

## ANNUAL REPORT – 2009-2010

### **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 2009-2010, Diana Schweitzer joined our senior management team. She is responsible for quality and operations at the Jewish Eldercare Centre and Information Technology, X-ray and Pharmacy in both organizations. With virtually no learning curve, she jumped right into this position in April 2009 with a perfect fit. We are very fortunate to have a team that works so well together and has been extremely stable for the past number of years. We continue to be challenged by all kinds of new projects and demands that are imposed on us by our various government partners and by the direction we have set for ourselves with the Board of Directors.

### **Governance**

Over the past six years, an underlying possibility of a merger between Maimonides, Mt. Sinai and Jewish Eldercare has been present. Absolutely no new information or developments took place during the year 2009-2010 with the last meeting of the Agence being held on this subject in February of 2007.

Last year, an amendment to the healthcare law in the Province of Quebec was adopted, extending the mandate of the current Board of Directors until September 2010. Discussion was held throughout last year at AQESSS and other organizations about the government's intent to change the composition of the Board of Directors of all establishments. A new bill was supposed to be deposited in the Fall or Winter of 2009-2010. At the end of March 2010, no new bill had yet been deposited. It is now projected that a new bill with changes in the governance structure will be brought

forward in the Fall of 2010. At that time, the Jewish Public Establishments Commission will closely examine the impact of any changes on the future of Maimonides.

During the course of 2009-2010, Len Lewkowict finished his term as President of the Centre Board. At the General Annual Meeting held on November 4, 2009, Len was described as a true visionary and a strategic forward thinker who provides inspiration and motivation for everyone he works with. Larry Nachshen, a Past-President of Maimonides Geriatric Centre Foundation was elected as President of the Centre Board in the Fall of 2009. We are very lucky at Maimonides to have an endless supply of outstanding volunteers who provide leadership on behalf of our community to the Centre.

### **Outstanding Service Awards**

Hinda Adelstein and Terri Klein, Past Presidents of the Maimonides Auxiliary received the outstanding service award in recognition of their exceptional dedication to Maimonides over the past fifteen years. Ms. Adelstein and Ms. Klein first became involved at Maimonides in the 1980s when their mothers were consecutive Presidents of the Auxiliary. This strong family tradition is one of the reasons that Maimonides has been so successful in keeping our links with the community.

A special tribute was also extended to another one of our community partners at our Annual Meeting. Earl Pinchuk and Gary Blair of the Art for Healing Foundation were recognized for the outstanding work they have done in helping transform the hallways of Maimonides. Approximately eight hundred pieces of art work have now been catalogued and hung in the hallways of Maimonides, creating beautiful art galleries that residents, staff and families can all enjoy.

Karen Flam, Director of the Maimonides Foundation also received an exceptional award during 2009-2010. She was the recipient of the Association of Jewish Aging Services of North America Professional of the Year Award. This is a highly prestigious award given to honour and recognize an outstanding AJAS professional who reflects the highest standards of professional knowledge and expertise, shows exceptional leadership and is highly respected by staff, residents and families served. In recognizing Karen Flam as the recipient of this award, AJAS recognized an incredible woman who, on a daily basis, moves Maimonides forward, helps us care for our residents and their families in Jewish spirit and has elevated the profession of development and fundraising.

Finally, as a follow-up to a presentation which took place in Fredericton in the Fall of 2008, Maimonides was represented by Len Lewkowict, President of the Centre Board, Barbra Gold, Executive Director, Lucie Tremblay, Director of Nursing and Clinical Services, Krystyna Kouri, Maimonides Research Fellow and Karen Flam, Director of the Foundation who were invited back to present at a new symposium entitled "Excellence in Aging Care, About Face-Changing the character of Care". A presentation on the Planetree journey, the path to excellence through resident-centered care took place in September 2009 at a symposium hosted by York Manor for approximately three

hundred registrants. Maimonides is very honoured that York Manor considers us a mentor organization.

### **Class-Action Suit re Personal Laundry**

The year 2009-2010 saw the final settlement amounts for this original class-action suit, dating back about twelve or thirteen years. Settlement for claims was finalized at approximately \$988,000 as of March 31, 2010. This charge is the major contributing factor to our cumulative deficit of approximately \$1,200,000.

### **Ombudsman /Comité de Vigilance**

The Ombudsman's office received and treated 31 formal complaints this year. The office also treated 14 assistances (smaller issues that required some help but did not need a formal investigation). Three complaints were turned over to the Medical Examiner for review.

The standard for investigating complaints and offering recommendations is 45 days. In 2009-2010, our complaints were answered at an average of 34 days, 11 days faster than the maximum permitted.

There is no measure for the complexity of complaints, however based on conversations with other similar organizations, our complaints continue to be among the most complex.

In addition to receiving, investigating and treating complaints, two major projects have been accomplished this year.

1. Outreach to our Accredited Homes: The ombudsman conducted a workshop with the managers of the Accredited Homes regarding how to have a more complaint-friendly atmosphere, and how to treat complaints from a front line perspective. The ombudsman has also been working with the community social worker on management of complaints.
2. Visibility: Visibility continues to be a priority for the ombudsman. Ms. Fish was invited to speak at a family meeting and at the User's Committee. Also, Ms. Fish attended a family tea where she had the opportunity to meet many family members.

### **Order of Licensed Practical Nurses (LPNs)**

Maimonides received a visit from the Order of Licensed Practical Nurses in January 2010. The report was very positive, with only one recommendation and indicated that they were impressed with the general ambiance and warmth in the Centre and the quality of care delivered by the LPNs. As required, this report was presented to the Comité de Vigilance.

## Accreditation

In October 2009, a team of surveyors from Accreditation Canada met with the Maimonides community partners, Board members, staff, volunteers, residents and family members in order to assess the standards of quality and safety at our Centre. In the final debriefing report, which took place at the end of the survey, we received incredible feedback from the surveyors. In addition, they reported that this is the first time they have ever witnessed that all required organizational practices were met. The following is an extract and summary from the Accreditation Report.

*“Overall strengths – A strong cohesive management team and board that is focused on care and service for the residents that the organization serves.*

*This is a financially stable organization with supportive Foundation and volunteers.*

*The organization has a positive reputation in the health care community provincially, nationally and internationally.*

*There are strong and effective partnerships – University, Jewish organizations and other health care organizations.*

*A quality improvement attitude that has permeated the whole organization from the frontline worker to the chair of the Board.*

*The building has had several physical improvements making it a viable accommodation choice for the population it serves.*

*Area for improvement:*

*The recruitment of health care professionals – Pharmacists and Nurses.*

*Further refinement of the Emergency Preparedness Plan is required (needs to be more current).*

*Successes:*

*The suite dream program – refurbishing of all resident areas within the building.*

*The research program in partnership with the University.*

*The planetree Program implemented with associated training.*

*The “Art for Healing” Program.*

*Challenges:*

*Information management systems awaiting direction from the province.*

*Pharmacy dispensing systems awaiting direction from the province.*

*Merger with the other cultural specific organization within the community.*

*Maintaining the high level of Management structure and operations within the organization.*

*Communication:*

*The flow is vertical and horizontal in the organization with an open and positive culture at all levels.*

*The style of communication in place has promoted a quality workplace and a high degree of employee satisfaction. A variety of communication tools are in use and are*

*effective, for example, large screen monitors throughout the building, memos, minutes, meetings, newsletters and so on.*

*Relationship between the organization and community:*

*A very positive and supportive relations exists with the community, the organization is considered as being extremely giving to support many quality initiatives.*

*Overall the organization is well positioned, well supported and effectively and efficiently managed.”*

In a nutshell, we should all feel very proud after reading the Accreditation Canada report.

### **Ministerial Visit**

In February of 2010, Maimonides received a surprise visit from a ministerial team responsible for assessing the quality of care in long-term establishments. These visits take place with twenty-four hours notice and the structured activities involve focus groups with all stakeholders of the Centre. Although we have not received the final report, we did have a debriefing with the ministerial team and have received a draft report. During the debriefing, the team noted to us that they had never been received in such an open, warm and friendly manner in an organization. They were extremely impressed with the personalized care provided in a homelike environment, the contribution of our users and residents, our restraint-free environment, the beautiful physical environment and the implementation of practices consistent with policies such as the Code of Ethics and Disclosure. Only four recommendations are noted in the report and we have already started working on them.

Finally, in the rating section at the end of the report, Maimonides received the highest possible rating in all categories. These ministerial reports are now available to the general public on the government website. On behalf of the Board of Directors, we want to thank the ministerial team for performing this extremely important task.

### **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.

### Training

As noted during last year's Annual Report, one of the keys to implementing the Planetree approach included providing an off-site one-day retreat for each staff member at Maimonides. In order to create a momentum and promote the Planetree philosophy throughout the Centre, each Planetree retreat is composed of nursing staff as well as staff from all other groups at the Centre. By the end of March 2010, more than five hundred and twenty-five staff members attended a Planetree retreat. The feedback from all participants is extremely positive. Almost every staff member has attended and we have already begun to notice a subtle change in the overall atmosphere. In addition to the Planetree training, between April 1, 2009 and March 31, 2010, thirty-four staff members received a two-day training in relation-centered care and thirty staff received training in moving patient safety principles.

### Risk Management and Disclosure

The Risk Management Committee, which includes a Board Member at Maimonides, met on a regular basis during 2009-2010. Maimonides continued to participate in the National Collaborative on the Prevention of Falls in Long-Term Care, an initiative of the Safer Healthcare Now which finished this year as well as the Canadian Campaign. There were many activities organized for Fall Prevention Month; the major project this year was the completion and distribution of the Safety at Maimonides booklet. Since falls make up more than half of all reported incident and accidents at the Centre, they

remain a high priority. As compared to last year, the total number of falls has dropped by approximately four per cent. Fortunately, the majority of them (sixty-seven per cent) lead to no injury and only five (one per cent) of these led to severe injuries (all hip fractures). This is a reduction of seventy-seven per cent as compared to last year.

Over twenty-five per cent of the incident/accident reports filled out this past year were of the "other category" which includes mostly injury of unknown origin but also events such as missing residents, errors related to charting, pressure sores, restraints, self-injury, etc. Most of these other incidents were of minor severity (seventy-four per cent). However, two of these led to a severe injury in the form of a hip fracture. A closer look into these unknown events in the future may help us to better understand the causes which will allow us to take appropriate safety measures to minimize their occurrence.

Finally, we note that, despite the fact that the level of disclosure is increasing, disclosure continues to be a challenge. This past year, we had an eighty-four per cent compliance with the law and our policy and procedure. This shows a definite improvement as compared to last year but work is still required in this area. A complete list of all Risk Management indicators can be found in the section on page 13 in this Report.

As in previous years, ensuring the ongoing updating of skills is a priority as well as the introduction of new and safer equipment to ensure best practices and to address the increase in the complexity of nursing care. This year, specific emphasis was placed on the use of safety needles. In order to be safe for the residents and for the nursing staff and to prevent any needle stick injury, Maimonides decided to provide the nursing staff with safety needles. Training was done for all the staff who use this type of equipment. While the cost of these safety needles is substantially higher than the regular needles, since we have started using them, there have been no needle stick injuries.

### Infection Control Program

The year 2009-2010 will be remembered as the year that the H1N1 virus appeared. The vaccination against H1N1 started at Maimonides on November 4, 2009 and lasted three days during which seventy-five per cent of the staff was vaccinated. Residents were vaccinated until the end of December 2009 with over eighty per cent of the residents being vaccinated. As a result of this high percentage, we had no cases of the H1N1 in our establishment. Four different training sessions regarding H1N1 testing and vaccination were given to the staff and hand-washing was reinforced during this training. Because of the H1N1 vaccination, the seasonal flu vaccine was delayed until January 2010. As a result, only fifteen per cent of the staff was vaccinated. However, ninety-two per cent of the residents was vaccinated. In addition to the concerns about H1N1, a new strain of Norovirus appeared. There have been three outbreaks in our Accredited Homes and Intermediate Resources. The infection control team quickly intervened in all situations and was followed up with education to the managers of the Intermediate Resources and of the Accredited Homes.

## Milieu de Vie Approach

Every year, more and more programs are added to the facility in support of a Milieu de Vie approach. However, probably the most important part of a Milieu de Vie approach was demonstrated during the ministerial visit. When the team asked the different focus groups who was responsible for Milieu de Vie, every group responded that it was everyone's job. This is probably the single biggest factor of why we are so successful at Maimonides. Everybody feels it's their job to make the place homelike for the residents who live here. Certainly, the addition of new programs like Skype, a Planetree spa room, a fitness centre, new computer rooms and programs all contribute but it's the attitude of everyone working at Maimonides that makes the difference.

New for 2009-2010 are the cozy robes where all residents receive a poncho-type bathrobe to be used during their stay. This campaign was financed by the Maimonides Auxiliary and is really appreciated by the residents. The duvet project, where all residents were given a lovely duvet for their bedroom was also implemented during 2009-2010.

## **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.

One of the major concerns that families express on a regular basis is that they can call the unit, leave a message and nobody returns their call. Due to the number of people working on a unit on different shifts and not always being able to communicate with each other in terms of phone messages, a telephone registry was developed to ensure that the residents' families' concerns are answered in a timely manner. Since the implementation of this project, there has been an increase in family satisfaction. A new procedure was also implemented to alleviate some of the stress and anxiety that takes place during transfer to another unit. The new procedure involves that the primary nursing staff on the originating unit accompany the resident for the transfer and communicate important information with the new team in the presence of the resident and the family member. Finally, our electronic boards have become extremely popular and useful for residents and families to receive important and interesting program information.

Based upon feedback from the families who attended the family meeting in April 2009, the Family Network Program was launched. This is a Centre-wide opportunity for family members to connect with one another, receive an update on programs and new developments at Maimonides and it includes an educational component. The first meeting held in June 2009 was entitled "Everything you wanted to know about legal representation". This session was well-attended and feedback was positive. We hope to have approximately three to four meetings a year for this program.

## **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.

The cumulative research activities for the year ending March 31, 2010 included the completion of six studies with six still ongoing and one upcoming study. There were approximately twenty-six presentations in Quebec, Canada and the U.S. by members of our medical, nursing and research teams. In addition, we hosted a site visit from the International Psychogeriatric Association Annual Conference which was held in Montreal during the Fall of 2009. One peer-reviewed paper was accepted for publication and four peer-reviewed papers were submitted for publication. Many of these projects are part of our collaborative research network in long-term care with McGill University and the McGill University-Université de Montreal Research Group on Integrating Services for Older Persons, the JGH and Solidage.

Our fellow for this year began in 2009 when Dr. Krystyna Kouri from the Institut Universitaire de Gériatrie de Sherbrooke joined us to begin her postdoctoral fellowship project. The subject of Dr. Kouri’s post-doctoral fellowship is “Advanced Testing of a Nursing Psycho-Educational Group Intervention focused on Communication for the Family Caregiver in Early Stage Alzheimer Disease”. In addition to funding through her fellowship, Dr. Kouri has received funding from the Canadian Nurses Foundation and the GRIISIQ (Quebec Inter-University Nursing Intervention Research Group). She has already published and presented several articles on this subject. Finally, a proposal for a psycho-geriatric program was submitted to the Agence in February 2010. No word has been received to date on this submission.

## **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.

Our partnership with the Pearson Adult Education Centre moved extremely quickly during the year 2009-2010. Within a few months of beginning our conversation, the Maimonides PACC Learning Institute was developed. Maimonides Geriatric Centre is the first long-term centre in Quebec to have an on-site training facility for healthcare workers in conjunction with PACC, the Pearson Adult Career Centre. The first group of students training to be PABs (nursing aides and orderlies) was welcomed to the Maimonides PACC Learning Institute in November 2009. The students have benefited from learning in a newly-renovated state-of-the-art classroom within Maimonides which has been named The RBC Dominion Securities Quallenberg Wealth Management

Room in recognition of their significant donation to this project. The new facility was entirely financed and supported by the Maimonides Foundation and is in collaboration with the Lester B. Pearson School Board. The first graduating class is scheduled for June of 2010 with a plan to start the licensed practical nurse (LPN) program in the Fall of 2010.

## **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.

Maimonides continues to be extremely visible, provincially, nationally and world-wide. Many of our professionals regularly speak about programs at Maimonides. Lucie Tremblay was named the President of the Montreal Chapter of the Canadian College of Health Service Executives. Barbra Gold was elected as Chairman of the Board of the Association of Jewish Aging Services of North America for a two-year term period. In 2009-2010, the following awards were won:

- Ordre régional des infirmières et infirmiers de Montréal/Prix Relève–Dindo Miras
- 3M Canada/the 3M Nurse Appreciation Award–Fruan Tabamo
- Planetree–the 2009 Spirit of Planetree Continuing Care Program Award
- Planetree–the Planetree 2009 Film Festival Winner–2<sup>nd</sup> Annual Video Award

## **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.

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 the residents at Maimonides Geriatric Centre.

## **Wandering System**

Our bracelet wandering system was upgraded and now has sensors throughout the facility that allows us to know where a resident with a bracelet is located in the building.

## Completed Projects

### Activity Rooms

Three of the activity rooms were completely renovated during 2009-2010. They now encompass a dining area, a kitchen area and a living-room area and have been extremely well-received by the residents, staff and families.

### Elevator Project

The elevator project was completed this year with the upgrade of our existing elevators.

### Windows

All the windows on the sixth and seventh floors were completely replaced.

### Dehumidification

A new system was installed on the supply air that reduced the heat and humidity during the hot Summer months in the corridors. It has been extremely successful.

### Air-Conditioning

All newly-renovated activity rooms and dining-rooms were air-conditioned.

### Electrical Upgrade

A new power entry to the building was put in place, including the ability to double the load, if required in the future.

### Master Plan

A master plan for a remodeled first floor was completed.

### Cheder Shalom

The sitting room outside the morgue was completely redone in order to make it a very comfortable room for families who observe the requirement not to leave any body unattended.

### RBC Dominion Securities Quallenberg Wealth Management Room

The second floor lecture room was renovated, renamed and made into a state-of-the-art classroom. A lab with five beds was also created on the same floor for the students.

## Hot Water Tanks

Our aging hot water supply system was replaced.

## Ongoing Projects

Still in the preliminary stages of planning are :

1. An improved garden space.
2. A remodeled library and information centre.
3. Public bathrooms on the ground floor.
4. The Konigsberg Family Room on the ground floor.

The technical services team is always trying to find ways to improve on what has been accomplished. They are continuing to provide the residents of Maimonides with the cleanest, safest environment possible.

## **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. During the course of the year, there were several situations where acute care facilities were overloaded and Maimonides has responded quickly to the directives of the Agence and adjusted our admissions processes accordingly.

Maimonides is also meeting the occupancy targets set by the Agence and, where possible, surpassing the expectations. The increase in the turnover rate from thirty per cent to thirty-two per cent coupled with a high occupancy rate of 99.8 per cent for our permanent programs reflects the commitment of staff in all departments. There has been a substantial reduction in the average wait time for permanent admissions from two hundred and two days to a hundred and twenty-eight days.

Maimonides was asked to open a six-bed orientation/evaluation unit – Program 68 – for hospitalized clients being medically stable but who require assessment for their future orientation. This program is relatively new in the Reseau and, as other nursing homes, we have experienced growing pains. The program is coordinated by the CSSS Cavendish with whom we work in close collaboration. The program has been functioning since September 2009 and, since that time, we have admitted twenty-three people to these six beds. Finally, Maimonides is currently in negotiations with the Agence to receive recognition of Lev Tov and Maison Paternelle as official Intermediate

Resources along with the increased funding which would be attached to these programs.

### 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 eighth 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 upgrade. Our single biggest concern these days is in reference to the recruitment of RNs. The Board of Directors recently had a presentation on the nursing crisis presented by Lucie Tremblay. Whereas Maimonides had one hundred nurses five years ago, we now have sixty. The hours of care on admission required by residents have gone from 2.97 to 3.19. The acuity of care is increasing and many more procedures are now being done at Maimonides, which used to only take place in acute care. For all of these above reasons, we are now in an acute nursing crisis. In order to provide quality care based on this new reality, the Nursing Department has begun discussions around a re-organization of work that effectively uses the professional expertise of each staff member while continuing to meet the standards of care. This coming year will see the implementation of many new practices. We are very proud of the involvement of our nursing leadership and the collaboration of the department staff.

<b>Risk Management Indicators</b>	<u>2008/2009</u>	<u>2009/2010</u>
Response/Satisfaction Rate (actual hours of care ÷ required hours of care) Target 100%	81%	81%
Turnover Rate (admissions ÷ # residents)	30%	31.8%
Proportion of Clients with Restraints (# restraints ÷ # residents) Target 0%	3.10%	2.07%
Transfer to Acute Care (average # residents per period transferred ÷ # total residents) Target 1-2%	1.8%	1.7%
Proportion of Overtime Hours (overtime hours ÷ regular worked hrs.) Target 0%	1.53%	1.51%

	<u>2008/2009</u>	<u>2009/2010</u>
Salary Insurance Rate (salary insurance hrs ÷ paid hrs.) Target 0%	2.26%	2.25%
CSST Rate (CSST hrs ÷ paid hrs.) Target 0%	0.56%	0.55%
Residents with Falls (# falls ÷ total # patient days)	0.610%	0.584%
Residents with Falls with severe consequences (# falls with severe consequences ÷ total # patient days)	0.016%	0.004%
Medication Errors (# medication errors ÷ patient days)	0.150%	0.141%
Aggressions (aggressions – resident to resident ÷ patient days)	0.022%	0.024%
Aggressions (aggressions- resident to staff ÷ patient days)	0.034%	0.021%
Residents absent without authorization (Code yellows) (# Residents absent without authorization/ Code yellow ÷ patient days)	0.014%	0.004%
Residents with Pressure sores (Stage III & IV) (# residents with pressure sores ÷ total # residents) Target 0%	1.6%	1.6%
Incidence of Nosocomial Infections (# new cases of Nosocomial infections ÷ patient days)	0.009%	.014%
Occupancy Rate Program 31 Target 99.4%	99.8%	99.8%
Program 68		83.6%

		<u>2008/2009</u>	<u>2009/2010</u>
# Admissions	Program 31	114	121
	Program 68		23
# Respite Admissions		101	91
# Intermediate Resources Admissions		47	24
# Accredited Homes Admissions		13	14

### **Conclusion**

We have ended 2009-2010 with a surplus of approximately \$200. Our ability to balance the budget in these difficult times is still due to increased income from the sale of our management services to Jewish Eldercare.

Finally, every year, we are extremely fortunate to have the support of our community, in particular through our Foundation and Auxiliary. The Foundation and the Auxiliary members make the difference at Maimonides. This link to our community not only helps the residents but sends a message to all our staff members and even helps us retain many of them. As we celebrate our 100<sup>th</sup> Anniversary in 2010, we can look back at our long history and the involvement of the Jewish community in developing, maintaining and moving Maimonides forward. It is our community over the past one hundred years that has made the difference and allowed us to become leaders in geriatric care in Quebec and Canada.