



ANNUAL REPORT – 2011-2012

Mission Statement

The core mission of Maimonides Geriatric Centre, a McGill University-affiliated long-term care facility, is to provide service to aging members of the community who are no longer able to function independently. They are entrusted to our care by their families, with whom we are allied in values and purpose. Our mandate is founded on a strong heritage of Jewish values and community support. We provide a continuum of high-quality care through our integrated network, which includes the Helen and Sam Steinberg Day Hospital, short-term respite care, community-based homes and a variety of long-term care accommodations. In line with our mission, the Centre serves as a training ground for professionals and conducts research into issues related to geriatric medicine and care of the elderly.

Organizational Structure

During the year 2011-2012, very few changes occurred in our management team. We are very fortunate that our team has remained so stable for the past number of years. We continue to be very challenged by all kinds of new projects and the development of research at Maimonides. We continue to have many new projects and demands that are imposed on us by our various partners and by the direction we have set for ourselves in conjunction with the Board of Directors.

Governance

Bill 127, which was deposited in the Fall of 2010, became law on June 13, 2011. One of our major concerns last year was the potential elimination of the Corporation seat on the Board of Directors. Unfortunately, that is exactly what happened when the new law was adopted. There were several other changes to the membership of the Board as well. Four independent directors, elected by the population, were reduced to two. Staff representation was reduced to four and there are an additional six independent people who are now co-opted, taking into account their experience and competencies. Technically, there is

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only one person designated by the Board of Directors of either a Foundation or Foundations associated with an establishment. However, our community is still very well represented in the independent seats elected by the Population and in the seats that are co-opted from the community. New members of the Board of Directors are now limited to two four-year mandates in order to sit on the Board. These changes came into effect on February 1, 2012 when the Board began its first mandate.

In addition to the changes in the makeup of the Board, a new committee of the Board, the Committee of Governance and Ethics is also required. This committee must be formed by a majority of the independent members and is responsible for ensuring that governance rules are applied, the code of ethics exists for the administrators of the Board, outlining the competency profiles and experience required to be nominated or co-opted to the Board of Directors in the independent seats, outlining the criteria for evaluating the functioning of the Board of Directors and is responsible for an orientation program and continuing education for members of the Board of Directors. The other committees of the Board such as the Audit/Finance Committee, the Strategic Planning Committee and the Comité de Vigilance continue with functions that were similar to those in the past.

In a similar vein, the Board of Directors is also responsible to ensure that the Entente de Gestion or Management Contract is signed and put in effect for the establishment.

Awards

At the Annual Meeting of the Centre, Corporation, Foundation and Medical Research Foundation held on November 2, 2011, the Donald Berman Foundation was honoured with the Exceptional Service Award in recognition of their outstanding support to our residents. The Donald Berman gift has been allocated to the capital fund for a building expansion, one-time purchases, equipment, research and teaching opportunities. We look forward to an ongoing relationship with the Donald Berman Foundation.

Barbra Gold, Executive Director of Maimonides Geriatric Centre and the Jewish Eldercare Centre was awarded the (AQESSS) Quebec Association of Health and Social Services Establishments award for demonstrating exceptional leadership. She was recognized for being the architect behind a geriatric centre of excellence and for her role in shaping the way geriatric care is provided on a local, national and international level. The award was announced on Ms. Gold's twentieth anniversary as Executive Director of Maimonides.

Ms. Gold also recently ended her term as Chair of the Association of Jewish Aging Services of North America. The Association of Jewish Aging Services membership is comprised of over one hundred organizations with Jewish-sponsored nursing homes, housing communities and outreach programs throughout the United States and Canada.

Lucie Tremblay, Director of Nursing and Clinical Services at both Maimonides and Jewish Eldercare Centre also received an award in June of 2011 by the Canadian College of Health Leaders. Ms. Tremblay was presented with the prestigious nursing leadership award at the 2011 National Awards Gala in Whistler, British Columbia. This award is given to a nurse at the director or vice-president level who demonstrates an ongoing commitment to quality and leadership in nursing.

Finally, Len Lewkowict, Past President of the Centre Board of Directors was the recipient of the 2012 Association of Jewish Aging Services Trustee of the Year Award. Mr. Lewkowict has significantly contributed to enriching the lives and well-being of the residents at Maimonides. He has displayed outstanding leadership and helped take Maimonides to the next level by advocating for more teaching and research. His forward thinking has fostered growth, change and shaped Maimonides to be the centre of excellence that it is today.

Maimonides hands out the Spirit of Planetree Awards on an annual basis. There is an award given to a caregiver and a physician champion award. The recipients of the Spirit of Planetree Awards are nominated by staff, family and residents of Maimonides. The caregiver award is given to a Maimonides staff member who demonstrates a deep commitment to Maimonides and serves as a role model for other employees. In 2011, the caregiver award winner was Tony Rufus, an orderly (PAB) on the second floor. The Physician Champion Award recognizes a doctor who helps promote the Planetree model of patient-centered care. In 2011, the Physician Champion Award winner was Dr. Brian Gore.

Ombudsman /Comité de Vigilance

The Ombudsman's office received and treated 27 formal complaints this year. The office also treated 18 assistances (smaller issues that required some help but did not need a formal investigation).

Two complaints were turned over to the Medical Examiner for review. One was closed and there are no recommendations. The other is still under examination.

Of the 27 complaints this year, two were appealed to the Protecteur du Citoyen. The Protecteur also had two complaints held over from 2010-11, for a total of

four complaints. One of these complaints was concluded, therefore at the close of 2011-12, three complaints remain with the Protecteur du Citoyen.

The complaint that was concluded had two recommendations both relating to training of our RN's regarding IV's. This training is set to be complete by the end of 2012 as per the recommendation.

In 2011-12, the issues followed the same trend as in the previous three years:

- Dissatisfaction with internal transfers from one floor to the other;
- Dissatisfaction with food taste and variety;
- Confusion regarding restraints/falls/fall prevention; and
- General communication issues with staff.

In addition to receiving, investigating and treating complaints, there have been two highlights this year:

1. Resource Intermediaries (RI): Ms. Fish received several complaints from family members and residents at our RI's. This is good news because it indicates that the RI community understands the function of an Ombudsman and knows how to contact her.
2. Visibility: Visibility continues to be a priority for the ombudsman. Ms. Fish continues to have extra office hours around the holiday time, and to spend time on the units visiting with families.

Strategic Plan – 2007-2012

More than Care

In keeping with the Strategic Plan and creating a new vision at Maimonides of "More than Care", Maimonides is working towards becoming the first long-term care centre in Canada to be designated a Planetree organization at the forefront of client-centered care.

Listed below are the ten continuing care components of Planetree that are now at the core of everything we do at Maimonides.

1. Recognizing the primary importance of human interactions.
2. Enhancing each other's life journey.
3. Supporting independence, dignity and choice.
4. Incorporating family, friends and social support networks.
5. Supporting spirituality as a source of inner strength.
6. Promoting paths to well-being.
7. Empowering individuals through information and education.
8. Recognizing the nutritional and nurturing aspects of food.
9. Offering meaningful arts, activities and entertainment.

10. Providing an environment conducive to quality living.

The remainder of this report will track our accomplishments over the past year according to the themes laid out in the Strategic Plan. We will focus on any new developments and highlight areas that have evolved since last year's Annual Report.

Care to Residents

- To adopt a respectful, supportive and personalized approach to care for each resident.
- To continue developing new approaches to creating a safe homelike environment tailored to the individual needs.
- To provide much-needed respite services to persons who are not yet residents of the Centre.

Planetree Approach

In keeping with the Strategic Plan and creating a new vision at Maimonides of "More than Care", the management of Maimonides is continuing to implement the Planetree approach. By the end of March 2012, five hundred and seventy-two staff members had attended Planetree Retreat #1 and one hundred and seventy-five had attended Planetree Retreat #2. Almost every staff member has attended the first retreat, which takes place once or twice a year, especially for new employees. Focus groups continued in 2011-2012 with the three different groups, staff, residents and families. The goal of these focus groups, held twice a year, is to really get a feeling of how the approach is being implemented and what needs to be improved. A power-point presentation is done after the focus groups and results are shared through the newsletters and the different committees and task forces.

A mini-Planetree retreat was offered to volunteer students and families to explain to them what Planetree is all about and in order to include them in the culture change. A series of learning circles took place on three different nursing units. The goals were to enhance the work and life environment of the units, work on the welcoming atmosphere and to permit the unit to adjust and find solutions considering the increased level of care being required.

Maimonides is also part of a special pilot project with Planetree International to redefine the criteria for long-term care establishments who want to be designated as a Planetree organization. A collection of fifty specific data started during the month of January. We also received a visit from the delegate of Planetree International and a delegate of the Réseau Planetree Québec in June of 2011. They assessed the organization in several different ways, gave us a

written report and recommendations in order to continue improving. Overall, the visit was a success.

Order of Nurses of Quebec (OIIQ)

We had a recent OIIQ Professional Inspection during the Summer of 2011. Seven clinical situations were reviewed by self-evaluation:

- Restraint Usage
- Residents receiving opioids
- Pain Management
- Residents at risk of falls
- Residents post-falls
- Residents at risk of developing pressure ulcers
- Residents with pressure ulcers

The results came back in the Fall 2011 with room for improvement especially in the two following clinical situations: Residents at risk for pressure ulcers and residents taking opioids at risk for respiratory depression. A plan of action was developed by the CII members which focused on improving the two clinical situations according to the requirements of the OIIQ. We are currently working on re-evaluating our pain evaluation tools to meet the new Standards of practice, re-educating the nurses on updating the TNP with appropriate directives addressed to the nursing team.

Risk Management and Disclosure

The Risk Management Committee met five times during the year 2011-2012. At each meeting, quality indicators were reviewed, staff members gave presentations on various risk management activities and presented future projects related to reducing untoward events. There was a great emphasis placed on ensuring the accuracy of the incident/accident reports as well as the reinforcement of the need to always complete a report to ensure that our indicators are based on complete data. Every sentinel event is closely investigated and the circumstances are reported to both the Risk Management Committee and the Comité de Vigilance.

In 2011-2012, the number of accidents reported was higher than in the previous year. However, the proportion of incidents versus accidents remained the same. There was an increase of thirteen per cent in the reported number of falls. The organization also had an increase in the number of falls that led to severe injury. Our Fall Prevention Program is in the process of being revised in order to address this issue.

Another area of concern this year had to do with the number of medication errors which continued to increase. During the last two periods of the year, we have implemented SARDM, the robot distribution system. Most of the increase in medication errors took place during these periods. We will be tracing this very closely during the fiscal year to see how SARDM will affect these numbers. Finally, the number of infections also increased in part because the residents in Program 68 frequently come from the hospital with infections, in particular VRE. A complete list of all the risk management indicators, that are reviewed regularly by the Board of Directors can be found in the section on page 17 in this report.

Infection Control Program

The year 2011-2012 was a very busy year in Infection Control. While a few cases of Norovirus (gastroenteritis) took place, there were several outbreaks over the course of the Winter of a respiratory virus.

Throughout the year, rigorous surveillance was maintained for all infections, hand hygiene audits for the Maimonides healthcare professionals were performed in July and August of 2011 to promote hand hygiene. The infection control team, in collaboration with Risk Management, launched the Hand Hygiene Idol Campaign on May 5, 2011 which was part of a Province of Quebec campaign. Staff members had to make videos to promote hand hygiene and staff, residents and families had to vote for the best video afterwards.

New Programs

Work Re-design in Nursing (LEAN project)

A major project in the Nursing Department this year has been to move forward with the re-design of the care delivery system. With tremendous collaboration of all members of the nursing team, the workload of the nursing staff on the day shift has been successfully re-designed. We are continuing with this re-design on the evening shift and then the night shift. Re-designing the care allows us to meet professional standards for care to ensure that care is being delivered by the most appropriate member of the team and to accommodate the needs and preferences of our residents. We are proud of the involvement of our nursing leadership and the collaboration of the department staff.

Therapeutic Services

With funding from the Agence and our Foundation, we were able to buy twelve specialized mattresses (and order twenty-five stryker beds) this year in addition to a defibrillator, CPR training equipment which included mannequins

and defib trainers, patient lifts, specialized wheelchairs and a digital X-ray developer.

Better Hearing Program

The Better Hearing Program, developed by Nechama Surik, an LPN at Maimonides, has been refined and written up as a reference guide for the Province of Quebec. Over the past year, Maimonides has developed a strong and unique partnership with the Ordre des Audioprothésistes de Québec. On a province-wide basis, mentors are taking part in full-day classes as the establishments send staff to be trained, using our model program.

Physiotherapy Program

The Physiotherapy Walking Program was started in February of 2012. This program supplements the existing physiotherapy programs and the daily nursing walking program by meeting the needs of residents who could not benefit from those programs. It provides for a special approach and/or assistance of three people in order to maintain the resident's ability to walk and weight-bear for transfers for as long as possible. This program takes place twice a week on all units and is staffed by two rehab therapists and a transporter.

Fitness Centre

We have been able to open the rehab gym every Friday morning with the assistance of a devoted volunteer to offer residents to continue to come and use the equipment on their own at times when it is not being used by the Rehab professionals. In early August, we were also able to open the Fitness Centre on Sunday mornings.

Balance Exercise Class

Also, in February 2012, a balance exercise class was put in place following requests from higher-functioning residents who were feeling that there was no physiotherapy program to meet their needs. The objective of this class is to promote standing balance through strengthening and balance exercises and discussion related to fall prevention. This class takes place twice a week in the gym for forty-five minutes. The group accommodates eight to twelve residents.

Art Therapy Open Studio

The new open studio program is an opportunity to bring the Maimonides community together creatively. Residents from all floors as well as staff,

volunteers, companions, students and family members are welcome to the rehab studio and are encouraged to create art together with the residents. The studio is open for three hours at a time.

Recruitment and Retention

We continue to make recruitment and retention a priority in the clinical services by using a variety of strategies. We offer an intensive study program to our CPNs to help them prepare for their OIIQ exam. We have updated the preceptorship and orientation programs and offer all nursing staff the opportunity to increase their knowledge in all important areas. We are also one of the few nursing homes offering an externship program to 2nd year nursing students. During the Summer of 2011, nine externs were hired to work during the Summer. The purpose of this program is to increase the retention of nurses working in our establishment. Every extern is assigned to an RN and has the opportunity to see the nursing experience first-hand at Maimonides. As a result of this externship program, several new RNs were recruited after they graduated.

Partnerships with Families

- To integrate families into the overall functioning of the Centre.
- To respect the multiplicity of the families' needs for information and support.
- To support the families of elderly persons in the community who may not yet be the residents of long-term facilities.

As noted in the section on Planetree, many Planetree retreats were offered to families this year for the first time. We continue to offer end-of-life care presentations which are dedicated to families. Regular focus groups also take place with family members and pavilion meetings with the families, residents and companions took place and covered such issues such as the work re-design, the role of companions and infection control.

Research

- To position Maimonides Geriatric Centre as a centre of expertise in long-term care.
- To study the impacts of a "MORE THAN CARE" approach on the well-being of residents and staff.
- To actively engage in knowledge transfer for improved practice and policies.

In order to meet these objectives, the research activities for the year ending March 31, 2012 focused primarily on the following areas:

1. Building a strong research team. The research team was expanded to include a senior research and a full-time research coordinator. The expertise brought by these new members in social psychology, neuroscience, aging, sociology and communications complement that of the Director of Research and enhances the quality of the team.
2. Establishing and updating research protocols and procedures. Departmental in-house research protocols and procedures were further refined in order to streamline the research process and to be fully compliant with the internationally-recognized ethics policies as adopted by the McGill Internal Review Board.
3. Designing a new method for research activity administration. A new project classification system was designed in order to better administer, manage and track all research activities. Finally, most importantly in 2011-2012, the Department positioned itself such that the necessary requirements have been fulfilled in order to begin the process of applying for extra-mural research funding.
4. Research seminars were held in the past year where presentations were made about the research projects which are currently ongoing.

Changes in the Medical Research Foundation Fellowship Program

This past year, the Research Department also developed a new framework for both the selection and the mandate of the Maimonides Medical Research Foundation Fellow. Fellows will now be selected based on standards for post-doctoral fellowships offered by Provincial and National funding agencies. In addition, fellows will be integrated as part of the research team for the duration of their fellowship, thus enhancing their contribution and the profile of research at Maimonides.

Finally, the Fellows will be both well-positioned and will be offered support for application for extra-mural research funding after the first six months of their fellowship.

Increased Scientific Productivity

The 2011-2012 fiscal year saw a significant increase in the scientific productivity as measured by the number of new projects in development and in operation, the participation of scientific meetings and the number of publications. At the present time, there are forty-eight research projects which are either on-going or in development. Of these forty-eight projects, twenty-six have been developed and driven at Maimonides, two by Research Fellows, four by Research students and sixteen have been developed in collaboration

with external partners. During the course of the year, there were approximately five presentations associated with the Department of Research and twenty-one other presentations done by staff members at Maimonides. Sixteen new publications associated with the Department of Research took place during the fiscal year 2011-2012 and three other publications by Maimonides staff members were also published.

Considering the size of our Research Department and the investment that has been made in research over the past number of years, we have an incredible presence which is being felt all over Quebec, Canada and North America.

Teaching

- To educate families and the community about health issues facing the elderly.
- To support staff in integrating “More than Care” principles into care practices.
- To share our expertise with other health care professionals.

Once again, with a generous donation from the Foundation, we were able to provide bursaries for staff members who are upgrading their education. This program reflects the value our Foundation and Centre Board members placed on the staff at Maimonides.

As usual, the number of students during the year continues to increase and has reached over six hundred. We have partnerships and affiliations with McGill, Université de Montréal, many CEGEPS and adult learning programs.

Our McGill affiliation contract dates back at least forty years and continues to grow stronger.

This was the third year of our signature program to train PABs, in collaboration between the Pearson Adult Career Centre (PACC) and Maimonides. In addition, the first class of LPNs is in its second year and will be graduating in the Fall of 2012. This innovative, outstanding program has helped us resolve some of our recruitment issues to the extent that we do not have any more empty positions in the Nursing Department. One of our biggest challenges over the last several years has been the recruitment of staff, particularly in the Nursing Department. By getting involved and training some of our own staff, in partnership with other experts, we have managed to resolve some of these issues.

Public Relations and Communications

- To strengthen our leadership position in the wider community through clear, coordinated and consistent messages about our mission, philosophy, services and activities.

As noted in the previous sections, Maimonides continues to be extremely visible, provincially, nationally and world-wide. Our research, publications, presentations, clinical presentations and various awards are regularly being recognized not only around the country but around the world. We have frequent visits from other countries and continue to set the standard for many other organizations.

Environment

- To create supportive, secure and homelike environments for our residents that reflect “More than Care” principles.
- To project a welcoming image to families and the community at large.
- To provide supportive environments for staff involved in care, teaching and research.

The very generous donation from the Donald Berman Foundation stimulated our “wish list” thinking and has resulted in the development and submission of a PDI (Plan directeur Immobilier).

With the continued input of our extremely active Building and Maintenance Committee, the Chief of Technical Services and the Nursing and Clinical Services Departments, all funds received from the Maimonides Geriatric Centre Foundation and the Quebec government during the past year were directed towards improving the quality of life for residents at Maimonides.

Konigsberg Family Room

Thanks to a very generous donation from Shirley and Max Konigsberg, the all-purpose room on the main floor has recently been completely renovated as part of the Suite Dreams capital renovation campaign. The new Konigsberg Family Room has comfy couches and special chairs for all to enjoy. The area is also designated as a Wi-Fi hot spot with two user-friendly fully-equipped computer stations.

The Gross Family Chapel

The chapel was renovated with some new multi-purpose furniture and prayer stands with a generous donation from the Gross Family.

2nd Floor Dining-Room

With a generous donation from the Foundation for Vital Aging, the 2nd floor dining-room has been transformed into a dining and sensory room equipped with a flat screen TV that plays soothing music and scenes that include a crackling fire or beautiful Spring day with birds chirping in the background. Musicians play nostalgic tunes on the piano. Soothing pictures have been carefully selected to provide comfort for the resident, family and caregivers. This much-used room is at the top of everybody's list. It often smells of Grandma's kitchen due to the fact that fresh bread is baked in the room as part of the Therapeutic Recreation activity.

3rd Floor Activity Room

With a very generous donation from the Lederman Foundation, the 3rd floor activity room was transformed into a room that includes a fully functional kitchen and banquette seating with modern lighting and art work. The residents use this room to enjoy baking, breakfast club and everyday activities. Residents, staff and families all benefit from the warm and cozy atmosphere of this beautiful space.

White Noise on 3rd Floor

In order to calm the residents on the 3rd floor of challenging behaviours, a white noise system was installed. This system is supposed to reduce the aggressivity of clients in addition to helping minimize many of the challenging behaviours exhibited by clients on this unit.

Pharmacy

The pharmacy was completely demolished and renovated over the past year in order to accommodate SARDM, the new auto-packaging robot (LEAN project).

X-Ray

At the same time, the X-ray Department was also partially demolished and renovated to make room for an office for the pharmacist. We took this opportunity to remove the developing room to purchase a new digital x-ray developer which will eventually abolish the need for storing x-rays once the PAX

system is activated by our partnership with the Jewish General Hospital (LEAN project).

Kitchen Floor

A study has begun on the conditions of the existing kitchen floor and possible solutions to replace the floor which has been degrading and posing a significant health and safety risk to the staff.

Heating System

A study was conducted to determine the options and associated costs of replacing the heating system for floors 2-5. We hope to begin working on this project during the current fiscal year.

IP Telephone System

A tender was issued for a new IP phone system since our current system is out-of-date.

Upcoming Projects

As usual, there is a long list of upcoming projects to improve the environment at Maimonides ranging from redoing the heating system, the exterior garden, 2nd floor living room and the development of plans for a new research and teaching facility for Maimonides.

Underlying our fundamental mission of providing a modern, safe and homelike environment to our residents is our commitment to ensuring that our staff are fully supported, motivated, skilled and well-equipped to fulfill this mission. At Maimonides Geriatric Centre, this commitment translates into the active pursuit and provision of learning and knowledge, including innovative research into key issues in geriatric care. Over the past three years, guided by our strategic plan, the Centre has made great strides in teaching and research. However, now our facilities are challenged to keep pace with our progress.

To cope with a province-wide nursing shortage—one that is especially acute in the field of geriatrics—the Centre began implementing programs in partnership with local CEGEPs to train patient care attendants and LPNs. The third cohort of patient care attendants is in training now, and the first cohort of LPNs. The next logical step is to train LPNs to become RNs. These programs are most effectively offered on-site, where students have the benefit of an active practice environment, appropriate equipment, and professional expertise. However, the

rapidly increasing demand for such programs has put excessive demands on the Centre's space.

Over the same time, the Centre has invested in its commitment to becoming a recognized centre of expertise in long-term care. A full-time Research Director has been hired and highly qualified researchers have begun to join our ranks. While our facility has long been a locus for research carried out by other centres in partnership with our staff, the Centre is now setting direction for the exploration of issues relating to quality of life and quality of care in geriatrics, impact evaluation studies, and geriatric pharmacoepidemiology. Again, the demands of growth, combined with anticipated future needs, have serious implications for the Centre's space.

To respond to these current and future needs, the Centre is proposing to construct a two-storey wing on the south side of the building that will provide 2,207 m² of additional space dedicated to teaching and research. In addition, the basement of the new wing will have up-to-date and much-needed support space for both employees and students. The total cost of the project has been estimated at \$8.9 million, and the Centre is seeking support from the Ministry of Health and Social Services to cover 80% of that cost. The Maimonides Geriatric Centre Foundation has pledged to cover the remaining 20%.

The quality of the planned building will reflect our ongoing commitment to innovation and advancement of knowledge. As such, it will incorporate eco-friendly and sustainable building practices that will help to keep operating costs affordable.

The target date for completion is three years after receiving government approval of the project.

The technical services team works very hard at maintaining the cleanliness and the safety of the environment for our residents, staff and families.

Government and Network Relationships

- To promote collaborative relationships with our health care system partners and government that will benefit the elderly in a variety of residential health care settings.
- To play a leadership role in the development of government policy in long-term care.

Admissions

Maimonides continues to work in collaboration with the Agence to facilitate access to our resources. With one hundred and forty admissions to the Centre, it has been a challenge to continue our practice of preparing residents for

admission by providing an approximate target date for admission. This is due to the fact that the Agence has tightly coordinated the wait list to manage the overflow in hospitals and because the evaluation/orientation program (68) has often had priority over clients waiting in the community. Of note is that only twenty-one per cent of our permanent admissions were admitted from the community during the past year. The remainder of the admissions came from hospitals and other long-term centres. The average wait time for a permanent accommodation has increased by fifteen per cent.

We have seen an increase in admissions to this program of thirteen per cent in 2011-2012. The turnover requires a huge effort on the part of the sixth floor staff, including the physician and to provide supportive care for residents who have had to deal with severe transitions and the uncertainty of where they will ultimately go. We have been monitoring the trajectory of the residents in this program – fifty per cent of these residents were admitted to a permanent place at Maimonides.

As part of our responsibility to the community, we educate future residents and their families that, while they may temporarily have to accept a facility other than their first choice for long-term placement, they do have a right to access a Jewish facility. There was a decrease in admissions to our Accredited Homes and we are in the process of recruiting new homes. In February, a new Accredited Home was opened on Kildare in Cote St. Luc which accommodates nine residents in private rooms. We continue to have excellent collaboration with the CSSS Cavendish and we must continue to advocate with the CSSS and with our partners at acute care facilities to ensure a Jewish milieu for Jewish clients.

Resources and Support Services

- To ensure the human and financial resources are in place to implement the “More than Care” model.
- To put in place the most effective and appropriate tools to support strategic initiatives.

For the tenth year in a row, with the generous contribution of our Foundation, we have been able to offer scholarships to many of our staff who are in the process of upgrading their education. As noted, we have been successful over the past few years in recruiting nursing staff and have been able to reduce the number of vacant positions held by RNs. With the re-organization of work in the Nursing Department and the implementation of a new distribution system for medication and the pharmacy, we hope to be able to improve the quality of care and implement many new practices.

Risk Management Indicators

| | <u>2011/2012</u> | <u>2010/2011</u> |
|--|------------------|------------------|
| Turnover Rate (admissions ÷ # residents) | 36% | 37% |
| Proportion of Clients with Restraints (# restraints ÷ # residents) Target 0% | 1% | 2% |
| Transfer to Acute Care (average # residents per period transferred ÷ # total residents) Target 1-2% | 3% | 2% |
| Proportion of Overtime Hours (overtime hours ÷ regular worked hrs.) Target 0% | 1.07% | 1.94% |
| Salary Insurance Rate (salary insurance hrs ÷ paid hrs.) Target 0% | 3.02% | 2.18% |
| CSST Ratio (CSST hrs ÷ paid hrs.) Target 0% | .4% | .84% |
| Residents with Falls (# falls ÷ total # patient days) | 0.78% | 0.68% |
| Residents with Falls with severe consequences (# falls with severe consequences ÷ total # patient days) | 0.009% | 0.002% |
| Medication Errors (# medication errors ÷ patient days) | 0.25% | 0.17% |
| Aggressions (aggressions – resident to resident ÷ patient days) | 0.03% | 0.04% |

| | <u>2011/2012</u> | <u>2010/2011</u> |
|--|------------------|------------------|
| Aggressions (aggressions- resident to staff ÷ patient days) | 0.03% | 0.04% |
| Residents absent without authorization (Code yellows) (# Residents absent without authorization/ Code yellow ÷ patient days) | 0.011% | 0.007% |
| Residents with Pressure sores (Stage III & IV) (# residents with pressure sores ÷ total # residents) Target 0% | 6% | 2% |
| Incidence of Nosocomial Infections (# new cases of Nosocomial infections ÷ patient days) | 0.01% | 0.01% |
| Occupancy Rate Long-term care Target 99.4% | 99.7% | 99.7% |
| Program 68 – Evaluation and Orientation | 98.7% | 97.2% |
| Program 32 – Respite | 64.3% | 63.3% |
| # Admissions | | |
| Long-term care | 140 | 143 |
| Program 68 - Evaluation and Orientation | 63 | 48 |
| Program 32 - Respite | 79 | 65 |
| # Intermediate Resources Admissions | 35 | 65 |
| # Accredited Homes Admissions | 6 | 8 |

Conclusion

We had an extremely challenging year during which we absorbed cuts in our administrative service areas of \$214,000. We are very concerned about the future; the cuts have now doubled to \$428,000 on top of the initial \$214,000 for 2011-2012 and should be increased another \$400,000 next year. For such a small place, we perform extremely well from an efficiency point-of-view, as noted by the Agence.

The Agence has been extremely cooperative in working with us and providing us with some extra funding to cover some of the expenses incurred, particularly for medicaments onereux and for increased costs related to the level of care at Maison Paternelle. This has enabled us to end the year balanced with a small surplus of \$554. However, as we go forward into the next fiscal year, we are very concerned about managing any more cuts in the administrative areas. We are hopeful that our ability to look at innovative solutions and partnerships will help us to move forward during these difficult times.

May 17, 2012