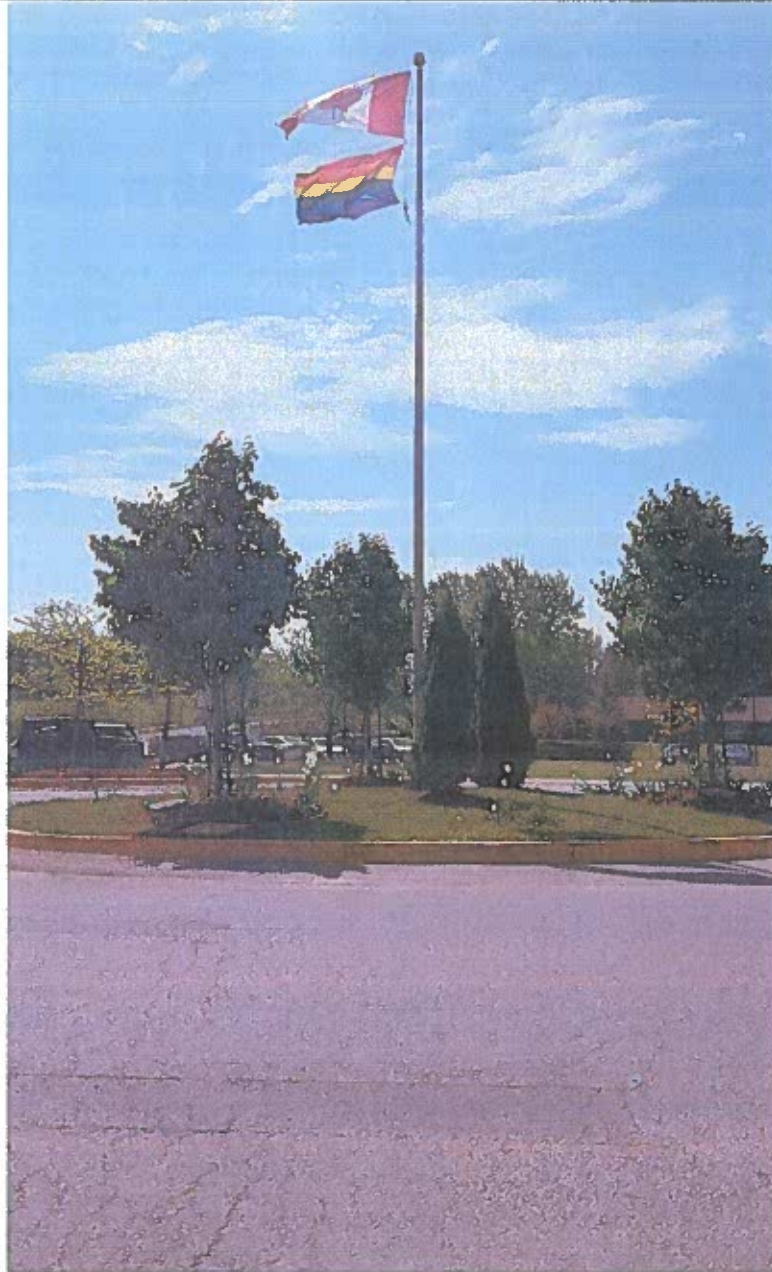


**Strategic Plan 2019-2022**







Fairhaven

*Caring for Generations*

# **FAIRHAVEN VISION**

Engage. Inspire. Motivate.

## **STRATEGIC PLAN**

**2019-22**

### **PART A - STRATEGIC DIRECTIONS**



Committed to enhancing the quality of life in a caring and safe environment

## ***VISION***

Recognized as a leader in providing quality care through spectacular service, innovation, education and collaboration with our residents, clients, staff, and community partners

## ***CORE VALUES***

**Resident Focus**

**Respect**

**Integrity**

**Enthusiasm**

**Innovation**

**Inclusivity**

**Trust**

**1. STRATEGIC DIRECTION: PROVIDE HIGH QUALITY COMPASSIONATE CARE**

STRATEGIC GOAL	ACCOUNTABILITY	ACTION	TARGET	MEASURING OUTCOMES
Enhance resident care and provide incredible resident focused care, solutions oriented	All Departments	All departments/teams implement processes to address resident feedback from resident survey and focus groups – residents and Family Council	Resident feedback and concerns are shared and acted on at the department/team level	Resident survey results 2019 Repeat initial focus group results

**2. STRATEGIC DIRECTION: ENHANCE CONTINUOUS QUALITY IMPROVEMENT EFFORTS**

STRATEGIC GOAL	ACCOUNTABILITY	ACTION	TARGET	MEASURING OUTCOMES
Increase funding to enhance operational performance	Senior Management	Identify opportunities for more funding for operations, capital and research	Ensure adequate funding for operations and capital upgrades	Increase in operational and capital funding from all current, and potentially new, funders
Plan do, act and check by measuring performance and creating benchmarks	Quality Improvement Committee	Review Quality Improvement plan Accreditation Team review results of recent survey and report back on recommendations Teams continue working on meeting standards	Advance best practices and ensure quality standards are met	Quality Indicators Report card (dashboard) Followup completed on all recommendations Continued accreditation status



**3. STRATEGIC DIRECTION: OPTIMIZE HUMAN RESOURCES**

STRATEGIC GOAL	ACCOUNTABILITY	ACTION	TARGET	MEASURING OUTCOMES
Provide enhanced training, technology, and education for staff	Senior Management Human Resources	<p>Leadership Development (Training)</p> <ul style="list-style-type: none"> <li>- Identify needs</li> <li>- Develop a plan</li> <li>- Implement plan</li> </ul> <p>Interpersonal training plan for all staff</p> <p>Upgrades to Information Technology</p>	<p>Ensure that staff have adequate opportunities for ongoing education/training and personal development</p> <p>State of the art technology available to staff for efficiency, effectiveness and accuracy</p>	<p><b>A complete and comprehensive plan for training and development for all departments.</b></p> <p><b>Staff survey results in 2019</b></p> <p><b>Ongoing tracking of technology upgrades</b></p>
Strive to be an "Employer of choice" in the Community (see also Capacity Building below)	Senior Management	<ol style="list-style-type: none"> <li>1) Review current recruitment process</li> <li>2) Develop a plan to improve recruitment process based on results</li> </ol>	<p>Ensure a full complement of qualified staff in all departments</p> <p>Become an employer of choice in the community</p> <p>Provide opportunities for recruitment and ensure standards of practice within Fairhaven are current</p>	<p><b>Development of a plan for ongoing recruitment to ensure adequate staffing levels</b></p> <p><b>Ongoing reporting of indicators</b></p>
Mentoring/Coaching Students from Community Programs	Senior Management	Continue partnership with many community partners (i.e. RN RPN PSW Nutrition Services) and consider expanding	Provide mentoring of students and raise the potential for recruitment post-graduation	<b>Increase in number of students placements and students hired</b>

STRATEGIC GOAL	ACCOUNTABILITY	ACTION	TARGET	MEASURING OUTCOMES
<b>Capacity Building</b>	Senior Management	Develop plans for the following: a) Orientation b) Retention c) Succession Planning d) Scheduling  Review and revise Attendance Management Plan	Eliminate staffing shortages  Ensure right person, doing the right thing at the right time and business continuity  Decrease costs of absenteeism and provide a supportive environment for staff	<b>Decrease in staff turnover rates</b>  <b>Staff survey results 2019</b>  <b>Decrease in absent days</b>
<b>Internal Relationships and Team Building</b>	Senior Management	Review current Communication plan and revise as necessary  Introduce new initiatives for team building and staff recognition  Review and evaluate current location of management staff	Improve internal communication and create a culture that supports our values  Build a strong team that works together with resident care at the core  Ensure that management staff are visible and accessible for frontline staff, residents and families	<b>Staff survey results 2019 and repeat focus group sessions</b>  <b>Decrease in complaints about lack of communication</b>  <b>Staff and resident survey results 2019</b>







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## **STRATEGIC PLAN**

2019-22

## **PART B - OPERATIONAL PLAN FOR STRATEGIC DIRECTIONS/OBJECTIVES**



**PART B**

**OPERATIONAL PLAN FOR STRATEGIC DIRECTIONS/OBJECTIVES**

**1. STRATEGIC DIRECTION: PROVIDE HIGH QUALITY COMPASSIONATE CARE**

<b>OPERATIONAL OBJECTIVE</b>	<b>ACTIONS</b>	<b>RESOURCES</b>	<b>DELIVERABLE/MEASURE OF SUCCESS</b>	<b>TIMELINE</b>
<b>ENHANCE RESIDENT CARE AND PROVIDE INCREDIBLE RESIDENT FOCUSED CARE THAT IS SOLUTIONS ORIENTED</b>	Review all of feedback from Resident survey and Resident/ Family Council Focus Groups and make recommendations	All Departments	Improved ratings in resident survey Action plans for followup of resident/family council opportunities for improvement suggestions	Ongoing

**2. STRATEGIC DIRECTION: ENHANCE CONTINUOUS QUALITY IMPROVEMENT EFFORTS**

<b>OPERATIONAL OBJECTIVE</b>	<b>ACTIONS</b>	<b>RESOURCES</b>	<b>DELIVERABLE MEASURE OF SUCCESS</b>	<b>TIMELINE</b>
<b>ENSURE MONITORING OF QUALITY INDICATORS AND DEVELOPMENT OF NEW ONES</b>	Ongoing review and analysis of quality indicators	Quality Committee Leader - Karen	Quality Indicators	Ongoing
<b>ENSURE COMPLIANCE WITH ACCREDITATION STANDARDS</b>	Review results of recent survey and report back on recommendations	Accreditation Team Leader – To be determined with 3 or 4 members of the team	Follow-up action plan	Hold for time being
<b>FIND SOURCES OF INCREASED FUNDING TO ENHANCE OPERATIONAL PERFORMANCE</b>	Research, identify sources for more funding for operations, capital and research	Lionel/Betty	Increase in revenues	Ongoing

OPERATIONAL OBJECTIVE	ACTIONS	RESOURCES	DELIVERABLE MEASURE OF SUCCESS	TIMELINE
ENSURE OPTIMUM USE OF EXISTING TECHNOLOGY AND ONGOING REVIEW OF TECHNOLOGY NEEDS	Review use of point of care technology in terms of utilization and training  Review of future technology needs – i.e. iPads for Maintenance	Leader – Lori Carrie, nursing leadership rep, members of prior team	A clear, concise action plan and a complete list of future technology needs	Jan, 2020

3. STRATEGIC DIRECTION: OPTIMIZE HUMAN RESOURCES

OPERATIONAL OBJECTIVE	ACTIONS	RESOURCES	DELIVERABLE MEASURE OF SUCCESS	TIMELINE
LEADERSHIP DEVELOPMENT	The production of a leadership development plan for all Management Staff	Leader – Shannon, Lionel, Lori	A Leadership development plan	Sept. 2019
RECRUITMENT SELECTION	Review and revise Recruitment/selection process	Ad hoc group – Lionel, Rhonda, Betty, Jaimie; Michelle, Sharon, Danny, Carrie, Cindy and front line staff TBD. H.R. staff	A clear and concrete plan	Feb. 2020 Quarterly meetings
ORIENTATION OF NEW AND REASSIGNED STAFF	Review and revise the all aspects of the current Orientation Programme	As above	Same as above	Same as above
STAFF RETENTION PLAN & SUCCESSION PLANNING	Develop a plan for staff retention and succession planning	As above	Same as above	Same as above
ATTENDANCE MANAGEMENT	Evaluate and monitor existing Attendance Management Programme	Leader – Shannon Rhonda, Jaime	Improvement in attendance reporting - reduced sick days	Ongoing – Report in Feb. 2020

OPERATIONAL OBJECTIVE	ACTIONS	RESOURCES	DELIVERABLE MEASURE OF SUCCESS	TIMELINE
CONTINUE AND EXPAND MENTORING PROGRAMMES WITH COMMUNITY PARTNERS	Review of current programme placements and evaluate opportunities for new ones	Shannon, Josee	Positive feedback from programmes and possibly new programme placement	Ongoing
IMPROVE INTERNAL COMMUNICATIONS, TEAM BUILDING AND STAFF RECOGNITION	Develop a plan to improve internal relationships utilizing feedback from Focus Groups and Employee survey for 2018 and followup plan from 2017 survey (i.e. weekly huddles)  Review location of management staff in terms of accessibility/visibility for front-line staff	Communication Committee Leader – Rhonda Marilyn, Sharon, Carrie, Lori, Cathy, Erica, Jen and frontline staff TBD, possibly union leadership  Betty and Lionel	A Follow up Action Plan  Pilot project – Betty to move to a more visible location for staff access	Initial plan – Sept. 2019  Done Evaluate feedback
STAFF DEVELOPMENT	Evaluate current learning opportunities for staff and develop a plan for ongoing staff learning/development Review suggestions from front line staff	Leader – Shannon Josee, front line staff i.e. Darcy Mundle	A plan for ongoing educational opportunities for staff	Feb. 2020

OPERATIONAL OBJECTIVE	ACTIONS	RESOURCES	DELIVERABLE MEASURE OF SUCCESS	TIMELINE
<b>EFFICIENT USES OF HUMAN RESOURCES – CAPACITY BUILDING</b>	<p>Evaluate current staff model and revise if necessary to ensure the right person doing the right job at the right time facility wide</p> <p>Review/revise staff scheduling processes and policies</p>	<p>Ad hoc committee - Betty, Lionel, Carrie, Cindy, Michelle, Karen</p> <p>Cindy &amp; Management team</p>	<p>Step 1- Staffing for one-on-ones</p> <p>Step 2 Revised staffing model</p> <p>Revised scheduling policies and procedures</p>	<p>Sept. 2019</p> <p>Feb. 2020</p> <p>Work already underway - Sept. 2019</p>

