

Strategic Plan - 2022 to 2026



Babcock Community Care Centre is a family owned, 60 bed long-term care home licensed under the Ministry of Health. We provide long term care services to the community of Wardsville and the Four County area - Middlesex, Elgin, Kent and Lambton and beyond.

We are providing long term care for our residents based on each individual's needs.

We have a great staff team that is committed to providing quality services in a friendly, home-like environment.

The government has started to fund the redevelopment of older homes. We have completed the planning and preparations to rebuild to the new standards. Construction of our new 64 bed home began in November 2024 and is proceeding as planned. We hope the new home will be completed in the spring of 2026. We will continue to focus on the upkeep of our current building during this process, providing a clean, attractive and safe environment for our residents to call home.



MISSION STATEMENT

Welcoming clients from the Four Counties area and beyond to our extended family to live and work together in familiar surroundings with familiar faces.

VISION

To adapt both physically and psychologically to the changing needs of our clients by providing consistently excellent care and surroundings to work and live in.

VALUES

"Pride in caring"

- As a family owned, community based Long Term Care facility, we are dedicated to providing quality health care to the citizens of the Four Counties area (Elgin, Kent, Lambton and Middlesex) and beyond.
- We ensure a qualified interdisciplinary team approach to care.
- We strive to restore abilities where possible and offer a caring palliative setting where needed.
- We provide a safe and happy atmosphere to work and live in.
- We encourage continuing education and maintain open communication.
- All clients are honoured as individuals and treated with respect and dignity. Ethical practices are observed and confidentiality is maintained.
- We respect and promote our residents' rights to make informed decisions
- We take pride in opening our doors to the community to share our services and we appreciate the advantages offered by our rural setting.



Strategic Directions 2022 – 2026

1. Achieving Excellence in Care

- Review, educate staff, and implement the standards of care and adjustments to funding developed under the National Standards for Long Term Care, Fixing Long Term Care Act and applicable regulations
- Monitoring of key performance indicators and the development of plans to address those areas identified as needing improvement
- Increase opportunities for residents and their loved ones to participate in care decisions and provide input into the daily operation of the home

2. Maintaining a Healthy Workplace

- Adapt quickly and educate staff, residents and families to changes in pandemic / outbreak protocols
- Continue improving our Infection Control Program through the use of contracted and internal audits and education of staff, residents and families.
- Develop strategies to further enhance team work in the home
- Strengthen the skills of our employees by providing cost effective and meaningful education for staff
- Evaluate our recruitment and retention strategies to prepare us for the future needs of our organization
- Implementation of initiatives that recognize and support the accomplishments and compassionate care provided by our staff

3. Providing a Safe and Home-like Physical Environment

- Plan and prepare for the redevelopment of our home to the new design guidelines
- Maintaining and upgrading of our current equipment / furniture / surroundings to provide a safe, stimulating, home-like environment for our residents
- Prioritizing upgrades to maximize use of our operating resources
- Monitoring client satisfaction and obtaining feedback on areas that can be improved upon to provide a caring and safe home-like experience for our residents



Our Challenges

- We are admitting older and frailer residents requiring more care
- Funding levels have not kept pace with care needs, environmental challenges, and rising operational costs.
- Extreme shortages of certain disciplines of staff available to work in long term care
- We are seeing an increase in complex care and increased costs to meet their individual care needs
- Increasing government directives regarding mandated services, reporting requirements and performance indicators
- The ability to stay competitive with other larger and newer long term care homes
- As a smaller home, we face challenges in trying to meet all Ministry requirements with a smaller budget, fewer economies of scale and a much smaller management team to juggle the complex demands of our environment.
- Being an older home makes it more challenging to provide a high quality of care for certain resident populations and quality of life for all residents (i.e. resident behaviours, privacy, dining experience, etc.).
- Increased expectations of the level of healthcare services provided from the upcoming generation of seniors
- An emerging group of “high needs” clients with psychiatric issues, responsive behaviours due to dementia, drug and alcohol addiction, etc.
- Increased staff training and education to care for “high needs” clients
- Creating a work environment that balances family and work life



Some of Our Quality Improvements and Accomplishments during 2022

- Contracted IPAC Consulting to complete infection control audits of our program throughout 2022. They have completed 6 audits throughout the year and have helped improve our infection control program in the home through their guidance and education provided.
- Finished replacing all the wood shelving in storage areas of the home with metal wire shelving to improve disinfection procedures and storage of supplies.
- Installed an additional outdoor storage shed to help store our PPE supplies as we do not have the appropriate amount of room inside the home.
- We replaced 36 mattresses in the home. These include 3 air mattresses for residents requiring extra wound prevention measures due to their medical conditions. All our regular mattresses in the home are designed to help treat and prevent up to stage 2 pressure ulcers. The air mattresses are designed to be used for those with greater wound care needs.
- We have purchased a total of 14 electric beds during 2022, replacing our manual beds in the home. Electric beds are ideal for residents who tend to have falls while in bed. They can be positioned much lower to the ground therefore reducing the impact of a fall if one was to occur. We also have bed alarms, bed rails and fall mats in place where this risk exists.
- Purchased 4 new commode chairs for use in the home.
- Installed 10 Hepa Air Filtration units throughout the home in our common areas. These help to clean the air and are proven to help reduce air born viruses and odours.
- We purchased an extra portable generator to power additional equipment in the kitchen during extended power outages. We also installed some power bars down the west and north wing hallways that are connected to our main generator. These will provide easier access for staff to charge lifts and lift batteries as well as charting tablets and the med/ treatment carts
- We contracted an emergency preparedness firm to review our emergency plans in the home, make improvements where needed, and provide additional training for staff / management. The updated plans are now in place.

- We replaced all the dining room tables in the home. This is all part of our plan to continue to improve infection control throughout the home by replacing older equipment / supplies with new items that can be disinfected easier.
- Purchased a new bbq for outdoor use
- We have been updating many of our policies and procedures in the home to comply with the new Fixing Long Term Care Home Act and regulations. These have included policies on visiting in the home, Resident Bill of Rights changes, our Resident Advocacy and Complaint process and our Prevention of Abuse Policy. We also updated many of our programs including palliative care, quality improvement and emergency planning to meet the new requirements.
- We replaced our 2 laundry dryers with new units and we updated the air intake in the laundry room to meet code requirements.
- New Infection Prevention and Control (IPAC) Lead position developed in the home.
The IPAC lead will be working in the role 3 days per week to meet the new regulations. She will be assisting with developing and monitoring of our infection control practices in the home.
- We replaced 2 freezers in the kitchen
- We purchased 2 new tub room chair lifts to replace the older units in the tub room.
- We continue to keep our PPE supplies fully stocked in case another Covid-19 or other type of outbreak occurs. We have also offered covid-19 boosters and flu shots to residents at the home during September and October.
- Quality Improvement (QI) Committee: Our new QI committee is now in place and we are having our first meeting on November 30th. The committee will help monitor and make recommendations for quality improvements in the home affecting the quality of resident life, care and services we provide.
- Purchased another Maxi 500 floor lift to assist with transfers in the home in areas that do not have ceiling track installed.
- Project Amplifi – we are participating in a new project that will allow more information to be electronically shared between hospitals and long term care homes. This will allow us and the hospital to access important information about the resident's medical history and treatment during and after hospital admissions.
- Flooring repairs completed including replacing the carpet in the front screening area and nursing office with vinyl flooring.
- We have installed some new computers for the home and purchased new ipads for nursing charting to make sure they continue to work with the latest software updates being released. We have also purchased an extra ipad for activity use.



Some of Our Quality Improvements and Accomplishments during 2023

- We purchased additional electric beds. All residents in the home now have electric beds. The electric beds are easier for staff and residents to adjust. They also decrease the risk of injury from falls occurring from bed as they can be lowered closer to the ground for those residents designated as a high fall risk.
- We have removed the extra 2 beds in all ward rooms as the government has confirmed all long term care homes we will no longer be admitting more than 2 residents per room.
- We have been successful in hiring a Full Time Nurse Practitioner for our home. Some of her duties include completing daily clinical rounds, orders, evaluating diagnostic tests for residents to identify and to assess resident's clinical concerns and health care needs, providing education for our staff, assisting our physicians, prescribing or recommending drugs or other forms of treatment to improve resident care, etc. Her position is made possible due to special funding provided by the government to help homes have their own NP's.
- We purchased a larger tv for the east sitting room
- Preventative maintenance repairs have been completed on our roof by a professional roofing contractor
- Additional nursing and activity staffing hours and more FT positions have been added to our staffing complement as a result of an increase in funding.
- Behaviour Supports Ontario staff completed additional Gentle Persuasive Approach training sessions for our staff to help care for residents with responsive behaviours
- Internal wiring and electrical upgrades completed for our new emergency generator installation.

- Additional generator purchased and installed and now powers the medication and treatment room refrigerators, the roof top unit air conditioning, kitchen appliances, laundry room equipment and hot water tanks.
- We honoured staff years of service in October and provided a meal and draw prizes for all staff. Staff being honoured received flowers, a certificate and gift.
- We have begun implementing RNAO best practices into our PCC online assessments. The program is called RNAO Best Practice Clinical Pathways. Training and implementation will be occurring over the next several months.
- We implemented Infection Prevention and Control software through Point Click Care. This program will help us view and manage infection cases and trends in the home and help reduce our manual tracking documentation.
- We purchased a new sit stand lift to replace one of our older lifts
- We purchased an additional ipad to use for Infection Control Audits and a new computer and desk for our Quality Improvement RPN in the front entrance office area
- New slings and lift batteries have been purchased to replenish our inventory
- We have continued to work with the architects on developing the new home's building plans, incorporating many of the suggestions we received from residents, family and staff. Our first submission to the Ministry is ready for approval. We have also involved the Municipality in the design process in order to obtain any required approvals on their end.



Some of Our Quality Improvements and Accomplishments during 2024

- We completed the implementation of the first phase of the RNAO best practices into our PCC online assessments. The program is called RNAO Best Practice Clinical Pathways. Our policies related to these assessments have been updated and training completed.
- Infection Prevention and Control (IPAC) Audit software has been implemented in the home through Health Connex. This program assists our staff with auditing our IPAC practices and provides us with online tracking reports and results. The system also has the capability to be used for creating custom audits in other departments.
- Received official approval from the Ministry to redevelop our new 64 bed long term care home. Construction began in November 2024. Plans for the home were developed throughout the year with input received from residents and staff. Financing for the project was finalized and the tendering process was completed.
- Due to an increase in nursing funding, we are able to add another full time PSW 11pm-7am position. We have chosen to add these hours to help meet the care needs of our residents, further reduce the chance of evening PSW's having to cover call-ins on the night shift, allow more time for resident equipment cleaning, and to help ensure we have enough staff on the night shift to assist with evacuation of residents if required. Staff routines have been updated as required to accommodate the additional staff.
- Our lift supplier completed our annual inspection of our lifts and ceiling tracks in the home. No issues were identified during their inspection. We have also restocked our lift sling supply and replaced some of the lift batteries that were due for replacement.
- Staff received hands on fire extinguisher in October. Our fire company demonstrated the proper way to extinguish a fire. Staff were able to use the extinguishers to put out actual fires in a controlled environment outside of the home.

- We added an additional 4 fire extinguishers to the home to increase their ease of access in case of a fire. Extra extinguishers are now located at the end of the East and West wings, in the front entrance hall and in our mechanical room.
- We completed the second phase of the RNAO best practice online assessments. The program is called RNAO Best Practice Clinical Pathways. This phase focused on updating our pain and fall management assessments. Our Pain and Fall committees have reviewed our current programs and have made some changes to our policies as required. The go-live date for the new assessments was November 28th, 2024.
- In October, we honoured the years of service milestones for our staff - providing some awards, a meal and some draw prizes as a token of our appreciation.
- We began implementing a new feature in our charting software that allows staff to order and receive lab tests and results online. Lab test results will become part of the electronic record allowing the physician to have easy access to the results and run comparison reports via the software. This should be in place during the first quarter of 2025.
- We purchased some new equipment that will be used in our new home and have been updating some older items in our current one. These have included additional resident lifts, electric beds, commodes, ipac and treatment carts, vital sign monitors, blanket warmers and bladder scanners.



Some of Our Quality Improvements and Accomplishments during 2025

- **Redevelopment of Our Home**

Our primary focus throughout 2025 has been the planning and construction of our new home, with construction having commenced in November 2024. The project remains on schedule, with anticipated completion by the end of April 2026. A potential move-in date of June 2026 is planned, contingent upon the successful completion of all required compliance and regulatory inspections.

- **InterRAI LTCF Assessment Implementation**

The Home successfully implemented the new InterRAI LTCF resident assessment instrument within our electronic charting system, in accordance with provincial requirements. The RAI Coordinator and all applicable staff completed the required education. The implementation process spanned approximately three months, and ongoing monitoring of data quality, compliance, and outcomes continues.

- **Dietary Department – Online Menu System**

Implementation of a new digital menu management system was initiated within the Dietary Department. This system enables kitchen staff to access menus and standardized recipes via wall- and ceiling-mounted tablets during food preparation. In the new home, electronic menu boards will be installed in dining areas to enhance residents' ability to view daily meal offerings. Full implementation is expected prior to occupancy of the new facility.

- **Staff Training – Surge Learning Platform**

The Home implemented the Surge Learning platform to modernize staff education. Training modules previously delivered through paper-based materials or standalone videos have been transitioned to an online format. The platform also provides centralized access to organizational policies and procedures, supporting consistent and accessible staff education.

- **Staff Recognition and Appreciation**

The Home continued to promote staff engagement and recognition through several initiatives. Nursing Week in May was celebrated with appreciation events for all staff. In October, staff years-of-service milestones were recognized through a dedicated appreciation event, including a meal and prize draws. A holiday appreciation meal was also provided in December to acknowledge staff contributions throughout the year.

- **RNAO Clinical Pathway Initiative – Phase 3 Completion**

The third phase of the RNAO Clinical Pathway Initiative was completed, with a focus on enhancing palliative care and end-of-life assessments in alignment with RNAO best practice guidelines. Updated policies and assessment tools have been implemented and are actively used by nursing staff.

- **Building Maintenance and Infrastructure**

Roof repairs were completed on the current building in June to maintain structural integrity. The Home also successfully completed and passed all required annual

inspections, including resident lifts and ceiling track systems, the generator, and the fire alarm system.

- **50th Anniversary Celebration**

The Home celebrated its 50th anniversary in June with a strawberry social event for residents, families, and staff. Outdoor entertainment was provided, fostering community engagement and celebrating this significant milestone.

- **RNAO Best Practice Spotlight Organization (BPSO) Initiative**

A formal kickoff for the RNAO BPSO designation took place in May. The Home will collaborate with the Registered Nurses' Association of Ontario over the coming years to implement evidence-based best practice guidelines and provide staff training to support high-quality resident care.

- **Gentle Persuasive Approaches (GPA) Training**

Staff participated in Gentle Persuasive Approaches training sessions throughout the year. This education equips staff with practical strategies to effectively and safely support residents experiencing responsive behaviours.

- **Fire Safety Training for Registered Staff**

Registered staff completed online fire safety training designed to enhance knowledge of fire prevention, risk mitigation, and emergency response within a healthcare setting.



Our Ongoing Priorities and Commitment:

1. To provide a safe environment for all residents, visitors and personnel.

- Resident care and safety is our top priority. Prevention of abuse and neglect is upheld through our zero tolerance policies and on-going education to our employees / volunteers.
- Maintain our Occupational Health and Safety Committee with department and administration representation.
- Maintain a Back Care Program focusing on proper lifting techniques and precautions for the safety of all staff and residents.
- Maintain an effective and ongoing preventative maintenance program.
- Continue to improve upon Infection Prevention and Control Practices in the home through ongoing audits, education and review of best practices.
- Provide a mechanism for the regular and prompt reporting to deficient and / or unsafe conditions and acts.
- Provide and promote safe medication management practices in the home through training, positive reinforcement of medication error reporting, and auditing.
- Promote the importance of recognizing resident responsive behaviours and provide education and support for staff on how to appropriately handle these behaviours.

2. To provide for each resident's physical, social, emotional, spiritual and intellectual needs, such that self help, independence and self esteem are facilitated.

- In conjunction with the physician, provide support services of a therapeutic, vocational and spiritual nature.
- Recognize and promote health equity for all the different cultures of our clients and employees by providing education and direction as required.
- Encourage residents to become more involved in resident's council, in-house and community events and to accept responsibilities where desire is indicated.
- Encourage an active pastoral program, supplemented with individual attendance at local religious facilities when possible.
- Actively seek involvement by educational bodies for the purpose of providing and stimulating resident's intellectual needs.
- Provide a quiet area in the facility for individual visitation and reflection.

3. To provide an environment which meets the assessed needs of each resident.

- Create opportunities that encourage resident involvement in the area of activities of daily living and functioning.
- Establish, maintain, revise and review all programs regularly so as to meet the resident's assessed needs.
- Implement, maintain and revise as needed, the nursing process with input from all associated disciplines and bodies to the resident care plan.
- Ensure our Continuous Quality Improvement program is applied to every aspect of client care.

4. To provide support, dignity and self-respect in life and in death.

- Maintain an effective and ongoing Palliative Care Team.
- Provide counseling to each resident at his request or at any time as may be deemed necessary by the care team.
- Respect the right to privacy of each resident.
- Respect, encourage and promote each resident's individual need for independence so long as this independence does not jeopardize the resident's health and safety.

5. Maintain a positive liaison with all personnel, resident, family members, community agencies, jurisdictional bodies, etc.

- Maintain positive and prompt correspondence with all bodies, personnel and family members.
- Maintain prompt response to all queries, complaints and suggestions provided by the above noted bodies as well as our Family Council.
- Maintain a high profile with regular attendance at meetings, social affairs, committees and business functions conducted locally, provincially or nationally where such functions deal with the home's interests.

6. To create an environment which provides all personnel, residents, families and associated personal growth.

- Provide a comprehensive orientation program that establishes a sound base for a thorough understanding of each position.
- Provide remuneration for services rendered which allows personnel a reasonable income consistent with marketplace conditions.
- Perform regular performance appraisals for all personnel so as to reestablish individual goals and rectify any deficiencies.
- Provide support and encouragement as required.
- Maintain effective communication of pertinent information to all personnel through inservices, 1:1 conversations, team meetings and communication books.
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7. To improve the knowledge of geriatrics for all personnel, resident, families and associated disciplines.

- Regularly assimilate and distribute research that has been conducted elsewhere to all appropriate bodies.
- To provide inservice and orientation regularly with encouragement for participation for family members to attend when feasible to do so.
- In addition to a thorough orientation program and regular performance appraisals, provide regular multidisciplinary team conferences.
- To encourage professional upgrading of staff by keeping staff informed of any available educational opportunities and resources.

8. To encourage, promote and expand volunteer service (when pandemic restrictions are lifted).

- In conjunction with the Activity Director and other interested parties, provide a stimulating environment for all volunteers.
- With the aid of the above noted parties, conduct formal and informal meetings with community based groups so as to solicit their assistance in the maintenance of volunteer activities in the home.

9. To ensure the financial stability and continued operation of the home is maintained.

- Maintain controls over the financial functions through constant and ongoing monitoring,
- Ensure that all supplies purchased are necessary for the continued operation of the home in keeping with the home's goals and objectives.
- Ensure staffing patterns are maintained in balance with the needs of the residents and within funding guidelines.
- Participate in advocating for the sector when funding levels are not keeping pace with the demands of the industry.

10. To retain the commitment to high quality of care by striving for Continuous Quality Improvement within the home and maintaining the standards established by the Ministry of Long Term Care and other regulatory bodies.

- To review best practice guidelines and standards and other regulatory bodies directives on an ongoing basis. Implement systems in order to establish and maintain those standards.
- Strive for Continuous Quality Improvement throughout the facility by monitoring indicators, seeking input from clients, families and staff on ways to improve the services we offer, making improvements where needed and evaluating the success of the changes made.