



Accreditation Report
Quality Improvement Plan
& Benchmarking Data

Accreditation Report

**Quality Improvement Plan
& Benchmarking Data**

**Prepared for
The Pines Long Term Care Home**

Accreditation Decision

Three-Year Accreditation
Expiration: May 31, 2020

Organization

The Pines Long Term Care Home
98 Pine Street
Bracebridge ON P1L 1N5
CANADA



Three-Year Accreditation

Organizational Leadership

Christina Rochette, Program Manager
Katherine Rannie, Administrator

Survey Dates

April 6-7, 2017

Survey Team

Frank E. Gainer, M.H.S., OTR/L, FAOTA, Administrative Surveyor
Brock W. Hall, Program Surveyor

Programs/Services Surveyed

Person-Centred Long-Term Care Community

Previous Survey

March 6-7, 2014
Three-Year Accreditation

Survey Summary

Areas of Strength

The Pines Long Term Care Home has strengths in many areas.

- The organization is complimented on how it has embraced the performance improvement process. The organization is evaluating numerous initiatives to improve a variety of processes that impact the quality of services offered to persons served.
- There is an obvious commitment to health and safety. Inspections are completed monthly, areas for improvement are summarized, and follow-up action is evident. This aggressive program allows the organization to maintain the physical plant and equipment in a timely manner.
- There is a comprehensive strategic plan that is expected to serve the organization well as it moves into the future.
- There is a comprehensive volunteer orientation program. The Pines Long Term Care Home has a large volunteer cadre that allows it to offer a variety of activities and one-on-one services to its residents. Also noted were a variety of activities for the residents, with significantly more programming than most organizations of its size.
- A very active Resident Council provides the organization with excellent feedback on ways to improve its services. The staff has proven to be very responsive to the issues raised. The Resident Council members noted that they were well supported by the staff and management.
- The organization is congratulated on its outstanding telemedicine program. This is an exceptional program in that it allows residents easy access to specialists without having to leave the premises.
- Although very few in number, all complaints are taken seriously and handled in an expeditious manner.
- The organization is complimented on the high return rate for its satisfaction surveys from residents and family members. The leadership team takes this information, analyzes it, and acts upon it to further improve care to the persons served. The organization has become very transparent in sharing this information with all interested parties.
- A good first impression is made when one enters the main doors of The Pines Long Term Care Home and is promptly greeted by the receptionist. Well-appointed tables and chairs outfit the Country Kitchen for residents and guests to enjoy coffee, tea, and snacks. This is a popular gathering place for people to visit. The residence is well maintained and enhancements have given it a warm, homelike ambiance. The Muskoka Room is decorated with items that residents would recognize from their youth. There are extensive outdoor spaces for enjoyment of residents and their family members. There are fish, birds, and a recently acquired housecat, Ginger, for the residents to enjoy. Resident living areas are clean, bright, warm, and inviting. The basic rooms were thoughtfully designed so that each resident has his/her own private sitting and sleeping area.
- The organization has frequent communication with family members. It has made great efforts in collecting the necessary contact information, and the families appreciate the information that is shared.

- The organization has implemented an exceptional method for documenting the review of its contractors. The Contractors Health and Safety Performance Review form has turned into a 360-degree review, and the organization and contractors both benefit from this process.
- The organization also has a creative performance evaluation process. Every other year, a Read & Sign evaluation is done where staff members complete training updates and have the opportunity to develop additional goals and objectives.
- The meals are nutritious and the residents' wishes are taken into consideration. The Delightful Diners group provides valuable input to the dietary and food service staff.
- Although the population of residents has very little diversity, when diversity does occur, the staff acts to accommodate the differences in a very thoughtful and thorough process.
- Persons served expressed feelings that they are well cared for by staff and management. At the time of admission, each person served and family member is given a user-friendly handbook that is clear and well organized in order to introduce them to their new residence and lifestyle.
- The organization has made a concerted effort to keep its residents well connected with the community. This is evidenced by the fact that it has more than 165 active volunteers. Several churches and numerous other organizations, such as the local Central Muskoka Legion, are a key part of regular programming. Several supporting healthcare partners, such as the physiotherapy provider, are tightly integrated within the care teams. Communication by the care teams is both appropriate and timely.
- The new addition, built since the last survey, gives The Pines Long Term Care Home the opportunity to have the space needed to offer large group programs to persons served, office space for support staff, and much-needed storage. The new Country Kitchen was noted to be a good gathering area for family, staff, and residents.
- Families noted they feel their loved ones are very well cared for by all departments. Even though there is currently no family council in place, families receive regular email communication from the administrator that keeps them well informed. There is a confidence that services are being improved. Families commented that the phrase "everyone knows your name" is very applicable to the way they are made to feel by staff.
- Staff members noted that they feel they are well oriented when becoming new to the staff and regularly trained both to meet regulatory requirements and to ensure that they know how to work safely. Staff members appreciate the survey that seeks their input, and they hear the results of those surveys. They also see that they are supported by management via an open-door policy and a responsiveness to their issues. Staff training is a strength as evidenced by conformance to legislated annual training requirements. The organization is commended for having trained most staff on the Gentle Persuasive Approach, which has helped to effectively manage behaviours in this setting.

Areas for Improvement

The Pines Long Term Care Home should seek improvement in the following areas.

- Although the ministry requires reconciliation be done on a quarterly basis, the organization takes responsibility for the funds of persons served, and it should implement written procedures that define how monthly account reconciliation is provided to the persons served.
- The organization performs fire drills and emergency evacuations, but other emergency procedures are not being tested on an annual basis on each shift and location. The organization's unannounced tests of emergency procedures should be conducted at least annually on each shift and at each location. The tests should include complete actual or simulated physical evacuation drills and be analyzed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. The tests should be evidenced in writing, including the analysis.
- The organization currently reviews contracted personnel at the time of renewal of the agreement. The organization's performance management should include reviews of all contract personnel utilized by the organization that are performed annually.
- The organization makes phone calls to some of the families of persons served post service provision, yet this is not being done consistently. The Pines Long Term Care Home is urged to collect data about the persons served at the end of services.

Accreditation Decision

The Pines Long Term Care Home has earned a Three-Year Accreditation. On balance, The Pines Long Term Care Home has made a commitment to conform to the standards. Leadership is responsive to residents, their family members, and the staff and their needs. The longevity of the frontline team members results in consistent, quality resident care and contributes to overall resident and family satisfaction. The organization has embraced the performance improvement process, and it has numerous initiatives it is working on to improve the quality of services offered to persons served. The positive attitude with which the management and staff prepared for and participated in the survey and their receptivity to the consultation, suggestions, and information on areas for improvement that were offered instil confidence that the organization will use the opportunities for improvement noted in this report and the CARF standards as guidelines for continuous quality improvement.

Consultation

Section 1. ASPIRE to Excellence®

A. Leadership

- The Pines Long Term Care Home is encouraged to evaluate alternative formats for documenting its cultural competency and diversity plan. This could allow it to more easily update various initiatives that are occurring on a regular basis.

C. Strategic Planning

- The organization might consider evaluating other methods for providing regular updates to its strategic plan in order to better track progress.

G. Risk Management

- The Pines Long Term Care Home might want to consider reformatting its risk management plan in order to provide more consistent updates as needed.

L. Accessibility

- The organization may benefit from assessing how to better track updates to its accessibility plan.

Consultation does not indicate non-conformance to standards but is offered as a suggestion for further quality improvement.

Standards Conformance

This section of the Accreditation Report displays the specific reasons for any partial or non-conformance to standards identified as a result of the survey. The standards listed in this section are addressed in the organization's Quality Improvement Plan, which can be accessed at customerconnect.carf.org.

Below are the possible reasons for partial or non-conformance to standards, along with an explanation of why each reason is cited.

To receive the information contained in this section in an alternate format, please contact editing@carf.org.

Reason for partial or non-conformance	Is cited:
Procedure/practice not developed	When a standard element requires a procedure/practice, it is not in existence.
Policy/plan not developed	When a standard element requires a policy/plan, it is not in existence.
Policy/plan/procedure/practice not implemented	When a standard element requires a policy/plan/procedure/practice, it exists but there is no actual performance.
Policy/plan/procedure/practice recently implemented	When a standard element requires a policy/plan/procedure/practice, it exists but the actual performance has not been in place for sufficient time to establish a track record.
Policy/plan/procedure/practice not consistently implemented	When a standard element requires a policy/plan/procedure/practice, it exists but the actual performance does not occur with sufficient regularity to be deemed standard operating procedure.
Frequency inadequate	When a standard element requires that an activity occur with a specific frequency or some unspecified regularity, the performance of the activity does not occur, occurs less frequently than required, or occurs less frequently than appropriate if regularity unspecified.
Documentation inadequate	When a standard element requires documentation or that documentation contain specific information, the documentation either does not exist or does not contain the specific information.
Training inadequate	When a standard element requires that certain training occur, it either does not occur or does not occur with sufficient regularity to be deemed standard operating procedure.
Involvement by appropriate person(s) inadequate	When a standard element requires the involvement of certain persons, those persons are either not involved or not involved in a sufficient manner.
Data or information necessary to address conformance not collected and/or evaluated	When the issue addressed by the standard element has not been considered and, consequently, the information necessary to address conformance has not been collected and/or evaluated in connection with the issue addressed.
Effort not comprehensive	When a standard element requires an activity to occur, the performance of the activity is insufficient to address the full scope of the activity.
Financial ratio calculation below the median	When the standard element rating is based on the calculation of a specific financial ratio, such ratio is below the 50th percentile.
Information not communicated understandably	When a standard element requires that information be shared with certain persons, the information is either not shared or not shared in a manner that allows for comprehension by the recipient.
Non-compliance with law, regulation, or other rule	When a standard element requires compliance with a legal requirement or a process for achieving legal compliance, sufficient evidence of compliance or the compliance process is not demonstrated.
Credentials inadequate	When a standard element requires that an individual possess a specific credential or level of credential, the specific credential is not possessed, or the credential possessed is below the specified level.
Evidence of conformance inadequate	When the requirement of a standard element is not satisfied, or is inconsistently satisfied and no other reasons apply.

Standard Number	Standard Text	Reasons for Partial or Non-conformance															
		Procedure/practice not developed	Policy/plan not developed	Policy/plan/procedure/practice not implemented	Policy/plan/procedure/practice recently implemented	Policy/plan/procedure/practice not consistently implemented	Frequency inadequate	Documentation inadequate	Training inadequate	Involvement by appropriate person(s) inadequate	Data or information necessary to address conformance not collected and/or evaluated	Effort not comprehensive	Financial ratio calculation below median	Information not communicated understandably	Non-compliance with law, regulation, or other rule	Credentials inadequate	Evidence of conformance inadequate
1.F.9.f.	If the organization takes responsibility for the funds of persons served, it implements written procedures that define: How monthly account reconciliation is provided to the persons served.	X					X										
1.H.7.a.(1)	Unannounced tests of all emergency procedures: Are conducted at least annually: On each shift.					X	X										
1.H.7.a.(2)	Unannounced tests of all emergency procedures: Are conducted at least annually: At each location.					X	X										
1.H.7.b.	Unannounced tests of all emergency procedures: Include complete actual or simulated physical evacuation drills.					X											
1.H.7.c.(1)	Unannounced tests of all emergency procedures: Are analyzed for performance that addresses: Areas needing improvement.					X											
1.H.7.c.(2)	Unannounced tests of all emergency procedures: Are analyzed for performance that addresses: Actions to be taken.					X											
1.H.7.c.(3)	Unannounced tests of all emergency procedures: Are analyzed for performance that addresses: Results of performance improvement plans.					X											
1.H.7.c.(4)	Unannounced tests of all emergency procedures: Are analyzed for performance that addresses: Necessary education and training of personnel.					X											
1.H.7.d.	Unannounced tests of all emergency procedures: Are evidenced in writing, including the analysis.					X	X										
1.I.6.c.(4)	Performance management includes: Reviews of all contract personnel utilized by the organization that: Are performed annually.					X	X										
1.M.5.c.	The organization collects data about the persons served at: The end of services.					X											

Benchmarking

This section of the Accreditation Report benchmarks your organization's conformance to standards. By comparing strengths and areas for improvement with various comparator groups, benchmarking encourages your organization to improve effectiveness, efficiency, satisfaction, and access. This information should also stimulate discussions among stakeholders focused on better meeting the needs and preferences of the persons served. In addition, benchmarking:

- Encourages a culture of continuous evaluation and improvement.
- Accelerates understanding of and agreement on areas for improvement.
- Helps prioritize improvement opportunities.
- Shifts internal thinking toward a focus on outcomes.
- Provides a reference to increase performance expectations.
- Motivates your team to work collaboratively to surpass benchmarks.

This report provides benchmarks (mean % of conformance) for each section of the ASPIRE to Excellence® quality framework.

* When available, benchmark comparison groups include:

- All surveyed organizations.
- All surveyed organizations in the same primary CARF customer service unit.
- Surveyed organizations with the same ownership type.
- Surveyed organizations in the same geographic region.
- Surveyed organizations with similar number of persons served annually.
- Surveyed organizations with similar staff size.

In addition, standards conformance for each organization undergoing resurvey is benchmarked against its previous survey in all standards areas.

Benchmark Comparison Groups

Primary area of accreditation: Aging Services (AS)

Ownership type: Government Entity

Geographic region: Canada-ON

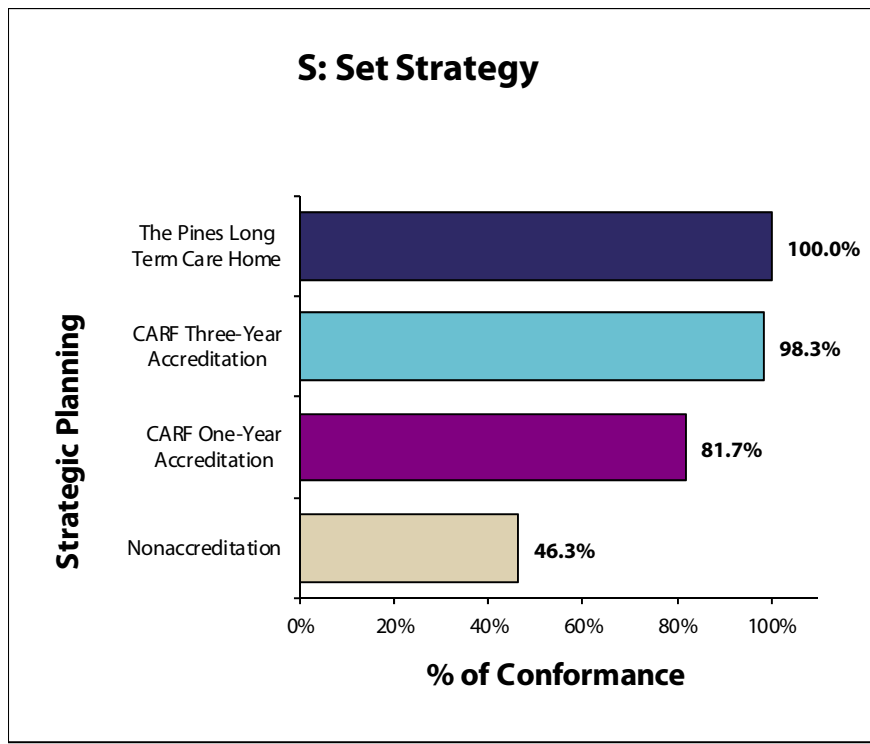
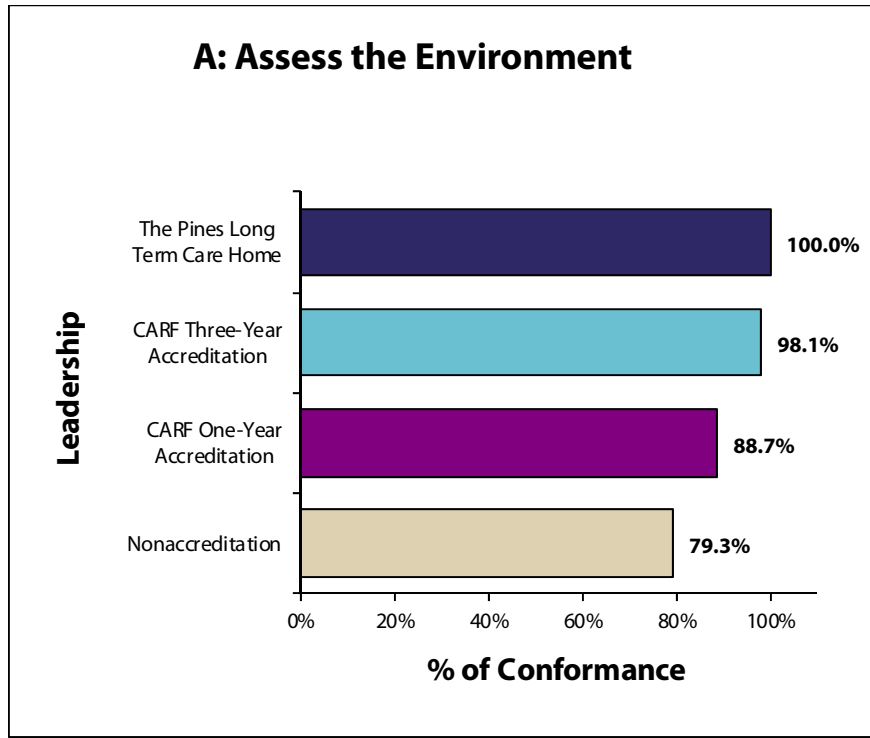
Staff size (FTEs): 100-499

Persons served annually: 100-499

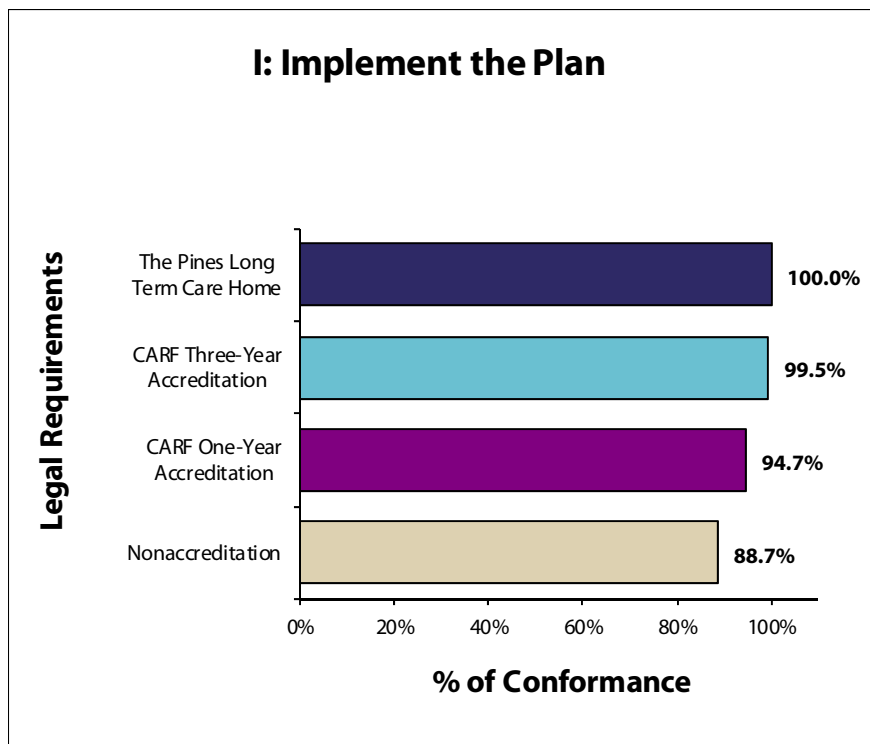
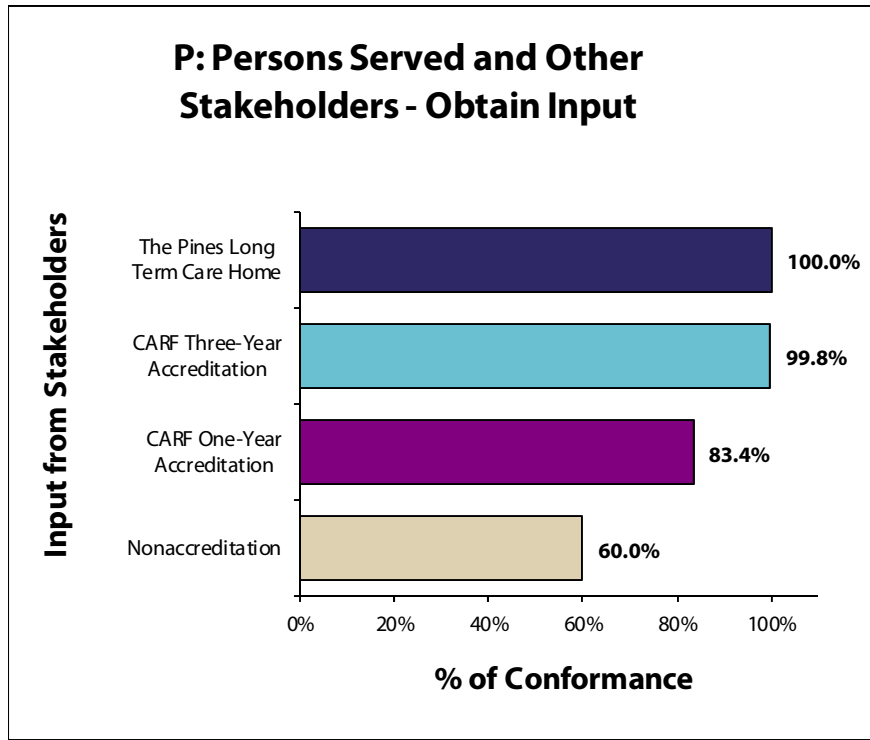
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* Excluding Governance.

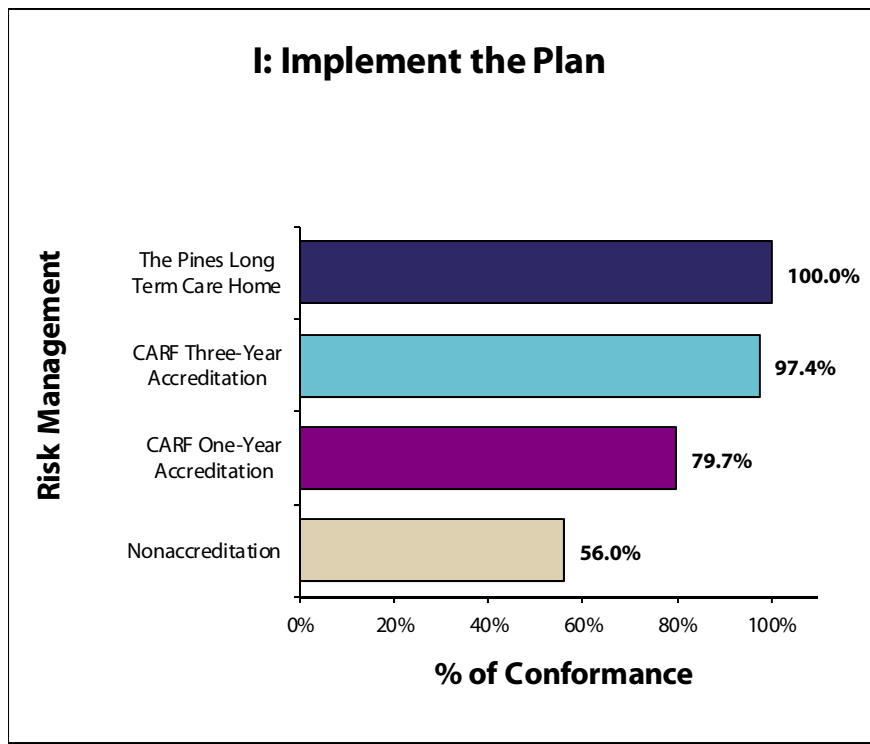
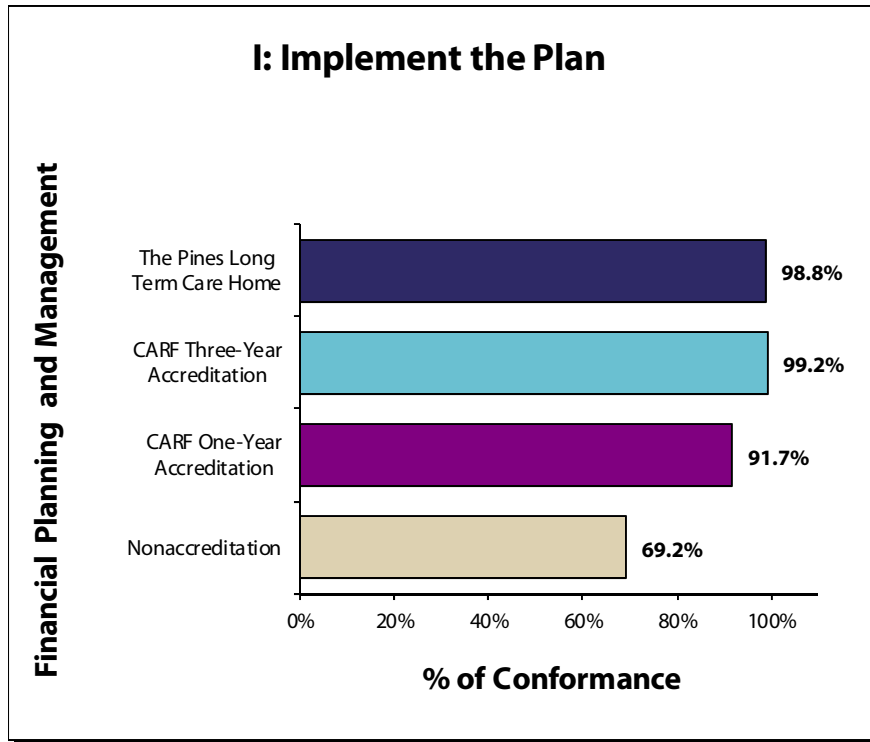
All surveyed organizations



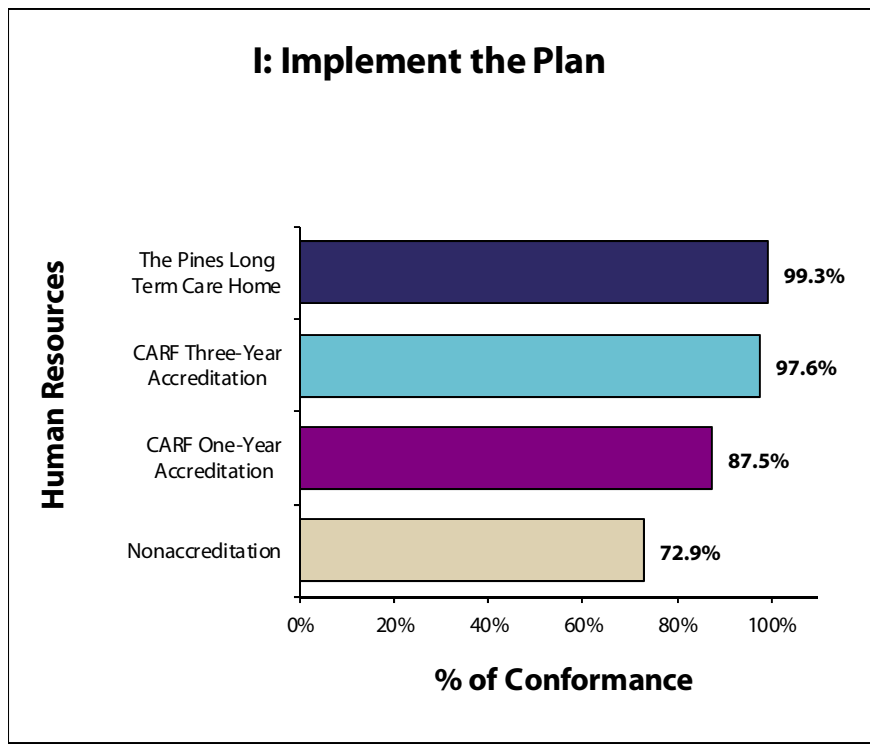
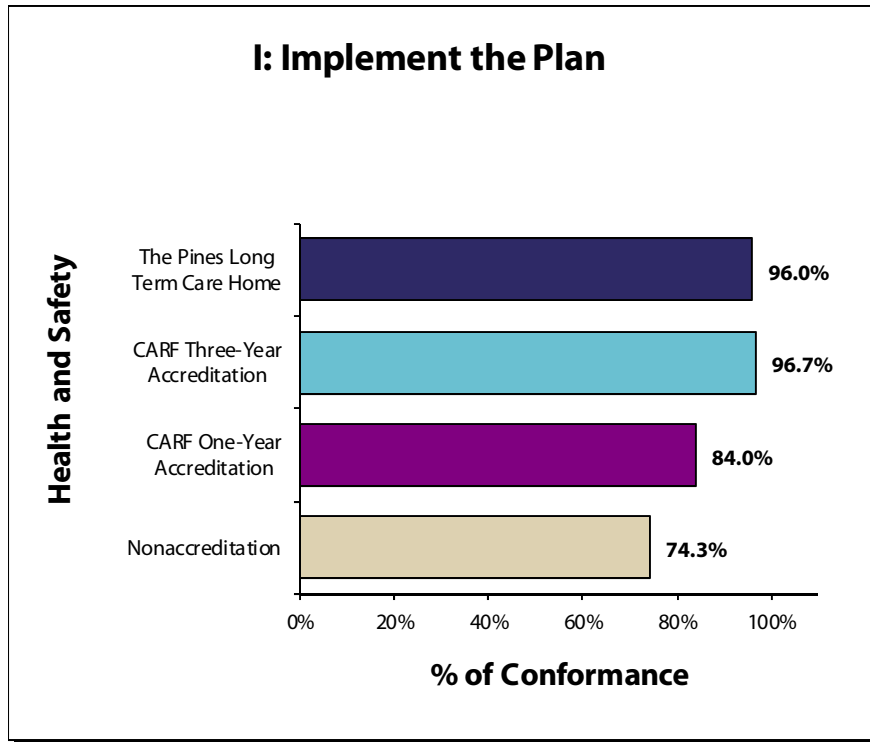
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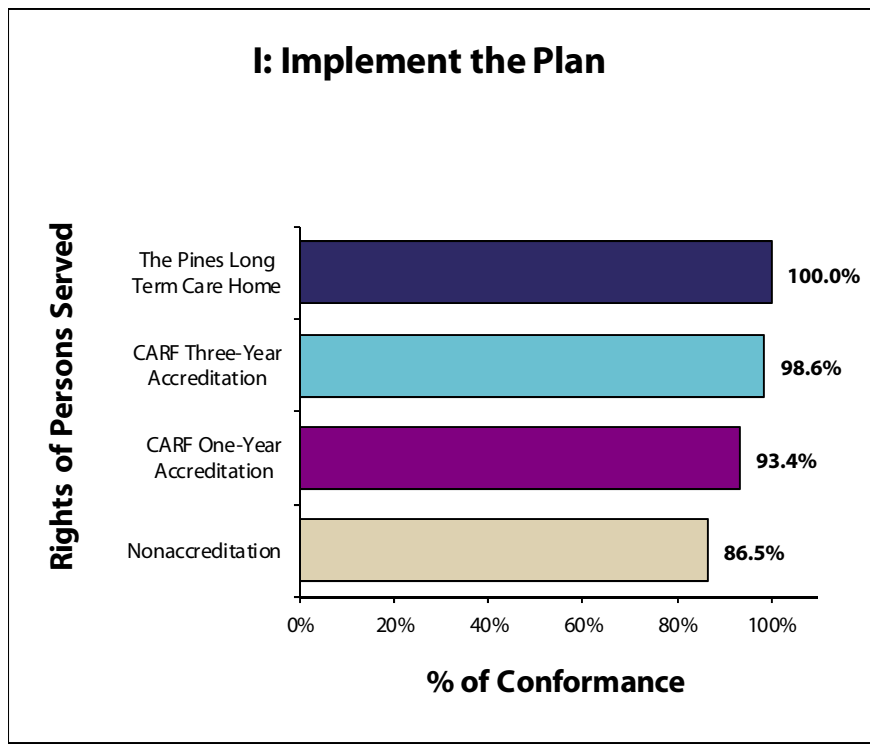
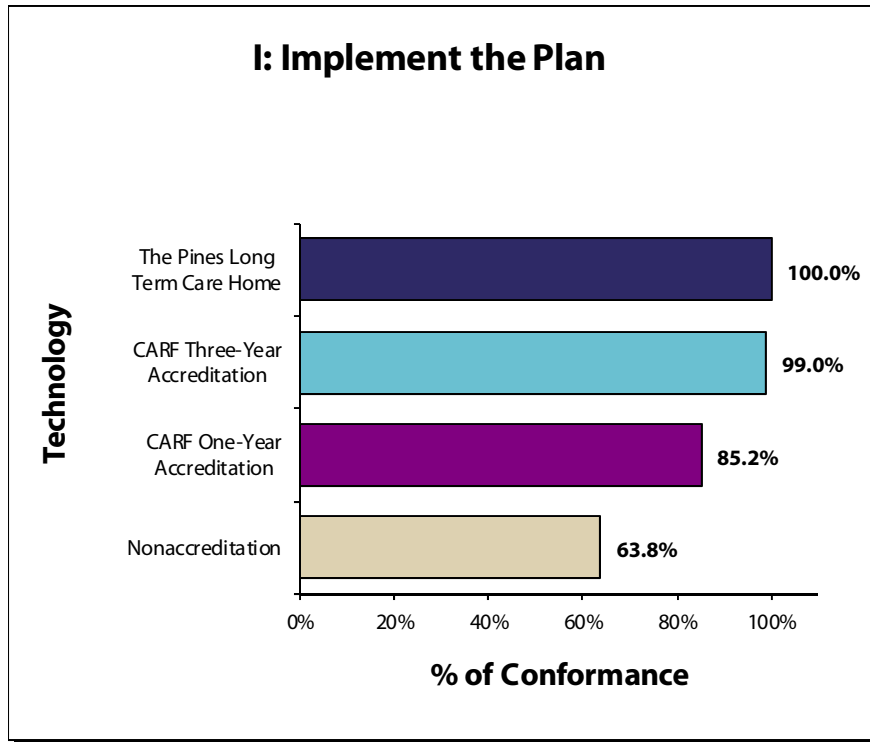
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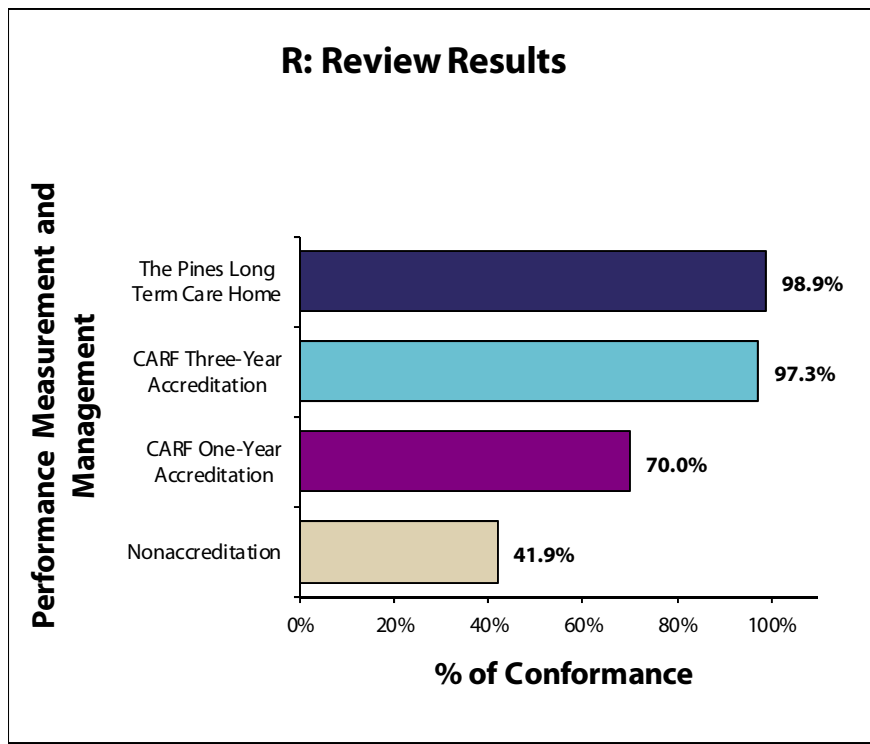
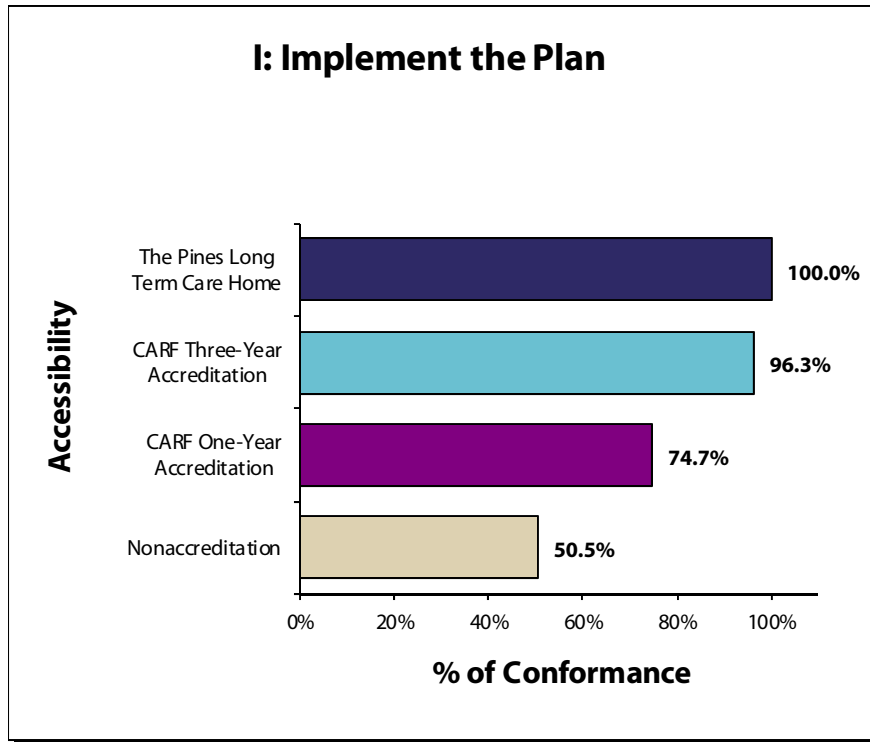
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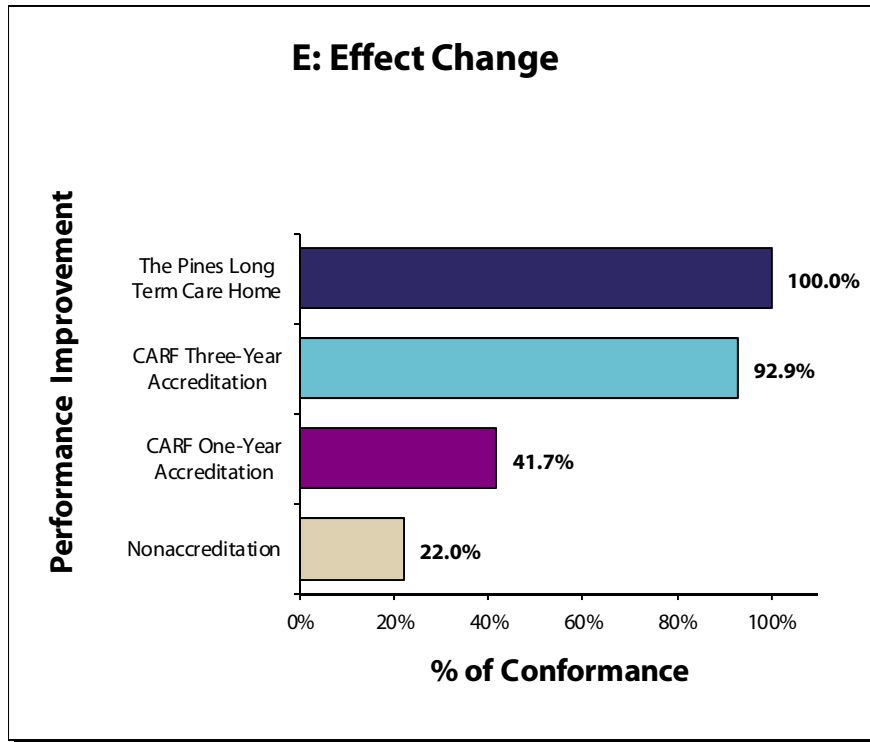
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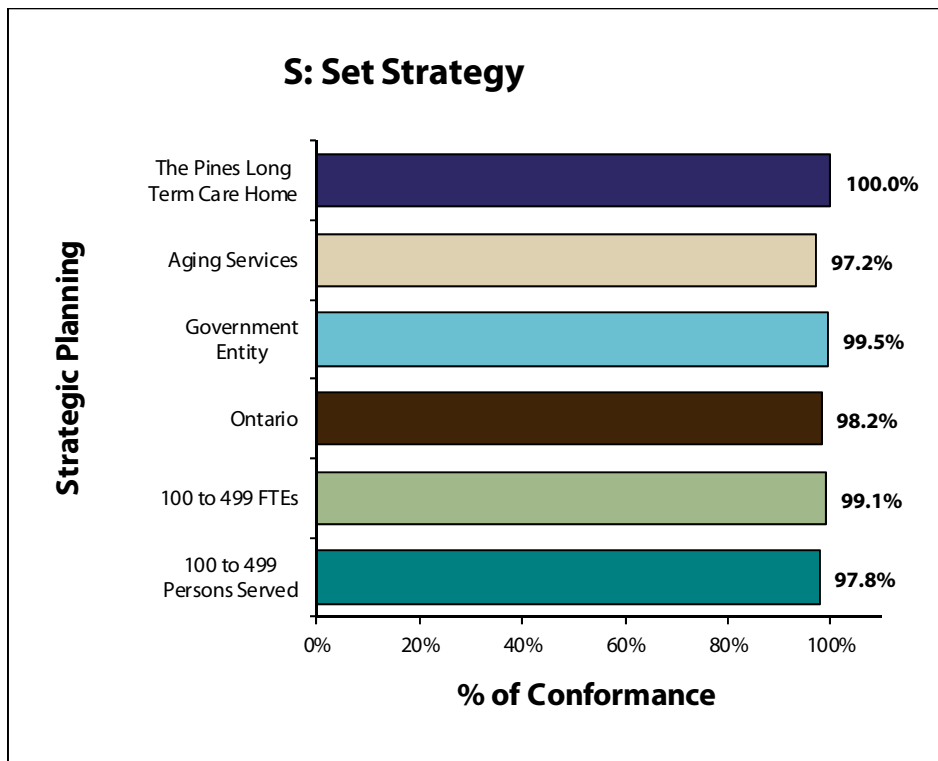
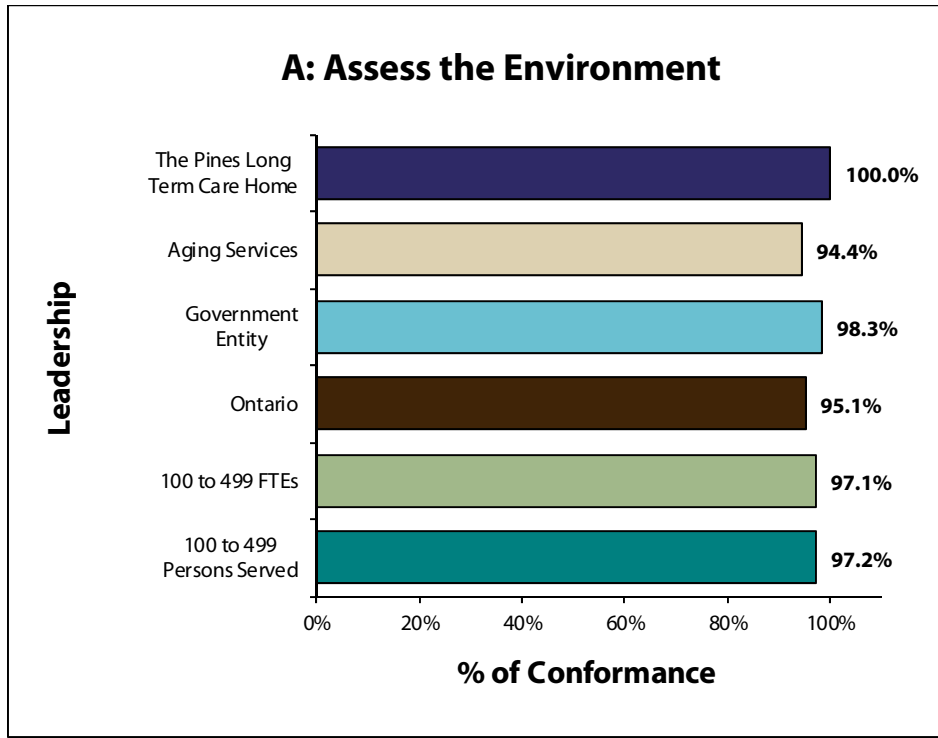
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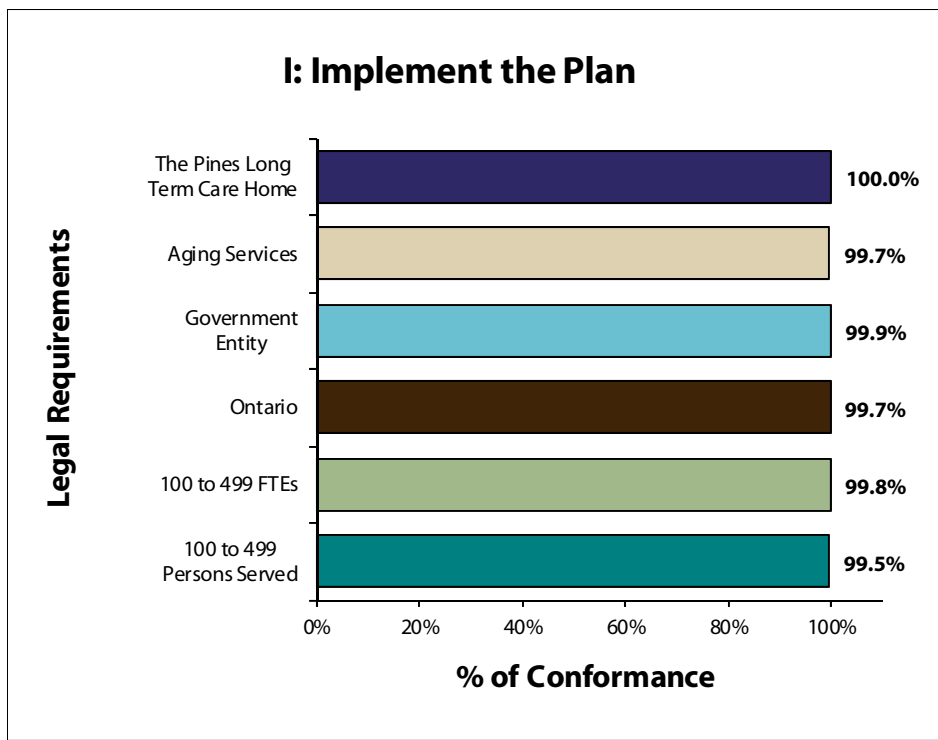
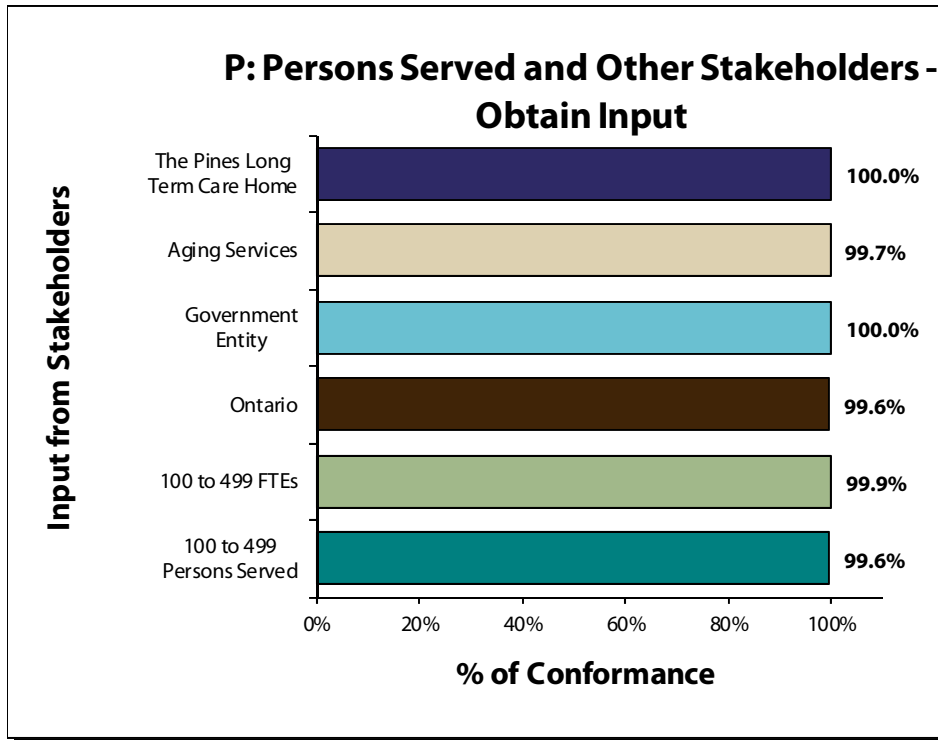
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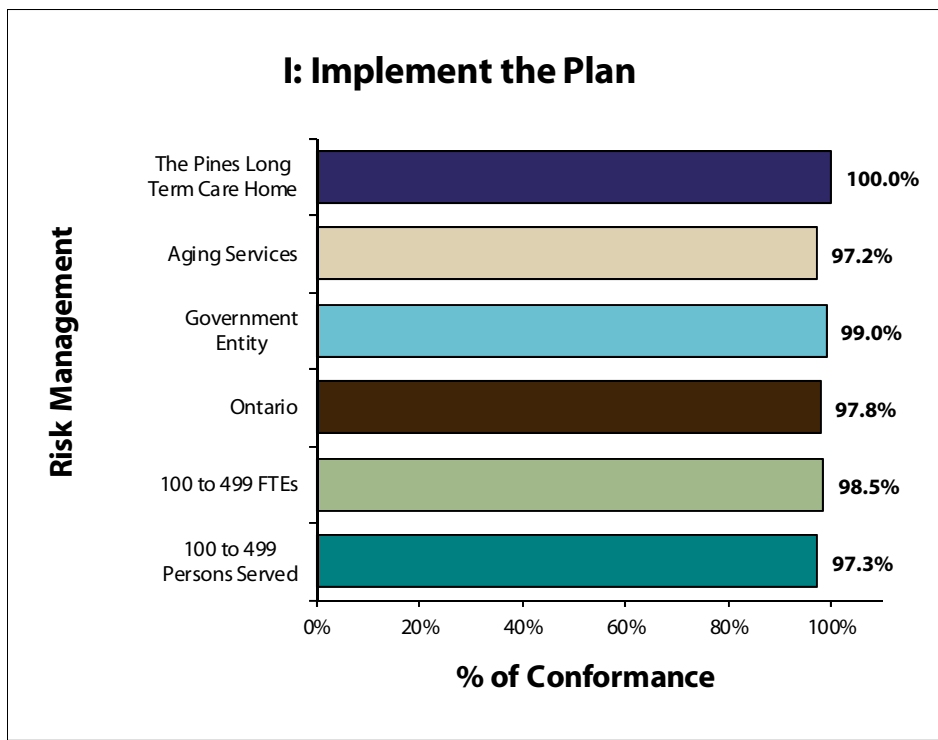
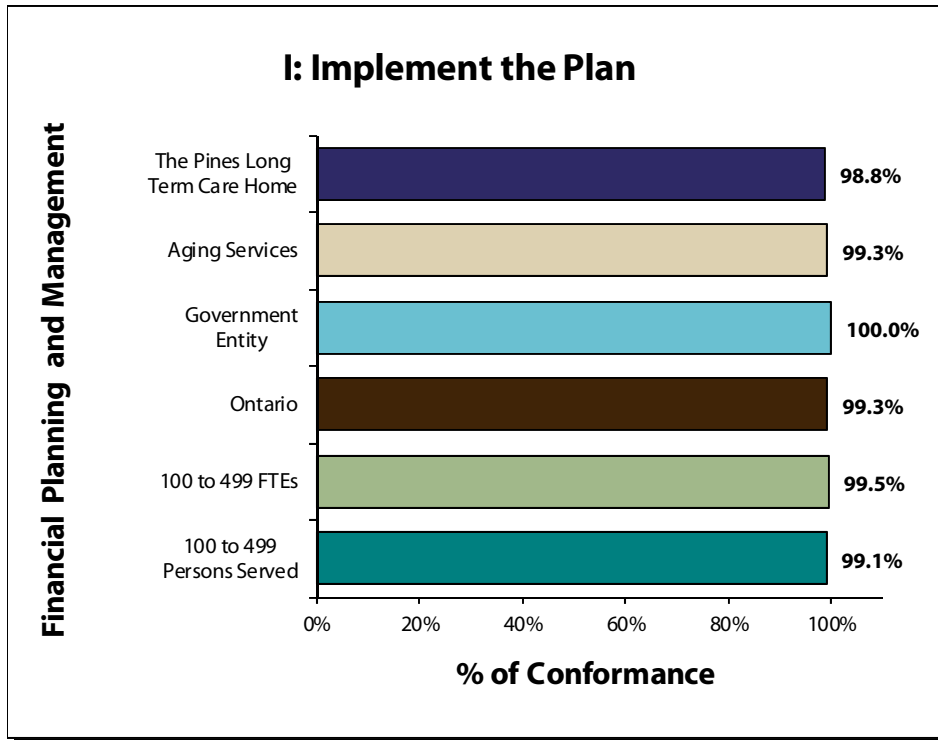
Other benchmarks



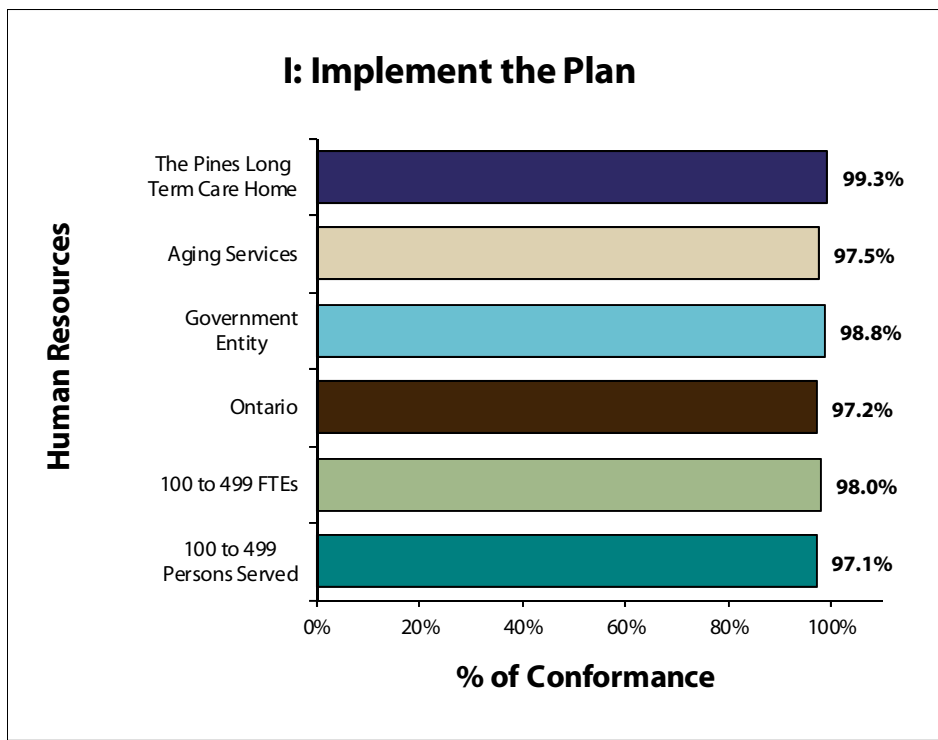
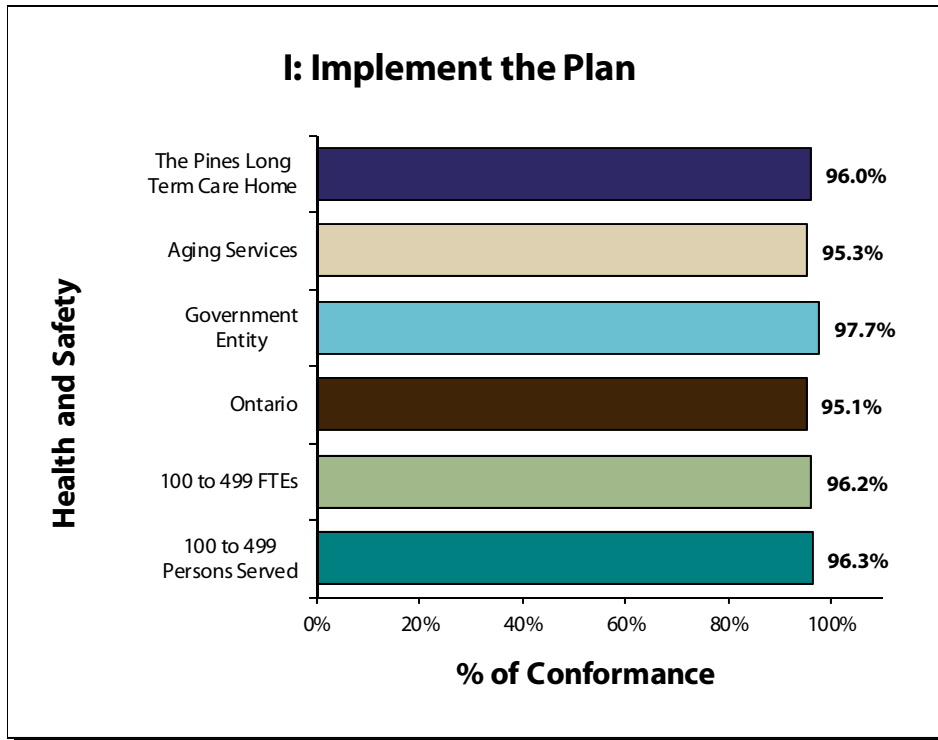
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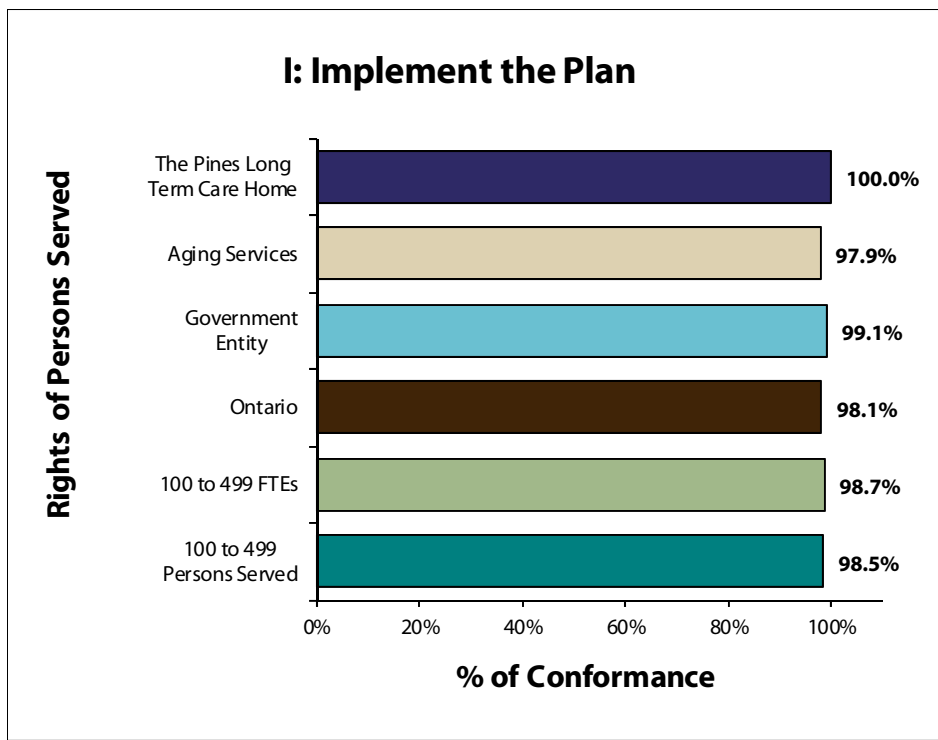
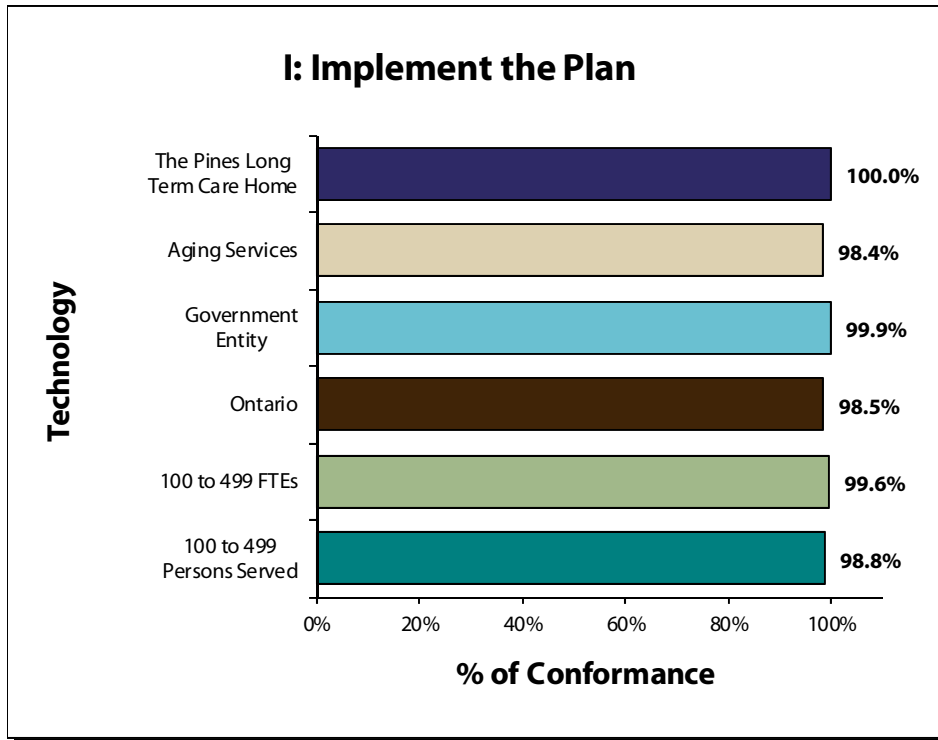
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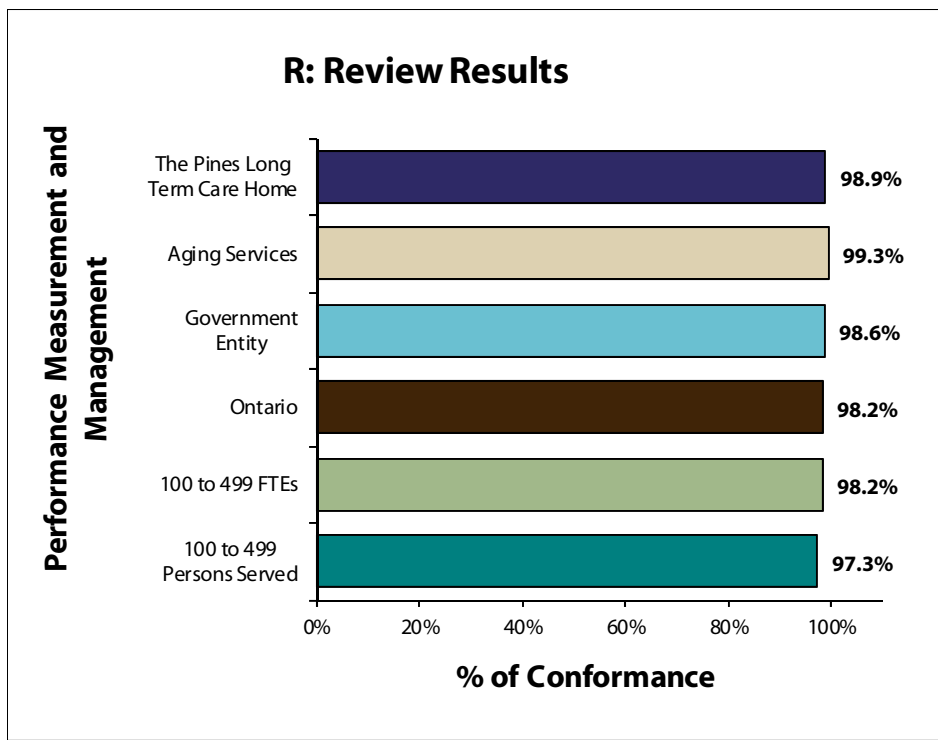
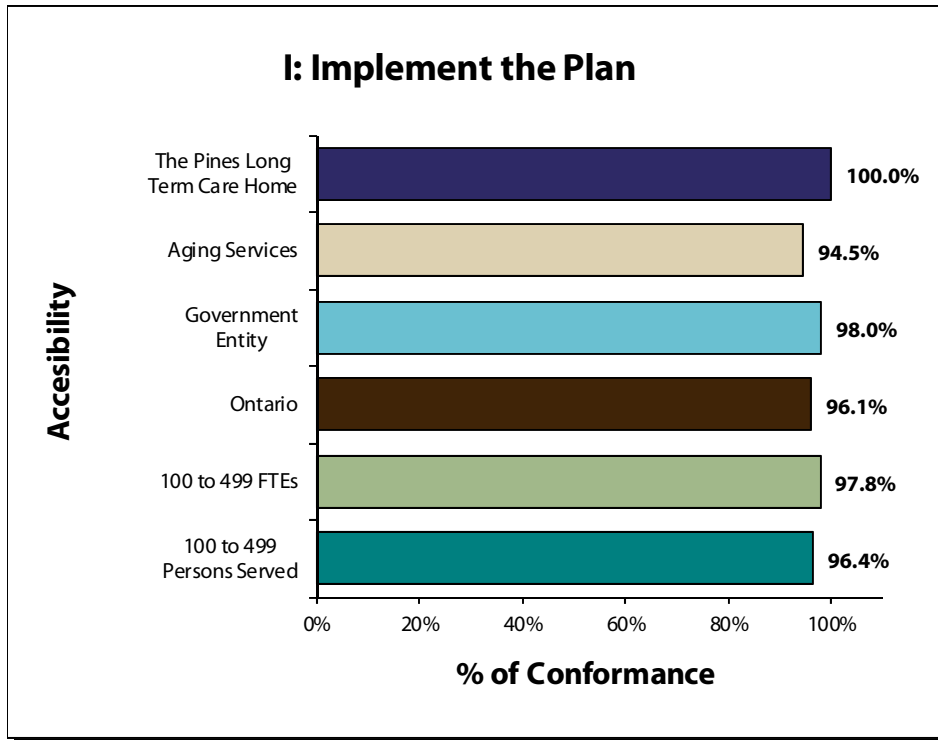
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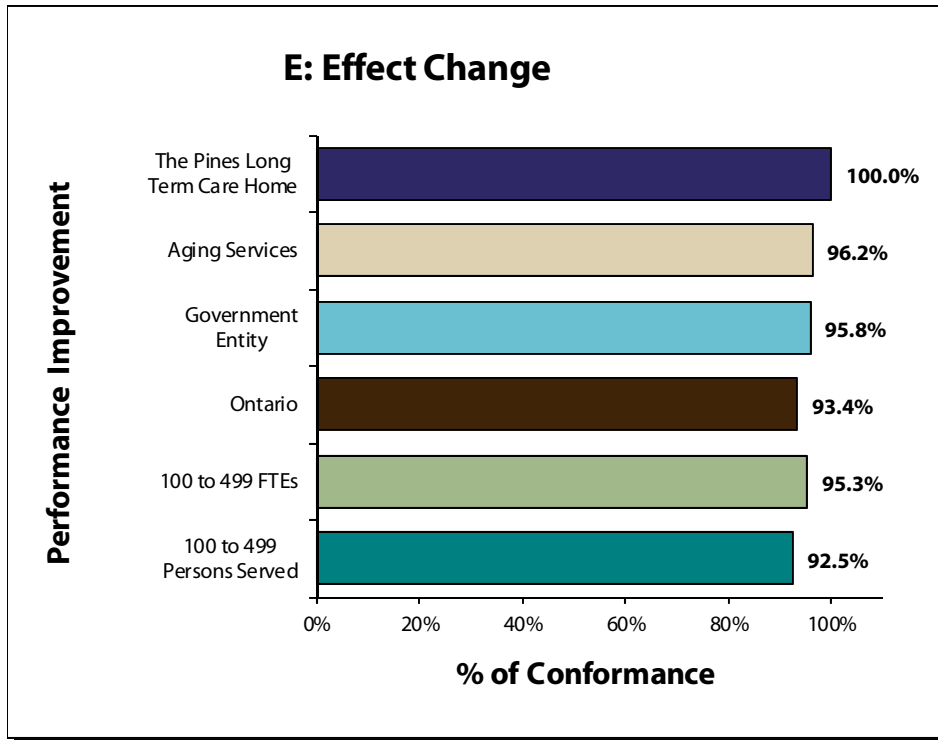
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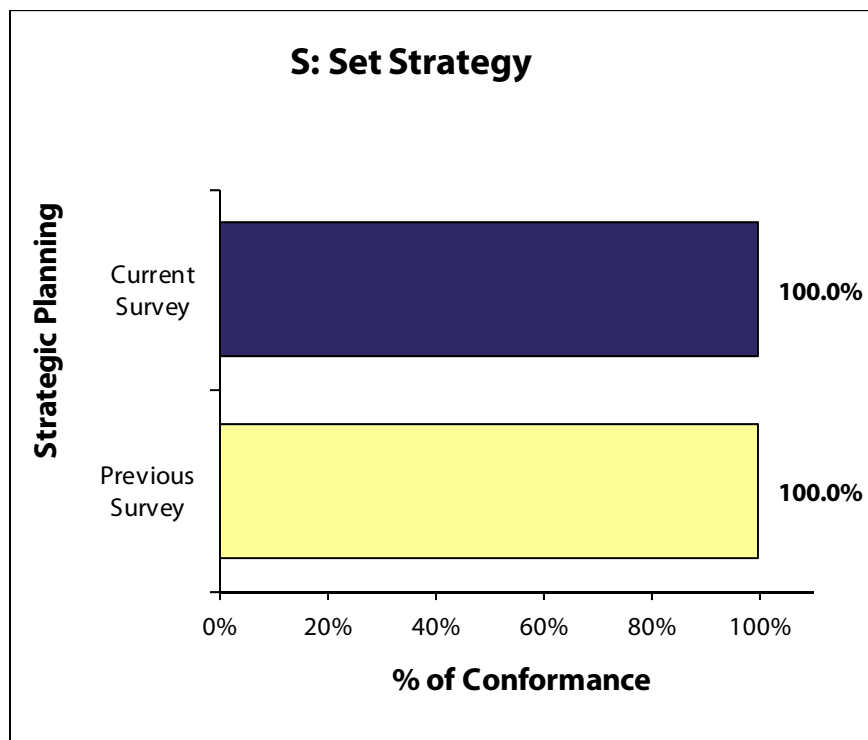
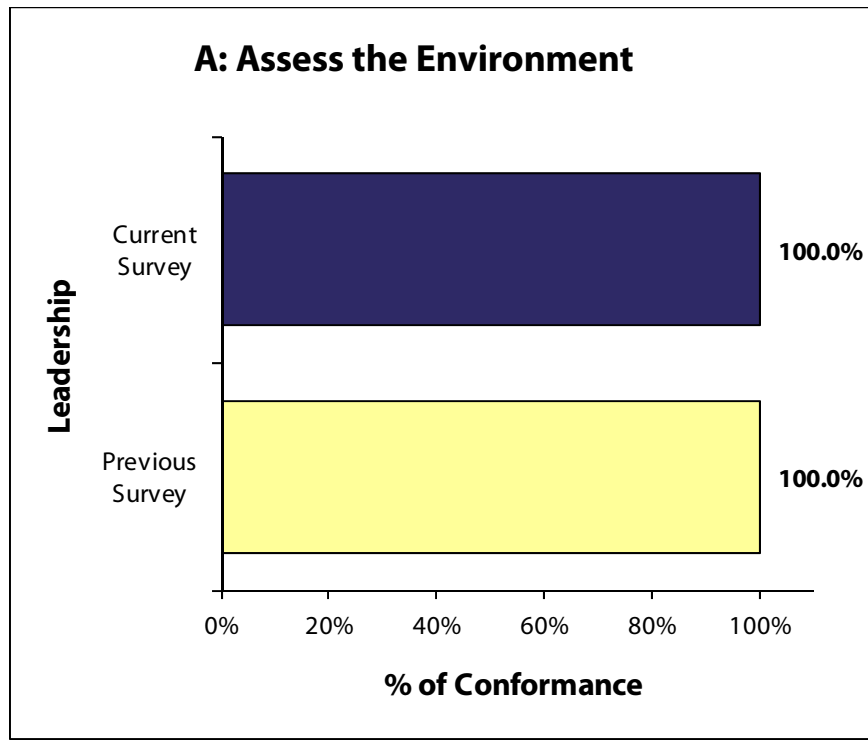
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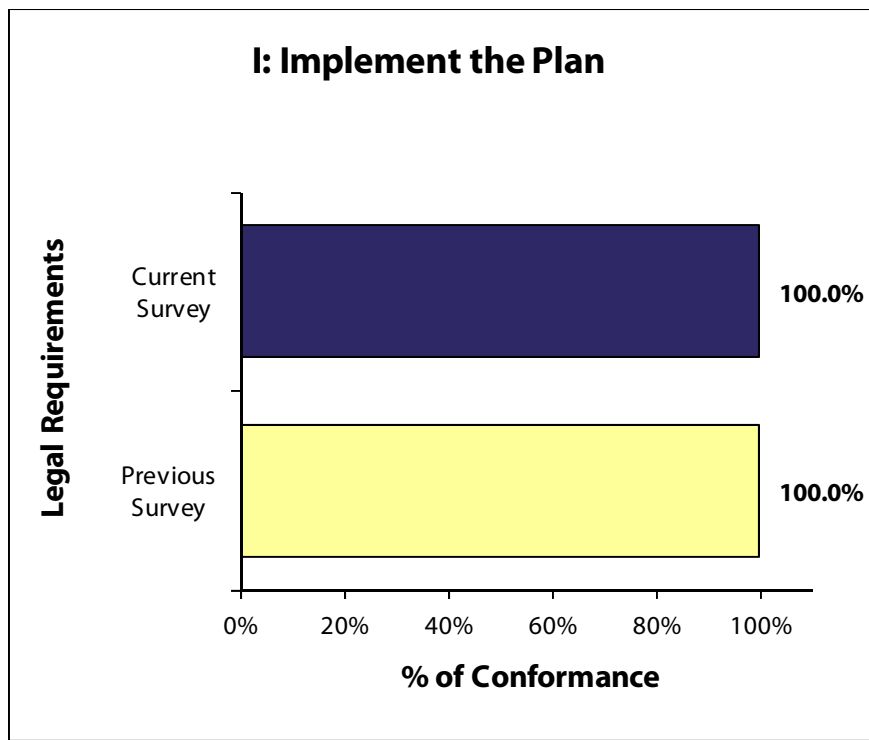
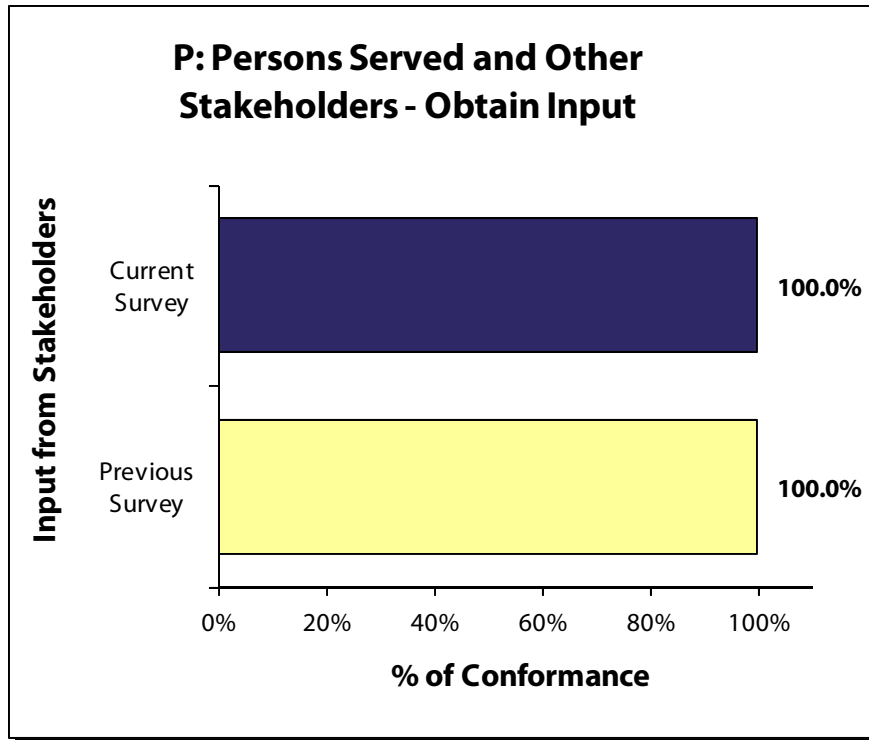
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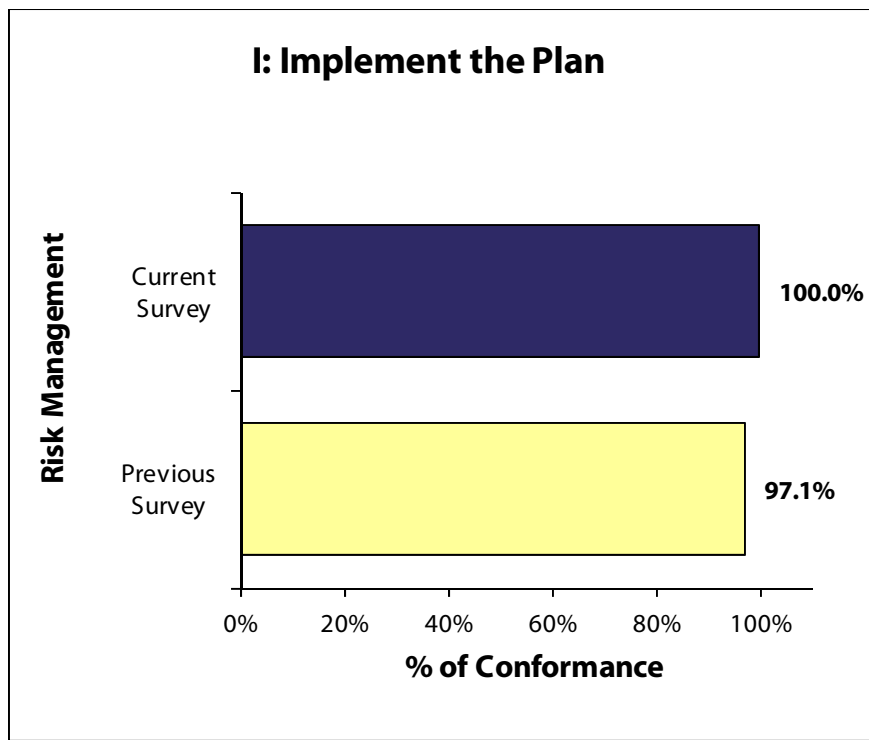
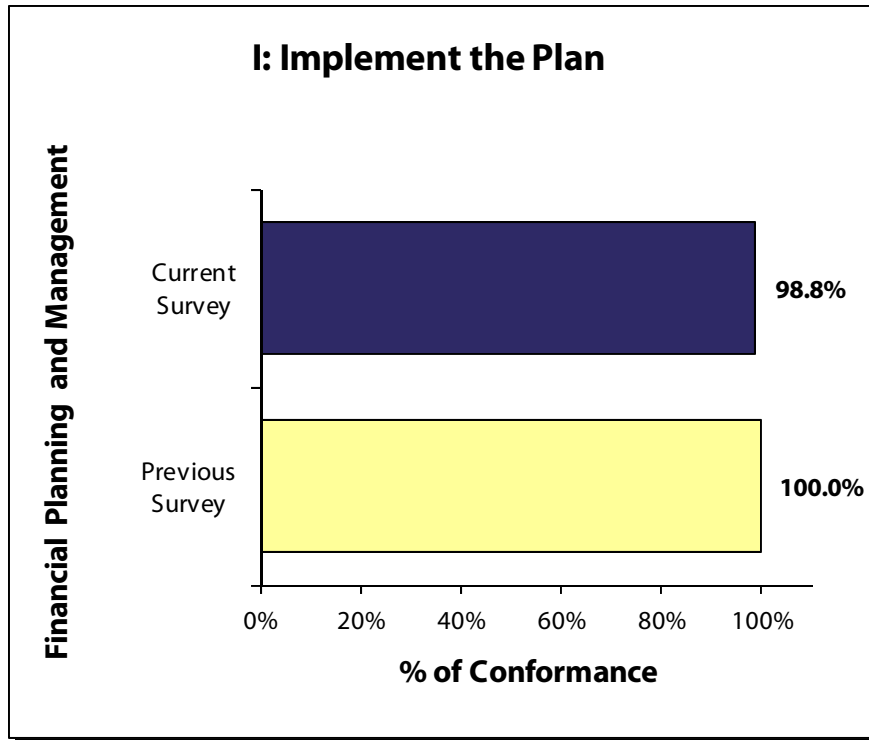
Previous survey



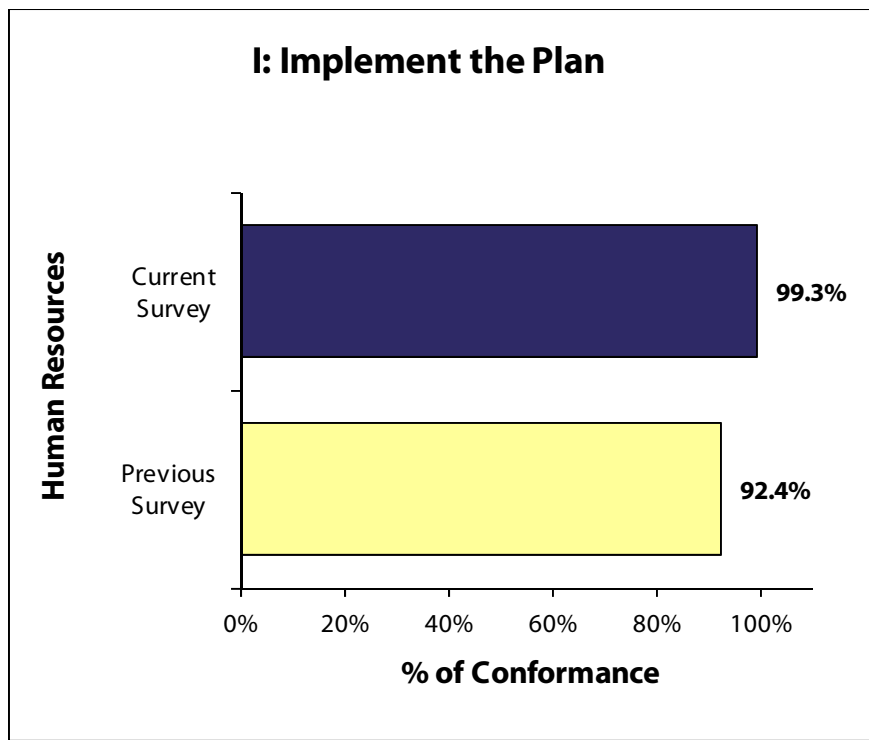
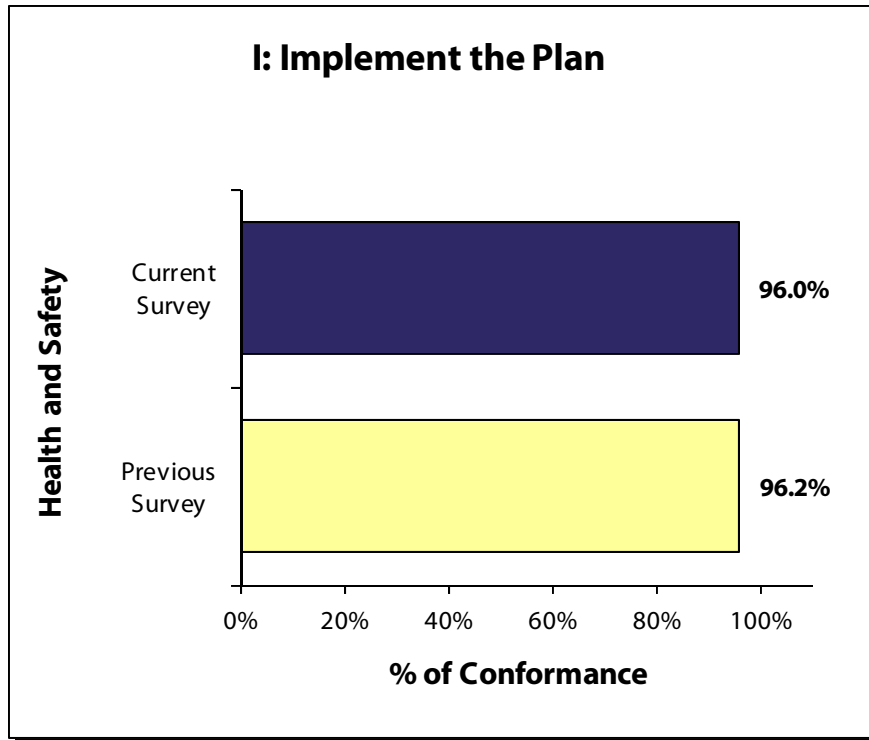
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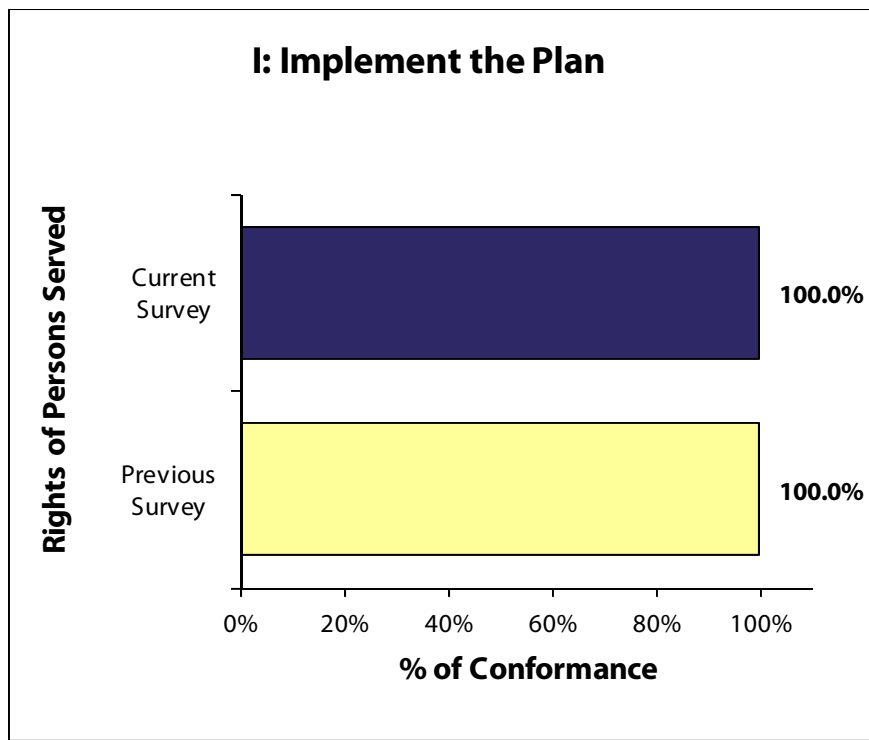
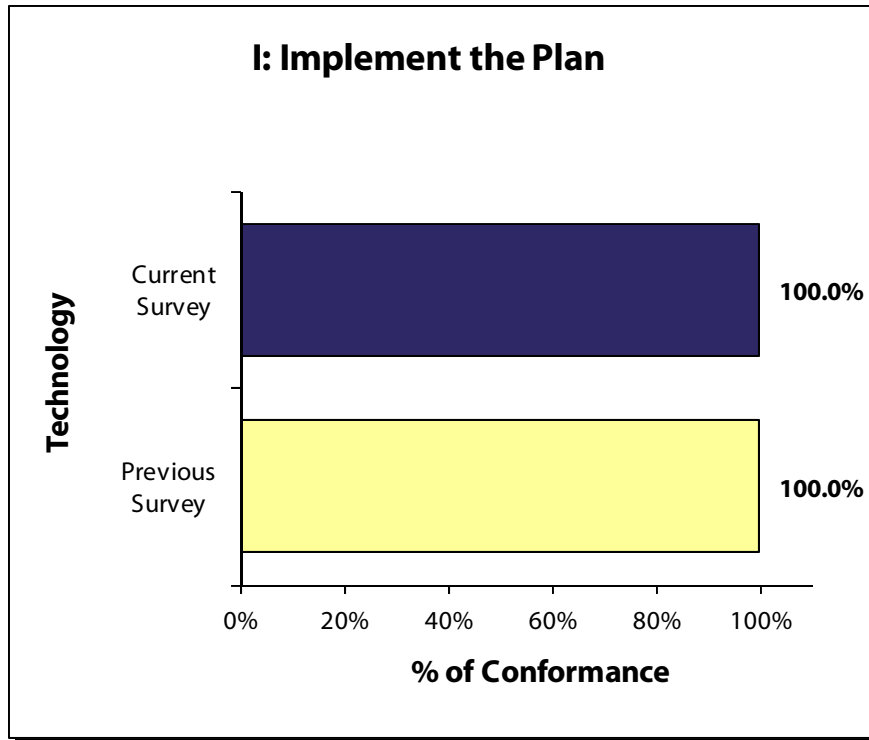
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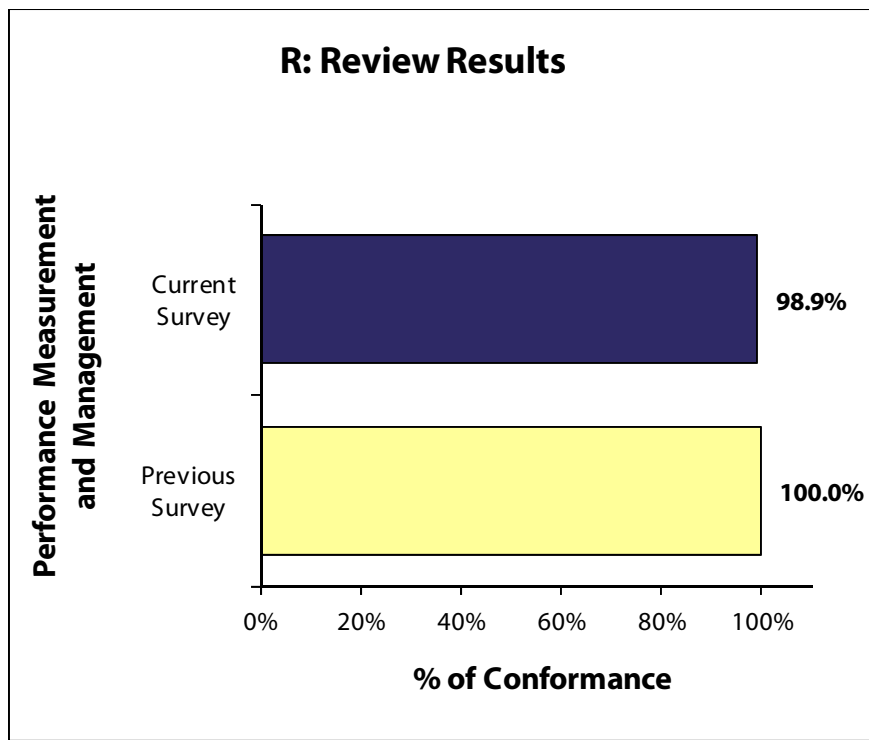
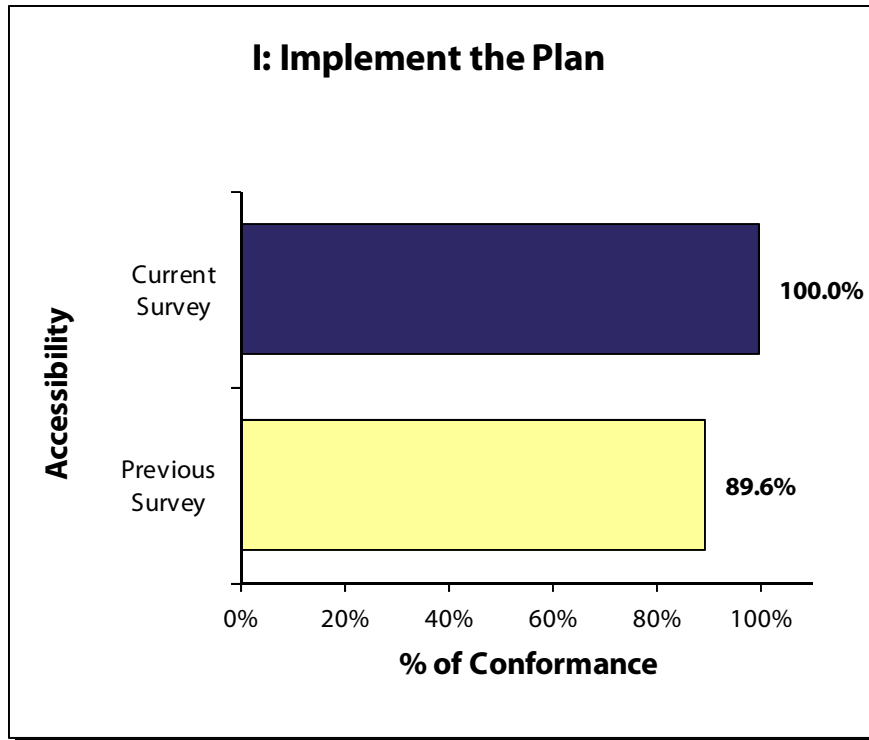
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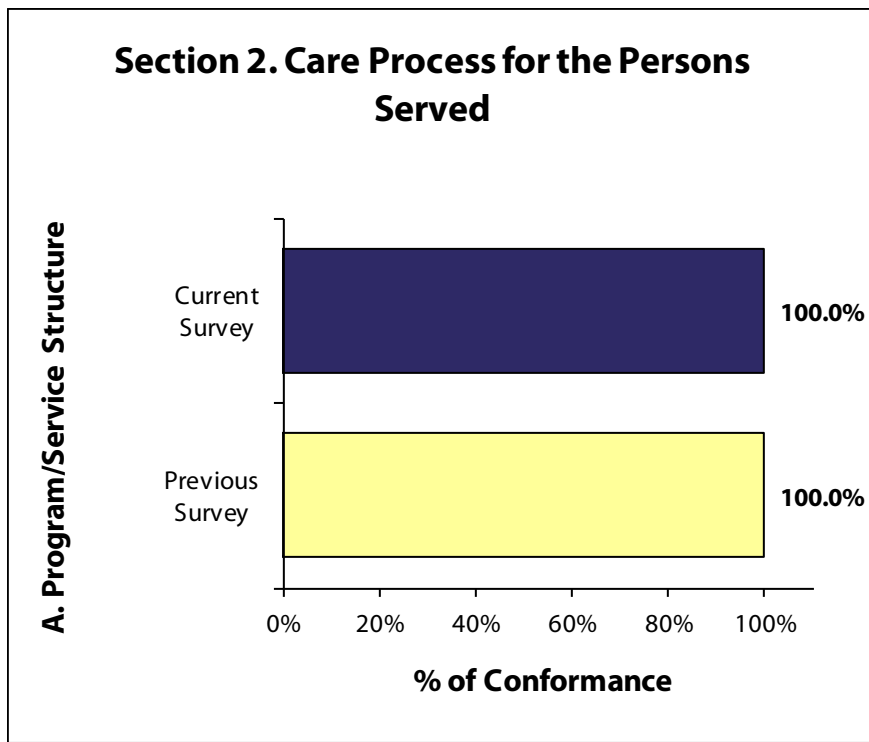
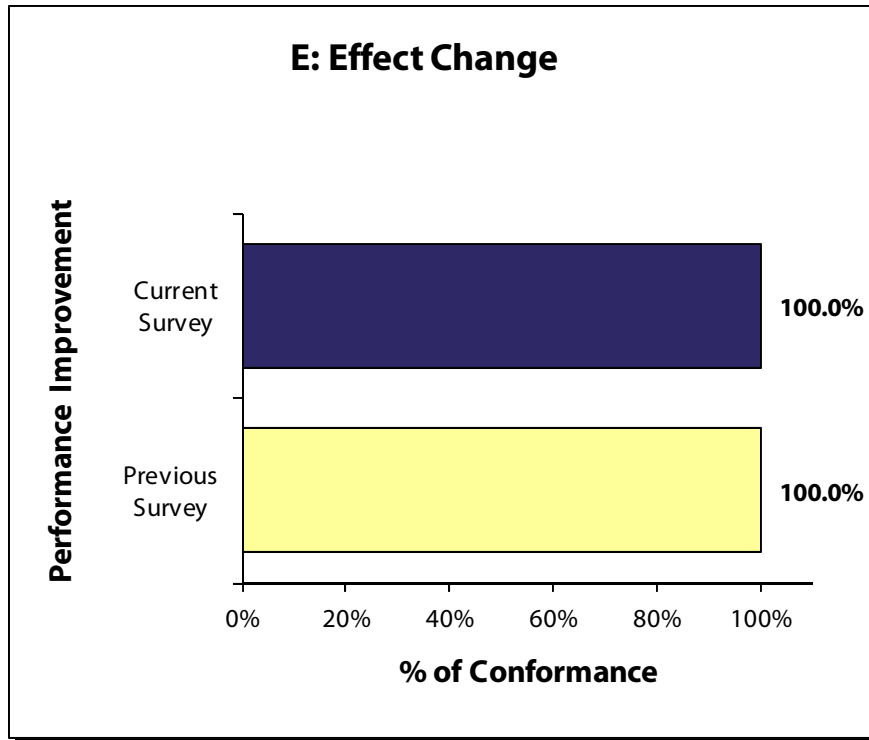
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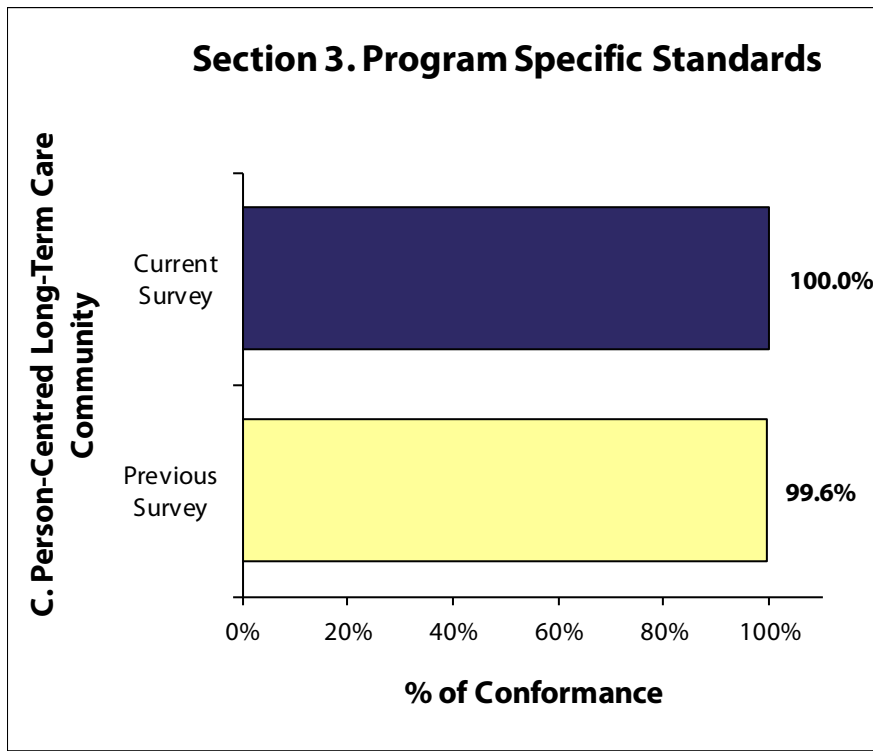
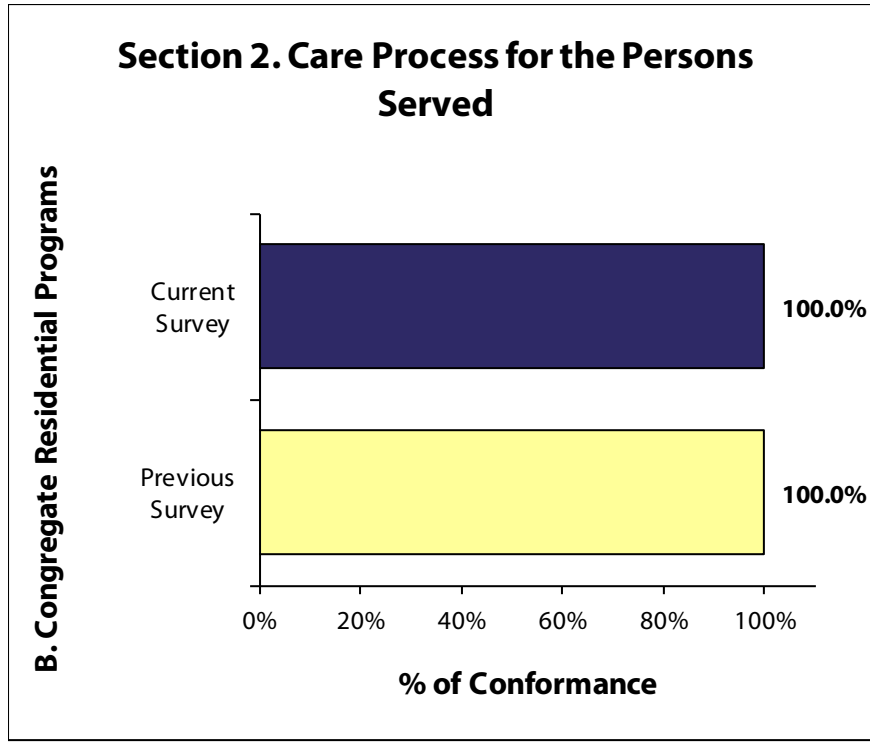
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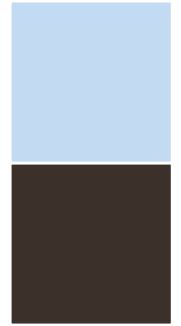
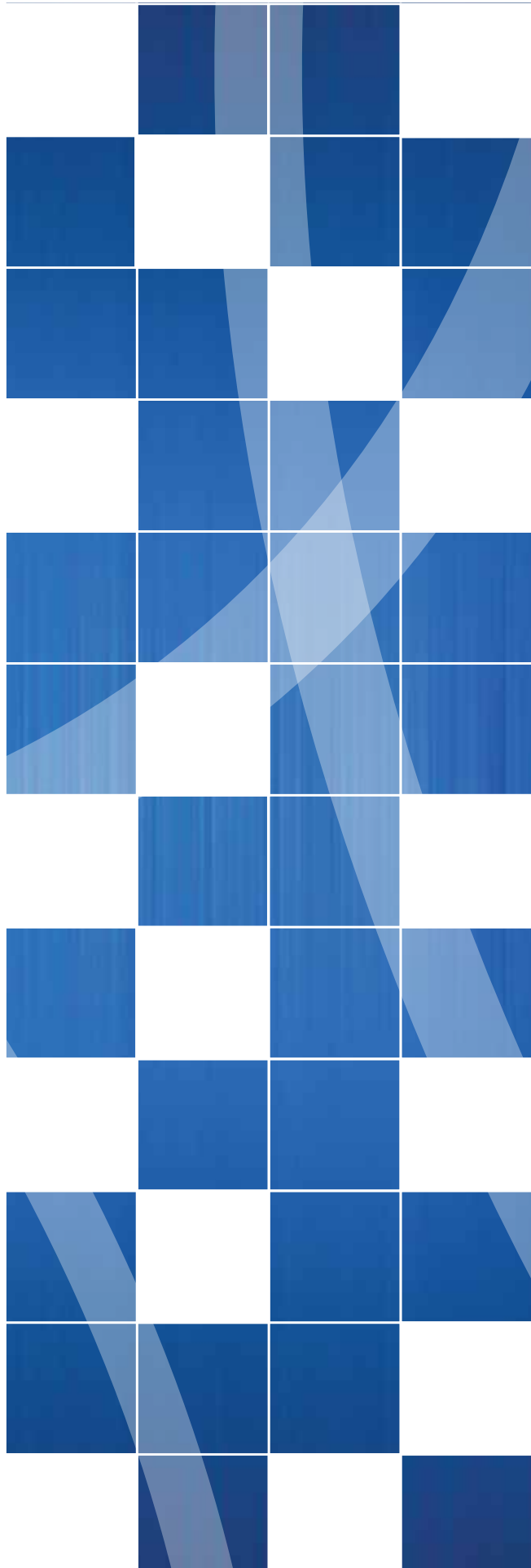
Previous survey — continued



Previous survey — continued



enhancing PEOPLE'S LIVES



www.carf.org