

## 2012/16 Strategic Plan

### 1. Choice and Quality for Continuing Care Residents

Initiative(s)	Status
<b>Strategy: 1.1 Develop an overarching philosophy of care to inspire and guide all aspects of service delivery</b>	
1.1.1 Define our model of person centred care and roll out to the organization (Person Centred Care Committee Lead ( <u>L. Neumann</u> / T. Hostyn/C. Loiseau)	underway
Develop a comprehensive plan (with specific goals and measurement) for implementing our model of person centred care in the following areas:	underway
1.1.2 Meal enhancement/ dining experience (Person Centred Care Committee ( <u>L. Neumann</u> / T. Hostyn)	underway
1.1.3 Resident and family care conferencing (Person Centred Care Committee Lead ( <u>T. Duebel</u> ))	underway
1.1.4 Medication delivery and reduction including in the use of antipsychotic drugs (Person Centred Care Committee Lead- <u>L. Neumann</u> / T. Hostyn/T.Travassos)	underway
1.1.5 Incorporate person centered care into human resource practices and corporate education (Person Centred Care Committee Lead ( <u>E. Demchuk</u> / T. Duebel / Manager tbd)	underway-expanded
1.1.6 Integrate leisure, recreation and rehabilitation approach and activities (Person Centred Care Committee Lead ( <u>T. Duebel</u> / L. Tanti / T. McGrath)	underway-expanded
<b>Strategy: 1.2 Coordinate accreditation activities</b>	
1.2.1 Participate in the accreditation <sup>1</sup> process and implement resulting recommendations	<b>COMPLETE</b> part of operations
<b>Strategy: 1.3 Effectively utilize RAI/MDS to support quality resident care</b>	
1.3.1 Utilize RAI/MDS for care planning throughout the organization	<b>COMPLETE</b> part of operations
1.3.2 Support accurate RAI/MDS coding to ensure appropriate funding ( <u>F. Drisner</u> / A. Weibe)	underway
<b>Strategy: 1.4 Promote new and improved approaches to clinical best practice for quality resident care</b>	
1.4.1 Medication management ( <u>T. Travassos</u> / S. Bourdouleix)	underway
1.4.2 Oral care ( <u>T. Travassos</u> / S. Bourdouleix)	underway
1.4.3 End of life care ( <u>T. Travassos</u> / S. Bourdouleix)	underway
1.4.4 <sup>2</sup> Participate in the Seniors Quality Leap Initiative collaborative aimed at benchmarking and improved quality and safety in continuing care. ( <u>L. Neumann</u> / F. Drisner)	<b>COMPLETE</b> part of operations

<sup>1</sup> CapitalCare is participating in the accreditation process as a subsidiary of AHS

<sup>2</sup> Strategic Initiative 1.4.4 was originally numbered as 1.4.5

## 2. Improve Access, Reduce Wait Times

Initiative(s)	Status
<b>Strategy: 2.1 Maintain and renovate continuing care centres</b>	
2.1.1 Monitor status <sup>3</sup> of CapitalCare infrastructure for building upgrades, replacements and coordinate major renovations ( <u>L. Stevenson</u> / D. Jackson)	underway
2.1.2 Work with AHS, Alberta Infrastructure, NorQuest College and other partners to redevelop Norwood North including the Teaching Continuing Care Centre ( <u>I. Neumann</u> / P. Reynolds/ L. Stevenson/D. Jackson)	underway
<b>Strategy: 2.2 Improve access and maximize admission timelines</b>	
2.2.1 Work with AHS to determine how CapitalCare's various program beds, including supportive living, fit within the proposed continuing care <sup>4</sup> program model ( <u>I. Neumann</u> )	underway

## 3. Support our People to Achieve Excellence in Continuing Care

Initiative(s)	Status
<b>Strategy: 3.1 Ensure the right skill set and knowledge at the right place and time to meet changes in continuing care</b>	
3.1.1 Review and revise recruitment performance management practices, processes and requirements. ( <u>E. Demchuk</u> / M.Flynn / L. Tanti)	underway-expanded
3.1.2 Review and revise HCA roles, responsibilities, education and support to ensure quality and sustainable resident care ( <u>T. Travassos</u> / E. Demchuk / S. Bourdouleix)	underway
<b>Strategy: 3.2 Replace the Customer Service program</b>	
3.2.1 <i>Replace the Customer Service program with Putting People First- Staff Matters<sup>5</sup></i>	<i>Rolled into Initiative 1.1.5</i>
<b>Strategy: 3.3 Excellence in Safety</b>	
3.3.1 <i>Enhance OHS&amp;W programs to support a culture of safety and a safe working environment for staff</i>	<b>COMPLETE</b> <i>part of operations</i>

<sup>3</sup> Organization for equipment and site renovations/maintenance plans to be completed on a bi-annual basis.

<sup>4</sup> AHS defines continuing care as including: Supportive Living Level 3, Supportive Living Level 4, Supportive Living Level 4 Dementia, and Long Term Care Facility Care

<sup>5</sup> Training will complement the Putting People First staff education training regarding the resident

## 4. Enablers and Organizational Development

Initiative(s)	Status
<b>Strategy: 4.1 Develop/revise the quality system including all data measured and reported</b>	
4.1.1 Within the changing context <sup>6</sup> , define and outline in policy the quality system and support its sustainable implementation ( <u>T. Travassos</u> / C. Loiseau )	underway
<b>Strategy: 4.2 Ensure sound financial management</b>	
4.2.1 Determine the impact of Patient Care Based Funding (PCBF) and implement required changes ( <u>L. Neumann</u> / L. Stevenson)	<b>COMPLETE</b> part of operations
4.2.2 Continue to work on position control and accurate staffing rotations ( <u>L. Stevenson</u> )	<b>COMPLETE</b> part of operations
4.2.3 Redevelop and expand financial variance reporting system ( <u>L. Stevenson</u> )	<b>COMPLETE</b> part of operations
<b>Strategy: 4.3 Develop and sustain stakeholder relations and strategic partnerships</b>	
4.3.1 Work with AHS, NorQuest College and other partners in the development of the Teaching Research Continuing Care Centre <sup>7</sup> ( <u>L. Neumann</u> )	Rolled into Initiative 2.1.2
<b>Strategy: 4.4 Ensure research approach best supports quality care and service delivery</b>	
4.4.1 Review and revise research focus to ensure maximum value-add to CapitalCare and AHS ( <u>L. Neumann</u> /T. Travassos / T.Duebel/)	underway
4.4.2 Review previous research study <sup>8</sup> results and coordinate knowledge transfer activities to improve resident outcomes ( <u>F. Drisner</u> / T. Duebe / C. Loiseau)	Rolled into Initiative 4.4.1
<b>Strategy: 4.5 Explore technology in support of resident care and service delivery and organizational capacity</b>	
4.5.1 Participate in provincial implementation of E-Facilities starting with Lynnwood pilot project ( <u>L. Stevenson</u> / D. Jackson)	Removed- Project On Hold
4.5.2 Explore technology options and compatibility to support resident care and service delivery e.g., EMAR, Point of Care ( <u>F. Drisner</u> / R. Ahmed / A.Weibe)	underway
4.5.3 Explore workforce management technology options to potentially replace StaffRight ( <u>E.Demchuk</u> / L.Stevenson)	underway
4.5.4 Explore technology options for education delivery ( <u>E. Demchuk</u> / F. Drisner)	underway
<b>Strategy: 4.6 Update CapitalCare strategic framework components to ensure future orientation and strategic alignment</b>	
4.6.1 Within the changing context <sup>9</sup> , review and revise the vision, mission, and values in consultation with key stakeholders ( <u>L. Neumann</u> / C. Loiseau)	underway

<sup>6</sup> Context changes include: establishment of AHS and their performance measurement approach, changes in Seniors and accountability reporting expectations, RAI/MDS submissions, increases in audits and inspections, AHS subsidiary governance review recommendations and internal changes to the Quality Assurance and Risk Management Committee role and data review and internal structural and staffing changes to the performance measurement area.

<sup>7</sup> The Teaching Research Continuing Care Centre will bring together providers, educators and researchers

<sup>8</sup> Previous research studies include but are not limited to: Translating Research into Elder Care (TREC); Data for Improvement in Clinical Excellence (DICE); Quality Work Environment Study (QWEST)

<sup>9</sup> A number of significant context changes have resulted in misalignment of the existing vision, mission and values including: health system restructuring, the move to person centred care, revisions to the quality system.

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