



JOHN NOBLE HOME

Love. Care. Dignity.

Care and
Services
Annual
Report

2014

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Updates from the Administrator

A MESSAGE FROM THE ADMINISTRATOR

I am pleased to present the 2014 John Noble Home annual report regarding our different care and services.

At John Noble Home, we all understand the importance of providing exceptional care and services to our residents and clients, whether they are in long term care, our Day and Stay Program or a tenant in our apartment building.

I want to congratulate the entire team for our successes this past year as we accomplished many great things together. Each department and their staff once again rose above and beyond to any challenge and continuously demonstrated client-centered, quality care.

We had a major roof top fire in May which tested our emergency preparedness and our team successfully handled this emergency situation and undertook heroic measures to ensure that no resident or others were injured that night.

We also undertook a major strategic planning exercise and renewed our Mission, Vision and Values. We completed a community needs assessment as well as an operational plan which will guide us over the next three to five years.

Lastly, John Noble Home had tremendously positive reviews by all of our regulatory bodies, including the Ministry of Health and Long Term Care and Public Health. Additionally, the Home had a very successful review by Accreditation Canada. We received our Accreditation status as a safe and quality operation for both Long Term Care and our Day and Stay Program.

In the report that follows, each department will update us on their accomplishments and highlight their deep commitment to care and service.

I want to thank my leadership team and their staff for their efforts. I would also like to acknowledge and thank the entire John Noble Home family of residents, tenants, clients, family members, staff, volunteers, the Committee of Management, the City of Brantford, the County of Brant, our Medical Director and all the community partners who help to make John Noble Home a great place to live and work. Their dedication and devotion is evident and greatly appreciated as we continue to travel together on our journey of exceptional care and service.

In closing, it's important to note that it takes a community to care for its own and what a great community we have here at John Noble Home. We continue to strive for excellence and to be an important community leader in the provision of housing, care and varying service options for seniors.

Thank You,

Donna Michaels

*Donna Michaels, M.A.,
Administrator*

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OUR NEW MISSION, VISION AND VALUES

Our Mission

Working together to enhance the quality of life for those we serve, by providing LOVE, CARE, and DIGNITY within a safe home-like environment.

Our Vision

As leaders we strive for continued excellence, now and in the future.

Our Values

To further support and facilitate the growth and development of exemplary housing, care and services within our caring community of Brantford and Brant County.

LONG TERM CARE

Our long term care operations houses 156 beds. It is our core program within a modern state of the art environment.

Current Long Term Care Resident Profile- 2014

Within our Home, here is the current profile of long term care residents:

- Average age 82 years
- More females (66%) than male
- Current age ranges:51-106 years of age
- Average length of stay:2.9 years
- Most require assistance with mobility -use a mobility aide (walker/ wheelchair)
- Some smokers, traditional food and diets
- Catholic or Christian based religion
- Most are paying for a basic accommodation rates (subsidy)
- 76% of residents require extensive or total assistance and care
- 43 % health instability (high medical care needs)
- Cognitive impairment common & multiple diagnoses and complex care issues



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Our Long Term Care Medical Services Team

MEDICAL DIRECTOR UPDATE

At John Noble Home, we use a multidisciplinary approach to implementing a plan of care for our resident's many complex conditions and needs. At least half of our residents have significant dementia, along with other medical co-morbidities. We have been very fortunate to hire an Advanced Nurse Practitioner this year, closely working with our interdisciplinary team that also includes Personal Support Workers, Registered Practical Nurses, Registered Nurses, Physiotherapists, Social Worker, Recreation Therapists, Registered Dietitians, Pharmacists, and a Medical Director/Attending Physician. Presently, only two family physicians provide care for their four patients at John Noble Home, a recognized trend throughout Ontario.

We also offer additional health care services at John Noble Home including: dental screening, eye clinics, psycho-geriatric consultation, a behavioral support team, podiatry, laboratory and X-ray services, seating and swallowing assessments (CCAC). Nearby, the Brant Community Healthcare System offers numerous outpatient consultations and investigations.

As Medical Director, I maintain a philosophy of Emergency Room (and hospital admission) avoidance. Studies abound describing the harm that can come to the frail elderly in a hospital setting, and at the John Noble Home we are able to provide many of the treatments previously only available in a hospital, for example IV antibiotics for serious infections and frequent assessments by either the Nurse Practitioner or Physician.

In the last year, along with our Nurse Practitioner, I have attended a Family Council Meeting at the John Noble Home. Outside of the Home I have attended the Ontario Long Term Physicians Annual Meeting and Conference, the Canadian Long Term Care Medical Directors Meeting, the Hospice Palliative Care Ontario conference, the Canadian Hospice Palliative Care Association Conference with particular interest in matters that affect long term care. I am an active participant in the Home's Quarterly Infection Prevention & Control/Pharmacy & Therapeutics/Health Professional Advisory Committee meetings.

We at the John Noble Home are committed to promoting creative and innovative ways to meet the changing needs of our residents, and I would like to thank everyone who helps in the ongoing efforts required to meet that goal.

Respectfully submitted,

Janice M. Legere, B.A. (Hon. Psyc.), M.D., CCFP, Medical Director

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NURSE PRACTITIONER UPDATE

As a Nurse Practitioner, my philosophy of care is to provide the best, timely treatment for the residents. This is achieved by daily rounds on every unit and through check-in's with RN's, RPN's and PSW's to learn of any changes in resident status or new issues. I also assess and treat any ailments that are present and consult with the Medical Director when needed.

Accomplishments:

- All annual physicals and admission physicals are up-to-date in keeping with the Ministry standards.
- Providing training on ear syringing to nursing staff.
- Provided ongoing education and clinical assistance to nursing staff based on their individual needs.
- Working on CADD pump policy.
- Member of the wound care committee, risk management committee, pain and palliative care committee.
- Review pressure ulcers and prepare monthly pressure ulcer report.
- Participate in weekly MDS (complete section i and assess residents in their observation period).
- Developing therapeutic relationship with interdisciplinary team, residents and their families to provide quality of care to residents.
- Half of my position is also dedicated to the Nurse-Led Outreach Team. My involvement, as a nurse practitioner, is to support our Liaison nurses to reduce avoidable Emergency Room transfers from Long Term Care facilities, build capacity with Long Term Care staff, and provide clinical education in the homes (work in progress).
- Attended several conferences and educational events related to Geriatrics. These include: Memory clinic, geriatric update, diabetes education and management, Ontario Long-Term Care Physician's annual conference (attended in November) and Master of Education (in progress- part time student).

Kuldeep Mann – Primary Health Care Nurse Practitioner

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Quality Improvement Report

QUALITY IMPROVEMENT UPDATES

The John Noble Home's Integrated Quality Improvement Program continued to evolve and progress in 2014. The highlights are:

- Successful comprehensive Ministry of Health and Long Term Care Resident Quality Inspection
- Successful Primer Accreditation with Accreditation Canada
- Community needs assessment completed
- Mission, Vision and Values updated
- Development of a new Strategic Plan
- Development of a 2013-14 Operational Plan
- Development of a 2015-18 Operational Plan
- Quality improvement plan voluntarily submitted to Health Quality Ontario Ministry of Health and Long Term Care
- Balanced score card integrated into the Homes quality improvement plan
- Departmental quality improvement plans developed that includes action plans and a record of improvement
- Quality improvement narrative created in preparation for mandatory submission of quality improvement plans to Local Health Integrated Network (LHIN) and the Ministry of Health and Long Term Care
- Diagram of quality improvement program developed
- Quality improvement plan added trends, analysis and evaluation
- Project charters used for Continuous Quality Improvement (CQI) projects
- Quality improvement information boards implemented on all resident home area and departments.
- Resident survey completed
- Employee survey completed
- Resident quality inspection protocol audit programs continued
- Mock resident quality inspection protocol with SCK consultants
- Monthly Resident Assessment Instrument –Minimum Data Set (RAI-MDS) SCK consultant Learn, Share and Network sessions
- RAI-MDS mandatory proficiency evaluations (Assessment and Intelligence Systems (AIS)) continued
- Monthly critical incident reporting to identify trends commenced

MINISTRY OF HEALTH AND LONG TERM CARE RESIDENT QUALITY COMPREHENSIVE INSPECTION

In preparation for our first comprehensive review John Noble Home utilized SCK Health Consultant to complete a mock inspection. The resident quality inspection by the Ministry of Health and Long Term Care took place in September. We had an excellent review with no orders obtained. There was minimal action required with only 2 voluntary plans of correction and 3 written notifications. The compliance officers

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were impressed and noted it was one of the best surveys they had done. Staff was tremendous in their involvement in the process and definitely shone and learned a lot.

ACCREDITATION CANADA PRIMER ACCREDITATION

A decision was made to start with the Accreditation Canada primer accreditation to get back into the full accreditation process that we had not undertaken for some time. A primer team was established and worked diligently in preparing for meeting the standards. All standards were met and the surveyors felt we were well on our way in our journey to go through the next phase of the full 4 year award Qmentum process. John Noble Home received a 2 year primer accreditation award that included the Day and Stay Program. The accreditation report notes that the priority process for integrated quality management met all the criteria required. The report is quoted as saying “it is clear the John Noble Home is committed to the delivery of high quality and safe care to residents and families. As well John Noble Home is acutely aware of the importance of staff safety and works hard to make sure staff members are well supported and feel safe and comfortable.”

Our Mission, Vision and Values was reviewed and revised. A community needs assessment was completed as well as a new strategic plan for 2015-18. An operational plan also was formalized for 2013-14 and 2015-18. The Ethics program was enriched with education. Team ethics meetings using our ethics framework were completed. The accreditation report encouraged John Noble Home to enhance ethics awareness and build ethics literacy that included the common understanding of key ethical principles.

The next survey for Qmentum will take place in November 2016. A Qmentum roadmap has been developed that will take us forward to 2018.

QUALITY IMPROVEMENT PLAN

Several changes to John Noble Home’s quality improvement program as listed above were made. The Quality Improvement Team (QIT team) continued to meet to review our progress. Accreditation Canada has recommended specific measures and outcomes be completed for our continuous quality improvement activity to close the loop and support an integrated quality management. They suggest we select a relevant and manageable number of high risk or high volume audits that align with our quality improvement plan to move forward. They also encourage the John Noble Home to assure the program is more focused, concise aligned and cascades down from the balanced score card to all service areas. They suggest relevant achievable timelines and outcome measures. The quality improvement team looks forward to once again to evolve our program in 2015 to assure we continually improve the John Noble Home’s quality improvement program.

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TO ASSIST US WITH TRACKING OUR SUCCESS AND ACCOMPLISHMENTS HERE ARE OUR INITIATIVES BY EACH OF OUR BALANCED SCORECARD THEMES:

BALANCED SCORE CARD - INTERNAL PROCESS-SAFE AND QUALITY OPERATIONS

Avoid Falls

Post fall huddles continued after each fall. Root cause analysis is the goal to prevent further falls and prevent injury from falls. The percentage of falls remains slightly above provincial average which is 14.3 % at 16.10 %. This indicator is tracked monthly. Often stats are reflective of new admissions with higher acuity issues.

Avoid Emergency Room visits

The number of residents transferred to the emergency department remains low. Residents are transferred when appropriate, upon their request or their substitute decision maker's request.

Reduce incidents of new pressure ulcers and reduce worsening pressure ulcers

A Continuous Quality Improvement (CQI) project was undertaken to create a wound champ mentoring program. This program will continue in 2016. A Registered Practical Nurse (RPN) received advanced training in wound management. The goal was to reduce the number of pressure ulcers of 2 or greater from 9.5 to 5.0 over 6 months. Measurement is ongoing.

Minimize restraint usage

Ongoing education around the definition of a restraint as compared to a Personal Assistive Safety Device (PASD) continued. Our current performance is 9.40% as compared to the provincial average of 8.5%. The percentage is expected for the next quarter to be lower. There were no Ministry of Health and Long Term Care findings in regards to the use of restraints.

Reduce worsening bladder incontinence

A Continuous Quality Improvement (CQI) project continued with the aim to reduce the number of residents who are frequently incontinent by 25% from 25.1% to 18.6% by Jan 2015. Mohawk Terrace and Costain Court are now involved in this project which is overseen by the Restorative Care Coordinator.

Reduce use of antipsychotic medications

This indicator is at 34.875% with the provincial average of 30.4%. Use of psychotropics is reviewed by our medical director, nurse practitioner and consulting pharmacist to assure the most appropriate use of these medications are ordered. Referrals to Geriatric Mental Health also guide us in appropriate use.

Management of Pain

Percent of residents with worsened pain remained stable. 13.3 % as compared to the provincial average of 11.0% is the most recent Canadian Institute for Health Information (CIHI) numbers. Note: we track no verbal pain indicators which might be captured by others and may account for our higher number.

BALANCED SCORE CARD - FINANCIAL ACCOUNTABILITY/RESPONSIBLE USE OF RESOURCES

Improve Organizational Financial Health

Improve organizational financial health goal was met by staying within approved expenditures and exceeding the goal increasing preferred accommodation revenue. The Case Mix Index (CMI) was monitored

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closely and audited weekly to assure the John Noble Home was optimizing the funding according to the residents level of complexity and care requirements. The ministry continued to index the funds we received according to what funds they have available. John Noble Home adjusted the number of residents that fell into the rehabilitation Rug Utilization Group (RUGS) as mandated by the Ministry. A strong rehabilitation program continues for our residents.

Meet Regulatory Requirements

To meet regulatory requirements goal was met. There were no incidents that resulted in an order from the Ministry of Health and Long Term Care, Ministry of Labour or Public Health.

To implement 5 process improvements in each department

Managers worked diligently to surpass the goal of implementing 5 process improvements for their department. This year they documented their action plans and recorded their improvements.

BALANCED SCORE CARD - CONTINUOUS EDUCATION AND GROWTH/INNOVATION AND TECHNOLOGY

Increase knowledge of Health Care Consent Act

This mandatory education continues.

BALANCED SCORE CARD - CUSTOMER SATISFACTION

Improve Resident/Family satisfaction

106 resident surveys were completed. 94.6% of residents would recommend the John Noble Home to another family member or friend. If the resident was not capable their substitute decision maker was asked to complete for them.

Improve Dining experience

Completion of dining audit target of 90% was met. On the resident satisfaction survey 90.1% are able to participate in making decisions regarding food choices and preference, 96.0% felt this was acceptable. There were no findings through the Ministry of Health and Long Term Care inspection process.

Increase resident engagement

Percentage of residents with little or no activity has improved and is well below the provincial average. Our residents enjoy many recreational programs.

Improve Staff Satisfaction

The staff satisfaction survey was completed. Overall 97.7% staff was satisfied working for the John Noble Home. An action plan was developed and circulated to all staff.

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RAI-MDS

These assessments were completed for all residents on admission, quarterly, annually and when there was a significant change in status. There were minimal Canadian Institute for Health Information (CIHI) data quality issues and all assessments were submitted as scheduled and corrected as required. Weekly review of RUGS to optimize funding continued. The data quality process took on utilizing the Assessment and Intelligence Systems (AIS) education modules. Each month a different section was highlighted for review. The 2014 mandatory Assessment and Intelligence Systems (AIS) annual proficiency testing continued in 2014 with completion deadline set for December 31st, 2014. Care plans were reviewed and updated quarterly and as needed. Care plan audits were completed by the Registered Nurses to assure individualized needs were captured.

RISK MANAGEMENT

A Client Safety Plan was developed and endorsed by Accreditation Canada. All aspects of what we do are approached with risk management as an overall goal whether it is in emergency planning, clinical risk management meetings, and morning huddles to name a few. Critical incidents were reviewed by members of the interdisciplinary team with the intention to avoid further incidents. In total there were 17 reportable critical incidents to date compared to 18 from last year and 24 non reportable incidents compared to 14 last year. The sentinel event procedure was reinstated. Incidents were tracked and categorized through employee and resident incidents. There were no sentinel events. All incidents were investigated and action plans developed as required.

Alleged thefts or thefts reduced with surveillance cameras in place. Davis Court continued to have the highest number of resident to resident abuse critical incidents related to the population it serves.

Frieda Hannam Reg. N., GNC(C), BScN.

Quality Improvement/Risk Management Coordinator



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Nursing and Personal Care Update

NURSING AND PERSONAL SUPPORT SERVICES UPDATE

This department works in close collaboration with our medical team and is lead by our Director of Care. Supporting the Director of Care is the Assistant Director of Care and a Quality Improvement and Risk Management Coordinator. The department has recently changed the Ward Clerk position from two part time Ward Clerks to one full time Ward Clerk who support our front line staff of Registered Nurses (RN's), Registered Practical Nurses (RPN's) and Personal Support Workers (PSW's). This past year the nursing department celebrated many successes and provided the nursing staff with numerous opportunities to improve practice. We have met many of our goals and continue to strive to complete any outstanding areas. We have endeavored to empower staff through educational opportunities and encouragement to share their new knowledge with their peers.

2014 was a busy year. We had our first Comprehensive Inspection by the Ministry of Health and Long Term Care since the inception of the Long Term Care Homes Act in July 2010. We performed very well in comparison to our peers in the City, County and Province. We also were inspected by the Ministry of Labour with no findings of non-compliance and had our Annual Inspection from The Public Health Unit with zero findings. In addition we went through the Accreditation Canada Process this year for the first time in many years. We were successful in obtaining a two year primer accreditation and will continue our efforts to obtain a full four year accreditation. For the primer all standards were met.

INTERNAL COMMITTEES

During the year, the nursing department has chaired/co-chaired many committees including:

- Nurses Week Planning Team
- Accreditation Team Members
- Falls & Restraint Committee
- Continence Care Team
- Responsive Behaviours/ PIECES Team
- Quality Improvement Team
- Pain/Palliative Care Team
- Resident Focused Team Reviews
- Risk Management Committee
- Health Professional Advisory Committee
- Skin and Wound Team
- Nurse Practice Meetings
- Infection control Meetings
- Outbreak Team Meetings
- IAR Implementation Team
- Clinical Connect Implementation Team

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All of these committees continue to be active and resident centered working groups based on Client Centered Care Best Practices.

EXTERNAL COMMITTEES

To ensure we maintain positive relationships in the health care community, members of the nursing department sit on several active committees outside of the John Noble Home including:

- OANHSS Nursing Advisory Committee member
- Host to the RNAO Regional Best Practice Meetings
- Regional Infection Control Network Committee
- Palliative Care Team for Brant County
- Brant Elder Abuse Committee
- Joint CCAC Meetings
- Brant County Health Care System Infection Control Committee, LTC representative
- Clinical Connect privacy officer Ontario Committee
- Behaviour Support Ontario, LTC Representative

EDUCATION

In 2014, we have sponsored several staff for educational purposes to empower and assist in their further education and reflective practice. Below is a list of the education our staff attended:

- RPN supported to attend RNAO education on leadership.
- Training of staff to meet the requirements of the Fire Department Evacuation Test (night staff – minimal level of staffing in the Home).
- Lift and Transfer training – a one day session each staff member booked for a one hour education assessment taught by Physiotherapy, Restorative Care, and mobility vendors.
- Data quality program for RAI MDS continued by reviewing different sections monthly using the AIS education modules. AIS mandatory proficiency testing continued.
- Orientation of students and new employees to JNH policies and procedures for Practical Nurses and PSWs.
- Orientation of the Nurse Practitioner and all new hires.
- IV training for Registered Staff.
- RPN supported to attend a specialized Wound Care Course and became Wound Care Champion for other staff. RPN is now holding in house education sessions for all staff.
- Provided education to Family Council and Resident Council.
- Education on Cytotoxic medications (MOL requirement).
- PIECES training, Gentle Persuasive Approach training, Health Care and Consent Act training, Wound Care training, Continence Care training, Medication based training and bathing system training etc.
- The New Palliative Care Team member sent for education to support them on the committee.
- Behavioural Support Ontario (BSO) education and liaison with BSO.
- AIS training for Registered staff as per the Ministry.
- Use of RNAO Best practice education e-module with Best Practice Coordinator.
- Virtual Dementia Tour set up and offered to staff in all departments in collaboration with the Alzheimer Society of Brant.
- Purchased Ethics training modules and provided for staff.

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- Support and problem solving meetings for all staff with the Psychogeriatric Resource Consultant.
- Infection Control Education for staff.
- Code White (Violent/Aggressive Resident) and Code Yellow (Missing Resident) test, in addition to other emergency codes.
- AIS support for Registered Staff completing their RAI MDS competency training.
- Clinical Connect Training to start implementation.
- Education of PSW staff in a Resident Centered Care Course at Conestoga with plans to move to a train the trainer with the front line staff at the John Noble Home.

NEW PROGRAM DEVELOPMENT

The nursing department also reviewed certain practices and made changes that will lead to a more efficiently run department. These include:

- Job Routines for Restorative Care Coordinator and Ward Clerks were reviewed and updated
- Audit Program revisions.
- High Intensity Needs (HIN) restructuring and Ministry of Health initiative regarding HIN has been organized and managed at the home level.
- Planned Fire Evacuation Test- scheduled for November 2014 then rescheduled for December 2014.
- Placement of Practical Nurse and Personal Support Worker students at the John Noble Home. Liaison with Medix, Mohawk College and Conestoga College.
- New agreement with Fanshawe College to start students in the New Year.
- Winner of 2013-2014 Brant County Big Shot Challenge with Public Health Unit. The Home met and exceeded the benchmarked immunization targets from last year.
- Beds audits for condition and entrapment in collaboration with vendors with replacement of 98 mattresses and 10 beds.
- Liaison project with the Behavioural Support Ontario for all admissions and follow up during the transition time.
- Improvement of Security on Mohawk Terrace and Grand Terrace.
- Updated portable phone system for improved safety and communication.
- Updated diagnostic Equipment Completed Mock Resident Quality Inspection.
- Changeover of Oxygen machines to meet Best Practice.
- Updated TB Surveillance to meet Public Health Agency of Canada's Tuberculosis Standards 7th edition.

SIGNIFICANT INTERNAL PROJECTS

- Ordered, received and set up new high low electric beds.
- Strategic Planning for the Nursing Department and development of a Quality Improvement Plan for Nursing.
- Password Security has been improved to ensure all electronic information is secure.
- Sling project to replace and educate staff on slings and proper assessment and use in progress.
- Established Wound Care Champion on a once a month basis to support staff in their wound care advancement and to offer education to staff also.

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- Quality Improvement around worsening incontinence which is a Best Practice Initiative. One Home Area was the focus for a group review of our system and looked at ways to improve the care we provide in this area.
- Annual Medication Safety Self-Assessment completed for the Institute of Safe Medication Practices (ISMP).
- Implementation of Clinical Connect as the first Long Term Care home in our LHIN to meet requirements for membership.
- Review of Archived health Records with the development of an appropriate destruction log and secure record keeping of the location and destruction dates of health records.
- Project to improve documentation standards by Registered staff with supportive education and mentoring of individuals as identified.

DAY TO DAY MANAGEMENT OF THE NURSING DEPARTMENT

- Policy review and updates of the Nursing Manual, Mandatory programs and also the Infection Control Manual.
- Co-Management of the Employee Attendance Program with Human Resources.
- Co-Management with the Occupational Health Nurse of injuries at the John Noble Home, modified work requirements, and a safe and healthy return to work plan.
- Management of the Nursing Budget for supplies, all equipment and incontinence products. At this time, we remain on budget for supplies, equipment, salaries and other.
- Monitoring of the benchmarks set out by the Ministry of Health and Health Data Ontario to ensure we are noting areas of success and areas for improvement.
- The Nursing department also schedules and manages Care Conferences, clinics for Foot Care, Eye Care, Hearing, Dental and Mobility Devices etc.
- Successful RAI MDS submissions and Data Quality reports.



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Resident Programs and Therapeutic Recreation Update

The recreation and therapeutic recreation department includes the recreation therapists, horticulture therapist, and all other allied health professionals including our social worker and physiotherapist. This department also oversees pastoral care and volunteers.

RESIDENT PROGRAMS

- New recreation programs offered this year include:
 - Food prep and tasting program on our dementia unit.
 - Tactile Tuesday a program using a variety of textures in a therapeutic setting for our dementia residents.
 - Expanded our Men's Program.
 - Communication (speech therapy program) had a teaching video made by ARTC involving our residents and the recreation therapist who leads this group.
 - Added Wednesday evening programs to our schedule.
 - Increased the hours the recreation staff work on a Saturday.
 - Resident Council hosted a very successful Fall Fair in September.
 - SKIP program started again. A new program with them is the usage of information technology and iPads with our seniors. This program is only in the planning stages at present time.
 - A new Bible Education Class is now being offered and totally run by volunteers from the community. Even though the leaders are Jehovah Witness it is an open class for any resident. However we now have a link with this particular faith for our residents that are Jehovah Witness.
 - Added music programs such as "Boom Wackers", Bell Ringers, and drumming on all units.
 - Resident's Council purchased a raised garden bed this summer to further enhance our resident's accessibility to horticultural therapy opportunities.
 - Opening of the outdoor terrace on Mohawk Terrace which allows more outdoor/accessible space for our residents to pursue horticultural therapy independently or as a structured program.
 - All staff added snoezelen to their regular programming. The cart is getting well used and is now being booked out. We would like to find funding to get another cart.
- Recreation staff has also been utilizing laptops and iPads for a variety of programs.
- Family Council assumed the responsibility of the Country Nook. It is now called the Skylight Café and is showing some successes.
- Purchased an on-line education program for the regular recreation therapists. Our staff educator monitors this program and at the end of completion the staff will have a certificate in therapeutic recreation.
- Our recreation staff had an opportunity to meet with a Consultant to learn more about what the Ministry wants to see in documentation. After this session the staff changed the way they were writing care plans.
- One to one visiting has been improved. It is now part of the staff's weekly requirements, and it is now documented in the residents care plan and works with the other departments especially nursing. The visits have increased and behaviours have decreased.

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- Quality Improvement Program was better maintained this year. Audits were completed on time. All program descriptions were completed and updated.
- New partnerships established this year with Ontario Works and SKIP. Both of these organizations have donated iPads for volunteers/students to use with our residents. As well as a partnership with the City of Brantford's Social Services Department under their social inclusion strategy to have IPADS for use with residents/families for Skyping.



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SOCIAL WORK

Social Work, which is a part time position, had the following accomplishments in 2014:

- Continues to work closely with Community Care Access Centre, and new residents and families upon admission to help ease the transition.
- Quality Improvement initiative with Behavioral Support Ontario to support new resident's during their transition .
- Improvement of the Palliative Care Carts. With a generous donation from a family, the Home was able to purchase a new cart and supplies to support the unit the family had been connected with (Costain Court).
- In addition to the Resident belongings boxes introduced last year, Ted McCleister of McCleister Funeral Homes has generously donated 200 bags with printing to be given to families to transport belonging.
- Continually updating the information package and resident handbook to maintain relevance and compliance with Long Term Care Home's Act.
- Member of PIECES, Pain and Palliative and HPAC committees.
- Member of website renewal team.
- Member of the Accreditation Primer Team.
- 172 Tours completed and 44 Admissions (as of Oct '14).



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PHYSIOTHERAPY DEPARTMENT

At the beginning of 2014, we had employees hired as our own Physiotherapist and Physiotherapy Assistant who had been put in place last summer as part of the Home's response to the new Ministry of Health and Long Term Care requirements for physiotherapy and group exercise. At the end of August, we began looking at returning to a contracted physiotherapy service provider, after both staff persons left their positions to pursue other personal and career opportunities. At this time, we are in the process of tendering this contracted service out through a competitive process. The successful contender of this tendered contract should be in place at the beginning of the 2015. In the interim, we have returned to using Achieva Health (our former service provider who is familiar with our Home) to provide physiotherapy services.



New equipment (Arm Ergometer and SCI FIT exercise bike) was purchased for the therapy room and is being utilized by our residents with the physio staff. Physiotherapy services are provided to residents in the department and in a resident's room for those who are bed bound and immobile. Residents receive physiotherapy 2-3 times a week based on the professional judgment of the Registered Physiotherapist's assessment.

The exercise classes are run by a Recreation Therapist who has been very successful with all units receiving 3 classes each week.

A yoga program continues to be offered weekly for residents, which was implemented by a Recreation Therapist.

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PASTORAL CARE

All spiritual programs are coordinated by the Coordinator of Resident Programs/Volunteers. Many programs are offered on the resident home areas, our chapel, or our auditorium. All residents are assessed by the recreation staff to determine their spiritual needs. Our partnerships with ministers from the community grew again this year with new ministers assisting with spiritual programming. A new bible education class was also established. A new pastoral care referral form was also established and one of the recreation therapists oversees this referral process.

VOLUNTEER DEPARTMENT

- The number of new volunteers since January 2014 until present is 132.
- Total of 269 registered volunteers, approximately 110 active each month and over 1,700 hours each month 'worked' by volunteers
- Most volunteers are now in recreation, the front desk and the café.
- Increase in university students showing an interest in our physiotherapy department
- Coop students from all local high schools, college courses and universities continue to be prevalent in our Home
- Coordinator of Resident Programs/ Volunteers continues to be an active member of BRAVA (Brant Regional Association of Volunteer Administrators)
- Volunteer appreciation continued all year long. Appreciation dinner was held in April, BBQ in the summer and the Christmas Dinner is planned for December. Volunteers were also nominated for the annual Ministry awards in April.



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Nutrition Services Department Update

The Nutrition Services department oversees both the Food Service and Clinical Nutrition areas of the Home. Food Services functions out of a centrally located main kitchen. Food is prepared from scratch by a skilled culinary team. Prepared food is distributed to the resident home areas just prior to meal time and served to residents in a home-like dining room setting. Residents are able to see and smell the food as it is being served!

Menus are developed with input from the Resident Food Committee, the Registered Dietitian, Cooks, Dietary Aides and the Food Service Supervisor. Seasonally menus are reviewed and revised to include foods appropriate to the time of year. Special event days and holidays are celebrated through special menus. All menus are planned following Canada's Food Guide and the requirements of the Ministry of Health Long Term Care.

The specific nutritional needs of our residents are addressed by the Registered Dietitian. A nutritional assessment is completed on admission and minimally quarterly afterwards. The Registered Dietitian ensures the nutritional and hydration needs of all residents are met following the Dietitians of Canada Best Practice Guidelines for Nutrition, Foodservice and Dining in Long Term Care.

ACCOMPLISHMENTS THIS YEAR

Exciting things happened in the Nutrition Services department this year. As the construction finished up last year around the rest of the Home, it was time to focus on building on the foundation we created in the department last year. We saw our new team further develop their skills; work flow improved; staff embraced technology; safety was improved; our work spaces were upgraded; raw food cost budget achieved and we continued to focus on maintaining our resident's satisfaction with our services.

IMPROVING OUR TEAM

- The existing management model was realigned to create two full time management staff dedicated to the department. The Nutrition Services Supervisor focuses on the day to day food service functions and the Nutrition Services Manager oversees the department operation and includes the role of the Clinical Dietitian.
- Employees include eight full time staff and thirty four part time staff.
- In 2013, 38% of the staff was newly hired into the department. This year the number of new staff fell to only 7%. The improved stability in the department allowed staff to further develop their job knowledge and skills.
- Two new qualified cooks were hired to the team. An existing Dietary Aide returned to school to upgrade her skills and obtain certification as a cook to fill a department void.

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IMPROVING OUR WORK AREAS

The main kitchen had not been renovated since 1980 when meals were sent on trays to residents. With residents now eating on all resident home areas, there were opportunities to improve the functionality of the main kitchen. The improvements included:

- Renovation of the large walk in fridges and freezers in January, replaced the small energy inefficient existing units with a combination refrigerator/freezer. The new walk in is spacious and ensures temperatures are maintained to meet food safety requirements.
- The existing management office was vacated creating much needed laundry space. New offices were created in underutilized space in the kitchen. Residents are now able to access the Nutrition Management team as offices are now accessible from a resident hallway.
- A Rational Cooking Centre and gas steam jacketed kettle replaced an aged steamer and steam jacketed kettles that relied on a steam boiler. This improved safety in the kitchen as the existing equipment regularly malfunctioned and allowed the steam boiler to become obsolete. Cooks and Maintenance staff actively participated in the purchasing process.
- The Rational Cooking Centre functions as a proofer, steam cooker and oven. Its technology includes a computer within the oven where all the recipes can be stored. A built in thermometer can be placed into food while it is cooking and logs the results as an added food safety feature. Many staff feel the best feature of the Rational is its ability to clean itself with the touch of a button!
- A combination range and grill replaced a 25 year old range. The new range enables staff to have improved consistency with cooking and grilling food.
- A floor cleaning machine was also replaced which allowed for improved cleaning ensuring health and safety standards are maintained and slips and falls are minimized.



IMPROVING RESIDENT SERVICE

- The management team meets with the Resident Food Committee monthly to discuss opportunities for improvement, participate in meal planning and menu development and approve seasonal menus.
- Quality improvement activities included: monthly dining room and sanitation audits. Audit results were communicated to staff at monthly department meetings.
- Improved accuracy of diet orders through auditing diets monthly to >94%.

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- Improved work flow by adjusting job routines in all resident home areas to improve cleaning and dining service.
- Wall protection was added to protect the walls in the dish room and serving area of three resident home area serveries to improve sanitation.
- The department specific computer program “*diet kontrol*” had both John Noble Home specific Spring/Summer and Fall/Winter menus and recipes entered into the program. This program allows Nutrition management to complete a nutritional analysis of menus to ensure resident’s nutritional needs are met.
- An enhancement to “*diet kontrol*” now allows dining room seating plans to be automated.
- Improved dining service by replacement of aged steam table and dish machine in older resident home areas that improved food temperatures and ensured sanitation standards were maintained.
- The Ministry of Health and Long Term Care conducted their Comprehensive Inspection and found no findings in Nutrition Services.

IMPROVING CLINICAL NUTRITION

- Developed resident specific menus for those residents whose needs are not met by the standard menu.
- All menus reviewed to ensure compliance with the Ministry of Health Long Term Care.
- Improved response time to Registered Dietitian referrals to less than 14 days >90% of the time.
- Improved attendance by the Registered Dietitian or Nutrition Services Supervisor at resident care conferences to >98% of the time.
- Registered Dietitian an active participant on the Skin and Wound Committee and the Health Professional Advisory Committee.

IMPROVING FISCAL RESPONSIBILITY

The department struggled with rising food costs this year. Adjustments to menus, product selection and tracking of monthly costs have enabled the department to stay on budget.

It has been an exciting year in Nutrition Services with all of our changes, visits from Accreditation Canada and the Ministry of Health. The coming year promises to be one filled with learning opportunities for staff, further enhancing the department’s use of technology to improve service and food quality and challenge to continue fiscal responsibility.

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Environmental Services Department Update

Our Environmental Services Departments consisting of Laundry, Housekeeping and Maintenance continued to evolve over the past year:

- Training and orientation of new Maintenance Technicians for 24/7 coverage.
- Continued training of staff for basic electrical, lock out/tag out, spills training and confined space training.

LAUNDRY

Laundry is done in house and is an important and essential service.

Our Accomplishments as a department are as follows:

- Developed a tracking form for Clothing and Personal items received are labeled in laundry within 48 hours of receiving.
- Developed a Policy for response time for missing Laundry form to respond to complainant within 10 business days.
- Created a blank ticket for unlabelled laundry that is received with possible resident home area and date received.
- Ministry annual inspection had no laundry issues reported.
- Laundry went through Accreditation with no issues reported.
- Extra laundry done throughout the year for post Fire, Riverview Terrace and Outbreaks.

HOUSEKEEPING

Housekeeping is an important and essential service and is important to our infection control process.

Our Accomplishments over the year include:

- Increased cleaning post fire and fire remediation.
- Helped with extra housekeeping to prepare wing for Riverview Terrace residents
- Extra cleaning implemented for outbreaks throughout the year.
- Ministry annual inspection had no cleaning issues reported.
- Housekeeping went through Accreditation and reported that all areas of the Home are clean and well organized.

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MAINTENANCE

The Maintenance department had some major changes this year. We switched to a new model for the maintenance department in September. The new model consists of 3 full time Maintenance Technicians, one full time Maintenance Lead and 2 part time Maintenance Technicians who report to the Environmental Services Manager. All the full time maintenance technicians work five 12 hour shifts plus two 10 hour shifts every other weekend. The part time Maintenance Technician will work two 4 hour shifts on the weekend and will cover vacation and statutory holidays.

Our Accomplishments as a department are as follows:

- Reduced the number of outstanding work orders.
- Replaced the Hot water heater on the old part of the building.
- Repaired the cracked edges along baseboard in the floor on Mohawk Terrace.
- Replaced Back Flow Preventer on the old part of building.
- Delta Controls upgrades on Building Automation System for obsolete parts.
- Offices for Nutrition & Environmental services were painted & ready for use by maintenance
- Electrical upgrades for Nutrition department new equipment.
- Main Entrance signage, John Noble Home directional signage, Fire route signage and Disabled Parking signage.
- Removal of mould off pipes in basement tunnels and in Davis Court Spa room.
- Ceiling tiles and flooring in hair dressing replaced.
- Electrical work for Day & Stay Program completed.
- Installation of back splash for Nutrition department dish-rooms in Tower which involved removal & reinstallation of equipment area.
- Walk in fridge & freezers in Nutrition Department replaced.
- Refreshed the Mohawk Terrace and Davis Court common areas and corridors with painting.
- Annual Resident room inspections completed in Long Term Care and the Apartments

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- Replaced the ceiling tiles in main hallway by Administrators office.
- Replaced the flooring in the Volunteer room Physiotherapy gym & Physiotherapy offices.
- Worked with Outside Contractors, Fire Department and other disciplines for Fire Remediation for area affected by the fire.

The Maintenance Department tracks all maintenance projects through its Maintenance Care Program. When there is an issue, staff are asked to log a work order electronically into the computer system and identify what is the problem. Once entered into the system, maintenance staff responds to the issues on a priority basis till the work order is closed.

Maintenance went through Accreditation and the report residents and a family member appreciated the care taken to keep the Home in good repair.

Based on our statistics for 2014, here are some interesting facts:

- 4056 work requests submitted through Maintenance Care from January 1, 2014 to November 21, 2014.
- 3258 requests were submitted through Maintenance Care in the same time period of 2013. An increase of 798 (19%) for the same time period of 2013. An increase can be attributed to extra work associated with additional preventative maintenance. The addition of the new tower units included more equipment, expanded laundry facility and many upgrades in equipment in other departments. Also there was extra work due to fire remediation.

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Business Office and Operations Update

FINANCIAL SERVICES UPDATE

The Financial Services Department believes that it should provide complete and accurate financial records and statistics needed to guide the John Noble Home in the financial direction and planning necessary for its operation. The Department also provides resources to meet the financial needs of the residents, tenants and the Ministry of Health and Long Term Care.

The Financial Services Department's principal activities include: administrative, resident finances/accounting, resident statistics/census, financial reporting/statements, short/long range planning and budgeting, payroll and benefits administration. The Department also provides services to the Bell Lane Terrace Apartment Complex and the John Noble Day and Stay Program.

The Department communicates regularly with all Department Managers to ensure financial goals are met. As well, the Financial Services Manager is a member of regular meetings with Senior Administration and the Committee of Management. The Department follows all government regulations, facility guidelines and generally accepted accounting principles for municipal organizations.

JOHN NOBLE HOME LONG TERM CARE- 2014 OPERATING BUDGET

DESCRIPTION	REVENUE
Nursing and Personal Care	\$6,743,346
Raw Food	\$462,807
Programs and Support Services	\$686,229
Other Accommodation Costs	\$4,518,664
Bell Lane Terrace – self funded	\$224,763
John Noble Day & Stay – self funded	\$389,489

FINANCIAL SERVICES ACCOMPLISHMENTS

On-going collection of preferred accommodation revenue helps to offset municipal contributions that are required to operate the John Noble Home. The facility has increased the available preferred accommodation offered to residents through the capital upgrade to the facility under the redevelopment project. A report was developed that monitors the amount of preferred accommodation revenue collected by John Noble Home on a monthly basis and compares to budget targets.

Goal Achieved: The facility is currently at 128.3/100 for preferred accommodation revenue and has exceeded the budget target to date.

John Noble Home continues to meet the reporting requirements set by the Ministry of Health and Long Term Care for both long term care operations and Day and Stay operations for filing various financial and

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statistical information. Education and training continues to ensure all reporting requirements are met in accordance with the Ontario Health Care Reporting Standards.

Goal Achieved: The facility is currently 100% compliant and has passed all edit tests for quarterly and annual MIS, CAPS, SRI filing.

Since the implementation of the new Long Term Care Act, 2007, the Department continues to develop audits and protocols to ensure that systems and documents are in place that comply with the new legislation. The Department is required to implement these protocols within the resident financial and trust account area. All financial accommodation agreements are in place and no trust accounts exist that are in excess of the limits set in the legislation. On-going audit and monitoring continues to ensure that the Department will be compliant during both external audit at year end and any annual compliance inspection by the Ministry of Health and Long Term Care. These inspection protocols have also been added to the year-end audit conducted by external auditors to ensure compliance with the standards.

Goal Achieved: The facility currently has 0 trust accounts in excess of \$5,000.00 and all accounts are in balance. 100% Purchase of Service Agreements are in place.

During 2013 the Department implemented the option of electronic funds transfer for resident payments of monthly accommodation fees. Throughout the 2014 year residents and tenants have been encouraged to utilize this service to increase efficiencies in the Home and allow for ease of payments. Approximately 93% of newly admitted residents have chosen to pay their monthly fees under this option. As a result, collection of outstanding accounts has improved and accounts over 90 days in arrears have decreased.

Goal Achieved: Currently 20/26 (77%) tenants and 99/156 (63.5%) of residents pay monthly accommodation fees by electronic funds transfer. 93% of new admissions have signed up for this service.

Accommodation rates for residents in Long Term Care are set by the Ministry of Health and Long Term Care. Residents can apply for a reduction in their rate if occupying a basic bed. In order to apply for this subsidy the resident must provide a copy of their most recent Income Tax Notice of Assessment. Many residents and families have difficulty filing income tax returns. As a result, the Department held a free Income Tax Clinic that was sponsored by Revenue Canada to assist residents and families in the timely filing of the 2013 income tax return. A total of 23 returns were prepared for low income seniors who would otherwise struggle to pay for these services. This clinic also assists the Home in collecting the necessary documentation in order to apply for rate subsidy and reduces the amount of uncollectible accounts as a result of high rates being set unnecessarily.

Goal Achieved: 23 individual income tax returns were completed. The Home received a certificate for participation in the Volunteer Income Tax Clinic

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INFORMATION TECHNOLOGY UPDATE

The focus for information technology for the 2014 year was to have a better understanding of how to manage our information needs and to collaborate with City/County resources in order to improve efficiencies in purchasing, upgrading and maintaining our information technology infrastructure.

INFORMATION TECHNOLOGY ACCOMPLISHMENTS

- Implementation of new mobile phone system to improve communication and safety of staff and residents with changes also done to connect the overhead paging system to the phone system.
- Upgraded and enhanced security cameras and monitoring in the Home.
- Update of the John Noble Home's Website and improved links to services.
- On-going replacement of hardware/software equipment through City contracts for pricing and shared platforms.
- Minutes taken and policies updated at meetings are now directly inputted into computer system in order to reduce resources previously spent on distribution. This also allows for policies and procedures to be automatically updated and remain current at all times.
- Collaboration with Social Services IT and various initiatives to investigate opportunities for enhanced WIFI capabilities within the Home are underway.

HUMAN RESOURCES UPDATE

2014 was a year of continued growth and success within the Human Resources Department.

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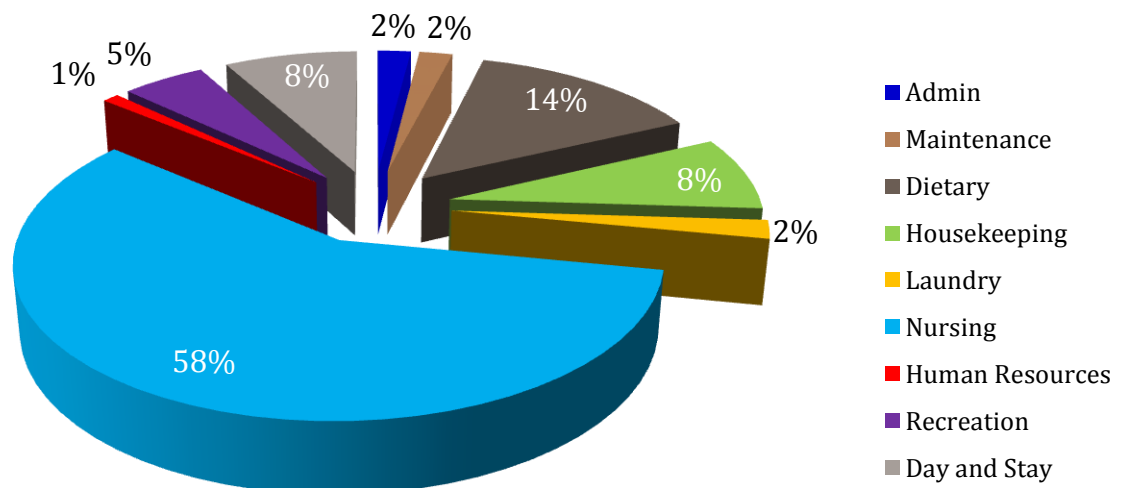
The John Noble Home currently employs 294 employees. Our Nursing Department is the largest department with 58% of the population. The average age of our employees is 42.87. Year to date HR has posted 131 job postings for all departments within the Home.

John Noble Home continues to support work placements for students in various employment programs sponsored by Canada Employment, Medix, Mohawk College, Conestoga College, Assumption School and March of Dimes.

HUMAN RESOURCES ACCOMPLISHMENTS

- Recruited 43 new employees this year, one being a part-time employee for the Staffing Department. Through the approval of the extra funding due to the fire at the Home, and in order to have 24 hour coverage one (1) full-time and two (2) part-time maintenance facilities technicians were recruited along with three (3) part-time receptionists.
- Created a new format of the master (paper) schedules for the nursing department to streamline to eliminate errors
- Completion of the annual Employee Satisfaction Survey
- Completion of the annual Wellness Survey
- Provided 10 wellness events for our employees
- Three (3) employees have retired this year, one with 49 years of service
- Reviewed and updated mandatory education information
- Reviewed HR policies and implemented three (3) new policies on Leave of Absences
- OMERS Representative conducted an information session on Pensions
- Purchased an education software to be in place for January 2015 this will improve any efficiencies
- Reviewed and update Employee Handbook
- Reviewed and updated Departmental Orientation Checklists for each classification within the Home
- Annual Employee Recognition & Christmas Dinner
- Employee Health Week and Staff Golf Tournament
- Completion of Annual Performance Reviews
- An extensive review of policies and job descriptions took place.

Percentage of Staff For Each Department



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John Noble Home Day and Stay Program Update

The Day and Stay Program is a community based program that provides four unique and different types of respite services for clients with a diagnosis of dementia. The Day and Stay Program will accept individuals from Brantford, County of Brant and surrounding area.

Access to programs is arranged through the Community Care Access Centre. Once a referral is received, Day and Stay Program staff assesses each client for individual goals, such as enhancing cognition, sensory stimulation, physical exercise, social engagement and caregiver relief. Transportation is provided for all Day and Afternoon Programs. Meals and nourishment and all program supplies are provided. There is a user fee for all programs.



OVERVIEW OF THE FOUR PROGRAMS

- 1) The Day Program provides a supervised setting for clients Monday to Friday from 8 am until 4 pm.
- 2) The LEAD Programs operates Thursdays from noon until 8 pm. This Program is client directed and includes a support group lead by counsellors from The Alzheimer Society of Brant. This Program benefits clients who are in the early stages of dementia.
- 3) The Responsive Behaviours Therapeutic and Education Program start in November of 2013. It operates Sunday to Wednesday noon to 8 pm. This Program is specific to clients with responsive behaviours which occur more frequently and intensely later in the day (i.e. wandering, agitation). A smaller group environment is offered as clients have more needs and require one to one support.
- 4) The Weekend/Respite Program runs Friday afternoon at 4 pm until Sunday afternoon at 2 pm. Clients stay overnight in a supervised setting.

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CURRENT CLIENT PROFILE FOR 2014

- Average age: 80 years.
- More females (61%) than male
- 6 clients under the age of 65.
- Length of stay: 16 months: Most move to LTC (some to the John Noble Home) or pass away.
- Majority of our clients live with spouse at home, followed by living with an adult child.
- Caregivers have an increased risk of depression & other health issues.
- Transportation to/from the program is essential. Bus ride as long as 60- 80 minutes now that the wait list is managed by CCAC. County clients impacted the most.
- All programs & overnight respite always full – wait lists
- Modest user fees, otherwise funded by LHIN- no program increase for 6 years

ACCOMPLISHMENTS

- Each of the four programs meets their census requirements. There are waitlist's for both the Day Program and LEAD Program.
- The Responsive Behaviours Therapeutic and Education Program have been operating for one year. Status reports are sent to the LHIN monthly.
- The Part-time Social Worker that works with the clients and caregiver in the Responsive Behaviours Program has run 3 CARERS groups for caregivers. Another session will start in November.
- Continue to be part of the research through the University of Waterloo MAREP Program.
- QI stats for the Home are completed and submitted monthly.
- Budget variance report is submitted monthly.
- Program Audits are completed monthly.
- CAPS completed and submitted to the LHIN for 2014-2017.
- Policies and Procedures are always being updated.
- Marketing Process Underway- Mass mailing to family physicians in Brantford, meeting with BGH discharge planners to give information about the 4 programs offered at the Day and Stay.
- Caregiver and client surveys completed annually.
- Took part in the Strategic Planning Focus group.
- New medication procedure in partnership with iPharm is being introduced slowly to clients and caregivers. At this time, staff and caregivers report success.
- The Day and Stay Program successfully completed the Accreditation Process.
- New Falls Strategy has been created and is being rolled out to all new and current clients in September.
- New orientation package has been created and is now part of the hiring practices in the Program effective October 2014.



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- The Centre is always in the process of monitoring risk management and making improvements. New safety vest have been purchased for staff getting off the bus to assist clients. New jackets are being purchased to identify Day and Stay staff when on the bus.
- Strong communication with community partners continues Behavioural Supports Ontario, Geriatric Mental Health, Alzheimer's Society of Brant and CCAC.
- Strong association with the regional Adult Day Program.
- New ADP Program website up and running.
- Integrated Community Lead status within the community to better serve clients in a crisis situation.
- Strong association with the PSW Collaborative to enhance front line worker education.
- Continue to provide therapeutic recreational programs under 4 domains-Cognitive, Social, Physical and Creative.

The Day and Stay Program continue to be a community-based organization that is needed and wholly appreciated by the clients and their caregivers. The Day and Stay Program continue to have strong, respectful ties to our community and our partners. Therapeutic programs continue to meet the needs of our clients. Our employees continue to strive to enhance those programs. The new Responsive Behaviours Program continues to grow. The staff at the Day and Stay Program will continue to provide high quality service and care for the community.

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Seniors Apartments: Bell Lane Terrace Update

Bell Lane Terrace consists of 26 unit's for independent seniors which is part of our care campus. It has its own entrance and amenities.



CURRENT TENANT PROFILE- 2014

- Length of stay: 6 years+
- Most 60- 69, followed by 70-79 age group
- Some have pets (cat or dog)
- Most do not smoke
- Some drive, most dependent on others for transportation , including bus/others
- Most physically well-Do not receive home care, CCAC or help from others
- Want independence. More exercise/ recreation. Will pay nominal fee for services

ACCOMPLISHMENTS

- 100% occupancy and wait list with over 30 individuals waiting for placement
- No tenant's rent is in arrears.
- Twenty tenants now are Electronic Transfer of Funds (EFT) for billings
- The tenants participated in their first tenant satisfaction survey and were very happy with their home.
- Tenants were involved in our strategic planning process. Some attended our community consultation day where we explored the need of affordable housing in our community.
- Tenants also participated in a video by Canada Mortgage and Housing Corporation, called The Housing Continuum - Homelessness to Homeownership which features different housing options around Brant.

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In Conclusion

All of us at John Noble Home wish to extend a sincere thanks to our Committee of Management, the City of Brantford and the County of Brant for their continued support and dedication to our organization.

With their support, we are able to fulfill our mission, vision and values.