

# SAC Strategic Plan Supporting Document - 2024-2027

## Priorities & Goals, Monitoring Controls & Results Tracking

1. STRATEGIC PRIORITY: Provide Client-Centered Care that is Safe, High-Quality and Holistic	Monitoring Controls	Results Tracking
<ul style="list-style-type: none"> <li>• Foster on-going *client and family-centered care at St. Anne Centre.</li> </ul>	<ul style="list-style-type: none"> <li>• Management &amp; staff meetings &amp; communications</li> <li>• Complaints process</li> <li>• Feedback from residents and families</li> <li>• Industry best practices (compliance with Accreditation standards)</li> </ul>	<ul style="list-style-type: none"> <li>• Escalations / complaints to the Board</li> <li>• Resident Survey Results</li> <li>• Feedback from Residents and Family council</li> <li>• Results of Accreditation Review</li> <li>• Observations of Social Activities, effectiveness of volunteer programs, social media posts, visitor and community feedback</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure we deliver care according to evidence and best practice through continuous education (for staff and board members).</li> </ul>	<ul style="list-style-type: none"> <li>• SURGE learning requirements for Board Education</li> <li>• Annual professional designation licensing / certification requirements</li> <li>• Management have processes in place to pro-actively identify and maintain ongoing training and education</li> <li>• Training included in annual performance management lifecycle</li> </ul>	<ul style="list-style-type: none"> <li>• SURGE learning completion reports for Board Education</li> <li>• Physician (March) / Staff (RN &amp; LPN), Credentialing Confirmation (October), CCA (March), Dietary (March) Annually</li> </ul>
<ul style="list-style-type: none"> <li>• Regularly engage family and clients (through Family Council and Resident Council and surveys) to improve client-centered services.</li> </ul>	<ul style="list-style-type: none"> <li>• Resident intake process in place</li> <li>• Process to communicate with resident families in place (e.g. CAREQ)</li> <li>• Fan out list / Call Tree in place &amp; tested</li> <li>• Resident (monthly) and Family Council (Quarterly, minimum semi annually) Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• CEO updates Board on occupancy</li> <li>• Summary of Minutes from meetings Residents (monthly) and Family (quarterly) shared with the Board on a quarterly basis.</li> <li>• Administration / management team contact emails on website</li> </ul>

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<ul style="list-style-type: none"> <li>The facility is committed to meeting Accreditation Canada and NS Department of Seniors and Long Term Care Licensing standards.</li> </ul>	<ul style="list-style-type: none"> <li>Accreditation review and evaluation exercise is conducted by independent third party specialists</li> <li>Remediation plans and actions are logged &amp; tracked, validated effective by Assessment Specialists as part of evaluation process. Report is shared with the Board</li> <li>NS Dept of Seniors &amp; LTC licensing review is conducted semi-annually by third party independent specialists</li> </ul>	<ul style="list-style-type: none"> <li>SAC Accreditation obtained on December 2023. Board invited to onsite debrief by assessment team. Board Chair copied on Final Report</li> <li>SAC licensing review (semi-annually) last completed in February 2024 and are due to be back in October 2024. CEO shares report with the Board</li> </ul>
<p><b>2. STRATEGIC PRIORITY: To Sustain an Environment that Supports our Clients and Staff</b></p>		
<ul style="list-style-type: none"> <li>Promote a healthy and safe work environment for all employees.</li> </ul>	<ul style="list-style-type: none"> <li>Health &amp; Safety committee</li> <li>Incident Management Process</li> <li>Regulatory requirements for Accreditation</li> <li>Licensing (semi-annually)</li> <li>Inspection by Fire Dept (every 3 years)</li> <li>Work Place Inspection - Agriculture related (every 3 years)</li> <li>Work Place Inspection - Chemicals / Safety related (every 3 years)</li> <li>Annual Kitchen Food Establishment Permitting (annually in the Fall)</li> </ul>	<ul style="list-style-type: none"> <li>SAC Accreditation obtained on December 2023. Board invited to onsite debrief by assessment team. Board Chair copied on Final Report</li> <li>SAC licensing review (semi-annually) completed February 2024; next in October 2024. CEO shares report with the Board. CEO updates on results of:             <ul style="list-style-type: none"> <li>Fire Dept (June 2025)</li> <li>Work Place Inspections</li> <li>Kitchen Food Inspections (Fall 2025)</li> </ul> </li> </ul>

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<ul style="list-style-type: none"> <li>The facility is maintained through good stewardship and provides a comfortable and secure environment that optimizes client quality of life and supports delivery of safe, quality care.</li> </ul>	<ul style="list-style-type: none"> <li>List of preventative maintenance to comply with licensing standards</li> <li>Deficiency logging, tracking &amp; updates</li> </ul>	<ul style="list-style-type: none"> <li>Tracking in place for preventative maintenance requirements to ensure compliance to licensing standards. Reviewed independently by Licensing reviews.</li> <li>CEO Report to the Board to include any escalations or concerns with respect to maintenance &amp; deficiency management</li> <li>Building Committee Report to the Board</li> </ul>
<ul style="list-style-type: none"> <li>Provide a clean, home-like, safe environment for clients and family.</li> </ul>	<ul style="list-style-type: none"> <li>Health &amp; Safety Committee in Place</li> <li>Housekeeping team in place</li> <li>Incident management process in place</li> </ul>	<ul style="list-style-type: none"> <li>Observation &amp; examples of updated furniture (inside &amp; patio), painting (interior &amp; exterior)</li> <li>Observation by Board members when visiting the centre</li> <li>Feedback from residents &amp; families</li> <li>Accreditation &amp; Licensing assessment results</li> </ul>
<ul style="list-style-type: none"> <li>To assure safety, current equipment is maintained. New equipment is acquired to meet best practice and preventative maintenance program is followed.</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations received from Accreditation, licensing and other assessments (Fire Dept)</li> <li>Maintenance Resource in place &amp; this is part of his responsibilities</li> <li>Incident Management process in place</li> <li>Annual Accreditation review</li> <li>Semi-Annual Licensing assessment by independent third party (last Oct 3/24)</li> <li>Inspection by Fire Dept (every 3 years)</li> <li>Work Place Inspection (every 3 years)</li> <li>Annual Kitchen Food Establishment Permitting</li> </ul>	<ul style="list-style-type: none"> <li>Tracking in place for preventative maintenance requirements to ensure compliance to licensing standards. Reviewed independently during Licensing reviews</li> <li>CEO Report to the Board to include any escalations or concerns with respect to maintenance &amp; deficiency management</li> <li>Chair of the building committee updates the board including Building Committee Reports (updates on third party assessment reports, contingency plan review, emergency planning exercises, status of preventative maintenance work against plan)</li> </ul>

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<ul style="list-style-type: none"> <li>Strive to provide Health services to meet community needs.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain UTC services</li> <li>Volume tracking and reporting of services provided</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly Reporting on UTC volumes &amp; closures from CEO</li> <li>Demonstrate through reporting of services provided by the UTC</li> <li>Benefits of collaboration with local physicians, Strait Richmond Hospital and other stakeholders to build relationships &amp; promote SAC UTC services</li> </ul>
<p><b>3. STRATEGIC PRIORITY: Collaborate with Local and Provincial Partners to Develop and Transition to New Facility</b></p>		
<ul style="list-style-type: none"> <li>St. Anne Centre will provide oversight when pursuing replacement facility. Consultation will be held with the Department of Seniors and Long-Term Care/Department of Health and local community partners.</li> </ul>	<ul style="list-style-type: none"> <li>Colliers has been hired to manage the Project</li> <li>Consultation with stakeholders in place CEO, staff &amp; Colliers engaged as required</li> <li>CEO and core team are engaged and providing input as required</li> </ul>	<ul style="list-style-type: none"> <li>Board receives regular update and Issue Log from Colliers. CEO keeps the Board informed on project progress and related key points</li> </ul>
<ul style="list-style-type: none"> <li>A succession plan for a smooth transition to the new facility will be created to ensure flow of care. Encourage residents and families be present as partners of care in preparation for the move.</li> </ul>	<ul style="list-style-type: none"> <li>Transition from old to new facility is part of overall project managed by Colliers. Input provided by CEO and staff as required.</li> </ul>	<ul style="list-style-type: none"> <li>Board receives regular update and Issue Log from Colliers. CEO keeps the Board informed on project progress and related key points</li> </ul>
<ul style="list-style-type: none"> <li>Design standards that minimize the spread of infection and align with infection prevention and control practices while maintaining home-like environment.</li> </ul>	<ul style="list-style-type: none"> <li>Tracking, reporting, root cause analysis and corrective action processes in place lead by Director of Care</li> </ul>	<ul style="list-style-type: none"> <li>Escalations provided by CEO to Board Chair as required</li> <li>Quarterly Infection Control Metrics provided, reviewed &amp; discussed quarterly</li> </ul>

\*Client represents long-term-care residents, urgent treatment centre clients and diabetic education centre clients.