Venta Care Centre

VENTA CARE CENTRE'S STRATEGIC PLAN 2022-2026

History

Venta Care Centre is a 148-bed private long-term care facility that went through its first accreditation survey in 1986 based on the vision of the owners who wished to ensure that their organization measured against established standards. Venta Care Centre continued with Accreditation Canada surveys until 2003 when they found themselves consumed in a rebuilding and expansion project. In 2009, Venta Care Centre rejoined the Accreditation program and until today continue to be a nationally accredited facility.

Venta Care Centre has positioned itself as a leading provider of Long-Term Care and Assisted Housing Services, making a difference in the quality of life of our aging population. Venta Care Centre provides highly qualified staff, who are passionate about their work and volunteers who make Venta Care Centre their choice to support. We are openly transparent and accountable to residents, families, caregivers, community agencies, and to the citizens of the community we serve.

Venta Care Centre's achievements and successes in this reporting period has positioned us as a leading provider of programs and services in the provision of resident-centered care.

Purpose of this Document

This Strategic Plan provides the framework for Venta Care Centre's annual operating plans for 2022-2026. The plans been developed by utilizing a front-line approach. Each department within the organization met and identified and discussed its strengths, weaknesses, opportunities, and threats. Based on this analysis as well as an internal review, Venta Care Centre has identified the following strategic areas for 2022-2026:

- Quality Care and Safety
- Communication
- Staff Engagement and Participation
- Resident Centered Care
- Infection Prevention and Control

OUR MISSION

To Provide Family Focused Care with Respect and Dignity

OUR VISION

To Provide Innovative, Holistic, Responsive Long Term Care Services in Partnership with Residents and Families

OUR VALUES

V.E.N.T.A

Visionary: Integrating creative and innovative ideas into work-based routines

Excellence: Providing care with evidence-based practice

Nurturing: Fostering healthy relationships between Residents, Families and Staff

Transparency: Providing timely communication with integrity

Accountability: Maintaining responsibility and answering to one's own action

STRATEGIC GOALS	OBJECTIVES	ANNUAL OPERATIONAL PLAN							
		2022-2023 February 1, 2022, to January 31, 2023		2023-2024 February 1, 2023, to January 31, 2024		2024-2025 February 1, 2024, to January 31, 2025		2025-2026 February 1, 2025, to January 31, 2026	
		INITIATIVES	OUTCOME MEASURES / TARGETS	INITIATIVES	OUTCOME MEASURES / TARGETS	INITIATIVES	OUTCOME MEASURES / TARGETS	INITIATIVES	OUTCOME MEASURES / TARGETS
STRATEGIC AREA: Quality Care and Safety									
To ensure safety for resident's and staff in the provision of resident-focused care	1. To measure and monitor the performance of the facility through quality and safety improvement initiatives that focus on reducing risk, preventing harm, and promoting optimal resident safety	a-23) **Fall and Fall Injury Prevention:** Initial screening tool to assess resident fall risk Implement Falling Apple Program strategies for frequent fallers, and other targeted fall and fall injury prevention interventions for high fall risk residents to reduce the number of falls / fall-related injuries sustained by resident population Interdisciplinary quarterly review and analysis of falls by time of day, unit, and severity of injury Weekly review of fall and fall-injury related incidents with interdisciplinary team Ensure ≥ 30% of the resident population is in five (5) days of OT programming a week	Reduce the number of falls from previous year's target / measure by ≥ 10% dependent on resident population Maintain or reduce the number of fall-related injuries that cause minimal, moderate and severe harm dependent on resident population	a-24) **Fall and Fall Injury Prevention:** Initial screening tool to assess resident fall risk Implement Falling Apple Program strategies for frequent fallers, and other targeted fall and fall injury prevention interventions for high fall risk residents to reduce the number of falls / fall-related injuries sustained by resident population Interdisciplinary quarterly review and analysis of falls by time of day, unit, and severity of injury Weekly review of fall and fall-injury related incidents with interdisciplinary team Ensure ≥ 30% of the resident population is in five (5) days of OT programming a week	Reduce the number of falls from previous year's target / measure by ≥ 10% dependent on resident population Maintain or reduce the number of fall-related injuries that cause minimal, moderate and severe harm dependent on resident population	a-25) **Fall and Fall Injury Prevention:** Initial screening tool to assess resident fall risk Implement Falling Apple Program strategies for frequent fallers, and other targeted fall and fall injury prevention interventions for high fall risk residents to reduce the number of falls / fall-related injuries sustained by resident population Interdisciplinary quarterly review and analysis of falls by time of day, unit, and severity of injury Weekly review of fall and fall-injury related incidents with interdisciplinary team Ensure ≥ 30% of the resident population is in five (5) days of OT programming a week	Reduce the number of falls from previous year's target / measure by ≥ 10% dependent on resident population Maintain or reduce the number of fall-related injuries that cause minimal, moderate and severe harm dependent on resident population	a-26) **Fall and Fall Injury Prevention:** Initial screening tool to assess resident fall risk Implement Falling Apple Program strategies for frequent fallers, and other targeted fall and fall injury prevention interventions for high fall risk residents to reduce the number of falls / fall-related injuries sustained by resident population Interdisciplinary quarterly review and analysis of falls by time of day, unit, and severity of injury Weekly review of fall and fall-injury related incidents with interdisciplinary team Ensure ≥ 30% of the resident population is in five (5) days of OT programming a week	Reduce the number of falls from previous year's target / measure by ≥ 10% dependent on resident population Maintain or reduce the number of fall-related injuries that cause minimal, moderate and severe harm dependent on resident population

		b-23) **Mechanical Restraint Monitoring:** Track residents using mechanical restraints Utilize alternative individualized care approaches and other interventions in place of restraint, if able Interdisciplinary reassessment of mechanical restraint use every six (6) months, or more frequently, to determine if restraint can be discontinued	Maintain resident mechanical restraint use facility-wide to ≤ 10% of resident population	b-24) **Mechanical Restraint Monitoring:** Track residents using mechanical restraints Utilize alternative individualized care approaches and other interventions in place of restraint, if able Interdisciplinary reassessment of mechanical restraint use every six (6) months, or more frequently, to determine if restraint can be discontinued	Maintain resident mechanical restraint use facility-wide to ≤ 10% of resident population	b-25) **Mechanical Restraint Monitoring:** Track residents using mechanical restraints Utilize alternative individualized care approaches and other interventions in place of restraint, if able Interdisciplinary reassessment of mechanical restraint use every six (6) months, or more frequently, to determine if restraint can be discontinued	Maintain resident mechanical restraint use facility-wide to ≤ 10% of resident population	b-26) **Mechanical Restraint Monitoring:** Track residents using mechanical restraints Utilize alternative individualized care approaches and other interventions in place of restraint, if able Interdisciplinary reassessment of mechanical restraint use every six (6) months, or more frequently, to determine if restraint can be discontinued	Maintain resident mechanical restraint use facility-wide to ≤ 10% of resident population
		c-23) **Pharmacological Restraint Monitoring:** Track resident using pharmacological restraints Assess the effectiveness / appropriateness of pharmacological restraints and non-pharmacological strategies monthly to potentially reduce or discontinue pharmacological restraint	Ensure facility-wide pharmacological restraint use sits at or below the regional average for this period	c-24) **Pharmacological Restraint Monitoring:** Track resident using pharmacological restraints Assess the effectiveness / appropriateness of pharmacological restraints and non-pharmacological strategies monthly to potentially reduce or discontinue pharmacological restraint	Ensure facility-wide pharmacological restraint use sits at or below the regional average for this period	c-25) **Pharmacological Restraint Monitoring:** Track resident using pharmacological restraints Assess the effectiveness / appropriateness of pharmacological restraints and non-pharmacological strategies monthly to potentially reduce or discontinue pharmacological restraint Implement a new program, termed the Porcupine Approach to Calm Treatment, that evaluates triggers for resident agitation and provides training on strategies for early recognition and de-escalation	Ensure facility-wide pharmacological restraint use sits at or below the regional average for this period	c-26) **Pharmacological Restraint Monitoring:** Track resident using pharmacological restraints Assess the effectiveness / appropriateness of pharmacological restraints and non-pharmacological strategies monthly to potentially reduce or discontinue pharmacological restraint	Ensure facility-wide pharmacological restraint use sits at or below the regional average for this period

		d-23) **Pressure Ulcer Prevention:** Assess resident risk of developing pressure ulcers monthly, by reviewing Pressure Ulcer Risk Scale (PURS) Implement Pressure Ulcer Prevention (PUP) program strategies for residents with a PURS score of four (4) or greater Tracking / analysis of the number of new and existing pressure ulcers per resident, per unit by stage, and location on the body Assess top wound concerns and wound prevention/ management strategies monthly Audit compliance with wound protocol and interventions weekly	Dependent on resident population, maintain number of pressure ulcers from previous years target	d-24) **Pressure Ulcer Prevention:** Assess resident risk of developing pressure ulcers monthly, by reviewing Pressure Ulcer Risk Scale (PURS) Implement Pressure Ulcer Prevention (PUP) program strategies for residents with a PURS score of four (4) or greater Tracking / analysis of the number of new and existing pressure ulcers per resident, per unit by stage, and location on the body Assess top wound concerns and wound prevention/ management strategies monthly Audit compliance with wound protocol and interventions weekly	Dependent on resident population, maintain number of pressure ulcers from previous years target	d-25) **Pressure Ulcer Prevention:** Assess resident risk of developing pressure ulcers monthly, by reviewing Pressure Ulcer Risk Scale (PURS) Implement Pressure Ulcer Prevention (PUP) program strategies for residents with a PURS score of four (4) or greater Tracking / analysis of the number of new and existing pressure ulcers per resident, per unit by stage, and location on the body Assess top wound concerns and wound prevention/ management strategies monthly Audit compliance with wound protocol and interventions weekly Implement a turning and repositioning program that standardizes Q2H repositioning by time	Dependent on resident population, maintain number of pressure ulcers from previous years target	d-26) **Pressure Ulcer Prevention:** Assess resident risk of developing pressure ulcers monthly, by reviewing Pressure Ulcer Risk Scale (PURS) Implement Pressure Ulcer Prevention (PUP) program strategies for residents with a PURS score of four (4) or greater Tracking / analysis of the number of new and existing pressure ulcers per resident, per unit by stage, and location on the body Assess top wound concerns and wound prevention/ management strategies monthly Audit compliance with wound protocol and interventions weekly	Dependent on resident population, maintain number of pressure ulcers from previous years target
		e-23) **Staff Education Program:** Provide staff training in key resident safety areas including dementia care, fall prevention, safe bath / shower temperature and choking prevention and response	100% of staff complete modules online on key resident safety criteria identified under section 9.0 ‘Staff Training’ of the Continuing Care Health Service Standards	e-24) **Staff Education Program:** Provide staff training in key resident safety areas including dementia care, fall prevention, safe bath / shower temperature and choking prevention and response	100% of staff complete modules online on key resident safety criteria identified under section 9.0 ‘Staff Training’ of the Continuing Care Health Service Standards	e-25) **Staff Education Program:** Provide staff training in key resident safety areas including dementia care, fall prevention, safe bath / shower temperature and choking prevention and response	100% of staff complete modules online on key resident safety criteria identified under section 9.0 ‘Staff Training’ of the Continuing Care Health Service Standards	e-26) **Staff Education Program:** Provide staff training in key resident safety areas including dementia care, fall prevention, safe bath / shower temperature and choking prevention and response	100% of staff complete modules online on key resident safety criteria identified under section 9.0 ‘Staff Training’ of the Continuing Care Health Service Standards

		f-23) **Staff Safe Resident Handling Training:** Maintain a comprehensive safe lift and handling training program for health care staff.	100% Health Care Aides provided with hands on training on safe resident handling with lifts and transfers by the Occupational Therapy Department and HCA Assistant Manager(s) upon hire and assessed annually	f-24) **Staff Safe Resident Handling Training:** Maintain a comprehensive safe lift and handling training program for health care staff.	100% Health Care Aides provided with hands on training on safe resident handling with lifts and transfers by the Occupational Therapy Department and HCA Assistant Manager(s) upon hire and assessed annually	f-25) **Staff Safe Resident Handling Training:** Maintain a comprehensive safe lift and handling training program for health care staff.	100% Health Care Aides provided with hands on training on safe resident handling with lifts and transfers by the Occupational Therapy Department and HCA Assistant Manager(s) upon hire and assessed annually	f-26) **Staff Safe Resident Handling Training:** Maintain a comprehensive safe lift and handling training program for health care staff.	100% Health Care Aides provided with hands on training on safe resident handling with lifts and transfers by the Occupational Therapy Department and HCA Assistant Manager(s) upon hire and assessed annually
		g-23) **Standardized Resident Safety Management System:** Promote and maintain a standardized Resident Safety Incident Management System and reporting structure to ensure staff feel comfortable / confident in reporting incidents, errors, hazards and near misses	100% of staff upon hire and annually complete online 'General Orientation' module which covers the facility's incident / hazard reporting guidelines and investigation process	g-24) **Standardized Resident Safety Management System:** Promote and maintain a standardized Resident Safety Incident Management System and reporting structure to ensure staff feel comfortable / confident in reporting incidents, errors, hazards and near misses	100% of staff upon hire and annually complete online 'General Orientation' module which covers the facility's incident / hazard reporting guidelines and investigation process	g-25) **Standardized Resident Safety Management System:** Promote and maintain a standardized Resident Safety Incident Management System and reporting structure to ensure staff feel comfortable / confident in reporting incidents, errors, hazards and near misses	100% of staff upon hire and annually complete online 'General Orientation' module which covers the facility's incident / hazard reporting guidelines and investigation process	g-26) **Standardized Resident Safety Management System:** Promote and maintain a standardized Resident Safety Incident Management System and reporting structure to ensure staff feel comfortable / confident in reporting incidents, errors, hazards and near misses	100% of staff upon hire and annually complete online 'General Orientation' module which covers the facility's incident / hazard reporting guidelines and investigation process
	2. Support ongoing safety measures to reduce risks and maintain staff well-being	a-23) **Strengthen Staff Safety and Injury Prevention:** Ensure every staff member has a current hazard identification and assessment that systematically identifies potential hazards of their job, risks they pose, and controls to minimize or eliminate those risks	100% of staff review and provide input on Hazard Identification and Assessments upon hire and annually 100% of staff complete all mandatory online safety training modules upon hire and annually thereafter	a-24) **Strengthen Staff Safety and Injury Prevention:** Ensure every staff member has a current hazard identification and assessment that systematically identifies potential hazards of their job, risks they pose, and controls to minimize or eliminate those risks	100% of staff review and provide input on Hazard Identification and Assessments upon hire and annually 100% of staff complete all mandatory online safety training modules upon hire and annually thereafter	a-25) **Strengthen Staff Safety and Injury Prevention:** Ensure every staff member has a current hazard identification and assessment that systematically identifies potential hazards of their job, risks they pose, and controls to minimize or eliminate those risks	100% of staff review and provide input on Hazard Identification and Assessments upon hire and annually 100% of staff complete all mandatory online safety training modules upon hire and annually thereafter	a-26) **Strengthen Staff Safety and Injury Prevention:** Ensure every staff member has a current hazard identification and assessment that systematically identifies potential hazards of their job, risks they pose, and controls to minimize or eliminate those risks	100% of staff review and provide input on Hazard Identification and Assessments upon hire and annually 100% of staff complete all mandatory online safety training modules upon hire and annually thereafter

		Maintain an up-to-date, compilation of staff safety training modules designed to enhance workplace safety, ensure compliance with health standards, and promote a culture of safety and respect Complete formal workplace safety inspections of all areas of the facility quarterly	100% of formal workplace safety inspection findings are addressed and resolved	Maintain an up-to-date, compilation of staff safety training modules designed to enhance workplace safety, ensure compliance with health standards, and promote a culture of safety and respect Complete formal workplace safety inspections of all areas of the facility quarterly	100% of formal workplace safety inspection findings are addressed and resolved	Maintain an up-to-date, compilation of staff safety training modules designed to enhance workplace safety, ensure compliance with health standards, and promote a culture of safety and respect Complete formal workplace safety inspections of all areas of the facility quarterly	100% of formal workplace safety inspection findings are addressed and resolved	Maintain an up-to-date, compilation of staff safety training modules designed to enhance workplace safety, ensure compliance with health standards, and promote a culture of safety and respect Complete formal workplace safety inspections of all areas of the facility quarterly	100% of formal workplace safety inspection findings are addressed and resolved
		b-23) **Maintain an Effective Health and Safety Management System:** Continue to participate in the Partnership in Injury Reduction Program (PIR)	The site's health and safety management system meets established, provincially recognized, standards of the PIR. Maintain Certificate of Recognition (COR) Achieve a ≥ 90% overall score on recertification audit.	b-24) **Maintain an Effective Health and Safety Management System:** Continue to participate in the Partnership in Injury Reduction Program (PIR)	The site's health and safety management system meets established, provincially recognized, standards of the PIR. Maintain Certificate of Recognition (COR) Achieve a ≥ 90% overall score on recertification audit.	b-25) **Maintain an Effective Health and Safety Management System:** Continue to participate in the Partnership in Injury Reduction Program (PIR)	The site's health and safety management system meets established, provincially recognized, standards of the PIR. Maintain Certificate of Recognition (COR) Achieve a ≥ 90% overall score on recertification audit.	b-26) **Maintain an Effective Health and Safety Management System:** Continue to participate in the Partnership in Injury Reduction Program (PIR)	The site's health and safety management system meets established, provincially recognized, standards of the PIR. Maintain Certificate of Recognition (COR) Achieve a ≥ 90% overall score on recertification audit.
		c-23) **Promote a Violence-free Workplace:** Utilize a coordinated approach to preventing workplace violence through policy design and education	100% of staff review facility's Workplace Prevention Plan annually 100% staff complete online module on Workplace Violence and Harassment annually	c-24) **Promote a Violence-free Workplace:** Utilize a coordinated approach to preventing workplace violence through policy design and education	100% of staff review facility's Workplace Prevention Plan annually 100% staff complete online module on Workplace Violence and Harassment annually	c-25) **Promote a Violence-free Workplace:** Utilize a coordinated approach to preventing workplace violence through policy design and education	100% of staff review facility's Workplace Prevention Plan annually 100% staff complete online module on Workplace Violence and Harassment annually	c-26) **Promote a Violence-free Workplace:** Utilize a coordinated approach to preventing workplace violence through policy design and education	100% of staff review facility's Workplace Prevention Plan annually 100% staff complete online module on Workplace Violence and Harassment annually

STRATEGIC AREA: Resident Centered Care									
Facilitate exemplary resident and family centred care, services and engagement	Establish and sustain a culture of resident and family-centered care through open, respectful, and consistent communication that empowers resident and family voices in care planning, decision-making, and daily facility operations	a-23) **Establish Clear Concern Resolution Channels:** Ensure awareness of resident/ family complaints/ concerns process through a variety of media/ forums (newsletters, website, verbal correspondence, etc.)	Achieve positive rating on 'Family Satisfaction Survey' related to awareness of Venta's concerns/ complaints process	a-24) **Establish Clear Concern Resolution Channels:** Ensure awareness of resident/ family complaints/ concerns process through a variety of media/ forums (newsletters, website, verbal correspondence, etc.)	Achieve positive rating on 'Family Satisfaction Survey' related to awareness of Venta's concerns/ complaints process	a-25) **Establish Clear Concern Resolution Channels:** Ensure awareness of resident/ family complaints/ concerns process through a variety of media/ forums (newsletters, website, verbal correspondence, etc.)	Achieve positive rating on 'Family Satisfaction Survey' related to awareness of Venta's concerns/ complaints process	a-26) **Establish Clear Concern Resolution Channels:** Ensure awareness of resident/ family complaints/ concerns process through a variety of media/ forums (newsletters, website, verbal correspondence, etc.)	Achieve positive rating on 'Family Satisfaction Survey' related to awareness of Venta's concerns/ complaints process
		b-23) **Ensure Resident and Family Involvement in Care Planning:** Sustain a collaborative approach to the care planning process by holding regular admission and annual Interdisciplinary Care Conferences	100% of all Admission and Annual Interdisciplinary Care Conferences held with resident and / or family involvement	b-24) **Ensure Resident and Family Involvement in Care Planning:** Sustain a collaborative approach to the care planning process by holding regular admission and annual Interdisciplinary Care Conferences	100% of all Admission and Annual Interdisciplinary Care Conferences held with resident and / or family involvement	b-25) **Ensure Resident and Family Involvement in Care Planning:** Sustain a collaborative approach to the care planning process by holding regular admission and annual Interdisciplinary Care Conferences	100% of all Admission and Annual Interdisciplinary Care Conferences held with resident and / or family involvement	b-26) **Ensure Resident and Family Involvement in Care Planning:** Sustain a collaborative approach to the care planning process by holding regular admission and annual Interdisciplinary Care Conferences	100% of all Admission and Annual Interdisciplinary Care Conferences held with resident and / or family involvement
		c-23) **Provide Opportunities for Residents and Families to Participate in Continuous Quality Improvement:** Facilitate regular Resident/Family Council meetings to provide residents and their families a structured platform to voice concerns, share ideas, and collaborate with staff and management to improve the care environment	100% of monthly Resident/Family Council meetings held ≥ 80% of issues raised and resolved within 30 days	c-24) **Provide Opportunities for Residents and Families to Participate in Continuous Quality Improvement:** Facilitate regular Resident/Family Council meetings to provide residents and their families a structured platform to voice concerns, share ideas, and collaborate with staff and management to improve the care environment	100% of monthly Resident/Family Council meetings held ≥ 80% of issues raised and resolved within 30 days	c-25) **Provide Opportunities for Residents and Families to Participate in Continuous Quality Improvement:** Facilitate regular Resident/Family Council meetings to provide residents and their families a structured platform to voice concerns, share ideas, and collaborate with staff and management to improve the care environment	100% of monthly Resident/Family Council meetings held ≥ 80% of issues raised and resolved within 30 days	c-26) **Provide Opportunities for Residents and Families to Participate in Continuous Quality Improvement:** Facilitate regular Resident/Family Council meetings to provide residents and their families a structured platform to voice concerns, share ideas, and collaborate with staff and management to improve the care environment	100% of monthly Resident/Family Council meetings held ≥ 80% of issues raised and resolved within 30 days

STRATEGIC AREA: Staff Engagement and Participation									
To foster a respectful, engaged, positive, collaborative, and accountable work environment that supports staff wellbeing, retention, and high-quality resident care	1. Promote a positive, transparent, collaborative relationship between employee and employer where employees feel recognized	a-23) **Enhance Communication and Engagement Between Staff and Management:** Hold regular staff committee meetings, for every department, to provide a forum for staff to communicate concerns and provide suggestions for improvement directly to management	≥ 90% of staff committee meetings held with good attendance at a frequency outlined in said meeting's Terms of Reference	a-24) **Enhance Communication and Engagement Between Staff and Management:** Hold regular staff committee meetings, for every department, to provide a forum for staff to communicate concerns and provide suggestions for improvement directly to management	≥ 90% of staff committee meetings held at the frequency outlined in said meeting's Terms of Reference	a-25) **Enhance Communication and Engagement Between Staff and Management:** Hold regular staff committee meetings, for every department, to provide a forum for staff to communicate concerns and provide suggestions for improvement directly to management	≥ 90% of staff committee meetings held at the frequency outlined in said meeting's Terms of Reference Achieve a positive overall response rate to the staff 'HSO Global Workforce Survey' for areas related to staff collaboration, engagement and communication with management / senior leadership	a-26) **Enhance Communication and Engagement Between Staff and Management:** Hold regular staff committee meetings, for every department, to provide a forum for staff to communicate concerns and provide suggestions for improvement directly to management	≥ 90% of staff committee meetings held at the frequency outlined in said meeting's Terms of Reference
		b-23) **Maintain Strong Partnerships with Unions:** Sustain a positive working relationship with AUPE and UNA	Grievances (with positive outcomes) limited to less than five (5)	b-24) **Maintain Strong Partnerships with Unions:** Sustain a positive working relationship with AUPE and UNA	Grievances (with positive outcomes) limited to less than five (5)	b-25) **Maintain Strong Partnerships with Unions:** Sustain a positive working relationship with AUPE and UNA	Grievances (with positive outcomes) limited to less than five (5)	b-26) **Maintain Strong Partnerships with Unions:** Sustain a positive working relationship with AUPE and UNA	Grievances (with positive outcomes) limited to less than five (5)
		c-23) **Facilitate Staff Recognition Program:** Hold regular staff appreciation events to boost staff morale, job satisfaction and promote staff retention	A minimum of two (2) staff recognition/ appreciation events held annually	c-24) **Facilitate Staff Recognition Program:** Hold regular staff appreciation events to boost staff morale and job satisfaction	A minimum of two (2) staff recognition/ appreciation events held annually	c-25) **Facilitate Staff Recognition Program:** Hold regular staff appreciation events to boost staff morale and job satisfaction	A minimum of two (2) staff recognition/ appreciation events held annually Achieve a positive overall response rate on the staff 'HSO Global Workforce Survey' for areas related to staff recognition	c-26) **Facilitate Staff Recognition Program:** Hold regular staff appreciation events to boost staff morale and job satisfaction	A minimum of two (2) staff recognition/ appreciation events held annually

	2. Support the professional and personal growth of staff to enhance performance in the delivery of safe care	a-23) **Facilitate Staff Professional Development:** Fund up to two (2) professional development courses for all RN's/ LPN's annually Provide in-house CPR Level C and First Aid training for all RN's and LPN's Maintain a comprehensive online education platform to ensure all clinical and non-clinical staff have training on current best practice and fulfill regulated health care professional continued competence requirements	100% of staff complete online education modules upon hire and annually ≥ 90% of RN's/LPN's attend in-house CPR/First Aid training	a-24) **Facilitate Staff Professional Development:** Fund up to two (2) professional development courses for all RN's/ LPN's annually Provide in-house CPR Level C and First Aid training for all RN's and LPN's Maintain a comprehensive online education platform to ensure all clinical and non-clinical staff have training on current best practice and fulfill regulated health care professional continued competence requirements	100% of staff complete online education modules upon hire and annually ≥ 40 % of staff remaining employed after 5 years from hire ≥ 90% of RN's/LPN's attend in-house CPR/First Aid training	a-25) **Facilitate Staff Professional Development:** Fund up to two (2) professional development courses for all RN's/ LPN's annually Provide in-house CPR Level C and First Aid training for all RN's and LPN's Enable career advancement for experienced but uncertified workers on site, by providing non-clinical staff with no formal health care education, the opportunity to enroll in a free program run by a regulated RN / LPN that deems them competent to work as a HCA on site. Maintain a comprehensive online education platform to ensure all clinical and non-clinical staff have training on current best practice and fulfill regulated health care professional continued competence requirements	100% of staff complete online education modules upon hire and annually ≥ 40 % of staff remaining employed after 5 years from hire ≥ 90% of RN's/LPN's attend in-house CPR/First Aid training Achieve a positive overall response rate on the staff 'HSO Global Workforce Survey' for areas related to personal growth and development	a-26) **Facilitate Staff Professional Development:** Fund up to two (2) professional development courses for all RN's/ LPN's annually Provide in-house CPR Level C and First Aid training for all RN's and LPN's Maintain a comprehensive online education platform to ensure all clinical and non-clinical staff have training on current best practice and fulfill regulated health care professional continued competence requirements	100% of staff complete online education modules upon hire and annually ≥ 40 % of staff remaining employed after 5 years from hire ≥ 90% of RN's/LPN's attend in-house CPR/First Aid training

STRATEGIC AREA: Infection Control									
Improve overall facility-wide knowledge and compliance with infection control processes	Strengthen infection, prevention and control practices	a-23) **Promote Proper Hand Hygiene Practices:** Conduct regular hand hygiene audits facility wide to assess compliance with the '4 Moments of Hand Hygiene' in every department Ensure availability of sanitization stations and PPE facility-wide	Achieve a hand hygiene compliance target of ≥ 90% facility-wide	a-24) **Promote Proper Hand Hygiene Practices:** Conduct regular hand hygiene audits facility wide to assess compliance with the '4 Moments of Hand Hygiene' in every department Ensure availability of sanitization stations and PPE facility-wide	Achieve a hand hygiene compliance target of ≥ 90% facility-wide	a-25) **Promote Proper Hand Hygiene Practices:** Conduct regular hand hygiene audits facility wide to assess compliance with the '4 Moments of Hand Hygiene' in every department Ensure availability of sanitization stations and PPE facility-wide	Achieve a hand hygiene compliance target of ≥ 90% facility-wide	a-26) **Promote Proper Hand Hygiene Practices:** Conduct regular hand hygiene audits facility wide to assess compliance with the '4 Moments of Hand Hygiene' in every department Ensure availability of sanitization stations and PPE facility-wide	Achieve a hand hygiene compliance target of ≥ 90% facility-wide
		b-23) **Promote Infection Prevention and Control (IPC) Best Practices Standards Facility-Wide:** Ensure all facility IPC policies and procedures and online education modules are reviewed annually and comply with current best practice standards	100% of IPC policies and procedures reviewed annually 100% of staff complete IPC education module(s) annually	b-24) **Promote Infection Prevention and Control (IPC) Best Practices Standards Facility-Wide:** Ensure all facility IPC policies and procedures and online education modules are reviewed annually and comply with current best practice standards	100% of IPC policies and procedures reviewed annually 100% of staff complete IPC education module(s) annually	b-25) **Promote Infection Prevention and Control (IPC) Best Practices Standards Facility-Wide:** Ensure all facility IPC policies and procedures and online education modules are reviewed annually and comply with current best practice standards	100% of IPC policies and procedures reviewed annually 100% of staff complete IPC education module(s) annually	b-26) **Promote Infection Prevention and Control (IPC) Best Practices Standards Facility-Wide:** Ensure all facility IPC policies and procedures and online education modules are reviewed annually and comply with current best practice standards	100% of IPC policies and procedures reviewed annually 100% of staff complete IPC education module(s) annually
		c-23) **Promote Staff and Resident Vaccination:** Promote high vaccination rates among staff and residents by vaccinating onsite to reduce the risk of vaccine-preventable illnesses	Staff Influenza Vaccine Clinic held on-site annually and 100% of staff offered the influenza vaccine 100% of residents offered all relevant vaccines for influenza, COVID-19, RSV, and pneumococcal at regular intervals	c-24) **Promote Staff and Resident Vaccination:** Promote high vaccination rates among staff and residents by vaccinating onsite to reduce the risk of vaccine-preventable illnesses	Staff Influenza Vaccine Clinic held on-site annually and 100% of staff offered the influenza vaccine 100% of residents offered all relevant vaccines for influenza, COVID-19, RSV, and pneumococcal at regular intervals	c-25) **Promote Staff and Resident Vaccination:** Promote high vaccination rates among staff and residents by vaccinating onsite to reduce the risk of vaccine-preventable illnesses	Staff Influenza Vaccine Clinic held on-site annually and 100% of staff offered the influenza vaccine 100% of residents offered all relevant vaccines for influenza, COVID-19, RSV, and pneumococcal at regular intervals	c-26) **Promote Staff and Resident Vaccination:** Promote high vaccination rates among staff and residents by vaccinating onsite to reduce the risk of vaccine-preventable illnesses	Staff Influenza Vaccine Clinic held on-site annually and 100% of staff offered the influenza vaccine 100% of residents offered all relevant vaccines for influenza, COVID-19, RSV, and pneumococcal at regular intervals