016	2017	2018	2019
Full Time (non-union)	4	5	5	5	5
Full Time (CUPE 2290)	72	72	72	72	72
Part-time (non-union)	0	0	0	0	0
Part-time (CUPE 2290)	55	55	55	55	55
Contract	3	2	2	2	2
Total Employees	134	134	134	134	134
Total FTE					
Total Salaries/FTE					

- ❖
- ❖ **Note:** contract employees include: Interim Administrator, Manager of Environmental Services and Manager of Food Services



County of Frontenac
Organizational Chart (Fairmount) – 09-08-01

Existing Service Levels

Mandatory services to be provided under the LTCHA include:

- Accommodation
 - Lodging
 - Provision of meals
 - Environmental services; laundry, housekeeping and building maintenance
 - Administration
- Hospitality Services:
 - General recreation
 - Activation programs
 - Spiritual programs
 - Social programming
- Health Services:
 - Clinical nursing care
 - Personal care
 - Case management – assessment care planning, scheduling, conferencing and documentation
 - Intermittent Health Professionals Services; therapeutic, social work and pharmaceutical
 - Physician services

Residents pay for supplemental personal services such as:

- Hairdressing, foot care, transportation, pharmacy (not covered by OHIP) supplemental recreation i.e. Diner's Club, and day excursions

Statistics

Resident Population Statistics (May 2015):

	51-60 Years	61-70 Years	71-80 Years	81-90 Years	91-100 Years	Total Residents
Male	3	2	5	15	6	31
Female	1	4	17	49	16	97
Total	4	6	22	64	32	128
% of Population	3%	4%	17%	50%	25%	

2015 Ministry of Health & Long Term Care Funding

Funding Envelope	Resident per diem funding as at July 1, 2015	Service Envelope Description
Nursing & Personal Care	\$85.60 / diem	Resident nursing and care requirements based upon assessed individual needs and adjusted to meet case mix
Program & Support Services	\$9.23 / diem	Resident restorative and social programs inclusive of registered dietician services
Raw Food	\$7.87 / diem	Resident meals and snacks inclusive of specialized dietary requirements
Other Accommodation	\$53.12 / diem	Resident indirect needs: administration, housekeeping, laundry, dietary services and facility maintenance
Accreditation	\$0.33 / diem	
Total Resident Per Diem Provincial Funding	\$156.15	

Resident Accommodation Revenue

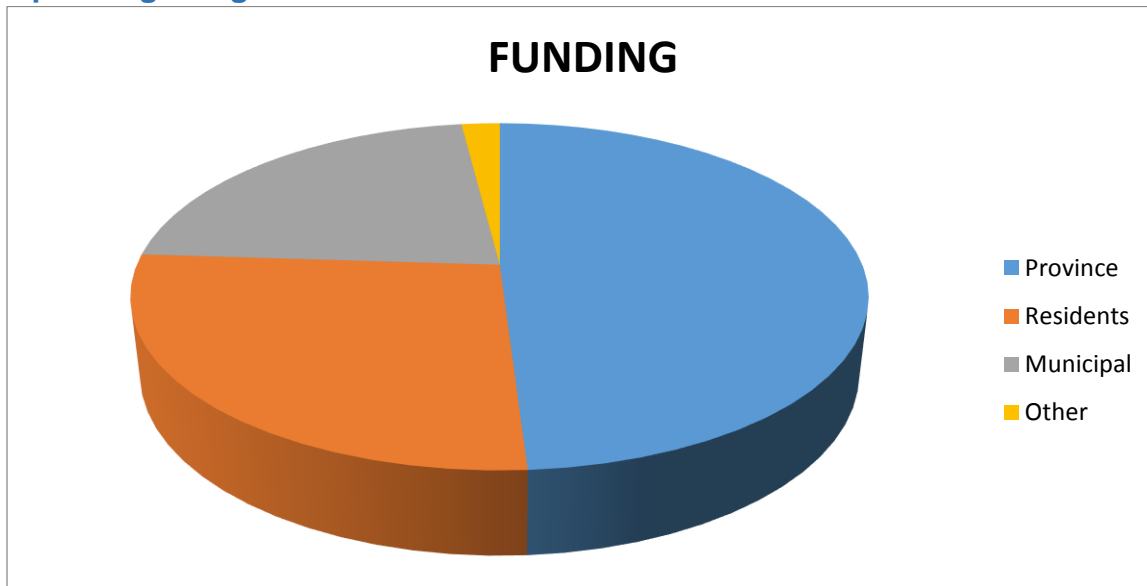
The MOHLTC directs and sets fees for Resident accommodation costs are recovered through Resident payments remitted to Fairmount Home.

Resident Room Accommodations	Resident per diem fees as at July 1, 2015	Accommodation Description
Basic (28 beds)	\$58.35 / diem (\$1,774.81 monthly)	Two residents; shared sleeping space and shared bathroom
Semi-Private (36 beds)	\$70.35 / diem (\$2,139.81 monthly)	Two residents: separate sleeping space and shared bathroom
Preferred – (64 beds)	\$83.35 / diem (\$2,535.23 monthly)	One resident: private sleeping space and bathroom

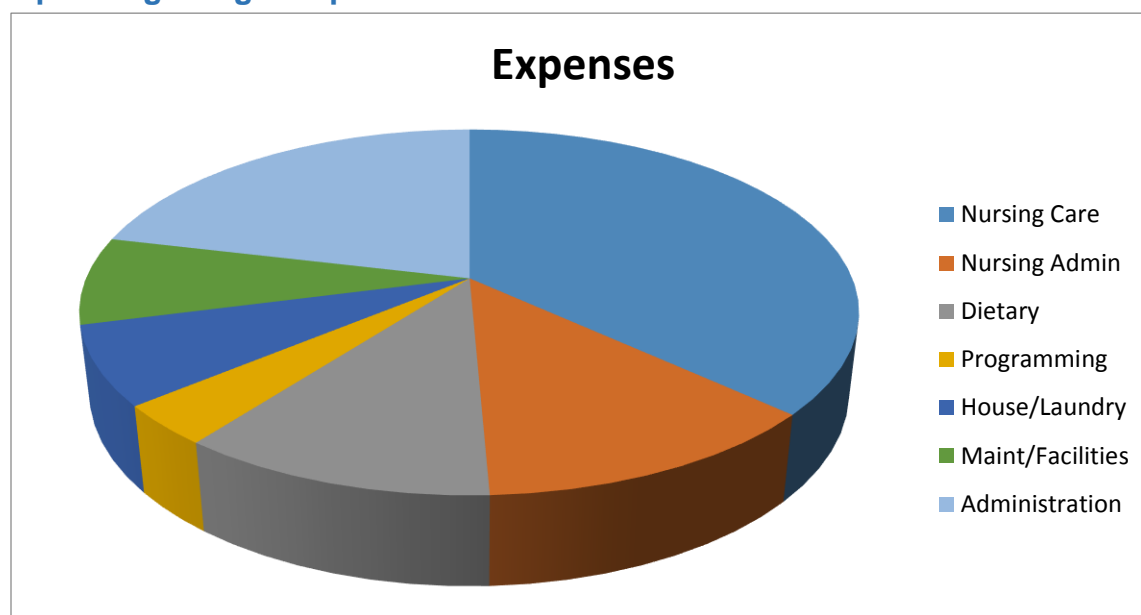
In 2014 Fairmount budgeted \$10,802,813 in revenue to balance expenditures:

Revenue Source	2014 Amount	Comment
Province	\$5,288,698	See above noted envelopes
Residents	\$2,907,342	
Municipal Contributions	\$2,432,431	See chart below
Other funding including transfer from reserve	\$174,342	Includes: one time funding and specific funding such as water testing, pay equity funding etc.

Operating Budget Revenue:



Operating Budget Expenses:



Department/Unit Objectives

1. Improve quality of care to our residents
2. To reduce the occurrence and effect of illness and injury on workforce productivity, to promote employee attachment and reduce/manage costs
3. Maximize the use of non-municipal funding resources
4. Maximize best practice reviews, information technology resources and time saving tools
5. Improve community outreach

Major Initiatives to meet Unit Objectives

1. Development of Quality Improvement Plans	2. Accreditation Indicators	3. Attendance/Availability Improvement
<p>Description: Development of/and keeping current quality improvement plans and staff/resident surveys</p> <p>Timelines: 2016 - 2020</p>	<p>Description: Striving to reach and maintain the highest level of accreditation to ensure that Fairmount maintains a long waiting list of potential residents with a variety of care levels</p> <p>Timelines: 2016 - 2020</p> <p>Responsibility: All staff</p>	<p>Description: To decrease the number of sick days, replacement labour costs and reduce the number of overtime shifts.</p> <p>Timelines: 2016</p> <p>Responsibility: All staff</p>

Responsibility: Management and Quality Assurance Committee	Resources: Internal	Resources: Internal
Resources: Internal		

4. Seek out alternative funding sources	5. Move to full electronic charting and documentation	6. Development of an outreach plan
Description: Work closely with Corporate Services to seek out volunteers and revenue sources. Propose that Fairmount be used as a model for pilot projects	Description: Eliminate all paper and manual reporting to improve accessibility to documents and to accurately reflect the time spent with each resident for CMI.	Description: To provide educational and networking opportunities to the community with regards to long term care issues and the resources available. To investigate possibilities in playing a role in assisted living in the community by providing guidance and expertise.
Timelines: 2016 - 2020	Timelines: 2016 - 2020	Timelines: 2016 - 2020
Responsibility: Fairmount Management and Programming staff and volunteers	Responsibility: Medical teams	Responsibility: Management
Resources: Internal	Resources: Internal	Resources: Internal

Service Level Changes

Fairmount has been fortunate over the last several years to have completed capital projects including a full redevelopment of the home and replacement of the auditorium.

In 2011 the number of personal service workers (PSW) per shift (day and afternoon shifts) was reduced from 4 per unit to 3 per unit (except for the secure unit which remains at 4). As care for the residents becomes heavier and more demanding, the reduction in frontline staff remains a stressor for the employees as they attempt to complete their assigned duties within their shift.

Emily Shoniker, Director of Care, prepared a case study observing the evolving care needs and the challenges of providing long term care to today's residents. The report is attached to this plan as Appendix "A".

Proposed Service Level Change		Rationale/ Relative to Objectives
2016	Provide access to all staff for relevant annual on-line self-directed mandatory training	To meet Provincial compliance staff must receive annual mandatory training to ensure awareness levels which must be documented for inspection purposes
2017	N/A	
2018	N/A	
2019	N/A	

Financial Projection:

	2016	2017	2018	2019	2020
	BUDGET	PROJECTED BUDGET	PROJECTED BUDGET	PROJECTED BUDGET	PROJECTED BUDGET
	\$	\$	\$	\$	\$
Operating Revenue					
Taxation and User charges					
User charges	2,979,822	3,009,610	3,052,469	3,095,949	3,140,058
Grants					
Federal and Provincial	5,440,035	5,513,265	5,588,706	5,665,274	5,742,985
Other					
Other	94,077	95,187	96,317	97,463	98,629
Total	8,513,934	8,618,062	8,737,492	8,858,686	8,981,672
Transfer from reserves	137,774	0	0	0	0
Total Operating Revenue and Reserve Transfer	8,651,708	8,618,062	8,737,492	8,858,686	8,981,672
Operating Expense					
Salaries & benefits	8,988,436	9,138,463	9,415,945	9,701,732	9,995,096
Materials	976,137	992,885	1,006,367	1,018,104	1,026,055
Contracted Service	1,222,523	1,249,489	1,271,354	1,300,183	1,330,011
Project Proposals Brought Forward	62,933	0	0	0	0
Depreciation	534,897	534,897	534,897	534,897	534,897
Total Operating Expense	11,784,926	11,915,734	12,228,563	12,554,916	12,886,059
Reserve Transfers	112,681	114,155	115,658	117,191	118,755
Total Operating Expense with Reserve transfers	11,897,607	12,029,889	12,344,221	12,672,107	13,004,814
NET MUNICIPAL CONTRIBUTION	3,245,899	3,411,827	3,606,729	3,813,421	4,023,142
less depreciation (non-cash)	534,897	534,897	534,897	534,897	534,897
<u>NET MUNICIPAL CONTRIBUTION less depreciation</u>	<u>2,711,002</u>	<u>2,876,930</u>	<u>3,071,832</u>	<u>3,278,524</u>	<u>3,488,245</u>
Other Municipal Contribution	-1,802,082	-1,905,207	-2,036,718	-2,176,226	-2,317,774
<u>County Contribution</u>	<u>908,920</u>	<u>971,723</u>	<u>1,035,114</u>	<u>1,102,298</u>	<u>1,170,471</u>

<u>NET CAPITAL EXPENSE</u>	<u>233,172</u>	<u>130,696</u>	<u>130,696</u>	<u>130,696</u>	<u>130,696</u>
Other Municipal Contribution	-233,172	-130,696	-130,696	-130,696	-130,696
<u>County Contribution</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>NET CONTRIBUTION TO DEBENTURE</u>	<u>210,295</u>	<u>210,295</u>	<u>210,295</u>	<u>210,295</u>	<u>210,295</u>
Requisition	1,119,215	1,182,018	1,245,409	1,312,593	1,380,766

Risk Analysis:

Level	Issue
Risk	<ol style="list-style-type: none"> 1. Infrastructure, Facility & Grounds Maintenance: potable water, septic, and heating/cooling infrastructure are historic concerns for the Fairmount location. Failure of one of these systems could result in an emergency situation and major financial expenditures.
Caution	<ol style="list-style-type: none"> 1. Staffing levels vs. Increased Care Levels: heavier care such as lifts, feeding and resident complex behaviors increases the time needed to complete duties and properly chart the activity. Lack of documentation could result in poor inspection results and decreased revenue. Fairmount reputation could also suffer negatively affecting the resident waiting list. 2. Staff Attendance/Availability: poor attendance, the wellness of staff, and lack of availability not only results in additional costs it reduces available staffing levels
Advisement	<ol style="list-style-type: none"> 1. Staffing Retention: Fairmount will experience a larger staff turnover than the historical average due to retirements, a shrinking workforce, and heavier care requirements.

Risk Mitigation Strategies:

Issue	Mitigation Strategy
<p>Risk:</p> <p>1. Facility Infrastructure</p>	<ol style="list-style-type: none"> 1. Ensure that environmental services remain a high priority by working closely with the Ministry of the Environment and the Public Health Unit. The septic and water systems are constantly monitored and may require significant future capital investment. Provincial regulations change frequently regarding such systems which may require additional costs beyond available operational funds. Sufficient reserve funds need to be established.
<p>Caution:</p> <p>Staffing Levels / Increased Care Levels / Charting & Revenue</p> <p>Staff Attendance/Availability</p>	<ol style="list-style-type: none"> 1. Availability of experienced personnel may fluctuate due to external forces. The deployment of different strategies such as adjusting the number of years of experience required when posting positions may be necessary. 2. Maintaining a proper balance between resident care and administration (charting) is essential. Resident care should always be the first priority. Develop “Quality Improvement” Champions on each team. 3. A constant and consistent approach to monitoring and follow-up of employee attendance and overtime costs is required. 4. Propose to establish a Human Resources Committee comprised of both Management and front line staff to discuss solutions to current absentee issues.
<p>Advisement:</p> <p>Staffing Retention</p>	<ol style="list-style-type: none"> 1. The financial reality, employee satisfaction, and the employment market will impact this strategy. 2. Increased workload and Ministry regulation compliance will impact this strategy. 3. An aging workforce will result in more frequent retirements.

- 4. Cross training and internal leadership programs to “grow our own” dedicated, flexible and knowledgeable employees requires continued support

Key Success Factors:

1. Meeting the care needs of our residents in a dignified and professional manner.
2. Providing a safe and respectful work environment for our employees.
3. Providing affordable long term care services.
4. Engagement of the wider community to improve the lives of the elderly in the region.

Key Performance Indicators:

Objective 1 – Improve quality of care to our residents and build on Fairmount’s excellent reputation by maintaining exemplary accreditation status and limited exposure to Ministry orders.

Indicators:

- | | |
|--|---|
| • Reduction in the number of resident falls | Goal: Below Provincial average |
| • Reduction of the number of restraints used | Goal: Below Provincial average |
| • Resident Length of Stay | Goal: Monitor Resident length of stay as a level of care indicator |
| • Resident/family satisfaction survey | Goal: Obtain 95% satisfaction level |
| • Accreditation level awarded | Goal: Maintain “Exemplary” level |
| • Annual compliance audit | Goal: Receive no written orders |

Objective 2 – To reduce the occurrence and effect of illness and injury on workforce productivity, to promote employee attachment and reduce/manage costs by continuing to encourage a safe and respectful work environment resulting in a reduction to sick time, overtime and labour administration costs (grievances, arbitrations etc.).

Indicators:

- | | |
|--------------------------|---|
| • Reduce sick time costs | Goal: 80% of employees meeting the target for absenteeism |
| | • Nursing (CUPE 2290) – no more than 10 days in a 12 month period |

- Non-nursing/Non-Union - no more than 7 days in a 12 month period;

Objective 3 & 4 – Continue to focus on charting resident care to improve the case mix index score generating additional non-municipal revenue.

Indicators:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Increased Case Mix Index revenue | Goal: increase CMI revenue by 1% |
| <ul style="list-style-type: none"> • Increased other revenue sources resulting in municipal contributions increasing by less than the rate of inflation. | Goal: obtain special project funding
Goal: coordinate the creation of a “Friends of Fairmount” fundraising community group |

Objective 5 – Development and implementation of an outreach program regarding seniors issues.

Indicator:

Host a spring and fall community information session focussing on relevant seniors issues
 Invite the community to participate in future strategic planning sessions.

Goal: to reach 50 participants.

Provide and advertise community access to the tele-medicine equipment/system which is in place
 Offer advice, knowledge and support to community groups seeking to assist seniors through the sharing of information and coordinating communications

Goal: to increase community awareness and use of the tele-medicine service
Goal: reach out to 6 community groups annually.

Respectfully Submitted,

Steven Silver
 Interim Administrator