



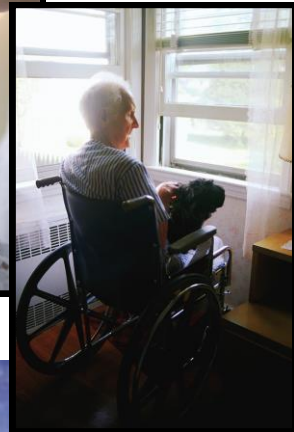
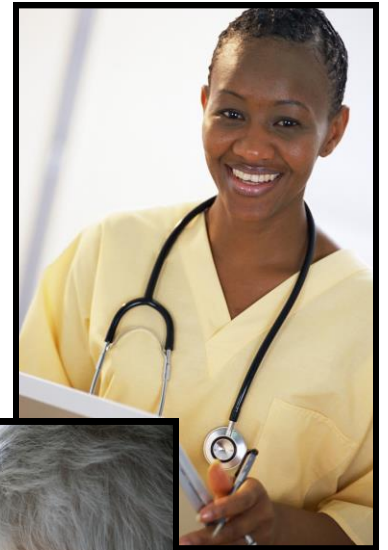
Tudor House



Annual Report

2012 / 2013

Selkirk, Manitoba





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Program / Service Description:

Tudor House Personal Care Home is a Licensed and Accredited 76 bed Private Long Term Care Facility that is located on an “aging in place” seniors retirement campus community that includes **Woodland Courts** “Assisted Living Suites” (53 Suites) & **Cambridge House** “Retirement Residence” (34 suites) on spacious landscaped grounds on Manitoba Avenue in Selkirk nearby the local Selkirk & District General Hospital and Selkirk Mental Health Centre. We operate under a Service Purchase Agreement (SPA) with the WRHA & IERHA.

Our Mission Statement is “**Elder Centred Care in a “Home-Like” Community, provided with Quality, Dignity, Compassion, Empathy & Partnership.**”

Tudor House strives to maintain very high standards, designed to ensure the elders benefit from individualized care provided in a courteous and friendly manner in a home-like atmosphere involving caring staff, natural plants, pets on our “Eden Alternative Journey to become a Registered Eden Alternative facility®. The care we give builds on the elder’s strengths and constantly seeks to improve their quality of life, physically, mentally, emotionally and spiritually. The facility has two separate care areas all on ground level. (consisting of 46 private rooms, 13 semi-private, 1- 4 bed Dorm) Maple Hall has the Alzheimer /Dementia Special Care Needs Rooms and Poplar & Oak Halls have with Personal & Extended Care Rooms to better meet clients quality of life needs by grouping elders with like-needs together. In addition to care to Elderly & Dementia clients, we have also been providing long term care services to mentally and physically handicapped adults, seniors with stable psychiatric needs, a limited number of respiratory clients and hospice/palliative or end of life care for seniors.

The following Service Components are provided on site:

- Medical Advisors & Services (*weekly visits by Dr.Demsas/Dr. Lindenschmidt*)
- Consultant Psychiatrist Services (*monthly visit by Dr.Kremer*)
- Professional & Non-professional Nursing Services (*RN,RPN,LPN,HCA*)
- Recreation & Volunteer Services (*Certified Recreation Facilitators*)
- Rehabilitation Services (*Fulltime Rehab. Aide*)
- Social Services (*Part Time*)
- Pharmacy Services (*Geri-Aid Systems Rexall Speciality Pharmacy*)
- Podiatrist Services (*monthly Dr. Yacob*)
- Hairstylist Services (*Provincially Licensed Hairstylist*)
- In-service & Staff Education Services (*Part Time*)
- Pastoral Care (*Selkirk & District Ministerial Assoc. & Catholic Pastors*)
- Consultant Dietician Services (*Registered Dietician*)
- Dietary Services (*Certified Food Service Supervisor & Certified Food Handlers*)
- Housekeeping & Landry Services & Workplace Safety Officer
- Maintenance Services & Fire Safety (*Class 4 Power Engineer & Electrical K License*)
- Administration, Accounting and Business Services (*Consultant CA, & BDO Auditor*)

The following Service Components are provided by the IERHA:

- Occupational Therapy Services (*8 hrs per month*)
- Physiotherapy Services (*on referral basis*)
- Lab & X-ray Services (*weekly*)
- Ambulance/EMS Services

Utilization Statistics:

The following Statistics have been gathered regarding Service Utilization for the past year and as @ March 31st:

	2009-10	2010-11	2011-12	2012-13
Occupancy Rate	99.68	99.44	99.41	99.43
# of Regular Admissions	13	9	18	10
# of Interim Admissions	12	23	13	15
# of Discharges to Community	0	1	0	0
# of Transfers to other PCH	9	10	10	0
# of Discharges to Hospital	1	2	0	0
# of Deaths	14	19	22	23
Male Residents	20	19	20	20
Female Residents	56	57	55	55
Aged (over 65)	73	73	74	75
Average Age	85	84.70	84.52	83.99
Average Length of Stay	3.04 yrs	3.16 yrs	3.14 yrs	2.82
Physically Challenged and/or Disabled	73	73	74	75
Developmentally Delayed	2	1	1	0
Psychiatrically Disabled	7	8	10	9
Continuous Oxygen (O2)	4	4	2	0
# of Hospital Admissions	13	21	17	15
# of ER Visits	12	13	10	10
Levels of Care				
Level 2	9	16	15	18
Level 3	36	38	41	42
Level 4 & Chronic Care	31 (2 cc)	22 (1cc)	19 (5cc)	16 (2cc)
Total Residents	76	76	75	76

WRHA MIS Nursing Staffing Summary (Paid Hours per Resident Day as per "SPA")

Staffing	2009-10 hrs	PH/RD	2010-11 hrs	PH/RD	2011-12 hrs	PH/RD	2012-13 hrs	PH/RD
RN/RPN hrs	14,895	40.81	15,100.00	41.37	14,565.67	39.91	15,195.	41.63
LPN hrs	14,492	39.70	14,678.00	40.21	14,656.68	40.16	15,007	41.12
HCA hrs	69,228	189.66	69,870.00	191.42	69,780.90	191.18	70,574	193.35

Nursing Staffing Patterns (as per Duty Schedule @ March 31st):

	2009-10	Staffing Ratio	2010-11	Staffing Ratio	2011-12	Staffing Ratio	2012-13	Staffing Ratio
Days	1 SNM, 2RN, 3 LPN, 10HCA	1 : 4.75	1SNM, 2RN, 3 LPN, 10HCA	1 : 4.75	1 SNM, 2RN, 3 LPN, 10HCA	1 : 4.75	1 SNM, 2RN, 3 LPN, 10HCA	1 : 4.75
Evenings	1 RN, 2 LPN, 8 HCA	1 : 6.91	1 RN, 2 LPN, 8 HCA	1 : 6.91	1 RN, 2 LPN, 8 HCA	1 : 6.91	1 RN, 2 LPN, 8 HCA	1 : 6.91
Nights	1 RN, 4 HCA	1 : 15.2	1 RN, 4 HCA	1 : 15.2	1 RN, 4 HCA	1 : 15.2	1 RN, 4 HCA	1 : 15.2

Funding: Annual Income & Expense Totals

(Re: Audited F/S Reports)	2009-10	2010-11	2011-12	2012-13
WRHA & INAC Funding	\$3,606,199	\$3,616,664	\$3,754,508	\$3,798,690
Private Funding	\$1,211,512	\$1,225,075	\$1,250,964	\$1,262,102
Total Annual Revenue	\$4,817,711	\$4,841,739	\$5,005,472	\$5,060,792
Total Annual Expenses	\$4,901,130	\$4,844,767	\$4,984,011	\$5,050,999

Human Resources Statistics (Calendar Year)

Paid Sick Hours Per Eligible Employee	2009	2010	2011	2012
Average # of Hrs per year	51.26	32.02	16.89	36.68

WCB – Lost Time Incidents & Lost Hrs Rate	2009	2010	2011	2012
# of Workplace Accidents & Injuries Claims	15	13	13	10
Lost injury rates per 100 FTE Workers	5.9	7.69	7.69	10
Average Days Paid per FTE Worker	7.5	9.55	9.09	1.68
Assessment Rate per \$100 payroll	3.36	4.54	3.94	3.45
New D & R Claims (LTD)	0	0	1	2

Staff Education

Staff Education	2009	2010	2011	2012
# of New Staff Orientated	21	25	28	16
# of In- services provided (in-house)	47	53	56	46

C.Q.I. Performance Indicators:

Tudor House has an active “Continuous Quality Improvement Program” with the following Performance Indicators revised and utilized for 2012-13 with benchmarks, analysis and actions in the full annual report.

CQI Highlights & New Indicators

Performance Indicator	2009-10	2010-11	2011-12	2012-13
% of Falls per 1000 Resident Days	Satisfactory 3.6%	Satisfactory 4.2%	Satisfactory 3%	Satisfactory 3.9%
Actual # of Falls per month – Days, Eves, Nites	8.5 per month average	12.9 per month average	7.7 per month average	9 per month Average
% of Residents with New Pressure Ulcers (Internal/External acquired) per 1000 resident days	Satisfactory 0.57% average	Satisfactory 0.74% average	Needs Improvement 1.6%	Needs Improvement 2.1%
% of Residents who are on Restraints	Needs Improvement 11.2%	Satisfactory 7.8.0%	Satisfactory 6.5 %	Satisfactory 2.4 %
% of Residents who are restrained per 1000 resident days	Satisfactory 3.5% average	Satisfactory 2.37% average	Satisfactory 1.6 %	Satisfactory 0.98%
Medications/ Substances Reports per 1000 resident Days	Satisfactory 0.32% average	Satisfactory 0.04 average	Satisfactory 0.63%	Needs Improvement 3.58%
# of Occurrence Reports	12.75/month average	25.0 /month average	19.0 /month average	24.75/month Average
# of Critical Incidents (Elder Sentinel Event)	0	1	0	1
# of Critical Occurrences (Staff/Facility Sentinel Event)	0	0	0	0

Performance Indicator	2009-10	2010-11	2011-12	2012-13
# of Near Misses	0.3 (4 actual)	(1 actual)	6	7
# of Workplace Injuries per month	Alert 1.8 average	Alert 1.5 average	Alert 1.08 average	Alert 0.75
% of Residents & Family or Advocates Satisfied with Services	Satisfactory 95.5%	Satisfactory 83.0%	Satisfactory 87.0%	Satisfactory 89.14%
% of Comment/Concern Reports Satisfactorily Resolved	Satisfactory 95. %	Satisfactory 100%	Satisfactory 100%	Satisfactory 100%
# of Fire Drills held per Month/Time of Day	Satisfactory Rating 1 q month, All shifts	Satisfactory Rating 1 q month, All shifts	Satisfactory Rating 1 q month, All shifts	Satisfactory Rating 1 q month, All shifts
% of Preventative Maintenance Inspections Completed	Satisfactory 100%	Satisfactory 100%	Satisfactory 100%	Satisfactory 100%
% of Work Orders Completed in 30 days	Satisfactory 89.5% month average	Satisfactory 72.0% month average	Satisfactory 71.0% month average	Not available
# of Outbreaks	Respiratory – 0 Enteric - 0	Respiratory - 0 Enteric - 2	Respiratory - 0 Enteric - 1	Respiratory - 1 Enteric - 0
% of Residents with Infections per Month (actual)	Satisfactory 4.7%	Satisfactory 4.8%	Satisfactory 4.1%	Needs Improvement 7.8%
% of Residents with Nosocomial Infections per 1000 Residents Days	Satisfactory 1.5% average	Satisfactory 4.18% average	Satisfactory 2.4% average	Satisfactory 3.05% average
# of MRSA Infections	2	3	3	5
# of VRE Infections	0	0	0	1
# of C. difficile Infections	0	0	0	0
% of Residents Immunized for Influenza Vaccine	Alert 84%	Alert 84%	Satisfactory 97%	Satisfactory 89%
% of Staff Immunized for Influenza Vaccine	Satisfactory 61% H1N1	Satisfactory 50%	Satisfactory 55%	Alert 51%
% of New Staff Orientation per month	Satisfactory 100%	Satisfactory 100%	Satisfactory 100%	Satisfactory 100%

Union/Employer Relations	2009-10	2010-11	2011-12	2012-13
# of MNU Grievances Local 117	0	0	0	0
# of IUOE Grievances Local 987	1	0	0	0

Public Interest Disclosure Act (Whistle Blower Protection) April 2, 2007

Annual Report	2009-10	2010-11	2011-12	2012-13
# of Disclosures	0	0	0	0
# of Disclosures Acted On or Not Acted On	0	0	0	0
# of Investigations Commenced as a result of a Disclosure	0	0	0	0
Investigation Results, Findings of Wrongdoing & Corrective Actions	0	0	0	0

Annual Update:

5th Accreditation Canada 2010 Survey Award for 15 years running!

Accreditation Canada (CCHSA) completed a 5th survey of Tudor House in the fall of 2010. It was a very successful survey with the surveyors determining that we met 398 criteria and with only 3 unmet criteria. This resulted in us being granted a full accreditation for three years 2010-13. We are well underway in planning and preparation for the next Qmentum LTC survey planned for Tudor House and hope to continue to do well under the changing and evolving guidelines and meet all the ROPs and Standards. Again, well done to all the staff for all their hard work. Next Survey tentatively planned for fall 2013.

Manitoba Health PCH Standards Visit 2011

Tudor House had the Manitoba Health & IRHA representatives to complete our 7th PCH Standards Visit on June 15, 2011. We did very well and passed all 12 Standards of Tool # 3 being reviewed. There was "0" partially met and "0" unmet Standards during this Standards Visit. The facility was commended and congratulated by Manitoba Health Review Team and encouraged to take further steps to meet all performance measures, including where the standards was found to be met. A big bouquet goes to all the hard working staff for their excellent efforts again this year. We will be receiving our 8th PCH Standards Visit from Manitoba Health in 2013 and hope to continue to do well and where we need to improve to do better.

Strategic & Operational Plans

Tudor House's New Strategic and Operational Plan 2011 and Beyond was followed during 2012-13 fiscal year with all significant timelines met and revised deadlines for a few minor issues were set with a revision and updates. It is planned for a major review of the strategic and operational plans in the next operational year.

Community Outreach: The Tudor House "Community Advisory Committee" met in May of 2011 providing an opportunity for stakeholders, families and employees to be updated and discuss revisions to the Strategic and Operational planning as well as help generate new ideas and suggestions from our local community. Suggestions and input from the community was well received. Planning on meeting again in 2013-14 with the community stakeholders.

Capital Planning: The major capital planning priority for 2013 and beyond remains as the new business plan proposal for redevelopment and renovation of Tudor House Personal Care Home to meet current Manitoba Health Design Guide Standards for Long Term Care Facilities and to become a "centre of excellence" for the elderly. This is an ongoing project with the feasibility study completed by Stantec Architecture with positive results for redevelopment. We are exploring our redevelopment & options and ongoing capital planning is underway.

The continued minor & major improvements to the physical building, equipment and operational practices was maintained and expanded upon. One rooftop HVAC unit was replaced during 2012-13 and planning on another this next fiscal year and each subsequent year until all remaining units are replaced (4 of 8 completed) 5 more new high-low LTC beds & special mattresses were be purchased during 2012-13 and our exciting new fundraising initiatives give us hope of purchasing more new equipment and furnishings. Other new capital purchases include: new garden tractor for grounds work and 4 new computer workstations. Ongoing is more Elder Furniture, Recreation & lounge Furniture, Kitchen Floor Replacement, Information Technology equipment replacement (Server) and numerous IT upgrades for work stations (on a 5 year plan), CCTV Upgrades, Additional Bathing Suite for Poplar/Oak Hall and Replacement for Century Tub on Maple Hall & Elder/Staff Computer

Kiosks with Internet access. Not to be forgotten are grounds beautification and planned extension of the staff parking lot for additional parking.

Analytical Reviews: Also during 2013 were further FMEA Exercises, Root Cause Analysis and more work on processes to work towards better Patient Safety Practices and work place safety practices.

Best Practices: The two successfully implemented nationally recognized Nursing Best Practices (RNAO) last year will be expanded upon with the introduction of two more Nursing Best Practices during 2013.

Green Environmental Initiatives: Tudor House continues to recycle both glass, metal, tins, paper & cardboard significantly reducing its Waste Removal volumes. We have made considerable progress on Power saving lighting both on reducing incandescent and upgrading the fluorescent lighting. Power saving Parking electrical Car plug ins have all been installed and other initiatives are planned to reduce our carbon footprint and be more sustainable. We are continuing to pursue additional “green” policies and practices.

Education, Training & In-servicing

Staff Safety Practices Education and training will continue to be a priority the next fiscal year. “ Life support to Health Care Providers Training” (Professional and Health Care Aides) will continue to be taught to our staff. “Non- Violent Crisis Intervention Training” (CPI) will continue with our in- house instructor. Safe Eating assisting is also a priority and this year we plan to extend this in-service to families.

We began our P.I.E.C.E.S. staff orientation in May 2011 with a goal to provide monthly in-services to 4 or more Health Care Aides each month. Our priority is to educate the staff working closest to our elders first, and then we will include other departments. We have also offered the training to other facilities who have taken advantage of this opportunity. The Training has been well received by staff to date. We believe the Eden philosophy of care is compatible with the P.I.E.C.E.S. approach and incorporate the principles into the training modules.

Our Annual Staff In-servicing continues with at least 14 topics! Providing this information to all the staff in all departments on safety and skill updating takes place each November with a goal to provide the information to all staff in a 2 week span. A real emphasis has been placed on trying to involve elders and their families in education sessions, especially relating to safety, medications and quality of life education. Relationship with RHAs and external agencies include participation in off-site education and training opportunities and partnerships.

We incorporate discussions and information on Ethics as opportunities arise, and Ethics is now a regular agenda outcome on team meetings.

**** Our Major Care Challenge & Initiative for 2013 & Beyond:**

Our Eden Alternative Journey Continues ®:"

Mission: To improve the well-being of Elders and those who care for them by transforming the communities in which they live and work.

Vision: To eliminate loneliness, helplessness, and boredom.

Tudor House began officially effective May 23, 2008 it's "Journey into the Eden Alternative" ® continues. We welcomed all staff to familiarize themselves with this exciting new process for the care of our Elders. This process to Edenize a Nursing home is intended to help banish the three plagues of the human spirit that afflict many of our elders, "*loneliness, helplessness and boredom*". It is a gentle care type of philosophy that focuses on the elder being cared for and supported in a home atmosphere rather than an institutional environment.

There are many positive changes that will come out of this process and we encourage and hope all of our staff and families support this endeavor to make a real home and Garden of Eden for our Elders. Eight of our staff are officially trained as "Eden Alternative Associates" and we hope to train 4 more staff in the near future. We have shared our new direction with the Elder & Family Council and we have their support. We will continue to process to educate and inform all of our Elders, Staff and Families on the Eden Alternative. A new Brochure, books and Videos are available to borrow and assist in staff training.

Some of the exciting new improvements, is the creation of neighborhoods (Maple Hall & Poplar Hall), relaxed breakfasts with small dining and kitchenette areas, reduction of strict institutional routines for our Elders, encouraging and motivating staff for Random Acts of Kindness, Good Deeds and loving care of our Elders, increasing pets and natural plants, new Elder-centered activities, less medications, more choices for Elders, increase children visitation and interaction. Staff uniforms policy has been reviewed and a more relaxed guideline for direct care workers with flexibility of uniform and civilian dress option provided that balances respect, professionalism and Infection control issues. Dramatic new changes with union and management working together over the past few years for a major HCA staffing reorganization resulting in Full and Part time staff dedicated to specific neighborhoods to ensure continuity of care and increase staff elder bonding and pride in work area and with very positive results. Our plans are for a reorganization of the Professional staff in the near future for a similar dedicated assignment for fulltime and part time professionals to specific neighborhoods. It has already been completed for recreation staff and housekeeping staff with positive effects on elder care.

It Can Be Different!

Be a Part of the Solution!

Respectfully Submitted by

John A. Martyniw RN RPN
Chief Executive Officer
June 2013