

# Community Governed Nursing Homes Nova Scotia



(CGO)

Annual Report 2017-2018



# OVERVIEW

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## Our Purpose

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). The CGO aims to achieve our mission by:

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

## Our Philosophy

The CGO philosophy is one of inclusiveness and equality. To achieve its vision of “*Success through Collective Capacity*” the organization has adopted the following 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

## Facts and Figures

- The CGO group was developed to support development of all Community Governed Nursing Homes in Nova Scotia.
- Community Governed Nursing Homes in Nova Scotia provide comfort care and compassion for over 4000 seniors. This represents 58% of all Nursing Home Residents in Nova Scotia.
- A population greater than the size of New Glasgow live and work in Community Governed Nursing Homes in Nova Scotia. This accounts for 4000 residents and roughly 6700 staff.
- As a collective, translated into budgetary buying power, Community Governed Nursing Homes are second only to Central Zone
- There is more than twice the number of Nursing Home Beds (~6900) in this province than Acute Care Beds (~3000).
- CGO represents 29-member organizations (80% of eligible organizations) that control over 85% of the non-profit nursing home beds in Nova Scotia.
- The cost of membership is nominal. Each organization has an annual fee of \$300+\$15/bed.

**Our Mission:** To Support and Promote Community Governed Nursing Homes in Nova Scotia

**Our Vision:** Success through collective capacity

**Our Values:** Collaboration, Equality, Accountable, Transparent, Innovative

## Meet your Board of Directors

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### Jorge VanSlyke, Chair

Jorge immigrated to Canada from the Philippines in 2007. She worked in various child, youth, and family programs as a social worker which she continued in NL prior to discovering that her calling is to serve the elders in care. She has been a prolific advocate of anti-oppressive practices through published articles and public speaking especially in NL. Jorge Grand View Manor's 3rd administrator in 46 years. She received her BSW in the Philippines and her MSW at Dalhousie. She was a Community Health Board member and is currently part of the Continuing Care Council.

### Debra Boudreau, Vice Chair

Debra is Administrator of Tideview Terrace Nursing Home in Digby, NS; the first Eden Alternative Registered Home east of Manitoba. She has been in this position since 2005, prior to that she worked for the Continuing Care Branch of the Department of Health and in acute care as a regional manager. She is a past Chair of the Continuing Care Council at HANS. She graduated from Dalhousie with an Occupational Therapy degree and furthered

her studies in this area by doing a research-based Master's degree. She is actively involved in research with the Nova Scotia Center on Aging and is a member of their advisory board.

### Judy Heffern, Managing Director

Judy joined CGO, in December 2016, prior to she was CEO of the King's Regional Rehabilitation Center (KRRC), Waterville, where she is now serves as a board member. Throughout her career, she has served as Director, LTC & Services for Seniors, Region of Durham, ON; Director, LTC Division, Region of Peel, ON; Regional Director Eastern Operations, Extendicare (Canada) Inc., ON. She holds a MPA, a BN, a RN diploma, a CHE designation and several management diplomas. Judy is a surveyor with Accreditation Canada.

### Michael Archibald, Treasurer

Michael is the Administrator of the Maritime Odd Fellows Home in Pictou, NS, since 2012 having previously worked as a Manager at the IWK, and in research at Capital Health. Following 18 years in the private sector, Michael began working in the Healthcare sector after completing a Neuroscience degree at Dalhousie and an

MBA at Saint Mary's. Michael lives in Truro with his partner Christine, and three children.

### Gail Kaiser, Director

Gail is the Administrator at Nakile Home for Special Care in Argyle, NS. She has held this position for the past two years. Previous to this she was in multiple roles at Nakile and completed the LTC Management Program from HealthCareCAN. She graduated from Acadia and worked in hospital and community settings as a dietitian before moving to the long-term care field 15 years ago. She served on the Board of Directors of the Nova Scotia Dietetic Association and has been on the CCANS Board for the past two (2) years.

### Marisa Eisner, Director

Marisa's career passion has always been in long-term care. She graduated from St. F.X. with a degree in Nutrition Science. She also completed a gerontology specialization as part of her Dietetics diploma. She has held positions as Director of Dietetics and Environmental Services in long term care facilities in Bonavista NL, Liverpool, N.S., Bridgewater N.S. Additionally, she has had several years' experience as a consultant

with a variety of long term care facilities on Nova Scotia's South Shore. In 2007, after completing a diploma in Long Term Care Management with CHA, her true learning began as Administrator of Hillside Pines in Bridgewater where she strives to make a difference in the lives of those who choose to live at Hillside Pines. She is looking forward to serving on the CGO Board in its continuing journey to advocate for seniors in care.

### **Angela Berrette, Director**

With a Masters in Health Services Administration from Dalhousie, Angela Spent a year doing prenatal program evaluation with the federal government before joining Saint Vincent's Nursing Home to work in quality improvement. During the past 11 years with the home Angela has held five positions with the Home, most recently as its Executive Director. Previous to joining Saint Vincent's she has worked as a call centre employee, an obituary writer and, as a law firm receptionist. She has found her calling in Long-term Care. Angela sits on the HANS Continuing Care Council and has served on the board of Chebucto Links for the past six years.

## Message from the Board Chair

Our Community-Governed Organizations have seen dramatic changes in the last few years and now, more than ever, we are required to be more creative, better informed, and stronger together.

CGO has made tremendous strides this past year in establishing meaningful partnerships with government agencies and advocacy groups. We now have regular meetings with Department of Health and Wellness (DHW) and the Nova Scotia Health Authority (NSHA) to proactively discuss sector-wide issues. We have participated in face-to-face meetings with the Minister and Deputy Minister of Seniors, the Minister of Health and Wellness, and the Seniors' Advocacy Group of Nova Scotia. We are also part of the Tri-Council chair meetings with the Continuing Care Council and Continuing Care Association of Nova Scotia.

Our sphere of influence is growing and CGO is becoming recognized as the voice of community-governed nursing homes in Nova Scotia. This was made possible with your continued support as valuable members. We also have a competent Managing Director that has made tremendous in-roads enabling CGO to advance its cause. Additionally, we are fortunate to have a group of dedicated board members who continue to carve time out of their already hectic schedule to serve the membership.

We continue to improve our website and we have been encouraging information exchange among our members. Our collective expertise needs to be highlighted and optimized. This will make us stronger. We also offered a well-attended education session on Media Relations and Communication at a time when negative publicity about nursing homes was ubiquitous.

Providing support to our members is core to CGO's existence. Our advocacy work this past year deserves to be highlighted. We successfully advocated for better communication and consultation regarding the Phlebotomy contract, met with WCB on several occasions to discuss avenues to promote safer work environments, had a presentation from DHW staff to allow us to be better informed of current and proposed licensing requirements and, worked hard to ensure that CGO's collective voice was present and heard on issues and emerging trends in long term care.

It is also important to highlight that CGO will be launching its first Retreat in April 2018. This is an important time to get together and collectively envision CGO's future. As a membership-driven organization, your input is integral to our success. And our success can only be achieved through collective capacity.

We had a good year and I am proud to say that I am part of this work, serving as your Chair for 2017-2018. The next CGO Chair has excellent opportunities to see this organization grow as we continue to serve our seniors in care.

All the best!

Jorge G. VanSlyke, MSW  
Board Chair, 2017-2018

## Our Strategic Directions...

### *Optimizing the CGO Model...*

Management and Leadership Competencies, Board Education, Charity and Foundations

### *Mobilizing Resources...*

Succession Planning, Capacity Building, Ethics and Education

### *Advocating for Quality ...*

Quality and Risk, Benchmarking and Monitoring, Information Technology, Public Relations Strategy, Representing our Members

# The Year in Review

This past year has been another busy but productive one for CGO. We have accomplished much, yet there is still much to be done. We continue to draw upon the strength and commitment of the membership and to be a visible, influential and effective voice in advancing not-for-profit seniors' care across Nova Scotia.

Over the last year we have successfully closed off CGO's Strategic Plan. In April 2018 we will be embarking on a new planning journey at our inaugural Retreat – "*Defining Our Future*". Quarterly progress updates have revealed success in achieving the goals set out in the 2012 to 2017 Plan. In alignment with the Strategic Plan, accomplishments were recognized in each of the following three (3) areas:

- Optimize the CGO Model
- Mobilizing our Resources
- Advocating for Quality

This report will speak to our successes and our CGO specific challenges in each of these areas. *Note: We also share the sector-wide challenges.*

## 2017-2018 Highlights

### Achievements

- Strengthening of government relationships;
- Increased public awareness through a CGO Media Strategy;
- Increased stakeholder engagement e.g. Seniors Advocacy Group for Nova Scotia's Seniors, participation on committees, boards, and task forces;
- Established regular information sharing meetings with senior representatives of the Department of Health and Wellness (DHW) and the Nova Scotia Health Authority (NSHA);
- Developed and shared CGO's Continuing Care Strategy Submission with the Minister of the DHW, and senior staff of DHW and NSHA;
- Representation on the Human Resources Sector Council Advisory Board and the AWARE-NS Board;
- Partnered with HANS in the establishment of the Continuing Care Tri-Council (CGO, Continuing Care Council, Continuing Care Association of NS);
- Successful working relationship with NSHA in the review and revision of the proposed MOU created as an interim agreement to the final Independent Phlebotomy Agreement.
- Prepared for CGO's inaugural Retreat – "*Defining our Future*" for April 2018.

## CGO Challenges

- Defining and positioning CGO as a value-added, member driven provincial organization with a voice in Long-Term Care;
- Engagement of members;
- Growth in membership;
- Resource Challenges and Competing Priorities – Balancing Act;
- Human Resources – Now reaching a critical point for CGO members.

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## Optimizing the CGO Model

CGO members are committed to delivering a high standard of quality continuing/long term care for their residents. They do this as efficiently and effectively as possible. Inadequate provincial funding has made it increasingly difficult to sustain this gold standard yet our members continue to pursue excellence in care and service delivery. With the increasing complexity and acuity of resident care and limited availability of funding resources the continuing care/long-term care sector remains challenged. CGO has focused its attention on strengthening existing and creating new strategic alliances in an effort to explore joint opportunities to assist in alleviating some of these pressures. Meetings have been held with the Minister of the Department of Health and Wellness (DHW), the Minister for Seniors, and senior staff of DHW and of the Nova Scotia Health Authority (NSHA). Such efforts will continue into 2018-2019.

Incidents of aggression continues its escalation in our Long-Term Care Homes (LTCHs), creating significant risk to the safety and quality of life of residents and staff living and working in our organizations. During this past year, CGO has continued to advocate for action on the recommendations outlined in the CGO's Heightened Aggression Task Force Report of May 2015 and for similar recommendations arising from the Broken Homes report also from 2015. These reports identified the need for systemic improvements into four (4) broad categories:

- Specialized Staff/Care teams
- Education and Resources
- Process, Structure, and Regulations
- Specialized Units.

We were extremely pleased to hear that the Minister of Health and Wellness has endorsed of all the recommendations in the Broken Homes report. The sector is now waiting for movement on these recommendations. The system is not sustainable without the implementation of strategies to address violence and aggression. CGO members are awaiting consultation on such

strategies, including but not limited to the revised Continuing Care Strategy.

The CGO supports knowledge transfer initiatives for its members in the form of formal education, strong partnerships and, broad community-based opportunities. Examples of such opportunities from the past year include, but are not limited to:

Media Training

Evidenced-Based Research accessibility

NS Safer Workplace Plan

Quality Coalition

Collective Impact Initiatives

LTC Finance Advisory Working Group

Eden Philosophy

Innovative Partnerships

## Mobilizing Our Resources

A significant challenge for CGO members, like all other provincial healthcare organizations, is the limited availability and accessibility to certified, licensed and professional staff. Compounding this challenge for most continuing care/long-term care organizations is an aging workforce. A coordinated approach is necessary to advocate for the proper staffing and skill mixes that provide the services our residents need and deserve.

In the past year many CGO members have voiced concerns over the unavailability of qualified staff. Several members have noted that mandating staff to work extra hours is now becoming a frequent occurrence. This says very little for staff work life balance or for staff morale. These concerns have been escalating and have been the subject of conversations at meetings with the DHW via the Minister's office and with senior staff of the Continuing Care Branch. CGO is working with HANS and with the newly formed Continuing Care Tri-Council to determine next steps in working with the Province to develop a sector-wide strategy which will address the staffing crisis. CGO is also pleased to support recent efforts of the Canadian Association for Long-Term Care (CALTC) in its appeal to the federal government for a national Human Resource Strategy for the LTC sector.

This past year we were invited to participate in the Human Resources Sector Council Advisory Board. This Board is exploring the characteristics required for potential Continuing Care Assistant(CCA) candidates to be successful as a CCA. The Board is currently working on a self-assessment tool which will enable prospective students to assess their fitness and readiness for this integral role in resident care and service delivery. It is hoped that this will encourage committed individuals, with the desired attributes, to apply for admission to CCA programs thus increasing the programs' success in producing new graduates.

Succession planning remains a systemic issue with a growing scarcity of resources to effectively address it. There are very limited opportunities for new graduates and existing professionals to gain the necessary experiences for the effective operations of LTCHs in this province. The CGO Fellowship program, created a few years ago in partnership with Dalhousie University, provides an innovative opportunity to increase awareness of our sector. CGO continues to support and promote this program and is committed to exploring other similar opportunities. In addition to this initiative, CGO continues its commitment to exploring opportunities to build internal capacity within the organization and encourages members to share best practices and lessons learned.

We continue to build on the work which has been done on our website, [www.cgons.org](http://www.cgons.org). Within the Members' page is also a 'Q&A' section that can be used for posting information on recurrently asked questions. These questions are filtered through the Managing Director. Additionally, the inclusion of the "We Are" video on our website has provided opportunity to increase public awareness of CGO.

CGO welcomes and encourages new members who wish to join with us in moving forward with our organization's journey. We are advocates for our residents, families and staff. Membership application forms can now be found on the 'Locations' page of our website.

## Advocating for Quality

CGO supports its members in their goal of providing safe, effective care. CGO also recognizes that essential to successful achievement of this goal is having consistent data collection methods to facilitate analysis and monitoring of quality care. The organization continues to work with partners and colleagues in an effort to make this happen. Examples of CGO participation to effect change in this area include; active participation in the Quality Coalition, the Long-Term Care Finance Committee and, strong supporters of the recommendations realized from the Workplace Safety Action Plan Advisory Committee.

Once again, we appeal to the DHW to review and revise the *Homes for Special Care Act*. The current Act is antiquated and needs to reflect the realities of today's Long-Term Care sector. We are pleased to learn that licensure requirements under this Act are being reviewed. We sincerely hope that our members, as end-users, will be included in discussions regarding proposed changes to the Act. Our members have the knowledge and expertise to ensure that changes are meaningful, realistic, obtainable and representative of the needs of the Long-Term Care sector.

The acuity and complexity of care needs in Long-Term Care Homes has created unique challenges that must be addressed. Identifying new staff training requirements, creating clearly defined policies, developing and implementing programs tailored to the needs of the individuals served, establishing a replacement of older homes plan and, introducing a consistent data collection measurement system is essential to providing quality care in an environment that promotes safety and minimizes risks. CGO has much expertise in the direct provision of long-term care and is eager to work collaboratively with government and government agencies to find solutions to these challenges and produce sustainable Long-Term Care. To this end, the past year has seen representatives of CGO meet with the Minister of DHW, the Minister of Seniors, Continuing Care senior staff, senior NSHA representatives and with the Seniors' Advocacy Group of Nova Scotia.

This past year, CGO has worked with the NSHA/IWK to address issues arising from the proposed Memorandum of Understanding (MOU) created as an interim solution while awaiting the introduction of the final, mutually acceptable version of the Independent Phlebotomy Agreement. This Agreement will impact Long-Term Care Homes outside the Central Zone. We are looking forward to member consultation on the revised MOU which will again be offered as an interim solution to the forthcoming Independent Phlebotomy Agreement.

CGO continues to support the work of the Quality Coalition. New initiatives and/or updates on the work of the Coalition is regularly shared and discussed at both Board and Membership meetings

throughout the year. CGO will continue advocating for appropriate measurement tools to allow our facilities to be able to accurately and consistently monitor quality care and services.

CGO is pleased to be working with HANS and to support its commitment to the Collective Impact Framework. This initiative will allow us to work better together towards a more sustainable long-term care system. The emphasis on collaborative efforts focused on systems and policy change will enable us to develop a common agenda, use shared measurement to understand our progress, build on mutually reinforcing activities and, to become more engaged in continuous communications. We look forward to continuing to be a part of this initiative in the coming year.

## Representing Our Members

The CGO has represented its membership on the following provincial initiatives in the past year:

### ***Continuing Care Strategy***

CGO submitted a comprehensive document to the Minister of Health and Wellness and to senior staff of the Continuing Care Branch of DHW in follow-up to the recommendations made by the CGO led Task Force on Heightened Aggression in LTC in 2015. The document outlined the issues that need to be addressed to ensure a quality-focused, sustainable continuing care system for Nova Scotians. CGO members are committed to being ready and eager to plan, implement and monitor strategies to make this happen.

### ***Long-Term Care Finance Committee***

Continuing to develop sector driven strategies that will increase operational efficiencies, reduce costs and mitigate any possible fiscal imperatives related to provincial initiatives.

### ***Strengthening Partnerships***

During the past year CGO has worked to strengthen partnerships across the Continuing Care Sector. Regular information sharing meetings have been established with senior staff from the Continuing Care Branch of DHW and with senior staff of the NSHA. Meetings with the Minister of Health and Wellness and with the Minister for Seniors as well as meetings with advocacy groups have also helped to strengthen our position. Such efforts will continue into 2018-2019.

### ***Quality Coalition***

The CGO quality group has completed a five (5) organization pilot project and has joined their efforts with the quality group led by Health Association Nova Scotia (HANS). This work will inform the DHW's quality work by proposing three (3) initial indicators for organizations to adopt province wide. Those indicators are: Falls, Infection Rate, and Polypharmacy.

### ***Moving Forward with the NS Workplace Safety Action Plan***

The initial work of this committee which acted as an advisor to the steering committee and included province-wide representation from all a cross section of stakeholders, has concluded.

CGO has maintained its involvement in moving this forward by actively supporting the recommendations NS Safer Workplace report. We are strong advocates for the AWARE-NS as it awaits provincial directions and support for development of strategies to reduce workplace injuries.

***Health Human Resources Council Advisory Committee***

CGO now has representation on the Human Resources Sector Council Advisory Board. The Board is currently working on a self-assessment tool which will enable prospective students to assess their fitness and readiness for this integral role in resident care and service delivery. It is hoped that this will encourage committed individuals with the right attributes to apply for the CCA programs thus increasing the programs' success.

## STATEMENT of OPERATIONS

Revenue	March 31/18
Membership Fees	\$ 55,407.00
16/17 Balance Forward	\$26,459.75
Workshop Fees	\$2,520
Interest revenue	
Other revenue	
<b>Total Revenues</b>	<b>\$84,368.75</b>
Expenses	March 31/18
Administration	\$19,999.92
Administration Expenses	\$1,892.41
Website Services	\$401.46
Meeting Expenses	\$2,221.14
Membership Development/Retreat	
Professional Fees/Legal	\$1371.75
Public Relations	\$8,791.35
Joint Stock Registration	\$12.45
AGM Printing	\$714.15
Fee/Bank Charges	\$257.78
Other	
<b>Total Expenses</b>	<b>35,662.41</b>
<b>Net Surplus</b>	<b>\$48,724.34</b>

*Our Mission*

To promote and support Community Governed Nursing Homes  
in Nova Scotia

*Our Vision*

Success through Collective Capacity

*Our Values*

Collaborative, Equality, Accountable, Transparent, Innovative



For Membership or Other Information

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