



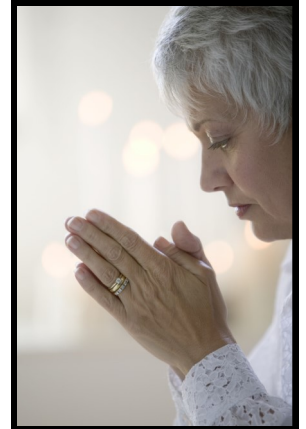
Tudor House

Personal Care Home



“Accredited by Accreditation Canada 2018-22”

STRATEGIC PLAN 2018 & BEYOND





Tudor House

Personal Care Home

Our VISION:

“Resident Centered Care in
a Home-Like Community”

Provided with:

Quality

Dignity

Compassion

Empathy

& Partnership

Our MISSION:

To continue to strive for Excellence in the provision of Quality Health Care to our Residents in a friendly, caring and compassionate manner in a “Home-Like” community, respecting the dignity and self worth of each individual and to provide leadership in partnership with our Community, the Region and the Province in the planning and delivery of Long Term Care Services.



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Our Values & Philosophy

Tudor House is dedicated to reflect in all its activities the promotion of health and the advancement of individual growth, for residents admitted to this home; the personnel on our staff and for all the people in our community directly and indirectly involved within the context of a “home-like” community and a “safe and respectful” workplace.

We believe in meeting the residents experience at our home by:

- 1) Respecting expressed physical, mental, emotional and spiritual needs (all faiths), values and preferences through informed consent, active participation and shared decision making in health promotion, care planning and service delivery.
- 2) Sharing information that families, residents & stakeholders want; ensuring open and transparent communication; engaging them in resident care & facility operations & educating residents and their families about health issues, while respecting privacy and confidentiality.
- 3) Coordinating and integrating services and boundaries with those accessing our services to ensure this environment is the most appropriate for the resident and that services the resident wants and needs can be carried out. We strive to provide continuity and consultation for services across the continuum with our partners preparing residents for admission, discharge or transition
- 4) Enhancing quality of life in the care environment by providing physical comfort; pain management; & access to emotional and spiritual support and counselling in the activities of daily living and support, understanding and empathy in “end of life care”.
- 5) Ensuring each resident receives the best possible care and in the most ethical manner for the least possible cost to the resident, regardless of ethnic or national origin, creed, sex, sexual orientation (LGBT), or source of payment for services. Charges for care are provincial set by Manitoba Health Guidelines based on income.
- 6) Ensuring employment at Tudor House is based on qualifications and the ability to function effectively regardless of ethnic or national origin, creed, sex or sexual orientation (LGBT), or physical handicap. All staff are required to have criminal record and adult/child abuse registry checks. Educational programs such as in-service meetings and training programs are important to the maintenance and development of our staff.



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Our CODE OF ETHICS

Preamble:

Employees of Tudor House, in fulfilling their responsibilities, are expected to maintain high ethical standards in their personal and professional behavior and act in accordance the Home's values and their professional Standards. Every employee's decision and action affects the health and well-being of our elders, fellow workers and can have implications on the community at large; therefore employees must assess the consequences of their decisions and actions and accept responsibility for their results. Employees must speak out and strive for the most ethical course of action, both by themselves and as part of the care team within the Home.

All aspects of the code of ethics and ethical decision-making shall be guided by the these primary 8 characteristics: 1) Safe, Competent, Ethical Care/Services, 2) Health & Well-being 3) Choice 4) Dignity/Respect 5) Confidentiality 6) Natural Justice 7) Accountability 8) Quality Home/Work Environment.

All Employees are required to support & comply with the Code of Ethics as a condition of employment.

1. Responsibilities to Individuals*:

- Strive to be pleasant & cheerful (smile), courteous and tactful in all interactions and exhibit exemplary behavior and language socially appropriate for a health care setting.
- Respects and cares for the elderly and "advocates" on behalf of the Resident's needs.
- Demonstrate a professional appearance, pleasant & cheerful (smile) attitude to all persons and positive team building interpersonal skills. (*Smile and greet residents, family, visitors & fellow staff*)
- Comply with Resident Bill of Rights, Respectful Workplace, Abuse Awareness, Confidentiality and all other Policies of the Home.

** This refers to residents, family, co-workers, Owners, & the public.*

2. Responsibilities to Home*:

- Serve the interest of the resident/advocate on behalf of the Home in good faith.
- Strive to provide high quality & quantity of services within the resources available.
- Communicate truthfully and appropriately to resident, family and co-workers.
- Utilize approved work/professional practices, comply with all policies & prudent use of resources.
- Promote understanding and cooperation between all members of the care team and partnerships.

** This refers to the Employer*

3. Responsibilities to Community & Society:

- In a professional manner strive to promote change in practices and policies that adversely impact on residents, families, employees, the community and society in general.
- Participate in dialogue and recommend positive actions to promote health, well-being & LTC.

4. Responsibilities to Profession*:

- Demonstrate and maintain competence in their professional standards and job performance.
- Promote and maintain personal physical and mental well-being for self and others.
- Exemplify the Home's Values of Respect, Compassion, Accessibility, Fairness, Responsibility, Support, Out-come Oriented and Progressiveness.

** This refers to the Employee's "Professional Standards" if applicable and job description.*

5. Responsibilities to Work Environment*:

- Promote ethical conduct and evidence-based best practices for discussing and addressing ethical issues and concerns.
- Promote a safe & respectful workplace environment that is "zero tolerance" of violence & abuse, harassment-free and friendly, and that stimulates and makes the best use of employee's skills, knowledge and experience.
- Promote a safe environment for the disclosure of ethical issues & adverse events.

** This also includes volunteers, RHA staff caring for our residents and independent contractors.*

6. Conflict of Interest: (including Family Members Conflict of Interest see Policy AM -01- 50 & 51)

- Take steps, to the extent possible, to avoid any other employment or contractual relationship with a business entity, agency or office which would create a continuing or frequently reoccurring conflict between his/her other interests and in the full and faithful discharge or performance of his/her duties as an employee of the Home.
- Conduct all relationships in a manner assuring that the Home's decisions and actions are not compromised by a conflict of interest.
- Disclose to the CEO/DOC and/or Owner, in a timely manner, any situation (direct, indirect, personal, financial interest, appointment or election) that might create or be perceived to create a potential conflict of interest.
- Neither accept nor offer personal gifts, money or benefits with the expectation or appearance of influencing a Home's decision, service or practice. (including Vendor and Resident/Family gifts purchasing or involved in Lottery tickets, or other gambling etc... with residents.)
- Refrain from promoting or endorsing commercial products or services, elected officials and political organizations or a religious affiliation to the exclusion of other faiths.

* Note:

a) Conflict of interest exists when an employee uses position, authority or privileged information to ;

◇ Obtain or permit an improper benefit, directly or indirectly, or

◇ Obtain or permit an improper benefit for a friend, relative or associate (all persons hired or contracted by the Home whether related to other employees or not shall be evaluated on their individual merit, personal performance and ability to meet expectations of the job requirements.)

b) Gift giving and receiving is generally unacceptable. However, modest, token gifts are permitted depending on the appropriateness, intent and value. (exceptions are Christmas Food gifts to groups of staff by families, etc..., Staff Appreciation Gifts as per policy, donations to Home's Resident Donation Fund and gift giving that is personal in nature between staff.)

NOTE: By your signature you acknowledge having read and understand our Code of Ethics policy.

Employee Signature: _____ Date: _____

Supervisor: _____



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RESIDENT'S BILL OF RIGHTS

As an Resident living at Tudor House you have the right to:

1. Be treated with courtesy and respect and in a way that fully recognizes your individuality and respects your dignity.
2. Be protected from abuse.
3. A clean, safe, home environment.
4. Make choices in food, clothing, activities of daily living and recreation in a manner consistent with needs.
5. Have treatment and care with sensitivity and respect for privacy.
6. Own and display personal possessions, pictures and furnishings within your room while adhering to safety requirements and the rights of other elders.
7. Expect staff to identify themselves and the role they serve.
8. Receive assistance towards independence and self-care.
9. Communicate in confidence, receive visitors and consult in private with any persons without interference.
10. Make choices about your personal life or designate a responsible party and/or legal representation to act on your behalf to participate in decisions concerning care:
 - i. Participate fully in the development, implementation, review and revision of plan of care.
 - ii. Give or refuse consent to any treatment, care or services for which consent is required by law and be informed of the consequences of giving or refusing consent,
 - iii. Participate in making any decision concerning all aspects of care, including admission, discharge or transfer to or from a home or a secure unit or to obtain an independent opinion with regard to any of those matters.
 - iv. To have his or her medical records kept confidential in accordance with the law.
 - v. Meet with legal representative as often as necessary and in private if desired.
- 11- Exercise the rights of a citizen and raise concerns or recommend changes in policies and services on behalf of yourself or others (*without fear of reprisal, restraint, interference, coercion, or discrimination*) to the Resident Family Advisory Council, Personal Care Home staff, government officials or any other person inside or outside the Personal Care Home.
- 12- Form and maintain relationships with Residents within the Personal Care Home and in the general community.
13. Meet privately with your partner in a room that assures privacy. Where a couple is in the same Personal Care Home, you have a right to share a room according to your mutual wishes, if an appropriate accommodation is available.
14. Exercise choice of language, religion, spiritual, cultural, social and other interests.
15. Have lifestyle choices respected.
16. Be informed of any law, rule, or policy affecting services provided and the procedure for initiating a complaint.
17. Manage personal financial affairs as able in accordance with the law.
18. Access protected areas outside the Personal Care Home in order to enjoy outdoor activity.
19. Have a friend, family member, or other people of importance to you attend any meeting with the staff of the home.
20. Die in peace, dignity and comfort in the presence of family and friends, as desired

NOTE: By your signature you acknowledge having read and understand our Bill of Rights policy.

Employee Signature: _____ Date: _____

Supervisor: _____

Ref: IERHA July 2014



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Statement of Resident's Responsibilities

As in all human societies, you have not only rights but also obligations and responsibilities to your fellow residents and to the management, staff and volunteers of the home in which you are residing.

As a Resident of this home I acknowledge that I shall, to the best of my ability;

1. Observe the rules and regulations of the home in effect at the time of admission and as altered from time to time.
2. Treat my fellow residents, staff and volunteers with respect, courtesy and consideration and to bear in mind their rights at all times.
3. Observe at all times the no smoking regulations in building and grounds for my protection and that of other residents, staff, volunteers and visitors.
4. Participate in fire and disaster drills.
5. Use care with all supplies, linens and furnishings.
6. Provide accurate information to the appropriate home's staff concerning all aspects of my medical and financial status and to keep them informed of any change in these.
7. Consider that from time to time other residents may require more assistance, and more urgently, than myself.
8. Report promptly anything I feel needs attention with regard to safety or security.
9. Give home's staff the opportunity to act on a complaint.
10. For safety reasons, inform the home's staff when leaving the building.



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Strategic Plan 2018 & Beyond

Tudor House has and continues to work diligently to become a socially responsible and desirable Long Term Care Home and to make a positive contribution to the care of our seniors in our community. We recognize we are also accountable to all our stakeholders, our owners, the Winnipeg Regional Health Authority (WRHA), the Interlake Eastern Regional Health Authority (IERHA) and the people of the Province of Manitoba.

In reaching for **our “Vision”** of Resident Centred Care in a Home-like Community with **our “Mission”** of striving for excellence and the Values, Philosophy, Resident’s Bill of Rights and Code of Ethics we hold utmost, we are helping to ensure accountability to the public and most importantly meeting our primary directive to those entrusted to our care by providing long term care services with Quality, Dignity, Compassion, Empathy and Partnership. Our newly revised Strategic Plan outlines the five strategic priorities that Tudor House has developed over many years in consultation with our residents, family staff and our community partners by survey. Associated with the priorities are operational plan strategies, performance indicators, time frames and opportunities for annual review of the level of performance in meeting our objectives by the Community Advisory Committee, the Continuous Quality Improvement Committee (CQI) and the Management Committee. This is followed by a Human Resource Plan, a Communication Plan & Risk Management Plan.

1. Be a “Home of Choice”

Strategic Goal: To provide a high level of quality resident long term care services and a home-like community that makes Tudor House the most “desirable choice” for placement in our community for residents and their families.

Strategies

- Develop and implement a strategy to keep our existing long term care services current and progressive.
- To review and introduce new long term care services that meet the changing needs of our seniors community.
- To provide a comprehensive approach to improving our image and marketing our services to Selkirk and surrounding communities.
- To establish new partnerships and collaborations that promotes enhanced quality services and is mutually beneficial.
- To encourage and develop additional opportunities for families, volunteers and young people to participate in our programs and services.
- To continue to implement the applicable nationally Recognized RNAO Nursing Best Practices to the facility to provide the best possible standards of nursing care.

2. Be an “Employer of Choice”

Strategic Goal: To create a quality working environment that recognizes, appreciates, promotes wellness and supports employees in a relationship that feels like family and thereby makes Tudor House the most desirable place for health care employment in our community.

Strategies

- To become an “employer of choice” through the implementation of quality recruitment and retention initiatives, leadership development and succession planning, continuous learning programs, ensuring employee equity, offering an attractive benefit package and building a respectful, with “zero tolerance” for violence & abuse and pleasant workplace that promotes wellness.



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- To enable employees to have the “right” skills and resources for a positive and safe workplace where they feel appreciated, respected and recognized for the value of their contributions to the care of our residents.
- To strive to provide “exceptional customer services” to both the resident and their family.
- To celebrate and recognize individual employee success and achievements everyday & annually.
- To ensure that employees are aware of the Home’s strategic directions and activities, have opportunities for feedback and become engaged in improving our workplace and services.

3. Striving for Operational Excellence and Resident Safety

Strategic Goal: To promote and ensure a process of continuous quality improvement, managing risks and resident safety in all aspects of our long term care services.

Strategies

- To maintain a facility wide “evolving” continuous quality improvement (CQI) program that addresses all significant aspects of long term care, that utilizing recognized performance indicators and makes system changes recommendations that improve quality of care and reduce risk in resident safety and risk management issues. Responsive to Accreditation Canada’s ROPs and Patient Safety Standards.
- To maintain and develop performance indicators to measure management’s (Leadership) level of performance in reaching our strategic goals and in striving for operational excellence.
- **ROP Safety Culture Goal** – Adverse Events Reporting and System Evaluation, analysis, recommendations and monitored improvements are a targeted strategy and to be shared with residents, families and staff.
 - To work towards a “Blame Free Culture” that promotes a culture of safety and encourages change and quality improvement amongst peers in the workplace for both resident & staff safety. Measured by Quarterly Quality Indicator & Incident Management Reports.
- **ROP Infection Control Goal** - Reduce the risk of healthcare-associated infections and their impact across the continuum of care/services.
 - To educate and build compliance in Hand hygiene practices by all staff within all departments. Measured by Hand Hygiene Audits and Quarterly IERHA HAI Quality Reports
- Establish partnership with IERHA to participate in next Regional Accreditation Process to better align ourselves with the regional LTC Program
- Continue to work with and engage all families, community partners and build bridges and relationships in our community.

4. Our Futures - Capital Innovation & Progress

Strategic Goal: To advance the Home’s capacity and commitment to provide up-to-date services and resources in an improved and enhanced physical environment that meets or exceeds the Manitoba Personal Care Home Standards for Long Term Care in a pleasant home-like atmosphere for our residents and allows for future changing needs and growth.

Strategies

- To initiate and implement a plan for redecorating, renovation (Re-development) and upgrade to the physical plant, including private rooms, nursing stations, work areas, small resident care grouping areas (neighbourhoods), enhanced access & security (CCTV), fire safety, improved



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heating & plumbing systems, cooling and ventilation, upgraded electrical systems & generator backup. (Theme of “Power Smart – Energy Savings-Think Green & Recycle”)

- To upgrade and replace resident furniture and common area furniture.(i.e Electric LTC beds, chairs, dressers, bed side tables, Lounge & dining room tables & Chairs etc.. etc..)
- To upgrade and replace equipment, tools and technological devices in all departments to current standards. (i.e. Nursing – Patient lifts, Ceiling Lifts, Bathing Systems (Century Tub), Rehab Equip, new medication & treatment systems, equipment & carts)
- To evaluate, upgrade and replace Technology, Information Technology and Information Management Systems (Server & Workstations Upgrades, Electronic Health Record, Resident & Staff Computer Kiosk, Payroll & Timeclocks, Scheduling Software etc..) to current standards.

5. Our Community - Social Accountability, Advocacy, Partnership & Benevolence

Strategic Goal: To advance the Home's capacity and commitment to achieve greater levels of social accountability in recycling, Power Smart, Fairtrade, Advocacy, Partnership and Benevolence within our community. Tudor House's strategy of greater social accountability is to encourage our company's corporate actions toward making a positive impact on our prospective clients, our community, motivate employee responsibility and be a positive model for private corporate & public partnerships in Manitoba's health care sector.

Strategies

- To continue to encourage all departments to examine their purchasing and disposal habits for minimizing landfill waste and maximizing recycling as much as possible utilization the City of Selkirk Recycling program. (Theme of Think Green & Recycle”)
- To direct Maintenance in replacement of equipment, lighting and heating (HVAC) to seek out the most cost efficient and energy saving quotes for replacement in all areas of energy use and all departments. This includes insulation and window replacement over time. (Think Power Smart – Energy Savings)
- To encourage Dietary, Office and other departments where possible and cost effective to purchase Fair Trade Canada labels products in support of workers and farmers internationally. It is about supporting better prices, decent working conditions and fair terms of trade for farmers and workers throughout the world.
- To continue to be a corporate advocate for quality care and affordable housing & services for seniors in our facility and community through Provincial LTC Associations, Age Friendly Committees and other social agencies as well as encourage personal and employee advocacy for the elderly.
- To continue to build bridges and partnerships with community partners that supports services to seniors and improves the quality of senior's lives. (ie: Gordon Howard Centre, etc..)
- To corporately support with acts of kindness & donations to local charitable organizations that aide and support seniors. Interlake-Eastern Health Foundation, Gordon Howard Centre, Service Clubs, Selkirk Food Bank, Soup Kitchen, etc...



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OPERATIONAL PLAN with focused objectives for “2018 and beyond”

Operational Objective- List project/operational activity related to strategic Initiative.	Action Plan- For each objective provide a brief summary of key actions.	Resources- Include all resources required to meet the objective.	Deliverable- Define how you will know when the action plan has been achieved.	Performance Indicator- Indicate how to measure that the result has been achieved.	Timeline- Date or time from the start of the objective when you expect to achieve the desired results.
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1. Be a “Home of Choice”

Strategic Goal: To provide a high level of quality resident long term care services and a home-like atmosphere that makes Tudor House the most “desirable choice” for placement in our community for residents and families.

Operational Objective	Action Plan	Resources	Deliverable	Performance Indicator	Timeline
Develop and implement a strategy to keep our existing long term care services current and progressive.	To research, train and implement 1 new RNAO Best Practice – evidence based Guidelines for LTC practice setting. BPG: Pain Management BPG: P.I.E.C.E.S. Program with IERHA	-RNAO Clinical Practice Guideline Toolkit. - RNAO Website and associated resources. - In-service Coordinator -Budget Dollars.	-Management Committee implements 1 RNAO Best Practice Guidelines & PIECES Program (Leaders Trained). -Nursing Staff have implemented best practice into plan of care for residents.	- 1 Best Practice Guideline is fully implemented and standard practice in the care setting & PIECES Training has started in Facility for professional and HCAs..	-Dec.2018 for training and education of 2 new BPG. - March 2019 implemented into care plans and documentation - June 2019 fully practiced in facility.



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2. Be a “Employer of Choice”

Strategic Goal: To create a quality working environment that recognizes, appreciates, promotes wellness and supports employees and thereby makes Tudor House the most desirable place for health care employment in our community.

<i>Operational Objective</i>	<i>Action Plan</i>	<i>Resources</i>	<i>Deliverable</i>	<i>Performance Indicator</i>	<i>Timeline</i>
To enable employees to have the “right” skills and resources for a positive and safe workplace where they feel appreciated, respected and recognized for the value of their contributions to the care of our residents	To continue to identify areas workplace safety concerns and implement training, equipment and strategies to minimize injury and maximize a culture of safety.	-Workplace Safety & Health Committee Inspections. -Staff education & In-service. -Workshops and training sessions. - WCB Partners in Prevention Program & RTW Training. -Budget dollars.	- Staff are increasingly able to identify and resolve areas of concern & safety in their daily work environment. - A culture of Work Life Safety is recognized.	- a reduction in workplace injury claims and WCB (CQI report) absenteeism. - Staff survey a safer working environment. - Several Staff from each depart. have been training in workplace Safety & Health Investigation & Prevention.	- Spring 2019 training sessions attend by 2-3 additional staff from each department. - ongoing quarterly CQI reviews for injury and workplace safety, re-evaluated.
To increase safe workplace awareness and activities.	To develop and plan new safe workplace initiatives.(Worksafe Policies and Procedures all Depts.)	-Workplace Safety & Health Committee -Manitoba Labour Reps.	-3-4 new workplace initiatives are implemented in each Dept..	- a reduction in workplace injury claims and WCB (CQI report) absenteeism.	- Oct 2019 have some new and Revised initiatives in place (Audits, assigned safety check duties)
To increase Wellness Activities that reduces injury and absenteeism and promotes the wellbeing of the whole person.	To promote a variety of new Wellness activity each month of the year in all aspects of the person.	- Wellness Committee (Managmt ctte)	-12 new Wellness activities implemented, one each month.	- Reduced Absenteeism ,Staff survey a safer working environment.	-Regular ongoing wellness activities reevaluated by Spring 2019



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3. Striving for Operational Excellence and Resident Safety

Strategic Goal: To promote and ensure a process of continuous quality improvement, managing risks and elder safety in all aspects of our long term care services.

<i>Operational Objective</i>	<i>Action Plan</i>	<i>Resources</i>	<i>Deliverable</i>	<i>Performance Indicator</i>	<i>Timeline</i>
To maintain a facility wide “evolving” continuous quality improvement program that addresses all significant aspects of long term care, that utilizing recognized performance indicators and makes system changes recommendations that improve quality of care and reduce risk in resident safety and risk management issues That also Addresses Accreditation Canada Standards,	<p>-To redevelop CQI Program to include monitoring of all significant elder/patient safety initiatives for long term care practice setting ROPs and measure new areas of concern for improvement. (HR, Information Management, etc...)</p> <p>New ROP focus on Infection Control/Hand hygiene and</p> <p>New ROP Incident management, Review Recommendations and monitored improvements.</p> <p>New Partnership with IERHA to participate in next Regional Accreditation Process.</p> <p>-To work towards a “Blame Free Culture” to promote an atmosphere that encourages safety, change and reduces risk.</p>	<p>-CQI Committee</p> <p>-Budget Dollars</p> <p>-Internet resources</p> <p>-Patient Safety Institutes</p> <p>- Accreditation Canada Resources</p> <p>-Staff Education</p> <p>-Manitoba Patient Safety</p>	<p>-Revised CQI Quarterly Monitoring Reports delivered to Management Committee and to IRHA CI Committee.</p> <p>-Reassess annually and quarterly as required.</p> <p>- Deliver 2 in-services annually that addresses Patient safety and reduces risk. (Medication, etc...)</p>	<p>-100% of CQI Report meets the test for compliance for all applicable Accreditation Canada ROPs for long term care in all FIVE (5) Patient Safety Areas.</p> <p>1.Culture, 2.Communication, 3.Medication Use, 4.Worklife/Workforce, 5.Infection Control</p> <p>- Recommendations met.</p> <p>- 2v In-services held annually</p> <p>-CQI program Occurrence Reporting Program indicates reduction in staff errors and workplace accidents in workplace.</p>	<p>- Update and Revise ROP Indicators asnd KPI by April 2019.</p> <p>-2 Annual Education sessions held for next 3-4 yrs. Reviewed and reassess annually</p>



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4. Our Futures – Capital Innovation & Progress

Strategic Goal: To advance the Home's capacity and commitment to provide up-to-date services and resources in an improved and enhanced physical environment that meets or exceeds the Manitoba Personal Care Home Standards for Long Term Care in a pleasant home-like atmosphere for our elders and allows for future changing needs and growth.

Operational Objective	Action Plan	Resources	Deliverable	Performance Indicator	Timeline
To initiate a plan for <u>redecorating, renovation or re-development</u> and upgrade to the physical plant, including private rooms, nursing stations, work areas, small resident care grouping areas, enhanced access & security (CCTV), fire safety, improved heating & plumbing systems, cooling and ventilation, upgraded electrical systems & generator backup. (<i>Theme of "Power Smart – Energy Savings -Think Green"</i>)	- to engage and hire an Interior Decorator to provide recommendations for redecorating the facility to a more pleasant and homelike environment and begin process to redecorate the common and public areas followed by resident rooms.	-Budget Dollars -Maintenance Staff -Painting Contractor	-Manager identified areas for improvement report received and process to redecorate has begun.	-The facility is totally redecorated.	- 10 Washroom Floors replaced by Aug 2018 - 10 Washroom counters replaced by Aug 2018 - All resident and common areas refreshed and painted by Aug 2018.
	- To convert all parking lot plugs & electrical lighting to Power Smart- Energy Saving lighting.	-Budget Dollars -Maintenance Staff. -Electrical contractor	All parking lot plugs & phased in lighting is power smart approved.	-100% lights are power smart T8s & Compact Fluorescent (No incandescent bulbs in facility or purchased by facility.)	COMPLETED
	- To install new Digital CCTV Surveillance cameras for security through facility.	-Budget Dollars -CCTV Contractor	-CCTV System operational for all entrances, parking lot and other high risk areas internal & external.	-100% CCTV coverage of all high risk security areas & all Common areas.(16 security cameras)	-COMPLETED
	-To Replace all 8 HVAC units on Roof & Boilers with high efficiency Power smart units over 8 years.	- Budget Dollars	- All high efficiency Power Smart HVAC units providing optimal heating and cooling all year round	-All HVAC units replaced with new heat & cooling units	-7 of 8 HAVAC Units replaced. -High efficiency Boilers installed Sept 2017



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<i>Operational Objective</i>	<i>Action Plan</i>	<i>Resources</i>	<i>Deliverable</i>	<i>Performance Indicator</i>	<i>Timeline</i>
To upgrade and replace existing <u>flat roof asphalt & gavel.</u>	-To replace flat roof section by priority over 8 years with annual maintenance as required.	-Budget Dollars. -Roofing contractor	-New flat roof that is up to current building code and ensures a safe, well draining and energy efficient roofing system for the long term.	-Entire Flat roof is replaced with good energy efficiency and drainage.	-Section B replaced 2006 -Section A5 to replaced July 2011 - 3 rd Section 2018- ongoing patching.
To upgrade and replace <u>Resident furniture.</u>	- To replace and upgrade Resident furniture over a period of 5 years.	-Budget Dollars	-New beds and unit furniture have been purchased for the entire facility.	-last (8) new LTC hi-low beds -Last (2)sets furniture. (Dresser, bedside table)	-Ordered June 2018 -Ordered June 2018 - 25 Arm chairs April 2019
To upgrade and replace <u>Recreation furniture</u>	- To replace and upgrade Recreation Furniture over a period of 5 years.	-Budget Dollars	-New Recreation Tables and Chairs have been purchased for the entire facility.	-40 new Recreation chairs purchased - 6 new multifunction Recreation Tables purchased	-20 chairs ordered April 2011DONE - 6 Tables purchased by June 2013. Postponed
To upgrade and replace <u>Dining Room furniture</u> .	- To replace and upgrade resident furniture over a period of 5 years.	-Budget Dollars	-New tables and chairs have been purchased for the Dining Room.	-10 new Dining Tables. .	-24 Dining chairs purchased 2006 -Add 10 new tables by April 2019
To upgrade and replace <u>Common Area furniture</u>	- To replace and upgrade Common Area Furniture over a period of 5 years.	-Budget Dollars	-New Couches, Lounge chairs, coffee & end tables for Maple , Poplar and Reception areas have been purchased.	-6 new couches purchased - 10 new Lounging Chairs - 6 sets of coffee and end tables purchased.	-6 couches ordered by June 2019 - 10 lounging chairs purchased by June 2019.



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Operational Objective	Action Plan	Resources	Deliverable	Performance Indicator	Timeline
To upgrade & replace equipment and technology	<p>To replace and obtain new equipment for each dept over the next 5 yrs.</p> <p><u>IT Plan</u></p> <p>NOTE: To replace & upgrade 5 Computer workstations each year on 5 year plan cycle. (26 workstations)</p> <p>-Install ceiling tracks and lifts for 50% of all Elder's rooms.(Long term to 100% coverage)</p>	<p>-Annual capital budget & Donation Account.</p> <p>- IERHA/ Manitoba Health Funding (10 year plan)</p>	<p>That all old equipment is replaced or updated.</p> <p>-That 50% of Resident rooms have Ceiling track & lifts.</p>	<p>Each year several items of equipment or technology is replaced or updated.(Patient lifts, Ceiling Lifts, Bathing Systems, Medication Carts, Nursing & Rehab equipment, Computer Workstations, Server update)</p> <p>50% of Residents rooms have ceiling lifts installed.</p>	<p>-Poplar Hall Bathing System July 2015</p> <p>-Maple Hall Bathing System July 2012, 1 of 2 DONE</p> <p>-Maple & Poplar Nursing Station Upgrade June 2018 –</p> <p>-5 Computer Workstations upgraded. April 2011, 4 in 2016, 2017, & 2018, upgraded 7 in 2019 & New Main Server.</p> <p>-28 Ceiling Track installations Maple Hall 2011 installed</p>
<p><u>Major Capital Program</u></p> <p>To Initiate Tudor House “Redevelopment New Addition Plan” in response to Resident/family requests and Minister of Health’s Directive additional PCH Beds for Tudor House.</p>	<p>-To obtain approvals for Redevelopment from WRHA/IERHA.</p> <p>-To obtain feasibility study for Redevelopment Proposal.</p> <p>- To Develop Functional Plan & Business Plan.</p>	<p>Administration & Board.</p> <p>- Consultant Project Developers.</p>	<p>-Send Proposal IERHA seeking Approvals received for proceeding with Redevelopment.</p> <p>- Engage Consultant.</p> <p>-To develop a draft Business plan to Redevelop Tudor House.</p>	<p>-Responses received from IERHA (YES) and WRHA.(NO)</p> <p>- Consultant engaged for feasibility study.</p> <p>-Draft Functional Plan & Business Plan Prepared</p>	<p>- sent letter June 2008</p> <p>• Engaged consultant Nov 2017</p> <p>- Feasibility Plan completed Dec 2017</p> <p>- Draft Business Plan prepared and submitted to IERHA & Manitoba Health Dec 2017, 2018 & 2019</p>



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5. Social Accountability, Advocacy, Partnership & Benevolence					
Strategic Goal: To advance the Home's capacity and commitment to achieve greater levels of social accountability in recycling, Power Smart, Fairtrade, Advocacy, Partnership and Benevolence within our community.					
<i>Operational Objective</i>	<i>Action Plan</i>	<i>Resources</i>	<i>Deliverable</i>	<i>Performance Indicator</i>	<i>Timeline</i>
To continue with Recycling to expand on an active plan of where appropriate for all departments.	- Examine each dept for new areas for recycling and minimizing landfill waste.	Budget City Of Selkirk Recycling Program	Each department develops one (1) new initiative	New initiatives are developed	Spring 2019
To continue with Power Smart initiatives in all aspects of our facility (Theme of "Power Smart – Energy Savings -Think Green")	(See 4. Our Futures Capital Innovation & Progress)				
To initiate Fair Trade purchasing in departments where possible and cost effective	- Examine each department for any Fair-Trade purchasing opportunity.	Budget Fair Trade Canada Website	Each department develops one (1) new initiative	New initiatives are developed	Spring 2019
To continue with corporate Advocacy efforts for quality and affordable housing and services for seniors	-Continue with active participation in: -Long Term & Continuing Care Association of Manitoba -Selkirk Chamber of Commerce -Selkirk Age	Budget	Active Participation and input as part of an external team.	Plans and proposals are developed.	Re-evaluate Spring 2019



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	Friendly Committee				
To continue to Build local Partnerships that supports services to seniors and improves quality of senior's lives.	-Continue with active participation in: -Gordon Howard Centre - etc..	Budget	Active Participation and input as part of an external team.	Regular annual involvement in the activities of the partner senior organizations	Re-evaluate Spring 2019
To continue to make corporate acts of Kindness & Donations to local charitable organizations that aide and support seniors	- Continue to support the following organizations: -Selkirk Hospital Foundation -Gordon Howard Centre -Service Clubs (Rotary Club of Selkirk) -Selkirk Food Bank & Soup Kitchen	Budget	- Active supporter of each organization	-Donations or gifts in kind made to each organization	Re-evaluate Spring 2019



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Human Resource Plan 2018 & beyond

Introduction:

This Human Resources Plan outlines the priorities and strategies that will be addressed for Tudor House over the next five years 2018 and beyond.

Since Tudor House was founded in 1971 staff has played a critical role in the success of the nursing home's operation. Employees contribute to the work of Tudor House by being the primary provider of care and services to the clients of the nursing home as well as being the face and voice of the facility to residents, family and the public. Recruitment and retention of caring and capable qualified staff is a key priority of our strategic plan. The following analysis and plan outlines the basic strategy that Tudor House shall strive for to meet our staffing needs for the next five years on the short term and provides recommendations for significant areas such as retirement, retention, staff recognition & appreciation, education support, quality of work life, compensation, empowerment and recruitment.

Our Plan has two parts, first the analysis or forecast of staffing projections internally and externally; and secondly, outlining the planning, actions and monitoring to meet the needs of the anticipated staffing requirements in the future five years. This will include a brief outline succession planning of key management staff.

Human Resources Forecast:

Predicting staffing needs is problematic the farther you try to go into the future as multiple factors can come into play to further complicate projections and market requirements externally. This is dramatically heightened by changing demographics in our rural community and competition from larger more aggressive health care employer with significantly more resources.

Another trend that is becoming very evident is the changing demographic of the population in general. The workforce is becoming older and the birth rate is decreasing. "According to Human Resources Development Canada the aging of the population will accelerate over the next 3 decades with the number of seniors (those over 65 years of age) projected to increase from 4.2 Million or 13.2% (July 2007) to 9.8 Million or 24.5% of the overall population by 2036. Further, it should be noted that, after age 65, 1 in 3 Canadians will have developed a disability (defined as a physical, mental, or health condition). By 2026, it is projected that there will be over 3 million people with disabilities over 65 years of age which is almost double the 1.6 Million reported in 2001. While the proportion of seniors is increasing, the number of children and youth is decreasing. This decline is projected to continue for the next 50 years." (IERHA) These projections will have a significant impact on the delivery of our services. The challenges are significant and the solutions are not readily apparent. The faster we are able to address these challenges, the better chance we will have to be successful and remain as an Employer of Choice. The consequences of not achieving the desired results from our human resource strategies could result in a reduction, elimination, or reconfiguration of the long term care services that we provide and our ability to replace our own retiring employees.

Attracting individuals from both within our community and from outside our community is one means by which this can be done. Retaining those individuals who currently work for us, especially retired individuals, is another. Retired Health Care professionals themselves can make a real valuable contribution to our services by being attracted back to work on a casual or part time basis. Aboriginal people and immigrants can also play an important role in filling our Human Resource needs and shouldn't be forgotten.



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Another important and perhaps a key area of recruiting and retaining staff is how we are doing as an employer. We need to ask ourselves both as employers and as managers the following important questions

1. Does staff feel valued and appreciated?
2. Is staff treated respectfully, fairly and with kindness?
3. Do we make Tudor House a pleasant & safe place to come to work?
4. Is the quality of staff work life balance positive?
5. Do they have the equipment and resources to do the work they are assigned?
6. Do we support and communicate with staff to meet their needs and concerns?
7. Is their opportunity and encouragement for personal growth, advancement and education within Tudor House?
8. Do we attract the best quality of potential employees?
9. Would our employees encourage their friends and relatives to work at Tudor House and their loved ones to live and receive care at Tudor House?

Realistically, other than new graduates most of our employees already come from other health care employers or other local businesses and schools. Making Tudor House a great place to live and work can make a difference in the long term retention of our employees. These are key questions we should know the answer to and if we are following short of the mark we need to address the concerns as soon as we can.

Staffing:

The present staffing of Tudor House consists of the following statistics by key areas.(Total Current staffing is ~ 100 Fulltime, Part time & Casual) plus a number of contract employees. (Physicians, Accountants, consultants, etc...)

Current # of “Active” Employees @ April 1st 2018

Exec.	Office	RN/RPN	LPN	HCA	Hskg/Ldy	Dietary	Recreation	Maintenance
2	6	12	10	46	7	10	5	3

Employee Age Distribution by Classification @ April 1st 2018

	↓ 20	21-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Executive									1		1
Office			2	1		1					
RN/RPN			1		1	1	2	3		3	
LPN			2	2	1	1	1	2		1	
HCA	1	6	6	7	4	6	2	5	1	1	2
Hskg/Ldy		1	1			2		2	1		
Dietary	1				1	2	2	1		1	
Recreation		1				1	1			1	1
Maintenance		1	1				1				



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% of Total	2%	9%	8%	10%	7%	14%	9%	19%	3%	7%	3%
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Average Age by Classification @ April 1st 2018

	Exec.	Office	RN/RPN	LPN	HCA	Hskg/Ldy	Dietary	Recreation	Maintenance
Average Age	74	41	54	46	44	47	48	52	42

Vacant Positions by Classification @ April 1st 2018

Exec.	Office	RN/RPN	LPN	HCA	Hskg/Lndy	Dietary	Recreation	Maintenance
0	0	0	0	0	0	0	0	0

Annual Turnover Rate by % (including Retirees & Terminations, FT, PT & casual staff turnovers)

2014	2015	2016	2017	2018
15%	18%	16%	18%	9%
138 employees	149 employees	134 employees	131 employees	106 employees

Length of Service in Years as @ April 1st 2018

0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40
35	27	11	9	7	3	3	2

Analysis:

Recruitment & Retention Challenges:

- Aging Staff - Retirement
- Shortage of Professional Nursing Staff (RN/RPN/LPN) – Staff shortages & Burnout
- Rural Area
- Competitive Market from Facilities and Regional Health Facilities
- Limited Financial Resources
- Spousal Employment & Transfers
- Work Load & Work Site stresses & injuries
- Limited Attraction of Long Term Care Health Care Employment

We have not identified several employment classifications specifically within the support staff category. Historically, these have not been identified as areas of serious concern in attracting staff and we don't expect or anticipate that we will see a dramatic change in the availability of support staff for HCAs (I & II), Dietary, Housekeeping, Laundry or Maintenance. This is primarily due to the fact that the health care sector with its high unionization has, as with the civil service, supported significantly higher levels of wages and benefits than private sector commercial businesses at attracting staff, especially in smaller rural communities such as ours. This is not to minimize the importance of attracting and retaining quality support staff and this still needs to be done, as we can still lose our staff to both Regional Health Authorities (IERHA & WRHA) and other Nursing Homes in the area as well as City of Winnipeg facilities.

Of a more serious concern that is readily apparent from the above statistics however is losing staff due to normal turnover and retirement especially in the professional nursing area (RN/RPN/LPN) and also with our aging senior nurses and management.



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Over the past ten years at least there has been significant challenges to the long term care sector in attracting new health care professionals as acute care has been the traditional choice for new grads and limited numbers of nurses have been trained up until recently. This has been evident both provincially and nationally and especially in rural areas of the country. We have had to resort to Overseas Recruiting of nurses by outside agencies at a considerable expense usually with only a short term benefit as they tend to move on with career advancement or specialization in the acute care sector. Ideally, we would like to encourage and promote succession planning from within the organization, however if this cannot be achieved, then planning must be in place for outside hiring. Many factors come into play to find the right mix of skills and experience for management positions and these positions tend to be difficult to fill at the best of times. Our target strategies will focus on both training and mentoring of potential candidates for internal promotion for management positions. But in addition we will need to look at many more strategies overall to meet our Strategic Goal of being an "Employer of Choice" in the region. The plan and activities need to be growing and evolving to adapt to changing external challenges and market demands.

Recruitment ,Retention & Succession Strategies:

- **Networking, Partnerships and Personal Relationship building** (*Community Advisory Committee, LTCAM, City Of Selkirk, Chamber of Commerce, Professional Colleges, Lord Selkirk School Division, Union Relations: MNU, IUOE,)*
- **Newspaper, Internet Recruiting** (*HRDC Internet Job Bank, Tudor House Website, Selkirk Journal*)
- **Local Job Fairs** (*Selkirk & District area*)
- **Compensation, Benefits & HR Resources** (*Competitive Compensation & Benefits, Dedicate additional HR part time hours, Promotional Displays and PR Gifts, Enhanced Hiring & Exit Interviews, EAP Programs*)
- **High School, Community College and University Recruiting** (*Lord Selkirk School Division Programs, Red River CC, Assiniboine CC etc..*)
- **Nursing Student Training Practicums** (*RN,RPN,LPN,HCA*)
- **Summer Employment Programs** (*Apply for additional opportunities to engage young people in summer employment activities in various departments*)
- **Nursing Recruitment Incentives**, (*John I Martyniw Memorial Bursary Program, Collective Agreement Education & Training Incentives, Provincial Bursary Programs, Nurses Recruitment & Retention Fund*)
- **Volunteer Program enhancements**, (*Volunteer Tea, Volunteer Awards, Tudor Rose Bistro, Book & Snack Carts, etc..*)
- **Staff Appreciation & Recognition Activities** (*Christmas Dinner & Dance, Retirement Parties, Summer Barbecues, Staff Appreciation Week, Years of Service Awards, Meritorious Conduct Awards, Resident Safety Champion Awards, Creative Innovation Awards*)
- **Staff Workplace Wellness, & Health & Safety Activities** (*promote a culture of health & safety, regular monthly Wellness Activities for staff focusing on their needs and desires*)
- **Leadership Program** (*Assess, encourage, promote and support key employees that demonstrate abilities, character and express interest to become leaders within the organization*)
- **Orientation & Staff Education Programs** (*Build on these activities to support and build strengths and confidence to both grow and improve in the workplace as employees and for personal growth.*)
- **Employee Feedback & Empowerment** (*Seek opportunities to maximize staff involvement in decision making, planning and operating of Tudor House within the Strategic Goals of the Organization*)
- **Value Plus +++ Activities** (*Activities designed to give enhanced benefits to employees of Tudor House, Interest Free Emergency Loans, Computer Loans, etc..*)



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Communications Plan 2018 & Beyond

Introduction:

This Communications Plan outlines the priorities and strategies and to help us focus resources for Tudor House over the next five years 2018 and beyond.

Analysis: Organizational Background

Tudor House has had a long history of serving Selkirk and Interlake Seniors for the past 47 years. Throughout this time it has made a variety of connections, partnerships and relationships with many aspects of our community. Participating in local events, contributing to charitable causes and with a number of our staff being involved in significant organizational and support groups that has helped to spread our message but it has still been a struggle at times to address issues of concern regarding elder care, staffing funding and resources including major capital re-development. We have to have an effective Communications Plan to be able to organize and focus to better address communications on particular issue and get our message across when needed, including media activities, City of Selkirk, IERHA/WRHA and provincial government relations, grassroots organizing/lobbying, fundraising, and better communications with internal staff, elders and their families, vendors and our all partners in health care and stakeholders in the greater community.

Also a well developed media plan is also important because the media is a primary source of education and information in our community. The media sets the public policy agenda and frame public perception on many issues (*for better or worse as we have sometimes seen in Long Term Care articles/stories*) It is important to address shortcomings and look for opportunities to improve always but it is also important to share and celebrate the news our successes and to help manage day to day unforeseen incidents and events that may crop up from time to time.

There are a number of issues that Tudor House needs to address from a communications prospective; including Major Capital Facility Redevelopment (older infrastructure), Technology issues (MDS, Computer Care planning, etc.), Automated Pharmacy Multi-dose Distribution Systems, staffing & funding issues to name a few. These issues are important as they represent “best practice” and evidence based standards throughout Canada and Tudor House along with other rural homes need to be able to provide the same standard of services as Winnipeg PCHs and other Accredited Long Term care facilities in Canada to best meet the needs of our clients and ensure long term viability of the organization. Our Vision, Mission and Strategic goals clearly outline our services, functions and role within our community. We have been successful in achieving good results with Manitoba Health Standards Visit Inspections and Accreditation Canada Surveys that while they indicate we still have work to do, we still compare very favorably with our peers both locally, regionally, provincially and even on national comparison basis. Our CQI & Risk Management performance indicators are extensive and are revised regularly the past few years to look for more areas to improve, not settling for “satisfactory” and “standards met” ratings. Resident safety and a culture of staff safety with a “respectful workplace” with zero tolerance for violence and abuse are also core focuses that Tudor House has been consistently messaging and supporting.

Analysis: External or Public Environment

All organizations need to be concerned and aware of the external threats sand opportunities facing their organization or those that are just plain indifferent to our interests. As previously stated Tudor House was established as a nursing home over 40 years ago in the early years of the Manitoba Health Personal Care Home program that was being introduced as a co-payer insured health service. Private or For-Profit Nursing Homes were not always or seldom portrayed in a positive light in the media and in the eyes of the



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public regardless of the quality of services they actually were providing and the satisfaction of their clients as it was felt they were taking a business profit at the expense of their clients. Little consideration was given to whether the private homes were better managed more efficient and that it was trying to return a dividend to the private investors that built and operated the facilities at their own risk without government subsidies or deficit protection.

The later establishment of Regional Health Authorities and the loss of a direct funding and a direct accountability relationship with Manitoba Health has been problematic and seems to have increased the issues of “have and have not” PCHs on a rural and urban (*City of Winnipeg*) basis.

Tudor House specifically, has fared not too badly in the public perception the last few years, with reasonable credibility for providing good care and competitive salaries and benefits for staffing, recruitment and retention. However, we want to be positioned as a “leader and innovator” in long term care and really become the “home and employer of choice” in Long Term Care. Media exposure in terms of media stories (print/TV) including letters to the editor, radio interviews, feature stories etc.. as been minimal to none at all for many years, unless it has been negative/ exposé type news. It is a particular challenge for a Private (*For-Profit PCHs*) as the expectation is we should pay for our media coverage both on print media and Public Service TV channels even though we receive the same or less funding than Non-profit or faith based PCHs and also lacking the Non-profit tax, GST, Charitable Grants and Donation advantages.

There is no specific research or surveys on attitudes or public opinion for our facility, however we have done periodically community satisfaction surveys which while had a low return rate did reflect a majority general satisfaction but little knowledge about Tudor House. The University of Manitoba, Manitoba Centre for Health Policy has done number of studies over recent years on long term care service in Manitoba that have been informative but not always positive for the private sector of Long term care generally.

There has been very little local debate, questions from the media or questions in the legislature regarding long term care unless a Critical Clinical Incident occurs and generally it involves Winnipeg PCHs for comments or reaction. We do have an ally supporting Private and Non-profit PCHs in Manitoba with the Long Term Care Association of Manitoba being an advocate for LTC service providers in Manitoba. This has been a positive Public Relations support for all PCHs.

Our strengths are that we can usually respond faster and more effectively to changes and improvements we need to make with little bureaucratic delay and review. We tend to be more efficient and careful managers of public funds and resident co-payment funds than others, because we have to be and because we are managing our own shareholder's financial investment as well. I think also our staff tries harder to do a better job, be more cheerful, accommodating and helpful because of the general perception given to private PCHs that they also have to contend with. This creates a pride in work life that reflects on the Elders, Families and visitors.

Communications Objectives

Our basic objectives with our communication plan are to work towards an end that supports Tudor House's Vision, Mission and Strategic goals as well as capital infrastructure redevelopment and specific operational goals both short and long term. We want to garner popular support in our community and with local elected officials that we are doing a great job and deserve their support to help us achieve our objectives.

In setting specific campaigns and communications objectives during the next few years in each case we will consider the following points:

- What is the basis objective? (ie: Capital Infrastructure Redevelopment Funding, etc..)
- What reactions are we intending to provoke in our target audience?
- What is our call to action?
- Do we want our audience to write a letter or make a supportive call to a decision maker?
- Do we want them to change a personal behavior or attitude?
- How will we measure our success?
- What will be the bench marks?
- Do we want to provide our audience with new information?



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Target Audiences: Who do we want to reach?

Health facilities communicate with many different audiences, including policy makers, elders and their families/friends, media, academics, the health care industry, aboriginal peoples and community groups in general. Adding to our “Community Advisors Committee” those individuals or groups that have an interesting or can have an influence on behalf of the home is key to delivering a focused communications plan. Also it is important to get facility staff up-to-date and “onside” with new facility initiatives requires an internal communications strategy.

Internal Audience Goals

- Build staff awareness and understanding of the home’s future goals, its current situation and even the case for change, based on our values and evolving strategic directions.
- Ensure our managers understand and accept their role in the communications process to inform and educate their staff as “role models” & “team leaders”.
- Ensure our employees understand they are valued and appreciated, have the information needed to do their jobs, are willing to serve as ambassadors for the home and will help build the homes reputation.
- Ensure that available technology is fully levered as a business and communications tool. (*ie Emails, Website, Facebook, Twitter, etc...*)

External Audience Goals

- Build public awareness and understanding of the home’s desired future, its current situation and the case for change as defined by organization values and strategic directions.
- Build awareness of the home’s role and services offered to the communities it serves as well as its role in promoting, supporting and participating in ongoing community development.
- Manage and protect the home’s reputation with key stakeholders – build trust, support, and community pride for the nursing home in our community.
- Ensure available technology is fully levered as a business and communications tool. (*ie Emails, Website, Facebook, Twitter, etc...*)

Communications “Roles & Goals” Breakdown of PCH Staff

Owners, CEO/DOC & Leadership Team (Management Committee)	<ul style="list-style-type: none"> • Leverage their individual community network, serve as community ambassadors, and highlight how the home is meeting the long term care needs of the community with the resources available. • The CEO/DOC is designated as the de-facto Chief Communications Officer. • The CEO/DOC is also the communicator of the home’s overall business strategy. • The behaviors and actions of the leadership team must create a culture that fosters two-way communication.
Managers and Supervisors	<ul style="list-style-type: none"> • Understand that communication is a management role that, done well, increases overall facility effectiveness. • Respected front-line managers build credibility for new initiatives with other employees.
Medical Staff, PCH Staff, Volunteers	<ul style="list-style-type: none"> • Serve as community ambassadors, highlighting how the



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	<p>home is meeting the long term care needs of the community with resources available.</p> <ul style="list-style-type: none"> • Understand the work underway to ensure the home's long term viability and sustainability. • Understand the home's success is dependent on the recruitment and retention of qualified staff – the fact that they are valued and appreciated needs to be communicated to them.
Internal Champions	<ul style="list-style-type: none"> • Identify communicators, opinion leaders in the workplace to help mobilize employees and other stakeholders. Once selected, ensure they are equipped with the skills to deliver tailored messages, prompt open discussion and provide timely and honest feedback. • Acknowledge their role in the communication process.

Communications “Roles & Goals” Breakdown of External Stakeholders

Residents and their families	<ul style="list-style-type: none"> • Understand that the work underway aims to ensure the home's long term viability and sustainability in the community. • Understand how access to services is provided by the home through the Regional Health Authority..
PCH Donors and Supporters	<ul style="list-style-type: none"> • Know that their support is valued and is making a tangible difference in delivery of care at the home. • Understand the work underway aims to ensure the home's long term viability and sustainability on the community
Minister of Health Deputy Ministers of Health Shared Services – Dr. B.Wright WRHA CEO & Board Chair IERHA CEO & Board Chair MLA MP Non-governing party health critics Mayor & Council City of Selkirk Reeve RM St. Clements Reeve RM St. Andrews and many others...	<ul style="list-style-type: none"> • Most funding is dependent on the Minister of Health through the WRHA. <p>Need to create an awareness that the Home:</p> <ul style="list-style-type: none"> • Is a point of excellent care within it's mandate. • Serves the needs of the community. • Is efficient, provides good outcomes and is able to meet the targets for performance indicators. • Is collaborating with other health care facilities acute and long term care. • Will use high cost services and resources in the most efficient and cost effective way. • Will provide services while focusing on the core business of the home, caring for our residents, and will not try to be everything to everyone.

Primary Audience Checklist

- Refer to the Community Advisory Member List 2018
- In addition, for a communications initiative include advisors, support staff and gatekeepers.
- Depending on the specific communications initiative, residents and their families may be part of our primary target audience. Give consideration to how they would respond if included or not in the project.



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Secondary Audience Checklist

- Need to identify who supports our work.
- Who is critical of our work or our stance on a particular issue.
- Who are the fair/sympathetic reports? Know when their articles/columns/shows run. Follow the work they do.
- Involve our organization's staff, volunteers, Champions, donors and friends as an audience.

Message: What we want to say?

There are many ways of communicating about the same issue. It is important to choose words that resonate with our audience and frame ideas in ways the public will embrace.

- What is our "hook"?
- What are the specific phrases and words that capture our message most clearly and simply.
- Can we state our message in a bumper sticker? State your message in a single sentence.

Strategies

We need to pick the kind of strategy that will be most effective for the particular issue will hope to address in our strategic priorities. The strategy we select depends entirely on the situation, objectives, and a clear understanding of who constitutes our target audience, and what will move them to act.

We will consider the following questions when developing specific strategies:

- Is our strategy proactive or reactive?
- Low profile or high profile?
- Local jurisdiction or province wide?
- What are the major communications opportunities?
- What are the major communications impediments?
- What communications strengths are available in our organization?
 - Clipping files, strong public speakers, and staff or families that are well connected in the community.etc..
- What alliances that our home has that may be helpful for the project?
- Does our approach warrant paid advertising through print, radio and/or TV (If the resources are available)?
- What kind of media coverage will result in the greatest impact on decision-makers?
- Is the issue big enough?
- Should our story be delivered in a media briefing with specific reporters invited or in an editorial board meeting with one media outlet if appropriate?
- Can our story be made visual? Are there ways in which our story could be staged, presented and/or supported by visual materials?
- When should our release be timed? How does it fit with other current events?
- If a government or RHA official could be asked by the media to respond to our release, should we inform that official? How much time will we give them? It is important to remember that they



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also have communications staff and they may find it in their interest to undermine our message.

- What are the various ways we can reach our target audiences?
- Can the Long Term & Continuing Care Association of Manitoba help?

Tactics

There are dozens of methods to reach an audience. In choosing and prioritizing tactics, consider these questions:

- How big is our budget?
- What personnel resources are available to you?
- How much time will they be required to spend on communications efforts?
- Is it reasonable considering their current work expectations?
- In brief, how do we plan to deliver our key messages to our target audiences?
Decide on an approach to addressing a particular issue or project and then make a list of activities that support it.
- Activities could include: news releases, press conferences, town hall type meetings, Op-ed articles, Events, Teas, Fundraisers, breakfasts, etc...
- Or Briefing sessions with reporters, preparing a Question – Answer document, doing background research on the political environment around our issue, and knowing when major decisions about our issue or policies related to our issue will be made.

Timing

Timing refers to the natural links onto which we can hook our communications. For example, if the government will be making budget decisions that will impact our issue area, be prepared to respond. Be proactive and contact media and assistants to the Minister before the decision and announcements are made. Does our story have natural links around specific holidays or public events? Plan out our activities well in advance of the event or holiday we are hooking our campaign to.

Timeline

We should develop a time line based on notes in our timing section. Be as specific as possible. If we are going to produce a briefing kit to educate our audience, put every element of its research and production in a timeline. At a minimum pull together an informative Question & Answer Sheet. It is important to build an evaluation process into the project timeline. A great benefit of this process is that after experience in tracking successes, challenges and failures this process will help us to adapt and improve with greater success.

Spokespeople

Determine who within our organization will project the most credible voice to our key audiences. We may want to train one person to address government and editorial boards and another to share our messages with the stakeholders and the public, especially if there are a variety of issues and/or the nature of the issues and the professional expertise required to respond appropriately.

References: Ontario Hospital Association “Communications Planning for small, Rural and Northern Hospitals”



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Risk Management Plan 2018 & Beyond

Introduction:

This Risk Management Plan outlines the priorities and strategies and to help us identify risks to the organization (eg. Resident, Employee, Financial, Regulatory, Environmental, Reputational, etc...) and plans to mitigate risk and contingency plans for Tudor House over the next five years 2018 and beyond.

Analysis: Organizational Risk Management Background

Tudor House involves all managers throughout the organization in risk management planning, activity, monitoring and encourages them to consider risk management in day to day activities and in all aspects of the facilities operation. This includes operational objectives and plans and assigning responsibilities and accountabilities throughout the organization to assist in aspects of risk management planning, monitoring and managing.

The CEO/DOC informs the Board/Owners (Governing Body) about real or potential risks facing the organization and work with the owners to incorporate risk management approaches in the strategic, administrative and operational planning.

The organizational and administrative risk management addresses many components including Client/Employee, Financial, Infrastructure, Operational, Reputational and Marketplace risks.

Key Components of Tudor House Risk Management Plan include:

Risk Management Plan Components Distributed Facility Wide	
Risk Focus	Strategy & Risk Manager Assigned
<u>Resident & Employee Risks & Safety:</u>	<ul style="list-style-type: none"> - CQI & Risk Management Program quarterly and annual reporting. (KPIs) - IERHA PCH Indicators and HAI Reporting & Audit Program in all departments. - IERHA CI & CO Reporting Practices (Critical Incidents) (Manitoba Health) - Risk Manager - CEO/DOC or Designate
<u>Insurance</u>	<ul style="list-style-type: none"> - Review, Assessment & Protection, General, Boiler and Liability, Replacement & Business Continuity. - Insurer Inspections - (<i>Garriocks Insurance, Intact Insurance</i>) - Tudor House Bus – Motor Carrier Safety Program, Manitoba Infrastructure – Commercial Vehicle Safety & Permits - Risk Manager - CEO/DOC or Designate
<u>Fiscal Accountability</u>	<ul style="list-style-type: none"> - Budget & Capital Planning Processes, (<i>Consultant CA</i>) - Employee Pension Plan – Stewardship Review (<i>London Great West Life</i>)& (<i>Edmond Financial Group</i>) - Internal Monthly Financial Statements (Consultant CA) - External Annual Audits (<i>BDO Canada LLP</i>) - IERHA Annual CEO-DSO Expenses Reporting (<i>IERHA</i>,



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	<p><i>Regional Manager of Financial Reporting)</i></p> <ul style="list-style-type: none"> - WRHA MIS Reporting (WRHA, Director of Finance, Acute and Long Term Care) - WRHA Internal Accountability Audits (WRHA, Director of Finance, Acute and Long Term Care) - Risk Manager - CEO/DOC or Designate
<u>Human Resources:</u>	<ul style="list-style-type: none"> - Hiring, management and termination practices. (<i>Employment Standards, Gov. Mb.</i>) - Union Collective Agreement Compliance (MNU, IEOU) (<i>Kenneth S. Maclean Law Corporation</i>) - Risk Manager - CEO/DOC or Designate
<u>Corporate Governance:</u>	<ul style="list-style-type: none"> - Succession Planning & Business Continuance (<i>Ammeter Law Group</i>) - Corporate Legal Planning Tudor House Group (<i>Ammeter Law Group</i>) - Board Member/Owner Training - Risk Manager - CEO/DOC or Designate
<u>Strategic Planning</u>	<ul style="list-style-type: none"> - Minister of Health & Health Living - Shared Health Manitoba - Tudor House PCH Health Corporation Owner Plans - IERHA Strategic Plan - WRHA Strategic Plan - Risk Manager - CEO/DOC or Designate
<u>Policy, Procedures, Guidelines, Forms</u>	<ul style="list-style-type: none"> - Facility Policy Manual Revisions/Updates (WRHA 1A & IERHA Policy Compliance) - Risk Manager - CEO/DOC or Designate
<u>Government Compliance Risk</u>	<ul style="list-style-type: none"> - Manitoba Health PCH Standards, Policies, Regulations & legislation. - Accreditation Canada Surveys. - Manitoba Public Health Inspections (Food Service) - Workplace Safety & Health Inspections. - Manitoba Labour Inspections – (Boilers) - Risk Manager - CEO/DOC or Designate
<u>IT and Informational Management Risk:</u>	<ul style="list-style-type: none"> - Management Information Systems & Technology Risks, - Data Security & Confidentiality, - Server Backup, - CCTV Security Systems. (<i>Constant C Technology Group</i>) - Patient Wandering System - Roam Alert. (<i>Advance Pro Electronics</i>) - Risk Manager - CEO/DOC or Designate
<u>Physical Plant: Property & Physical Infrastructure:</u>	<ul style="list-style-type: none"> - Internal Inspections (Daily, Monthly & Annual) and Preventative Maintenance Program - Risk Manager – Thomas Martyniw, Maintenance Supervisor & CEO/DOC or Designate



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<u>Emergency and Disaster Preparedness:</u>	<ul style="list-style-type: none"> - Disaster Manual, Planning & Exercises - Collaboration and coordination with IERHA and City of Selkirk, - Selkirk Fire Department – Annual Inspections (<i>ABC Fire & Safety Inspections</i>) - Mutual Aid Agreements – SMHC, Betel Selkirk, Red River Place - Risk Manager – Thomas Martyniw, Maintenance Supervisor & CEO/DOC or Designate
<u>Contract Management:</u>	<ul style="list-style-type: none"> - General Contracts, Leases, Employee & Consultant Contracts, Logistics and Supply Contracts, Service Purchase Agreement with IERHA & WRHA (SPA)
<u>Reputation, Credentialing and Liability Risks:</u>	<ul style="list-style-type: none"> - Annual Medical Staff, - Nursing Credential Checks - Risk Manager – CEO/DOC or Designate
<u>Narcotic and Control Drug Accountability and Management:</u>	<ul style="list-style-type: none"> - Regular daily Narcotic & Controlled Drug checks, - Narcotic & Controlled Drug Audits, - Key control - CCTV coverage - Risk Manager – CEO/DOC or Designate

Review:

Annual Review of Risk Management Priorities and identifying New Risk Potential is done by CEO/DOC and reviewed with Board/Owners and adjustments/changes or improvements to aspects or focus of respective risk management components shall occur as and when necessary.