

COMMUNITY GOVERNED ORGANIZATIONS

OUR FUTURE DIRECTIONS

2012-2017 Strategic Plan

Original: June 2012 Revised: October 2015

> Community Governed Nursing Home Society of Nova Scotia

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ABOUT US:

The Community Governed Nursing Home Society of Nova Scotia, commonly referred to as "CGO" is a non-profit association founded in 2011 to support Nursing Homes in Nova Scotia that are community governed (Formally referred to as Non-Profit).

On a volunteer and non-profit basis the objectives of the CGO group are:

- 1. Provide Networking Opportunities for Governors of Community Governed Organizations to learn and grow together in the provision of Long-Term Nursing Home Care in Nova Scotia
- 2. Provide Opportunities for management and leadership of Nova Scotia's Community Governed Organizations to network with peers facing common situations.
- 3. Provide a forum for organizations to explore building capacity among organizations of similar governance models.
- 4. Increase the competence and confidence of both Board and Management structures through the sharing of risk, quality, ethical, and financial management best practices
- 5. To increase the understanding of the uniqueness of the Community Governed organization model and support similar organizations in how to operate efficiently and effectively.
- 6. Advocate for the residents and staff within the Nova Scotia Nursing Home System.

OUR MISSION

To Support and Promote Community Governed Nursing Homes in Nova Scotia

OUR VISION

Success through collective capacity

OUR VALUES

- **Collaborative:** To share and utilize knowledge for building capacity and promoting a unified voice in addressing challenges facing CGO's in long term care
- **Equality:** To treat all members equally and with respect regardless of individual organizational differences
- Accountable: To be accountable for all actions and decisions regarding the CGO
- *Transparent*: To be transparent in all our actions and decisions
- Innovative: To work creatively and not be constrained by the way it has always been

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LEADERSHIP

One of the "unique" qualities that define almost all aspects of the operations and strategy of each Community Governed Organizations is the added dimension of the Board. Although the board entity is a point of commonality for member organizations the function and composition of each board is unique to the organization. Some boards may include municipally elected leaders while others may not. Some boards may be more involved in the day-to-day operations of the organization while others may take on more of an organizational strategy role. It is important that this society take the opportunity to increase awareness of different models of governance in order for member organizations to better understand each other and develop together.

The recruitment and evaluation of board members has been identified as a significant piece of this work. Ultimately an organizations board is ultimately accountable for the actions of the organization they govern. It is imperative that ethical management and decision making is embedded with the culture of member organizations. A foundation is a tool many boards in providing additional resources to achieve their organizations goals and priorities. This society endeavors to provide tools and guidance to members for the development of their foundations.

GOALS:

Two Year (2012-2014)

Support Member Organizations with Ethics information and Education:

- What: Provide ethical workshops and information sessions for member groups on an annual basis.
- How: Survey organizations on the top three ethical issues they face. Survey Organizations on how they currently address ethics issues and the supports in place for education, etc. Work with the DHA's to establish a plan of action to address these issues.
- Who: D. Mouland and Ann McInnis and Paula Hatfield and Designates

Internal Management Coach:

- What: Develop and nurture in-house leaders through the development of competencies identified under the leadership model as defined by the society
- How: Define the core competencies around leadership in Long-Term Care. Identify the needs accordingly by the facility. Development of a business plan that is sustainable. Provide training for management coaches. Identify expertise within the CGO group and engage organizations such as Mountain Lee Lodge to showcase their model. Creation of program evaluation tools and indicators for success.

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Who: TBD and Designates

Three Year (2012-2015)

Board Education:

- What: To ensure that community governed nursing homes have access to the tools and process to promote the health and safety of residents and families, staff and volunteers, and also protect the reputation of the facility.
- How: Development of an annual networking and education forum targeted towards Board Members of CGOs.
- Who: D. Boudreau and Designates

Education and Development Needs

- What: Increase the competence of the entire sector by identifying and reacting to education and development needs
- How: Survey membership to seek information on education needed to support advocacy work. Engage a speaker to come in and provide guidance on navigating the political landscape. Provide opportunities for members to increase experience in engaging stakeholders. Engage HANS in training members on how to correctly utilize media and craft messages.
- Who: L. Smith and Designate

Leadership Competencies Framework

- What: Increase the leadership competencies of the entire sector by identifying and integrating an accepted model of leadership competencies (ex: LEADS)
- How: Engage membership to seek information on education needed to support Leadership development. Engage a speaker to come in and provide guidance on leadership competencies and effective models. Provide opportunities for members to actively build competencies though leadership workshops and access to resources.
- Who: L. Smith and Designate

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Five Year (2012-2017)

Development of Community Governed Organizations Charitable Foundations

- What: Support members with the opportunity to participate in education on how to set up a foundation, strategies used for fundraising, and coordination of planned giving.
- How: Provide Educational Sessions and points of contact at a low cost for interested members
- Who: J. VanSlyke and V. Veniot and Designates

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HEALTH HUMAN RESOURCES

Organizations across the province are experience significant staffing challenges with regards to certified and licensed staff. A comprehensive Health Human Resource strategy is required to recruit, retain, and support staff in community governed organizations. The external and internal environments need to be assessed to allow organizations to effectively focus resources. Community Governed Nursing Homes need to be championed across the province as employers of choice. A coordinated approach is necessary to advocate for the proper staffing and skill mixes that provide the services our residents want and deserve.

Succession planning is a systemic issue with very limited resources to effectively address. There are very limited opportunities for new graduates and existing professionals to gain the necessary experiences for the effective operations of nursing homes in this province.

GOALS:

Two Year (2012-2014)

Long Term Care Fellowship:

- What: A fellowship model that creates leaders within the provincial continuing care sector. Provide opportunities for recent graduates and potential leaders to improve their skills and gain access to new experiences. Provide smaller organizations access to highly credentialed and educated individuals that they might otherwise not be able to afford.
- How: Identification of competences organizations are looking for in the development of future sector leaders. Utilization of the administrative fellowship template at Capital District Health Authority in the development of a model that is effective for Long Term Care. Development of several funding models that would allow even the smallest organization to participate and benefit from the fellows.
- Who: L. Smith and Designates

Three Year (2012-2015)

Human Resources Strategy

What: Development of a comprehensive human resources strategy that defines our current environment, provides information for future planning, and prepares CGO's with the tools and resources to compete in the employment marketplace.



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- How: Development of a HR survey to define the current environment. Focusing on short shifts and external/internal pressures. A SWOT analysis will inform the HR Strategies development. The HR strategy will then drive the Advocacy Agenda.
- Who: A. Engbersen and CGO Board

Four Year (2012-2016)

International Recruitment

- What: Alleviate human resource pressures by providing resources and education to organizations on the processes involved in recruiting internationally trained qualified individuals.
- How: Identify organizations that have experience in international recruitment. Creation of a resource that enables organizations in developing contacts and navigation of the international recruitment processes. Identification of legitimate and reputable recruitment companies.
- Who: L. Smith and Designates

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EVIDENCE BASED DECISION MAKING

Long Term Care organizations in Nova Scotia pride themselves on providing quality care. While some CGO's are further along the journey of collecting and disseminating data each organization has an opportunity to learn and grow in the areas of quality and risk. The CGO group endeavors to support all organizations in their goal of providing safe, effective care. Development of standards and criteria for risk and quality is a fundamental step in supporting organizations in this goal. The balanced scorecard has been identified as a possible tool that organizations can adopt to support their needs. The development of benchmarks and indicators of performance are integral in making decisions that are based in evidence.

Information technology has become increasingly important and integral to the effective and efficient operations of Long Term Care facilities. Environmental assessment of IT software and infrastructure systems need to be performed in order to determine where organizations are on their journey in developing their IT infrastructure. The reliance on technology to provide quality health care to residents requires a greater understanding. This society will endeavor to incorporate best practice IT solutions to improve the knowledge and awareness of available systems and processes.

GOALS:

One Year (2012-2013)

Information Technology Best Practice:

- What: Improve the sharing of information technology best practice between member organizations. Aid member organizations in the selection of products and services
- How: Integrate information sessions on best practice information technology system best practice into a quarterly general meeting on a bi-annual basis.
- Who: M. Archibald and Designates

Electronic Capacity Environmental Assessment:

- What: Provide baseline information on information systems that are currently being utilized by membership.
- How: Production of a detailed information technology survey for distribution to membership

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Who: M. Archibald and Designates

Two Years (2012-2014)

Development of Financial Benchmarks

- What: Improved financial management through the sharing of data.
- How: Identification of financial indicators and existing data for organization to compare to agreed upon benchmarks. Initiate a reporting mechanism for several major indicators and expand from there. Propose a reporting mechanism for the CGO membership.
- Who: Unassigned at this time

Improved Sharing of IT experiences and Best Practice:

- What: Development of preferred supplier list as it relates to IT services, supports and products. Enable organizations to provide reviews and details on their experiences with the benefits and challenges with specific products, services, and supports.
- How: Determine what a preferred supplier is. Generate an updated organizational preferred supplier list. Provide networking opportunities for organizations to connect and discuss experiences and future IT needs, plans.
- Who: M. Archibald and Designates

Three Years (2012-2015)

Implementation of Standardized Quality Metrics by Member Organizations

- What: Create opportunities for CGO member organizations in future planning, comparative analysis, and accountability by adopting the balanced scorecard
- How: Standardization of terminologies. Defining the quality indicators that need to be measured. Development of a template and selection of the indicators to be used. Education, dissemination, and roll-out of the processes and template.
- Who: S. Keen and Designate

Development of Risk Management Guidelines

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- What: Ensure homes have access to tools and processes to promote the health and safety of residents and families, staff and volunteers, and also protect the reputation of the facility through the adoption of effective risk management processes and guidelines
- How: Standardization of terminologies. Defining the quality indicators that need to be measured. Development of a template and selection of the indicators to be used. Education, dissemination, and roll-out of the processes and template. Evaluation and re-tooling of the template.
- Who: S. Keen and Designate

Four Years (2012-2016)

Development of Mechanism to Respond to Financial Implications of Public Policies/Directives

- What: Provide members with tools to determine the financial implications of policy directions.
- How: Survey the membership seeking input. Research Accreditation Canada for any evidence based decision-making methodology. Research other sources including Canadian Healthcare Association. Engage auditors and develop a mechanism that is deemed reasonably accurate. Gain consensus by membership for adoption.
- Who: D. Boudreau, and Designates

Five Years (2012-2017)

Standards and Criteria

- What: Enable each home to request of another to provide feedback on identified quality indicators to ensure that each resident in the sector is receiving optimal care and services.
- How: Define Quality indicators including outcome measurements. Implement surveying processes to determine what member organizations are currently measuring. Investigate the utilization of technology to simplify collection and dissemination of data. Trend post implementation data, utilization rates, and evaluations.
- Who: Sherry Keen and Designate

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Model of Care Standards Development

- What: Support the development and advice the setting of standards in collaboration with government. Ensure standards meet the needs of today and align with the way care will needed to be provided in the future.
- How: Engage the sector to find out what the barriers are in the delivery of resident care. Break down the process into manageable pieces. Engage continuing care sector expertise to clearly define the models required.
- Who: J. VanSlyke and Designates

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ADVOCACY

Although advocacy is not the primary objective of the society it will be an important avenue for member organizations to communicate as a large unified membership to stakeholder groups like the Department of Health and Wellness. See CGO Advocacy Agenda for more detailed information.

GOALS:

Four Years (2012-2016)

Improved Information Technology Infrastructure in Nursing Homes:

- What: Raise awareness and lobby for increased IT related funding in Nursing Homes.
- How: Creation of a detailed communication and lobbying strategy..
- Who: Josie Ryan and Designates

Ongoing (2012-2017)

Development of Stakeholder/Public Relation Tools for the CGO Society

- What: Creation of a Brochure that clearly articulates our purpose, history, and future. Ensure membership is speaking from a common point of reference.
- How: Engage OVCCC to support the development of Public relations tools.
- Who: Dion Mouland and Designate

<u>Advocacy Agenda</u>

- What: Develop a comprehensive annual Advocacy Agenda.
- How: Survey Membership for topics of prime importance this year and next.
- Who: Arlene Morrison and Designate