



INFORMATION REPORT

TO:	Chair and Members Emergency & Community Services Committee
COMMITTEE DATE:	September 25, 2017
SUBJECT/REPORT NO:	2017 Annual Quality Report - Macassa and Wentworth Lodges (CES17037) (Wards 6 and 13)
WARD(S) AFFECTED:	Wards 6 and 13
PREPARED BY:	Susan Wollison (905) 546-2424 Ext. 7360
SUBMITTED BY:	Shawn Gadsby Acting Senior Administrator, Lodges Community and Emergency Services Department
SIGNATURE:	

Council Direction:

Not Applicable

Information:

Macassa and Wentworth Lodge have a robust Quality Improvement Program which measures over 150 indicators and takes into account various stakeholder feedback, publicly reportable data and legislative requirements. The foundation of the Quality Improvement Program is rooted in the Lodge Operational Plan and the Balanced Scorecard.

The Lodge Operational Plan outlines the overall goals of the Lodges and Departments within the Lodge on an annual basis and is tied to the City's strategic priorities: community engagement and participation, economic prosperity and growth, healthy and safe communities, our people and performance, clean and green, built environment/infrastructure, and culture and diversity.

The Balanced Scorecard includes a mix of clinical indicators, financial indicators, satisfaction indicators and departmental indicators which are monitored on either a monthly, quarterly or annual basis. The information is provided from a number of sources including the Ministry of Health and Long Term Care, Canadian Institute for Health Information and Health Quality Ontario.

Successes, opportunities for improvement and areas which require immediate attention are highlighted through the Balanced Scorecard and trigger the development of Action Plans, Quality Improvement Projects or celebrations as required.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

The Annual Quality Report (attached as Appendix A to Report CES17037) brings together a number of salient metrics from our Quality Improvement Program. It highlights 23 indicators which represent a cross-section of indicators from each of the five strategic areas that address our performance related to: Continuous Improvement, Finances, Citizen Satisfaction, Clinical Indicators and Employee Satisfaction.

It utilizes a visual based outcomes indicator identified by a Green, Yellow, Red quick glance format. Green represents outcomes meeting or exceeding expected targets; Yellow represents a marginal variance from expected targets; Red represents significant variance from expected targets. The 2017 report highlights 14 indicators as Green, 9 as Yellow and 0 as Red.

Analysis

The Continuous Improvement category shows a high degree of success in measures relating to response times to our Residents and Families (100%) as well as being treated with respect (97%) and satisfaction of the home as a place to live (94%). In addition, we are better than average related to Compliance Orders issued by the Ministry of Health and Long Term care, and improving our record on non-compliance's identified.

The Financial category metrics remain strong with our benchmark comparators. We have identified a need to increase our Case Mix Index (Resident Acuity Measure) to better match our Resident demographic, in turn increasing our funding in the Nursing Envelope by the Ministry of Health and Long Term Care. Our Cost per Resident Day remains slightly above the average compared to our Municipal colleagues. We remain fully compliant in our Preferred Accommodation rate (60%) and our Occupancy rate (98.9%).

Our Citizen Satisfaction results have consistently shown a high degree of satisfaction with our care and service, particularly as it relates to Safety (98%), Going the Extra Mile (93%) and Recommending the Lodges to family and friends (95%). While our outcomes related to Opportunities to be involved in my care (85%) and Comfort level in discussing issues with staff (85%) are quite high, we believe this is an area we should be looking to make further improvements.

The Clinical Indicators are developed through a provincial databank and provide insight into four areas of important care metrics. Our results have consistently shown a close correlation to the average, and remain areas of high attention by the clinical teams at both Lodges.

Our Staff Satisfaction results show clearly that there is great confidence in the work they do such as Knowing what is expected of me (96%), Being proud of the work I do at the

City of Hamilton (95%) and Believing that I make a difference at work (94%). One opportunity for improvement is identifying from what source (i.e. manager, other staff, families) staff refer to when they indicate that they are Treated in a courteous and respectful manner (81%).

The Annual Quality Report will be shared with our Residents, Staff, Families and Stakeholders. It will be posted in the Lodge and reviewed with both our Resident and Family Councils. As this is the first iteration of the Report we remain committed to further developing and learning from our stakeholders. Our Management and Staff have a strong history of continuous quality improvement with its foundational roots in stakeholder engagement (staff, Residents and Families). We also believe that there are always opportunities for improvement and our evolution will strive towards the goal of ensuring that those we serve are better off because of the care and service we provide.

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