

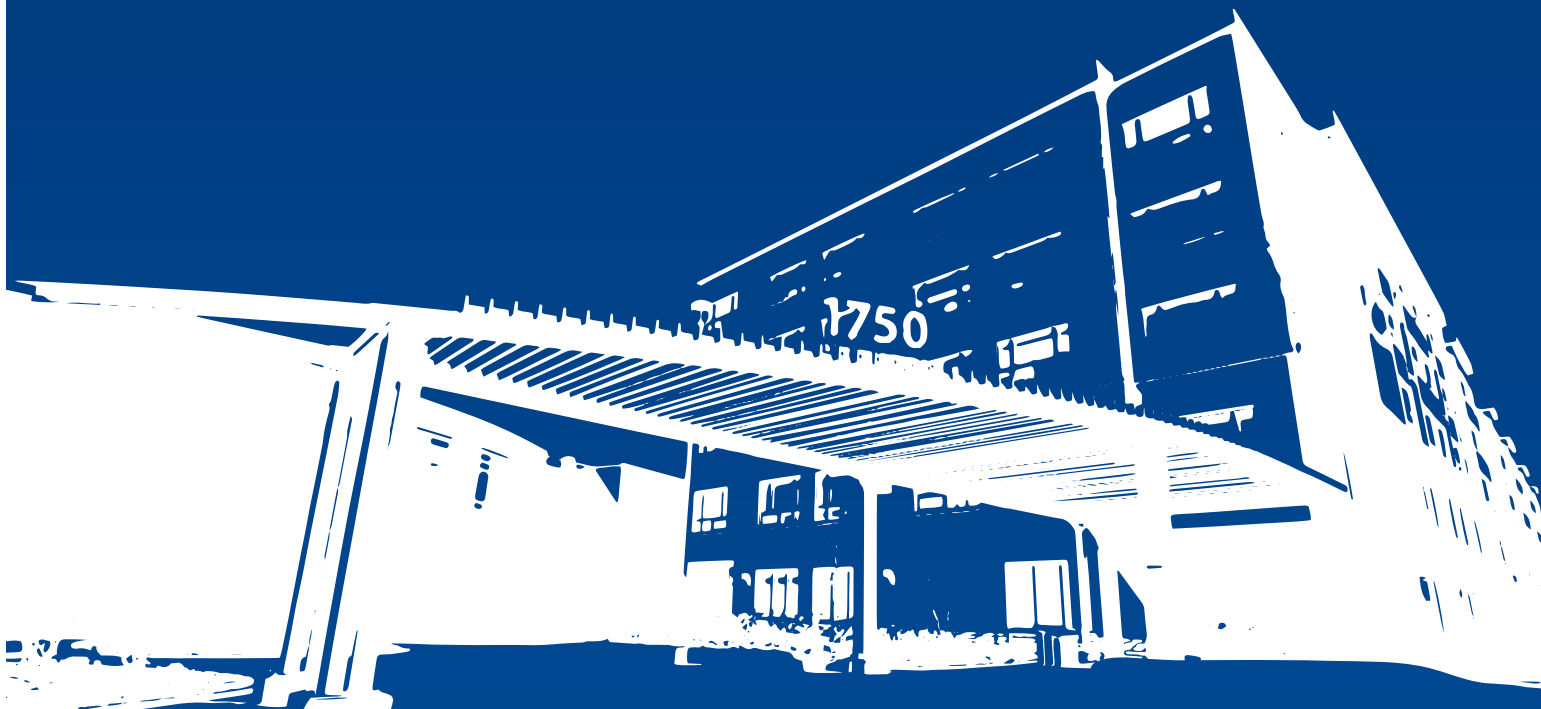


Perley Rideau

The Perley and Rideau
Veterans' Health Centre

Whither the Perley Rideau Version II

A Strategy for
An Advanced Health Centre for Seniors



The Perley and Rideau Veterans' Health Centre

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EXECUTIVE SUMMARY

Faced with sustainability challenges in a rapidly changing healthcare environment and an increasingly strained economy, the Perley and Rideau Veterans' Health Centre has developed a long-term **vision** and **strategy** to align the organization with the evolving needs of the community. This document is a revised version of the strategy, the initial version having been implemented starting in 2010.

The Perley Rideau's Vision is the following: Leading innovation in frailty-informed care to enable seniors and Veterans to live life to the fullest.

The Perley Rideau's strategy is based on the themes of value and sustainability. Expanding the Health Centre's capacity along the continuum of care and specializing in frailty-informed care will deliver greater value to the healthcare system. The expansion will support government policy to reduce costs and meet growing demand for the care of frail seniors. The strategy will also improve sustainability by: ensuring continued support from government; growing commercial revenues; and by decreasing costs through improved efficiency and investments in long-term cost savings.

To realize the Perley Rideau's Vision, the Health Centre will pursue four major strategies: Excellence in Care and Service; Ensure Sustainability; Maintain a Quality Workforce; and Lead and Advocate for Change. The strategy is being implemented in three phases, the first phase having been started in 2010, during a 10–15 year period and beyond.

INTRODUCTION

In 2010, the Board of Directors of the Perley and Rideau Veterans' Health Centre published the strategy document: *Whither the Perley Rideau - A Strategy for An Advanced Health Centre for Seniors*.

During 2010–2015, Phase 1 of the three-phase strategy was largely implemented, with considerable success. As the start of Phase 2 approached, the Board determined that a review of the strategy was required and commenced an abridged strategic-planning exercise (Annex A) to confirm and, if needed, update the strategy. This document, *Whither the Perley Rideau – Version II*, is the result of that process.

Version II begins with a report on the progress made in Phase 1. It then articulates the case for change, describes the Health Centre's vision and outlines how the vision will be realized. The vision is long-term (10–15 years) and the strategy remains broad. This document provides updated general guidance on the objectives, goals and strategies that will shape how the Perley Rideau will evolve to meet the challenges it faces. Details about implementation are included in action plans of three-to-five years each. As an

evolutionary document, Whither the Perley Rideau – Version II addresses both current activities and future plans. However, it is a strategic document focused on the future and thus is written primarily in the future tense.

Whither the Perley Rideau – Version II is a governance document written primarily for the Board of Directors and Management of the Perley Rideau, and key partners. While the full document will be publicly available, a less-detailed version will be used for communication efforts.

Terminology. Every attempt has been made to feature terms commonly used within the healthcare system. Since one single authoritative reference does not exist, however, Annex D defines a selection of key terms. Readers should note, however, that the meanings of many terms vary by region; one term may have multiple meanings, while two different terms may share one definition.

The Perley Rideau’s vision and mandate is to care for Veterans and those aged 65 years and older. Appropriate terminology for the 65-and-over age cohort is the subject of growing public debate. Some consider terms such as elderly to be pejorative and unacceptable. In most cases, this document uses the term senior; in a few cases, it uses the term older person.

Given the growing diversity of programs and services offered by the Perley Rideau, no single term applies to everyone who uses our services. Resident is clearly appropriate for those in Long Term Care or in the Apartments. Patient is clearly appropriate for those who come to the Health Centre to access medical services; client will be used for those who receive Assisted Living Services in their homes. Unless otherwise stated, the term resident will also apply to our patients and clients.

IMPLEMENTATION OF PHASE 1 (2010–2015): PROVIDE A BROADER SPECTRUM OF CARE

The Perley Rideau strategy features three phases and four broad strategies. During Phase 1, significant progress was made on broadening the spectrum of care, diversifying the Health Centre’s services and on supporting the Province of Ontario’s Aging at Home strategy. The Perley Rideau now provides short-stay care (convalescent and respite care), Assisted Living Services both within its new apartments and in the community, and a variety of other programs (the Perley Rideau Physio & Massage Therapy Clinic and a Dermatology Clinic). Annex E summarizes the progress made during 2010–2015.

ANALYSIS OF THE CHALLENGE

The Case for Change

An updated analysis of relevant global, national and regional trends during the next 10–15 years (Annex B) suggests a significantly different future healthcare environment. The implications of this future environment are far-reaching. Most significantly, the progress made during Phase 1 is not enough to ensure the Health Centre’s sustainability; change,

in a variety of dimensions, will be an integral aspect of the Perley Rideau's future. The analysis makes an overwhelming case for change. Annex C presents a detailed analysis.

Demographics will have the greatest impact, as Canada's aging population will exert increased pressure on the healthcare system and substantially increase demand for Long Term Care (LTC) in an already overloaded sector. While this will not impact the Perley Rideau directly, the healthcare system must adapt. At the same time, the nature of the demand for care will change. Most significant for the Perley Rideau is the declining population of War Service Overseas Veterans (WSOV) during the next decade (particularly during 2016–2020) and the associated changes in requirements for their care. This decline will lead to a significant reduction in revenues for the Perley Rideau¹, although Veterans Affairs Canada's (VAC) recently agreed to fund care for a relatively small number of Other Qualified Veterans (OQVs) for two years.

Commensurate with the increase in the overall population of seniors will be a growth in chronic health conditions and diseases such as Type 2 diabetes and most notably dementia. In general, frailty will become much more prevalent in the LTC population and place increased demands on the Health Centre. We can also anticipate an increased demand in more culturally focused services given the changing demography of the region.

Government priorities and policies continue to shift in response to these and other trends. To remain relevant and sustainable, the Perley Rideau must adapt to Ontario's Aging at Home Strategy and to increased accountability requirements for LTC homes (along with the associated costs).

We anticipate that inadequate resources will be available to meet this growing demand. Governments will invest their limited resources where they can achieve the greatest returns; funding growth will not keep pace with demand. In addition, charitable contributions will likely slow due to growing economic uncertainty, despite the fact that Canadians have never been wealthier.

The care sector's labour market (Health Human Resources) will also shift: demand will outpace labour-force growth during the next 10-15 years, leading to growing shortages of healthcare workers. The same demographic trends will also lead to shortages of informal caregivers and volunteers.

The two factors that have long threatened the sustainability of the Perley Rideau – wage structure and infrastructure costs – will continue to exert pressure on the bottom line. The sustainability challenge is expected to worsen as the gap between provincial funding and operating expenses grows, and as the WSOV population decreases, healthcare costs rise and the Health Centre's infrastructure ages.

Other factors must also be considered as the Perley Rideau charts its course. Foremost is the change in Ontario's healthcare system. The relatively simple healthcare model based

¹ Current estimates are that revenues could decline as much as \$3 million per year..

on family physicians, local acute-care hospitals and a relatively small number of retirement homes has been replaced by a complex system with a diversity of providers along a continuum of care (Figure 1). This continuum will evolve as rising demand and resource limitations force new approaches to care.

Health-system reform, including funding reform, is among the provincial government's priorities. However, while the province has introduced numerous changes in recent years, the healthcare system still largely consists of stand-alone health-service providers (HSPs) operating within defined categories or silos. While there has been little progress made system-wide, there are opportunities for willing partners to make a difference by improving coordination and integration, either organizationally or through programs.

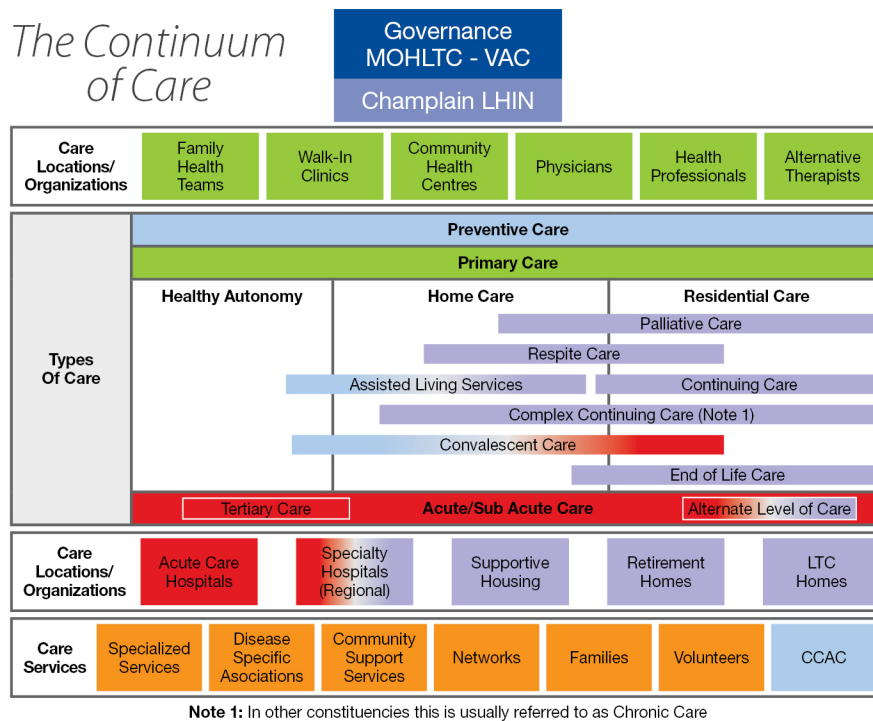


Figure 1: The Continuum of Care

In striving to ensure value for money, government is demanding greater accountability in resource usage and meeting standards, which, in turn, is placing greater pressures on HSPs to be more creative and resourceful. In addition, there is a growing gap between public expectations and the health care system's capacity, placing increasing pressure on government and HSPs. Consequently, much of the change that is occurring is as a result of HSPs across the continuum seeking ways to increase effectiveness and efficiency. This is leading, in many cases, to more diverse approaches to care. For example one may find a hospital formerly focused on acute care expanding into rehabilitation care, palliative care, family medicine and long term care. At the same time, driven by the increasing complexity of health care, HSPs are also specializing, resulting in a concentration of

expert staff and facilities to provide the best possible care at the least cost. This transformation is aided by an evolving system which sees much greater client mobility between HSPs and allows HSPs to focus on providing specific types of care in the most efficient manner. Thus the trend is towards an integrated health care system which moves the client to where the best and most cost effective care can be received. Against this backdrop, LTC homes, especially those with a certain critical mass, possess the basic infrastructure and expertise to meet the needs of a much more diverse population. The challenge for the Perley Rideau and other LTC providers will be to realize this potential.

The Perley Rideau's Opportunities

These trends require that the Perley Rideau evolve; the status quo is not sustainable. The Perley Rideau must identify where it can best add value in the rapidly changing healthcare system.

As the third-largest LTC home in the province, the Perley Rideau is well positioned for the future. It has the infrastructure and capacity needed to innovate, yet it is small enough to readily implement various models of care. Furthermore, staff have a high level of expertise and the Perley Rideau has a strong reputation for delivering top-quality care – particularly to Veterans, a unique and valuable niche. This combination gives the Perley Rideau significant growth potential.

The dynamic change underway in the health system presents a number of opportunities for the Perley Rideau. The Health Centre could reduce the Alternate Level of Care (ALC) pressure on acute-care hospitals by increasing its capacity for sub-acute care, for instance. In addition, the province's Aging at Home strategy presents opportunities to deliver Assisted Living Services supports. Increased integration in the healthcare system presents considerable opportunities for the Perley Rideau to partner with other HSPs and academic institutions, particularly in caring for frail older people – an underserved but growing population. Finally, there is an opportunity to be a partner of choice for VAC pilot programs in seniors care for modern Veterans.

As it pursues these opportunities, the Perley Rideau must consider its reliance on VAC funding and its role as a Veterans' home. With the recently announced funding for the long-term care of Other Qualified Veterans, it is clear that service to Veterans will remain an important part of the Perley Rideau. However, it is unlikely the new program will replace the declining population of WSOVs at the Perley Rideau and funding adjustments will need to occur as the Veterans' population decreases. There is a significant risk that demand for healthcare workers will outpace supply, limiting the Health Centre's growth and capacity. Finally, the Perley Rideau lacks the deep experience necessary to become a centre for academia and research.

DEVELOPING THE PERLEY RIDEAU OF TOMORROW

In meeting the challenges of this changing environment, the Perley and Rideau Veterans' Health Centre has developed a long-term vision and transformation strategy to better meet the needs of the community.

The Perley Rideau Vision

Leading innovation in frailty-informed care to enable seniors and Veterans to live life to the fullest.

Realizing the Vision

The Perley Rideau is an important component of the Champlain Local Health Integration Network (LHIN), providing vital care to seniors, both in the Veteran and community populations. We see the Health Centre as unique both for the quality of care it provides and the innovative approach that it takes to meeting the changing needs of its target populations.

We envision the Perley Rideau as an evolving Village that provides or supports most seniors' needs, such as for affordable housing, nutrition, safety, companionship, learning and opportunities to participate in all aspects of Village life. The Village will grow to encompass the Long Term Care home, short-stay facilities for convalescent and sub-acute care, supportive housing, and programs for both residents and members of the surrounding community. Importantly, the Village continues to develop the supports, care and advocacy that enable seniors to remain in their homes as long as possible. The vision includes providing a broad continuum of care to optimize the capabilities of the Perley Rideau and to ensure that it continues to meet the changing needs of an aging population.

The Health Centre will build on its expertise in long term care to become a Centre of Excellence in Frailty-Informed Care. A Geriatric Training Centre will be established to pass along this expertise to a new generation of healthcare workers interested in pursuing an exciting profession and in providing leading-edge care. The Perley Rideau will also establish, in partnership with academic institutions, an Integrated Learning Centre focused on innovative teaching methods and resources, on the practice of disseminating knowledge and on leading practice across the sector. The Perley Rideau may also conduct applied research into the care of frail seniors and potentially establish an applied-research centre.

The Perley Rideau Mission

To achieve excellence in the health, safety and well-being of Seniors and Veterans with a focus on innovation in person centred and frailty-informed care and service.

The Perley Rideau Motto:

Together we improve the well-being of the people we serve.

Credibility

Key to realizing our vision is maintaining the Perley Rideau's credibility. Only by being credible among stakeholders can we gain the trust essential to ensure the provision of resources and to complete the required changes. Maintenance of our institutional credibility will be a key focus of all activities as we implement the strategy. We need to be seen by:

- Government as an effective, responsible and innovative manager of resources, and as a reliable health care partner;
- The community as a diligent and responsive healthcare partner; and
- Families and residents as a caring provider of top-quality care.

Core Values

The Perley Rideau operates under the belief that ageing well is rooted in living well – that there is joy in living every day. We also believe that each person is unique and valuable, and is entitled to purposeful, person-centred and compassionate healthcare. Our core values and the expected behaviours that flow from them will guide the implementation of our strategy and the realization of our vision.

Compassion is to understand the condition of others, and to commit oneself to the caring necessary to enhance health and quality of life, and to relieve suffering. We commit to:

- Providing a safe, comfortable, caring and friendly environment, and ensuring a good quality of life;
- Maintaining flexibility and adaptability in relationships;
- Displaying empathy, tolerance and forgiving in all interactions.

Respect is the basis of all of our relationships. Accordingly, we commit to:

- Taking a person- and family-centered approach to care;
- Respecting cultural, social, gender, class, spiritual, and linguistic differences;
- Maintaining respect for our unique responsibilities to both Veteran and community residents;
- Respecting privacy and confidentiality;
- Respecting all members of the team – their contributions and views are valued, acknowledged and rewarded;
- Valuing ongoing and open communication.

Integrity and ethical practice must permeate all actions of the Perley Rideau. We commit to:

- Honesty and trustworthiness in all that we do;
- Being accountable and responsible for all of our actions.

Excellence. The Perley Rideau is dedicated to achieving excellence in all that we do and commits to

- Excellent quality of care;

- Employing caring, engaged staff committed to excellence, innovation and continuing improvement;
- Taking pride in what we do.

THE STRATEGIC FRAMEWORK

The Essence of the Strategy

The essence of the strategy is twofold: increasing relevance and value to the healthcare system and improving sustainability. The first part will be accomplished by expanding the Health Centre's capacity along the Continuum of Care, thus supporting government policy to reduce costs, and by specializing in the care of frail seniors to meet growing demand. The second part will be accomplished by ensuring continued support from government, by growing commercial revenues and by decreasing costs through improved efficiency.

The Framework

The strategic framework consist primarily of two components; a set of strategies or strategic directions that guide effort throughout strategy implementation and three phases each with a specific focus for change.

Strategies

The four major strategies are: Excellence in Care and Service; Ensure Sustainability; Maintain a Quality Workforce; and Lead and Advocate for Change. (Figure 2)



Figure 2: Strategies

Excellence in Care and Service

The Perley Rideau is first and foremost a home for residents. Our goal is to create a safe, healing and happy environment where all individuals are known, accepted and treated with dignity and respect. Achieving this involves several sub-strategies.

- **Person- and Family-Centred Care.** This approach organizes services with and around the person, respecting their right to choose healthcare interventions. The Perley Rideau acknowledges each person as an expert in themselves and their life.
- **Quality of Care.** Every resident of the Perley Rideau will receive exemplary care and service in a safe environment. The Perley Rideau will monitor and improve care, and publish and implement annual Quality Improvement Plans that set targets, capture outcomes and help to demonstrate a pursuit of the highest possible standards in care.
- **Quality of Life.** The Perley Rideau is a community where life revolves around relationships that enable residents to achieve lives worth living through meaningful social contacts, and recreational and therapeutic programs.
- **Safety.** The safety of our residents, patients, clients, staff, volunteers and visitors is a core concern in all that we do. Our Safety Improvement Plan focuses on all aspects of the organization and aims for the Perley Rideau to become a “high reliability learning organization” through quality and safety initiatives.
- **Honour our Veterans.** War Service Overseas Veterans are a unique group of residents who continue to shape the culture of the Perley Rideau. As the size of this unique population diminishes, the Perley Rideau’s culture and environment will change considerably, impacting remaining Veterans. While this change is beyond the Health Centre’s control, we expect to continually welcome new Veterans, in particular modern Veterans, as either VAC clients or community residents. The Perley Rideau will capitalize on its history and continue to honour Veterans by maintaining our attractiveness to all Veterans, and by focusing on these important residents, and their families and friends.
- **Support for Other Qualified Veterans.** While maintaining its focus as a seniors’ Village, the Perley Rideau will also work to support Other Qualified Veterans². Our objective is to maintain our tradition as a Veterans’ health centre and to be seen by Veterans Affairs Canada as a partner of choice in providing effective service to this special group.

Ensure Sustainability. The Perley Rideau cannot meet its mandate or achieve its vision if it is not sustainable. Government revenues continue to fall short of the costs of meeting the needs of residents – a situation that will likely worsen. Sustainability is about far

² Other Qualified Veterans (OQV) is defined as retired service men/women that are income qualified (low income) WWII Veterans who served in Canada only (minimum of 365 days), Canadian Armed Forces Veterans who require care due to a service-related disability or with a service-related disability and who are assessed as “frail” per Veterans Affairs policy and Certain Allied Veterans.

more than just money, however, for it implies the Perley Rideau must be perceived as indispensable to government and the community it serves. Therefore, we will pursue a strategy which will realize a sustainable Health Centre delivering high value for money. Achieving this will require pursuit of the following sub-strategies:

- **Optimize Efficiency.** Continual pursuit of efficiency must be the foundation of the Health Centre's sustainability strategy. While great gains have been made in this area, the changing environment demands ever-greater diligence. Every penny provided by government or private donors must be spent wisely. Along with reducing expenses, this demands investments that foster long-term efficiency gains. The energy-retrofit and solar-panel projects implemented during Phase 1 are prime examples of this sub-strategy³. Other targets for efficiency improvement could include information technology, energy usage (e.g. by achieving LEED standards) and technology for resident care. The Perley Rideau must also advocate for process changes that could improve the overall efficiency of the healthcare system.
- **Achievable Re-capitalization Plan.** The Health Centre must pursue re-capitalization to ensure that infrastructure can be repaired and replaced as required. This requires a long-term re-capitalization plan and considerable negotiation with government.
- **Increase Business Revenue.** Given the importance of commercial revenues, the Health Centre must explore opportunities to increase them. The Perley Rideau will implement a Business Development Plan to increase commercial development. This will maximize the use of available space and potentially increase space; it will also provide important services to residents, their families and the community. Over the long term, the Perley Rideau will explore additional opportunities to increase revenues, such as through training workers, conducting research and services and fees set at market rates.
- **Increase Donations.** Charitable donations to the Perley and Rideau Veterans' Health Centre Foundation are a vital part of the Health Centre's revenues. The Health Centre will cooperate closely with the Foundation to align goals and support efforts to adapt to the changing donor base to increase donations.

³ Apartment Unit Construction: High-quality insulation was installed in the apartment units to increase energy efficiency, reduce noise and enhance tenant comfort.

- Solar Generation System: The solar project went into operation in May 2014 and generates revenues of \$200,000 per year. The 1,200 solar panels generate 249.5 MWh of electricity per year, enough to power 27 average households.
- The high-efficiency central heating and cooling plant improves reliability and reduces operating costs.
- Automation of HVAC controls, high-efficiency lighting, air-flow controls and a variety of other initiatives were also completed. The energy retrofits implemented under the facility-renewal program result in savings of \$360,000 per year and Perley Rideau invests in regular monitoring and verification
- The Perley Rideau Energy and Facility Renewal Report: "(Perley Rideau) its residents, staff and the surrounding community will all benefit from the pollution reductions generated through the proposed Energy and Facility Renewal Program. The project will reduce current CO2 emissions by 320 metric tons per year, which is equivalent to removing 53 medium size cars from local roads."

- **Sustain Revenues from Government.** Government is the largest source of funding for the care of our residents and clients and any changes or improvements to funding will require government involvement. The Perley Rideau will continue to advocate to government for fair and reasonable funding for the provision of care but will also continue to adapt its business lines to ensure the Health Centre provides high value for money and is a place where government wants to invest.
- **Environmental Sustainability.** The Perley Rideau will take a proactive approach to environmental issues to maintain credibility as a responsible member of the community and to be a good environmental steward. But it should also ensure wise investment in advance of the inevitable implementation of government environmental policy, such as carbon pricing, and thus avoid future costs.
- **Support Healthcare Reform.** The Perley Rideau will participate actively in efforts to reform Ontario's healthcare system. This will enhance credibility and provide opportunities to shape the Health Centre's future.

Maintain a Quality Workforce. Demographic shifts will lead to a broad shortage of healthcare workers, increased competition and higher wages. The Perley Rideau is likely to face staff shortages and declining expertise among staff. To mitigate this trend, the Health Centre will pursue a strategy of maintaining an effective, quality workforce operating in an exciting, high-quality work environment. Achieving this will require pursuit of the following sub-strategies:

- **Effective Long-Term Recruitment and Retention.** The market for Health Care Workers (HCWs) is increasingly a sellers' market; the Health Centre must not assume that it will always be able to hire the HCWs it needs. Accordingly, it will pursue a long-term recruitment and retention strategy. Recruitment must ensure that the Health Centre has enough staff with appropriate levels of expertise, and that staff meet relevant regulatory requirements. A key component of this sub-strategy will be the increase of clinical placements and ultimately the establishment of a training centre. This will raise awareness among recent graduates of employment opportunities in the LTC sector and facilitate recruitment. Retention will focus on employee engagement well-being and recognition, along with staff development and the maintenance of a quality environment. The Perley Rideau must continue to be a great place to work for people dedicated to enriching the lives of seniors. Ultimately, recruitment and retention will demand considerable effort and resources.
- **Effective Staff Education and Development.** The Health Centre must increasingly support training and develop required expertise in-house. The creation of a Geriatric Training Centre will be pursued in due course.
- **Maintain an Attractive, Quality Work Environment.** Long term care is not an attractive sector for many healthcare workers. To change this perception, the Perley Rideau will maintain an attractive, quality work environment. This includes

increasing specialization, staff development and the use of technology in resident care, and pursuing wage parity with the acute-care sector.

- **Maintain an Effective Volunteer Program.** Hundreds of unpaid volunteers are also critical to the Health Centre; indeed, Perley Rideau could not operate without them. Demographic shifts and current trends will lead to significantly fewer volunteers. To maintain current levels of service, the Health Centre has begun to implement a comprehensive five-year Volunteer Services Plan. The Plan will develop a variety of opportunities for volunteers to acquire specific experience, contribute specialized skills and to serve as a team alongside family members or colleagues.

Lead and Advocate for Change. To realize its vision, the Perley Rideau will both lead, and advocate for, change in the healthcare system, and particularly in LTC. It will strive to be a credible, nationally recognized leader in frailty-informed care and a highly valued partner, particularly in LTC. Achieving this will require pursuit of the following sub-strategies:

- **An Innovative Culture.** Given the magnitude and complexity of change in the healthcare system, innovation is essential. The Perley Rideau will develop an innovative culture that facilitates positive change at all levels.
- **Ensure Effective Communications.** Maintaining organizational coherence during a period of far-reaching change requires a clear understanding shared among all stakeholders. The Perley Rideau will pursue a communications approach that imparts a sound understanding of the Health Centre's vision, objectives and goals, along with the strategies required to achieve them.
- **Collaboration with Government.** The Perley Rideau will play a lead role in promoting a healthcare system that is more responsive to the needs of the community. It will pursue a philosophy of collaboration with all levels of government – federal, provincial and regional – guided by a Government Relations Strategy that aims to ensure that the Perley Rideau continues to be an integral component of a more responsive and efficient healthcare system.
- **Build Staff-Union Partnership.** The staff is essential to the effective operation of the Perley Rideau and will be key to implementing change. As front-line workers, they must bear the brunt of change activities, and they possess the expertise and insights that can ultimately ensure success. The Perley Rideau will continue to work in partnership with staff and unions.
- **Maintain Community Support.** The Perley Rideau could not operate without the active support of the community, particularly in terms of the many volunteers and donors who support the Health Centre. Maintaining an open, honest relationship with the community and solidifying their support will be a major thrust of the strategy.

- **Develop Alliances and Partnerships.** As the healthcare environment grows more complex, diverse and specialized, partnerships across the care continuum will become even more essential. The Perley Rideau must continue to develop and expand these partnerships, particularly in the clinical, training and research domains related to frailty, convalescent and sub-acute care. This could lead to the integration of programs and of other HSPs.

Strategic Objectives and Goals

The strategy will be implemented in three phases with each strategic objective focused on a major component of change (Figure 3). Each objective has a number of supporting goals. Ideally, the majority of the work required in one phase will be completed prior to proceeding to the next. However, given the complexity of many goals, phases have no defined end dates and will continue until all goals have been completed.

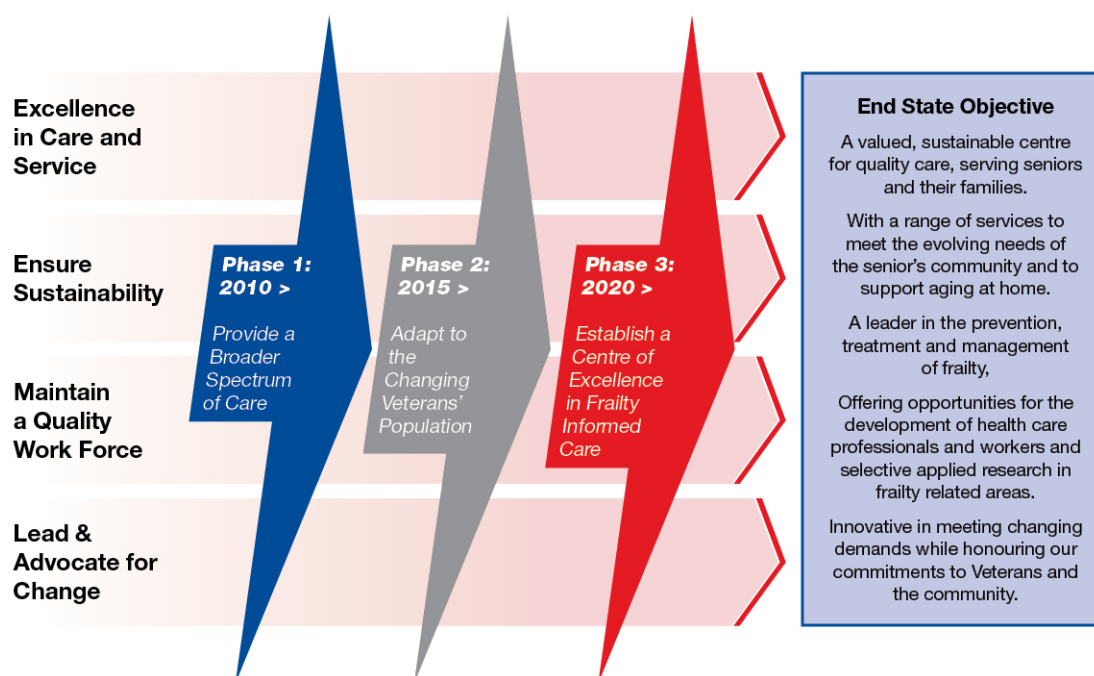


Figure 3: Strategic Objectives

Phase 1: Provide a Broader Spectrum of Care. Phase 1 commenced in 2010 and focuses on broadening the spectrum of care delivered within the Perley Rideau's Village setting. During Phase 1, the Health Centre diversifies the services it provides, supports Ontario's *Aging at Home* strategy and begins to establish the capabilities essential to the creation of a centre of excellence (Figure 4).

Phase 1 - 2010 >

Provide a Broader Spectrum of Care

Establish Supportive Housing

Provide Outreach Services

Increase Short Stay Care

Develop Enhance Clinical Placement Programme

Increase Commercial Services

Figure 4: Phase 1

Much, but not all, of this objective has been achieved. The specific remaining supporting goals include:

- **Establish Supportive Housing.** A key to the Village concept is the affordable, supportive housing that opened in 2013. The residence links to programs and services, such as Assisted Living, that promote healthy aging. The program continues to expand.
- **Provide Outreach Services.** The Village currently provides Assisted Living Services to seniors living in the surrounding neighbourhood. Over time, this offering will expand and additional healthy-living programs will be delivered to seniors who wish to age successfully at home. Future plans include the establishment of a multidisciplinary primary-care clinic delivering medical care, occupational therapy, speech-language pathology and nutritional consultations. Future plans might also include an interprofessional clinic and a frailty-informed care clinic.
- **Increase Short-Stay Care.** As a means of reducing the pressure on other healthcare facilities, the Health Centre has increased its capacity for convalescent and respite care for seniors. It will continue to explore opportunities to provide other forms of sub-acute care.
- **Develop an Enhanced Clinical-Placement Program.** To meet the growing need for training and development of healthcare workers, the Perley Rideau will continue to enhance its clinical-placement programme. This will support the eventual establishment of a full training centre.

- **Increase Commercial Services.** As part of the Village concept, commercial services have been increased and additional opportunities will be developed.

Phase 2: (Commencing 2015) Adapt to the Changing Veterans Population. The greatest decrease in the population of War Service Overseas Veterans (WSOV) occurs during Phase 2. The focus of Phase 2 is to transition the Perley Rideau to a post-WSOV population, although specific details and actions will evolve over time and must be negotiated with VAC and the province. Recent VAC decisions to fund the care of non-WSOV and Other Qualified Veterans could provide the Perley Rideau with new opportunities in this area. Perley Rideau will continue to support VAC in the development of new programs for Veterans.

Phase 2 - 2015 >

Adapt To The Changing Veterans' Population

Veterans Transition Agreement
 Alternate Bed Use
 Growth
 Support for Other Qualified Veterans and Modern Veterans
 Enhance Behavioural Programmes
 Establish a Learning Network for Frailty-Informed Care
 Establish a Geriatric Learning Centre
 Adaption of a More Relevant Brand

Figure 5: Phase 2

Despite the provision of beds for Other Qualified Veterans, the population of Veterans will continue to decline. The Perley Rideau must seize this opportunity to better serve the healthcare system and to move toward financial sustainability. The Health Centre must identify alternate uses for its Veterans' beds and introduce new services. Success will depend on how well the Perley Rideau takes advantage of its current wage structure and its sizable facility. For this reason, the most likely future involves models of care that require considerable space and partnerships with HSPs that have similar wage structures. We must also develop the expertise needed to create a centre of excellence. This phase will see the greatest change in structure and capability (Figure 5). Specific supporting goals include:

- **Veterans Transition Agreement.** To guide and fund the transition from the WSOV population and to make available beds for Other Qualified Veterans, an agreement will be negotiated with VAC, the Champlain LHIN and the Province. Management of the transition must remain flexible, however, to accommodate the variable decrease in

the WSOV population and the potential growth of the population of these Other Qualified Veterans.

- **Alternate Bed Use.** The Health Centre will explore ways to repurpose some of its 450 LTC beds by taking advantage of existing expertise and capabilities. The goal is to provide greater value to the healthcare system and to increase revenues. Specific uses range from sub-acute care to convalescent and palliative care.
- **Growth.** Expanding existing facilities and services or introducing new services might also increase revenues and provide greater value to the healthcare system. Options range from constructing additional apartments to introducing a primary-care clinic and expanding the therapeutic recreation and creative-arts program.
- **Support the Modern Veteran.** The Perley Rideau will seek to be a “partner of choice” and pursue opportunities with VAC to provide dedicated support to modern Veterans, such as by treating Operational Stress Injuries, or meeting their particular health and cultural needs.
- **Enhance Behavioural Programmes.** As part of the evolution to a Centre of Excellence in Frailty-Informed Care, the Health Centre will continue to enhance its behavioural programs.
- **Establish a Learning Network for Frailty-Informed Care.** As its expertise in frailty-informed care increases, the Perley Rideau will play a leadership role in establishing a learning network to share best practices and insights.
- **Establish a Geriatric Training Centre.** Building on the clinical-placement program, the Perley Rideau will establish a Geriatric Training Centre as a prime focus of its Centre of Excellence in Frailty-Informed Care. Such a Centre would likely be developed in partnership with select academic and training institutions.
- **Adoption of a more relevant brand.** With the evolution of the Perley Rideau as a senior’s Village and a Centre of Excellence in Frailty-Informed Care, combined with a reduction in Veterans, the Health Centre will consider adjusting its brand identity.

Phase 3: (Commencing 2020) Establish a Centre of Excellence in Frailty-Informed Care. Frailty is a progressive condition that increases vulnerability and decreases ability to recover from a health crisis.⁴ The centre of excellence concept is based on three pillars: excellence in the care of the frail senior; innovation in education, best practices and knowledge translation; and applied research to advance care of frail older people. Through the centre of excellence, the Perley Rideau will enhance the LTC sector with education, research, adoption of evidence-based practice and strategic partnerships. (Figure 6) The specific supporting goals include:

⁴ Frailty is defined as a physiologic syndrome characterized by decreased reserve and resistance to stressors, resulting from cumulative decline across multiple physiologic systems, and causing vulnerability to adverse outcomes.

Phase 3 - 2020 >

Establish a Centre of Excellence in Frailty Informed Care

Achieve Excellence in the Care of the Frail Senior

Establish an Integrated Learning Centre

Conduct Applied Research

Figure 6: Phase 3

- **Achieve Excellence in the Care of the Frail Senior.** In order to be a centre of excellence the Perley Rideau must achieve excellence. This will be achieved through the continual improvement in quality care leading to strong clinical practice and by gaining quality improvement expertise. In this pursuit, the Health Centre will use frailty-informed care approaches.
- **Establish an Integrated Learning Centre.** In partnership with academic institutions, the Perley Rideau will establish an Integrated Learning Centre with innovative teaching methods and resources. The Centre will also disseminate knowledge and lead practice across the sector – a process known as knowledge translation.
- **Conduct Applied Research.** In partnership with industry, and research and academic institutions, the Perley Rideau will build its capacity for applied research for frail seniors. This could eventually lead to the establishment of an Applied Research Centre.

Supporting Goals. To achieve these strategic objectives and their related goals, a number of preliminary actions must be taken. These actions will help to create and sustain the conditions needed to implement the strategy successfully. They include:

- **Effective Communications.** All stakeholders must understand the Health Centre's mission, vision, objectives and goals, along with the strategies for achieving the vision and the underlying rationale. The maintenance and implementation of an effective communications plan is essential.

- **Shared vision with key stakeholders.** As a vital pre-condition for achieving success in the implementation of the strategy, stakeholders must share the Health Centre's vision. Achieving this will take a considerable amount of effort by management and the board and will be the principal focus of the communications plan.
- **Maintain an Effective Performance Management System.** The Perley Rideau must systematically monitor and track progress toward strategy implementation. All activities must be benchmarked against provincial and national standards. The Perley Rideau must maintain an effective performance-management system.
- **Maintain an Effective Information Management System.** To implement and monitor implementation will require the integrated management of relevant information. The Perley Rideau must continue to upgrade its information management system to reduce the load on management and staff, and to increase efficiency.
- **Maintenance of a third-party-services business line.** Increasing commercial services will also increase Health Centre revenues. To reduce the additional load on management, commercial services must remain a separate business line and have an appropriate management structure. Figure 7 depicts the Perley Rideau's business lines.

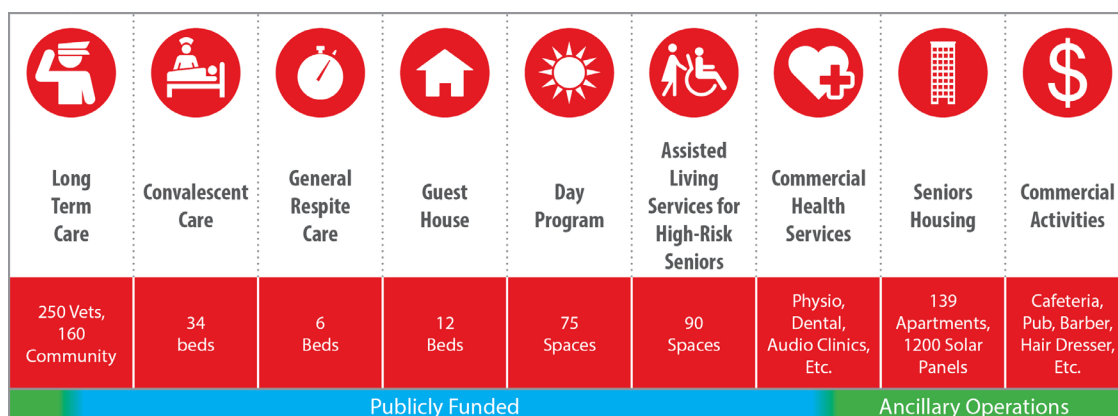


Figure 7: Business Lines

- **Maintenance of a Long-Range HR Plan.** Careful long-range planning is needed to ensure that the Health Centre has the appropriate numbers of employees with the appropriate expertise at the appropriate time.
- **Develop a Veterans Marketing Plan.** The Perley Rideau will remain the pre-eminent centre for Veterans' care in the region, even though it seems likely that the total number of WOSV and Other Qualified Veteran residents will decrease significantly in the future. The Perley Rideau must optimize its brand and marketing efforts to better target and appeal to all Veterans.

IMPLEMENTING THE STRATEGY

Management must implement the strategy in consideration of several factors.

Flexibility

To accommodate both expected and unforeseen changes, a series of three-to-five-year business plans – updated and approved by the Board annually – must guide implementation.

Investment

Each year, management must identify the specific financial and human resources needed to implement the strategy and present its investment to the Board for approval.

Sustainability

The implementation plan should strive for sustainability as soon as practicable. While change initiatives may occasionally strain the Health Centre, they must not jeopardize long-term sustainability.

Risk Management

The strategy poses several risks that must be anticipated and mitigated through timely adjustments to the implementation plan. Ultimately, implementation must never leave the Perley Rideau in a less advantageous position than it is today. To identify and manage these risks, management must pay close attention to the following factors.

- **Demand.** External factors, such as the actions taken by other HSPs, will affect demand for healthcare services. The implementation plan must continually be informed by current and projected demand trends.
- **Government Support.** Ongoing support from federal, provincial and regional governments is critical, particularly with the planned conversion of LTC beds. The Perley Rideau must secure official support well in advance of decisions to implement specific changes. Advocacy efforts with all levels of government must demonstrate the wisdom of the proposed changes.
- **Affordability.** The required investments must be considered on their own merits and must not financially over-extend the Health Centre.

SUMMARY

The motto of the Perley Rideau Veterans Health Centre is “Together we improve the well-being of the people we serve.” As the Health Centre moves forward, that philosophy will be every bit as important as it is today. The strategy contained in this document is designed to allow the perpetuation of that philosophy in a rapidly changing world, by ensuring the Perley Rideau adapts to meet the changing needs of the community while ensuring sustainability of this vital institution.

ANNEXES:

Annex A: The Strategic Planning Process

Annex A2: The 2010 Strategic Planning Process

Annex B: Trend Analysis

Annex B2: Summary of Trends

Annex C: Analysis of Challenges

Annex D: Terminology

Annex E: Report on Implementation of Whither the Perley Rideau during the period 2010-2015.

THE STRATEGIC PLANNING PROCESS
WHITHER THE PERLEY RIDEAU VERSION II

Introduction

In June 2014 the Board established a Strategic Planning Working Group (SPWG) to undertake strategic planning work to update its 2010 strategy “Whither the Perley Rideau”. In June 2015 the SPWG was established as the Veterans Transition and Strategic Planning Committee (VTSP).

The Objective

The SPWG/VTSP’s principal focus was veteran’s transition. Given the potential immediacy of declining WSOV’s its immediate task was to develop a range of options for alternate uses of the current 250 WSOV beds measured against do-ability and financial sustainability. However, given the evolving environment, it was also to develop and evaluate options and make recommendations to refine the strategic plan and strengthen the Perley Rideau's prospects of mission accomplishment on a sustainable basis for the short and long-term.

The Process

At the outset SPWG/VTSP reviewed the strategic planning process used in the development of the 2010 strategy (see Annex A2) and accepted its validity to guide the review and any adjustment to the Strategic Plan. Given the Board’s priorities, a considerable amount of the SPWG/VTSP work was focused on defining the WSOV issue, planning and overseeing the negotiations with VAC and the Champlain LHIN and addressing specific solutions for the shortfall. While this was critical work which contributed to the development of Phase 2, most of it didn’t directly shape the evolving strategy. The strategic planning work, which was done in parallel, was based on a review of the work that led to “Whither the Perley Rideau: A Strategy for An Advanced Health Care for Seniors” dated 4 November 2010 (See Annex A2 for a summary of the development of the 2010 strategy). This included an environmental scan, a trend analysis, a SWOT analysis, option development and finally the development of a revised strategy.

The SPWG/VTSP work was regularly reviewed by the Board and guidance provided. This included two substantial workshops where the Board shaped the evolving work.

The Environmental Scan and Analysis

An environmental scan was conducted in order to validate the trends identified in the 2010 strategy, to identify what has changed, to identify new and emerging trends and to explore the competitive environment for new opportunities. The detailed work on the environmental scan was undertaken primarily by management supported by a consultant. This included a review of the 2010 strategy documents, a review of current secondary sources and the conduct of interviews with a number of executives in the health care field.

Trend Analysis

Based on the analysis the SPWG concluded that the 2010 identified trends are still valid. However, it did find that some of the trend areas are more pronounced and viewed as more influential in the short term. An updated summary of the identified trends can be found at Annexes B and B2.

Option Development

The SPWG/VTSP work concluded that the core of the 2010 strategy was sound and option development focused on Phases 2 and 3.

Strategy Development and Approval

The strategy document was developed through the auspices of VTSP and reviewed by the board in an iterative manner. Board discussions, including a Board workshop ensured full consideration of the major issues and the revised strategy. The Board approved the document Whither the Perley II and briefed it to the Annual General Meeting in June 2017.

THE 2010 STRATEGIC PLANNING PROCESS

The Objective

In February 2008, the Perley Rideau board, recognizing that ongoing changes were eroding the value of the existing strategic plan, gave approval to complete a full strategic planning cycle, in order to develop an new strategic plan which would:

- guide the Perley Rideau in the ongoing development of best practices in long-term care;
- focus development and implementation of a broad range of care and services to meet evolving community needs; and
- meet the resource needs for long term sustainability of the Perley Rideau, in accordance with an achievable philosophy of care.

The objective implicitly spoke to the need to refine the vision for the Perley Rideau and can be stated as: *What kind of Perley Rideau; for what kind of population, in what kind of Ottawa?*

The Process

The Strategic Planning Committee set out the process to be followed in conducting this planning, as outlined at figure 1. The first step was the conduct of an analysis of the major trends leading to the development of an understanding of the environment the Perley Rideau would face over the next 15 years.

The Environmental Scan and Analysis:

In order to develop the vision, the Perley Rideau needed to consider the environment in which the Perley Rideau would operate over the next 10-15 years. This long term focus would force the Perley Rideau to think beyond the problems of today and identify the “big trends” which are most likely to shape the environment. This would allow the Perley Rideau to develop a long term vision and strategy, from which would flow a 3-5 year strategic plan.

Approach to the Environmental Scan:

In order to conduct the analysis, the Perley Rideau needed to seek information and perceptions/opinion on a range of factors impacting the future of Long Term Care in Ottawa and the future of the Perley Rideau. This environmental scan included an external element conducted by consultants and an internal element conducted by management. The external scan was accomplished in part by an extensive literature review which provided the bulk of facts upon which the Perley Rideau could base its objective analysis. Ms Anne Pearce, an MHA Candidate at the University of Ottawa with extensive experience in the health care field, was contracted to conduct the external literature scan. This work was provided in a report received in September 2008.

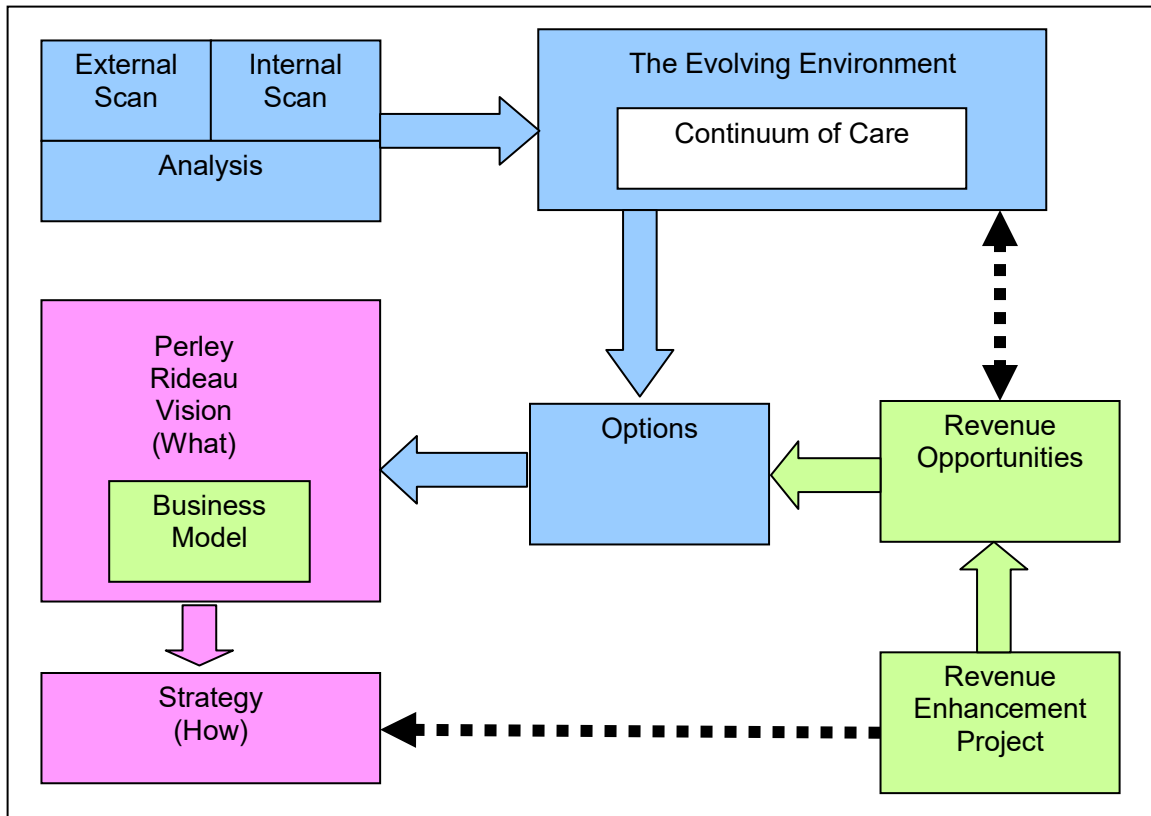


Figure 1: The PRVHC Strategic Planning Process

In addition, the Perley Rideau needed to survey its external stakeholders and influential players in Long Term Care, to gain their assessment of the future and the role of the Perley Rideau in it. The survey would be conducted in face to face interviews through a series of questions. The stakeholder interviews were conducted by Mr George Langhill, former CEO of the Royal Ottawa and an experienced health care professional. His report was provided on 15 September 2008.

The work of both consultants was guided by the following broad questions:

- **The Emerging Environment – do we all see it the same?**
 - What do you see as the greatest challenge for health care, in particular long-term care, over the next decade?
 - How will these changes affect “your” evolving strategy and policies?
 - How do you see these changes affecting the Perley and Rideau Veterans’ Health Centre?
 - How do you see the funding philosophy and structure for health care, in particular long-term care, evolving?
- **The Perley and Rideau Veterans’ Health Centre Today – perceptions of current strengths & weaknesses.**
 - What comes to mind when considering what the Perley and Rideau Veterans’ Health Centre:

- does best?
 - could improve upon?
 - could expand?
 - should discontinue providing?
- **The Perley and Rideau Veterans' Health Centre Tomorrow – Vision.**
 - How can the Perley and Rideau Veterans' Health Centre maximize its contribution to health delivery in the Champlain LHIN?
 - With which organizations should the Perley and Rideau Veterans' Health Centre establish partnerships, in order to fulfill its mission?
 - As it addresses financial pressures, what revenue/funding sources should the Perley and Rideau Veterans' Health Centre consider and how would this impact upon its operations?
 - Are there any other comments you wish to make regarding the Perley and Rideau Veterans' Health Centre or areas that you feel the Board of Directors should consider in reviewing the Health Centre's mandate?

These questions guided the development of a more detailed set of questions which shaped the Statement of Work for each of the consultants.

Internal Scan

The internal scan was completed over the fall of 2008 through the conduct, by management, of an employee satisfaction survey and a variety of focus group sessions on the future of the Perley Rideau. The results were provided in a report from management to the Strategic Planning Committee.

Trend Analysis

Based on these scans, the Strategic Planning Committee undertook a detailed analysis of the major trends in order to refine the nature of the future environment. This work was summarized in a trend analysis which can be found at Annex B.

First Principles

In considering the kind of Perley we envisaged for the future, the committee established the following principles to guide its work:

- The PR will provide quality health care;
- The PR will focus on care of the seniors population;
- Our vision and strategy will:
 - achieve a coherent integrated whole (all parts must work together to achieve an overarching objective/mission);
 - be conservative and fiscally prudent (we will accept reasonable risk);
 - be innovative and consider alternate revenue opportunities;
 - strengthen the Perley Rideau's credibility with key stakeholders, especially MOHLTC/LHIN/VAC, donor's and potential partners;
 - establish a constructive cooperative relationship with the CLHIN and create new strategic alliances.

Option Development

The Committee then developed a number of options to be considered for the future, which were debated and shaped over several months. This work was then briefed and discussed at a full Board workshop conducted in February 2009. The results of this work formed the foundation of the vision and the broad strokes of the strategy to be developed.

Throughout this process, a separate project on Revenue Enhancement was undertaken to examine the potential for increasing revenues at the Perley Rideau. It had originally been envisaged that this work would inform the strategy development and ultimately would be harmonized with it. However, this proved to be impractical and the Revenue Enhancement Project was completed separate from the Strategy and will be considered by the Board as a separate initiative.

Strategy Development

Based on the analysis and the option development, the committee developed a written strategy document which was debated by the board.

Strategy Approval

The Board of Directors considered the document “Whither the Perley Rideau: A Strategy for an Advanced Health Centre for Seniors” at its meeting on November 5th, 2009. The Board agreed that version 3 of this document be accepted as the basis for business and operational planning. The Strategic Planning Committee was to continue to oversee the refinement and publication of a final strategy document.

Trend Analysis – Version II

Introduction

In order to gain a clear understanding of the future environment within which the Perley Rideau will have to operate, a detailed analysis was conducted as part of the initial planning process to determine the likely major trends impacting on that environment. This analysis was based in large part on an environmental scan consisting of a major literature review and on interviews with leaders in the health care field.^{1 2} supplemented by focused research by the Strategic Planning Committee.

In planning for Version II, an updated environmental scan was conducted. This scan validated the major trends albeit with some updated facts and factors. The result is this updated trend analysis. This analysis identifies first and foremost the major trends that society is facing which will shape the environment. It will then deduce the likely effects and identify the resulting major trends that impact on the health care sector in particular the area of Long Term Care. Finally, it will identify the likely societal trends as governments and communities respond to the changing environment. Trends will be categorized as short term (10 years), mid term, (20 years) and long term (30 years and beyond). This analysis, while substantive, is not a treatise on the evolving global environment. Rather it is meant to provide a realistic assessment of the challenges that the Perley Rideau will face.

Causal Trends

Economy:

As earlier forecasted, under the pressure of a prolonged softening of the global economy, mounting government and individual debt and the need to restructure the economy domestically, the Canadian and Provincial economies have weakened with no immediate sign of relief . This will continue to limit Federal and Provincial government resource flexibility in the short to medium term which will place increased pressure on funding for health care and in particular funding for LTC.³

Energy:

In 2010 energy demand in Canada, was projected to increase by 35 per cent by 2030.⁴ Global issues such as commodity prices and economic growth will likely continue to be the dominant drivers for changes in energy demand in Canada. However, many factors including new technology, policy, regulations, and even changes in consumer attitudes and behaviour on energy use can significantly influence energy demand.⁵ In recent years, energy prices, technology, external markets and societal factors have all undergone substantial shifts over a short period of time. As the energy system continues to adjust

¹ External Literature Scan, September 2008, Prepared by Anne Pearce, University of Ottawa

² Environmental Scan Stakeholder Interviews September 15, 2008, Prepared by George Langhill Consulting inc.

³ Canadian Outlook Long-Term Economic Forecast: 2016; The Conference Board of Canada; 2015

⁴ Canada's Energy Future - Reference Case and Scenarios to 2030. National Energy Board, November 2007

⁵ Energy Brief: Global and Canadian Context for Energy Demand Analysis, National Energy Board, September 2008

and new trends emerge, there are considerable uncertainties in Canada's long-term energy outlook.⁶ While the oversupply of oil and gas indicate a moderation of energy prices in the medium term, the state of Ontario's energy policy and power generation, will mean considerably higher electricity prices for Ontarians.

Environment:

At its projected growth, the Canadian economy is forecast to increase green house gases (GHG) by 33 per cent by 2035.⁷ Despite International, Federal and Provincial governments stated commitments to meet GHG reduction targets, current progress puts achieving those targets at risk and increases the probability that global environmental decline will directly impact the health of Canadians and threaten our life support systems – air, water, food, shelter and security.

Infrastructure:

Canada's stock of government-owned engineering infrastructure was worth an estimated \$154.8 billion in 2002 in four main components: roads and highways, sewer systems, wastewater treatment facilities and bridges. The aging trend of this infrastructure has stabilized in recent years due to recent increases in investment by the various levels of government which have contributed to the ongoing renewal and improvement of what Statistics Canada describes as Canada's core public infrastructure (CPI). Even so, barring major new investments, 50% of public infrastructure is forecast to reach the end of its serviceable lifespan by 2027.⁸ An aging infrastructure will increase pressure on governments and will negatively impact the economy

Technology: With the growing shortage in health care workers and their increasing limitations due to age, researchers are working to develop a range of robots to supplement and support care givers. This will potentially see robots undertaking a range of functions from providing physical support to acting as emotional support for those with dementia. While short term costs make such use prohibitive, in the long term the growing size of elder community combined with economies of scale make such use increasingly likely.^{9,10}

DEMOGRAPHICS

Demographics will be largest determinant of future health sector needs and services. Rising life expectancy, combined with increasing populations, especially in Eastern Ontario, will see a doubling of the population over age 65 within the next 20 years and a correspondingly lower percentage of younger people. Indeed, by 2015 the over 65 population exceeded the under 15 population for the first time in the nation's history.

There will also be a smaller veteran's population. This, in large measure, will be a result of the loss of the vast majority of the War Service Overseas Veterans (WSOV)

⁶ Canada's Energy Future 2016: Energy Supply and Demand Projections to 2040; National Energy Board; 2016

⁷ Canadian Outlook Long-Term Economic Forecast: 2016; The Conference Board of Canada; 2015

⁸ Building for Prosperity – Public Infrastructure in Canada; Infrastructure Canada

⁹ Riek, L.D. "Robotics Technology in Mental Healthcare"; Department of Computer Science and Engineering, University of Notre Dame; 2016

¹⁰ 10 Ways Robots are Transforming the Health Care Industry; Article by Owen Weldon Dec 16, 2015 in Technology

population, those with World War II and Korean War service. Today the youngest Korean War veteran would be 81 which means they would be 95 in 2030. Other veteran's facilities are already facing significant vacancies due to the lack of veterans. While a recent change, the Perley Rideau has also started to have vacant Veterans beds a trend that will increase over the next five years.

With the shift in demographics we can expect to see a shortage of workers in all sectors. Indeed many organizations, such as the Federal Public Service, are gearing up for a growing competition for personnel and have started a recruiting drive to replenish their aging work pool. Canada already faces a shortage in health care workers and this trend will worsen over the next 20 years. For example, with the average age of Registered Nurses at 50, we can anticipate considerable strain on the health care system as many retire in the next 10-20 years. The challenge will be especially acute in the Long Term Care sector where attraction of care workers is already a challenge. This trend will also impact on the home care sector where it is estimated some 32,000 home support workers will be required in Canada over the next 10-15 years.

Given Canada's immigration policy, we can anticipate a growing cultural diversity in the region. Visible minorities already account for 7.2% of Canada's seniors and that figure will grow over the next 20 years. This population, both as residents and care workers, will bring their own needs, requiring the Perley Rideau to adapt.

The affluence of seniors is a mixed bag. While there continue to be a considerable number of seniors with low levels of income, the baby boomer generation is in general one of the wealthiest in history. A Statistics Canada study shows that between 1984 and 1999, the median wealth of families headed by someone aged 65 or older increased from \$80,800 to \$126,000, a gain of \$45,200 or 56%.¹¹ This will be an important factor when considering the funding of seniors care.

Effect Trends on Health Care Demand

Given the causal trends, we can anticipate that the quantity and diversity of health care services demand will grow considerably over the next 20 years. By 2026, over 2.4 million Canadians age 65+ will require paid and unpaid continuing care supports—up 71 per cent from 2011. By 2046, this number will reach nearly 3.3 million. Total spending on continuing care supports for seniors (across all 10 provinces) is projected to increase, along with inflation, from \$28.3 billion in 2011 to \$177.3 billion in 2046.¹² This will place great pressure on the health care system and in particular existing LTC facilities.

As our population ages, there will also be a much higher incidence of chronic disease; the most common chronic conditions being heart disease, arthritis, diabetes and dementia. People with chronic conditions typically use more services than patients without chronic conditions.

¹¹ Study "A Portrait of Seniors in Canada" Statistics Canada, 2006

¹² Future Care for Seniors – A Status Quo Forecast; The Conference Board of Canada; November 2015

Not all of the growth in seniors will necessarily translate into demand for LTC. Research shows that residential care is superior to institutional care for quality of life, especially for older people with serious mental illness, and there is an increasing demand from seniors to remain in their homes. So, we can anticipate there will be higher demands for health care from seniors living in the community, including for chronic illness(s) and a greater emphasis on self management. Greater Home Care will result in an increased density of residents in LTC with chronic conditions including dementia.

In summary, we forecast an increase in the demand for LTC and the complexity of care required. Specifically:

- The need for LTC beds will increase;
- The age of those in LTC will increase;
- The complexity and levels of care required by seniors will increase;
- An increasing number of aged residents will have mental disorders;
- An increasing and significant part of this growth will be in non-traditional cultures.

By contrast, the demand for WSOVs LTC will decline significantly in the midterm. At the same time we will see a modest increase in the demand for modern veteran's care.

Effect Trends on Health Human Resources (HHR):

Labour demand for the care sector (health human resources (HHR)) will outpace labour force growth in the next 10-15 years resulting in a shortage of health human resources and a major shift in the demography of Health Care workers.¹³ This change will require a change in approach to health care worker management. Specifically;

- The health care work force will get older with a resultant decrease in strength and stamina, requiring changes to work conditions and means of caring for residents.
- Increases in chronic conditions in LTC will compound staffing issues. Maintaining an adequate staffing mix and the quality of such staff will increasingly be a challenge.
- The expertise and experience of health care workers will decline, placing greater stress on supervisors and raising the need for in house training;
- The cultural variations between care givers and patients will require special orientation and sensitivity.
- The increasing competition for health care workers, will place upward pressures on health worker costs and will increase the importance of recruitment and retention
- The need for advance IT systems to compensate for fewer staff and reduced expertise will grow. This in turn will increase the demand for skilled IT professionals to support the Perley Rideau.

The changing demographic and social dynamic within the community of volunteers and informal care givers will place an increased burden on formal health care systems and create uncertainty as to the sustainability of care. Informal care is a vital part of the health care system. It is assessed that more than half the total time to assist seniors in their homes comes from informal sources (family, friends, neighbours, etc), while informal care givers provide up to 30% of services to seniors within institutions. Given the growth

¹³ ¹³ Future Care for Seniors – A Status Quo Forecast; The Conference Board of Canada; November 2015

in seniors, the demands on these caregivers will likewise increase. Indeed it is estimated that the need for informal care giving will increase by 200% between 2001 and 2031. However, based on the demographic trends and historic patterns of volunteerism, there will be fewer caregivers in the community to meet this need.

Effect Trends on Fund Raising

Given the economic forecast, it is anticipated that fund raising in support of the Perley Rideau will be increasingly difficult. Specifically:

- The decline in Veterans is likely to see a reduction in funding from Veterans organizations;
- The “old” money in Ottawa is gradually disappearing and not being supplemented by “new” money;
- Investment income will be reduced.
- Shifts in funds raising trends, from the current focus (children, hearts or cancer etc) in favour of care of the elderly, will be slow;
- Will force charitable organizations especially those with ‘lower’ profiles in the community into partnerships to reduce costs.

RESOURCES

Causal Trends:

The cost structure of health care will continue to increase while the provision of new resources will not keep pace with demand.

“The latest Conference Board research suggests that the average funding growth required to maintain the current public health care system and to make modest improvements consistent with previous trends will be 5.1 per cent per year over the forecast period. This is significantly higher than provincial own-source revenue growth (forecast to average only 3.8 per cent a year from 2016 to 2035). It is also higher than the 4.6 per cent per year growth that the provinces are projected to spend on health care if they are to keep other program spending growing in line with inflation and population growth”¹⁴ While governments will need to increase health care spending, the economic pressures will preclude keeping pace with the demand.

Effect Trends on Management of Health Care:

The resource flexibility within the health care system will be reduced, limiting actions and improvements in the health and LTC sector, increasing risk to patients and residents and exacerbate the existing “two tiered” health care system. Specifically:

- Wage costs are likely to increase without corresponding compensation from government;
- Increased energy costs and reduced reliability of energy supply which will increase risk to residents;
- Physical plants will continue to age, with little reserve capacity in LTC facilities to deal with required upgrades and maintenance

¹⁴ Canadian Outlook 2016: Long-Term Economic Forecast; The Conference Board of Canada; 2015

Sustainment of the Perley Rideau will demand a coherent long term strategy which meets the growing demand while achieving increased efficiency.

Management will face an increasingly complex and stressful environment. The quality of and support to management will be a critical factor in the Perley Rideau's future.

GOVERNMENT RESPONSE TRENDS

Government responses to these trends cannot be predicted with certainty, but some level of deduction is vital to strategy development. Governments face significant challenges in meeting the growing demands of health care in a soft economic environment. We can expect the following responses:

- Government policy will be driven by the lack of resources and the need to get best value for money. Governments will continue to focus on accountability measures to gauge value for money following an increasingly prescriptive control & management philosophy for LTC.
- Governments will increasingly seek less expensive solutions to health care challenges which will see them emphasize preventative care and services at home;
- In the short to mid-term, Alternate Level of Care (ALC) patients will continue to be a priority focus;
- Over time, governments will re-define what it means to be a senior.

COMMUNITY RESPONSE TRENDS

As the number of older citizen's increases and more Canadians are personally affected by the need to care for seniors, communities will place greater emphasis on and interest in elder care. This will likely see, the gap between public expectations and the health care systems capacity to support seniors will grow. The public, clients, patients and families are better informed regarding healthcare, have improved access to information and have increased expectations regarding access, service and responsiveness.¹⁵ This community response will be a powerful political force.

HEALTH CARE SYSTEM RESPONSE/DEDUCTIONS

Policy Trends: While there will be strong pressure to reform the health care system to meet the growing challenges, change will not come easy. Specifically:

- Any effective and resourced shift away from traditional approaches to health care to such approaches as prevention and community based solutions will take a long time. The current power centre's will resist change;
- The management of veterans care will evolve slowly over the next decade or more;
- Government climate will likely remain inimical to innovation and change in LTC. Change will come primarily from initiatives by local HSPs.

Management /Accountability Trends: The complexity of the management challenge will increase. Credible and effective performance management will be essential to make

¹⁵ Report on Canadian's Expectations of the Health Care System; Health Care CAN; June 2015

better decisions both administratively and clinically, to show how money is being spent, what value is derived and to maintain stakeholder support. Innovative approaches to service delivery will be essential and management will need the flexibility to make regular changes in order to adapt as value chains evolve;

Resource Trends: The reduced supply in terms of dollars and health care workers, combined with the increased demand for health and LTC services, will see an increase in the need to generate revenues and improve efficiency. In this regard, LTC will continue to be the poor cousin of the health care system unless there is major pressure on the government to change. Service providers will need to be more innovative and resourceful in how they utilize their limited resources and more proactive on how they engage government, the community, families and volunteers in new solutions and new ways of being involved in the care processes. Specifically:

- Funding for more LTC is highly unlikely. Funding opportunities will be tied to new initiatives along the continuum of care, aimed at preventing LTC admission and providing greater community support;
- Infrastructure improvements will become increasingly important focused on resident safety and efficiency.

HHR Trends: HHR must be a priority focus for Health Care in order to sustain the Perley Rideau and maintain a quality work force. Attracting and retaining health care workers will require the creation of an environment which all see as exciting, forward thinking and productive and which workers see personal benefit in employment. It also will demand an increased emphasis on education and training to ensure essential expertise, to include health care worker placement programs, educational programs for homemakers and volunteers and potentially the establishment of clinical teaching programs.

Sustainability will mean adapting the HHR/HCW structure to meet the needs of a changing system through such approaches as expanding role of the PSW's and increasing reliance on Volunteers. It also will mean greater use of technology, focused on reducing HHR and training.

Leadership Trends: Leadership is a vital capability in times of dynamic change and the Perley Rideau must display that leadership if the change is to meet the health centre's needs. This means that stakeholder management and advocacy will be increasingly necessary in order to manage the competing forces and prevent potential conflicts.

Community/Communications Trends: There will be greater emphasis on mobilizing neighborhoods to support their elderly (appeal to children & grandchildren of residents and "young" seniors - appeal to self-interest)

PRVHC Strategy – Summary of Trends

In planning for Version II of the strategy, an updated environmental scan was conducted. This scan validated the major trends albeit with some updated facts and factors..

August 1, 2018

Ser	Primary Trends	Secondary Trends	Remarks
	GENERAL		
	Causal Trends		
1	Economy: As earlier forecasted, under the pressure of a prolonged softening of the global economy and the need to restructure domestically, the Canadian & Provincial economies have weakened with no sign of relief. It is now assessed that Canada has entered a new economic era characterized by a significant slowdown in our potential economic growth. Over the next 20 years, growth in Canada's economy is forecast to drop to an average of 2% per year vice the current 2.6%.	Given the low growth, low interest rate environment, the global economy has less ability to absorb downside risks	
2	Energy: In recent years, energy prices, technology, external markets and societal factors have all undergone substantial shifts over a short period of time. As the energy system continues to adjust and new trends emerge, there are considerable uncertainties in Canada's long-term energy outlook. While the over supply of oil and gas indicate a moderation of energy prices in the medium term, the state of Ontario's energy policy and power generation, will mean considerably higher electricity prices for Ontarians.		
3	Environment: At its projected growth, the Canadian economy is forecast to increase green house gases (GHG) by 33 per cent by 2035. Despite International, Federal and Provincial governments stated commitments to meet GHG reduction targets, current progress puts achieving those targets at risk and increases the probability that global environmental decline will directly impact the health of Canadians and threaten our life support systems – air, water, food, shelter and security.		
4	Infrastructure: Recent investments have contributed to the ongoing renewal and improvement of what Statistics Canada		

Ser	Primary Trends	Secondary Trends	Remarks
	describes as Canada's core public infrastructure (CPI). Even so, barring major new investments, 50% of public infrastructure is forecast to reach the end of its serviceable lifespan by 2027. An aging infrastructure will increase pressure on governments and will negatively impact the economy		
4A	Technology: With the growing shortage in health care workers and their increasing limitations due to age, researchers are working to develop a range of robots to supplement and support care givers. This will potentially see robots undertaking a range of functions from providing physical support to acting as emotional support for those with dementia. While short term costs make such use prohibitive, in the long term the growing size of elder community combined with economies of scale make such use increasingly likely.		
	Effect Trends		
5	The Canadian & Provincial governments will have considerably less resource flexibility in the short to medium term which will lead to a decline in the growth of health care funding. Consequently funding will not keep pace with demand.		
6	The lack of effective environmental policies will result in environmental decline over the medium to long term which will impact health;		
7	The risks to public safety will increase.		
	DEMOGRAPHICS		
	Causal Trends: Demographics will be the largest determinant of future needs and services. Rising life expectancy, combined with increasing populations, especially in Eastern Ontario, will see:		
8	• A doubling of people over 65 over the next 20 years;		
9	• A lower percentage of younger people		
10	• A smaller Veterans Population		
11	• A shortage of workers in all sectors		
12	• Increased Diversity in society		
13	• Greater Affluence amongst Seniors		
	The changing demographics will also have a negative impact on the economy which will further exacerbate the health funding shortfall		

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Ser	Primary Trends	Secondary Trends	Remarks
	Effect Trends on Health Care Demand:		
14	The quantity and diversity of health care services demand is growing and will grow considerably over the next 30 years:	<ul style="list-style-type: none"> There will be higher demands for health care from seniors living in the community - greater emphasis on self management; More people will want to manage their chronic illness(s) at home. As a result of the overall need to house older adults, many privately funded options have developed with a variety of approaches to Seniors' care. 	<p>Given the sheer number of older adults, demand continues to increase for HC particularly among complex chronic care patients.</p> <ul style="list-style-type: none"> With a group of this magnitude and care complexity comes rising expectations related to person-centred care and a push to improve the 'patient experience.'
15	The demand for and on LTC will increase in size and complexity:	<ul style="list-style-type: none"> The need for LTC beds will increase; The age of those in LTC will increase; The complexity and levels of care required by seniors will increase; An increasing number of aged residents will have mental disorders; An increasing and significant part of this growth will be in non-traditional cultures. 	
16	The demand for War Service Overseas Veteran's LTC will decline significantly in the mid term.		
16A	The demand for LTC for post Korean War Veterans (Modern Day Veterans) will grow in the mid term		
17	Increased Home Care will result in an increased density of residents in LTC with chronic conditions including dementia.		
	Effect Trends on Health Human Resources (HHR):		
18	Labour demand for the care sector (health human resources (HHR)) will outpace labour force growth in the next 10-15 years resulting in a major shift in the demography of Health Care workers..	<ul style="list-style-type: none"> The health care work force will get older; Sicker patients in LTC will compound staffing issues; 	

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Ser	Primary Trends	Secondary Trends	Remarks
		<ul style="list-style-type: none"> The challenge of adequate staffing mix and the quality of such staff will continue; The cultural variations between care givers and patients will require special orientation and sensitivity. 	
19	There will be increasing competition for health care workers which will result in growth of wage rates	<ul style="list-style-type: none"> There will be major challenges in the recruitment and retention of HHR for LTC 	
		<ul style="list-style-type: none"> As labour becomes increasingly scarce, businesses are expected to use more highly skilled workers; adopt more innovative production processes; and invest heavily in machinery, equipment, and technology. 	
		<ul style="list-style-type: none"> 	<p>How to improve productivity? Automation and quality of workers!!</p> <p>As the availability of workers decreases and wages rise, it will become imperative that health care shift to greater automation complemented by fewer high quality workers.</p>
20	The expertise/experience of health care workers will decline;		
21	The changing demographic and social dynamic within the community of informal care givers will place an increased burden on formal health care systems and create uncertainty as to the sustainability of care:	<ul style="list-style-type: none"> There will be an increased need for care giving in the future; Based on historic patterns of volunteerism, there will be fewer caregivers in the community. 	
Effect Trends on Fund Raising			
22	Given the economic forecast, fund raising will be increasingly difficult.	<ul style="list-style-type: none"> Shifts in funds raising trends, from the current focus (children, 	

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Ser	Primary Trends	Secondary Trends	Remarks
		<p>hearts or cancer etc) in favour of care of the elderly, will be slow;</p> <ul style="list-style-type: none"> The decline in Veterans is likely to see a reduction in funding from Veterans organizations; The “old” money in Ottawa is gradually disappearing and not being supplemented by “new” money; Investment income will be reduced. Will force charitable organizations especially those with ‘lower’ profiles in the community into partnerships to reduce costs. 	
	RESOURCES		
	Causal Trends:		
23	The cost structure of health care will continue to increase while the provision of new resources will not keep pace with demand.		
	Effect Trends on Management of Health Care:		
24	The resource flexibility within the health care system will be reduced, limiting action/improvements in the health & LTC sector, increasing risk to patients/residents and exacerbate the existing “two tiered” health care system	<ul style="list-style-type: none"> Increased energy costs and reduced reliability of energy supply which will increase risk to residents Physical plants will continue to age, with little reserve capacity in LTC facilities to deal with required upgrades and maintenance. 	Many long-term care homes are moving away from a medically focused, institutional model of care and are adopting more person-centred and relationship-centred care approaches
25	The search for efficiency, combined with increased chronic conditions, will lead to increased programme specialization.		
26	Management will face an increasingly complex environment		
	GOVERNMENT RESPONSE TRENDS		
27	Governments will continue to focus on accountability measures to gauge value for money following an increasingly prescriptive control & management philosophy for LTC:	Government policy will be driven by the lack of resources and the need to get best value for money;	Quality and Performance metrics to enable efficiencies in delivering the right care, in the right place, at the

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Ser	Primary Trends	Secondary Trends	Remarks
			right time are expected to be in place given their presence in Acute and Primary Care
28	Governments will increasingly emphasize preventative care and services at home;		
29	Alternate Level of Care (ALC) patients will continue to be a priority focus for the short to mid term;		
30	Demographics and economics will re-define what it means to be a senior.		
	COMMUNITY RESPONSE TRENDS		
31	As the number of older citizen's increases, communities will place greater emphasis on/ interest in elder care:	<ul style="list-style-type: none"> 	
32	The gap between public expectations and the health care systems capacity will grow. The public, clients, patients and families are better informed regarding healthcare, have improved access to information and have increased expectations regarding access, service and responsiveness.		
33	The changing dynamic within the community of informal care givers will create uncertainty as to the sustainability of care.		
	HEALTH CARE SYSTEM RESPONSE/DEDUCTIONS:		
34	Policy Trends: Change will not come easy. Under political pressure, Governments are loathe to make difficult choices which in many cases just defers the changes while reducing flexibility.	<ul style="list-style-type: none"> Any real/effective and resourced shift away from traditional approaches to prevention and community based solutions will take a long time; The management of veterans care will evolve slowly over the next decade or more; Government climate will likely remain inimical to innovation and change in LTC. 	
35	Management /Accountability Trends: The complexity of the management challenge will increase.	<ul style="list-style-type: none"> Credible and effective performance management will 	

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Ser	Primary Trends	Secondary Trends	Remarks
		<p>be essential to make better decisions both administratively and clinically, to show how money is being spent, what value is derived and to maintain stakeholder support;</p> <ul style="list-style-type: none"> • Innovative approaches to service delivery will be essential; • Management will need the flexibility to make regular changes in order to adapt as value chains evolve; • 	
36	<p>Resource Trends: The reduced supply in terms of dollars and health care workers, combined with the increased demand for health/LTC services, will see an increase in the need to generate revenues.</p>		
37	<p>Service providers will need to be more innovative and resourceful in how they utilize their limited resources and more proactive on how they engage government, the community, families and volunteers in new solutions and new ways of being involved in the care processes;</p>	<ul style="list-style-type: none"> • Funding opportunities will be tied to new initiatives over the continuum of care, aimed at preventing LTC admission and providing greater community support; • Infrastructure improvements will become increasingly important focused on resident safety and efficiency. • LTC will continue to be the poor cousin of the health care system unless there is major pressure on the government to change; 	
	HHR Trends:		
38	HHR will be the Priority Focus for Health Care		
39	Attracting and retaining health care workers will require the creation of an environment which all see as exciting, forward thinking and productive and which workers see personal benefit in employment;		
40	Adapt the HHR/HCW Structure to meet the needs of a changing	<ul style="list-style-type: none"> • Expanded role of the PSW 	

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Ser	Primary Trends	Secondary Trends	Remarks
	system	<ul style="list-style-type: none"> requiring elevated levels of skill and knowledge Increased reliance on Homemakers and Volunteers 	
41	Increased Emphasis on Education/Training	<ul style="list-style-type: none"> Education of HHR is a critical element of maintaining the system; More formal educational programs for Homemakers & Volunteers will need to be established; LTC facilities will be increasingly important places for clinical teaching and student placement. 	
42	Greater use of technology, focused on reducing HHR and training, will be essential in the delivery of health care/LTC;		
43	Leadership Trends: Leadership from the health care providers is essential to achieve any real shift in approach; Stakeholder management and advocacy will be increasingly necessary in order to manage potential conflicts.		
44	Community/Communications Trends: There will be greater emphasis on mobilizing neighborhoods to support their elderly (appeal to children & grandchildren of residents and “young” seniors - appeal to self-interest)		

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ANALYSIS OF THE CHALLENGE

Following completion of the trend analysis, a summary analysis was completed to capture the key factors that would drive the Perley Rideau's strategy.

The Case for Change

An updated analysis of the evolving global, national and regional trends over the next 10-15 years (Annex B) confirms a rapidly changing health care environment from that found today. The implications of this future environment are far reaching but most significant is the certainty that, despite the progress made in phase 1, the status quo is still not sustainable and change, in a variety of dimensions, will be an integral aspect of the Perley Rideau's future. The primary deductions of this analysis provide the overwhelming case for change:

- **Increasing Health Care demand.** Demographics will have the greatest impact on the health care system. By 2036 the number of seniors in Ontario will more than double with the 75+ group projected to increase by 144% and the 90+ group tripling in size¹. This growth in the older population will place increased pressure on the health care system and substantially increase the demand for Long Term Care (LTC) in a sector that is already overloaded. While this will not impact the Perley Rideau directly, it will demand the health system adapt to this growth.
- **Changing Demand.** Over the same period, the nature of the demand for care will change to include:
 - **Reduction in War Service Overseas Veterans (WSOV).** Most significant for the Perley Rideau is the changing requirements to support our War Service Overseas Veterans (WSOV). First, the numbers of WWII and Korea veterans will decline significantly over the next decade, particularly during the 2016-2020 period. Indeed the Perley Rideau is already experiencing vacant veteran's beds. In addition, Veteran's Affairs Canada's (VAC) evolving strategy will see focusing on supporting Veterans within the community and closer to family. While VAC has committed to supporting some older Modern Veterans, the result will likely be a major reduction in Veterans at the health centre, as replacement of these WSOVs with Modern Veterans in either numbers or revenue is at best uncertain and will depend upon the changing policy of VAC. Given the higher VAC funding scale for Veterans, the impact of this change, even if the veterans are replaced by community residents, will be a large reduction in revenues². Therefore, barring a significant change in the clientele and provincial funding, the reduction in WSOVs will significantly exacerbate the Perley Rideau's sustainability challenge. With the reduction to the veteran's population, the Perley Rideau will likely see a considerable shift to a larger female population.

¹ Independence, Activity and Good Health: Ontario's Action Plan for Seniors; The Ontario Seniors Secretariat; 2013

² Current estimates are that revenues could decline as much as \$3million per year.

- **Growth in Chronic Conditions.** Commensurate with the increase in the senior's population will be a growth in chronic health conditions. The LTC population will be older and will increasingly suffer from such diseases as Type 2 Diabetes and most notably Dementia. Indeed, it is forecast that within 20 years in excess of 90% of LTC residents will have some level of dementia. In general, the LTC population will see a marked rise in frailty which will place increased demands on the health centre as the staff is required to provide increasingly complex care³. That care will need to address social therapeutic and recreational activities to ensure quality of life amongst an aging population.
- **Increasing Cultural Diversity.** There will also be considerable growth in the demand for services for a more culturally diverse population. A significant part of the population growth will be amongst non-traditional cultures which will require more culturally focused services. French language service may become an issue.
- **A Shifting Policy Framework.** In response to these and other trends, government priorities and direction are changing, resulting in a shifting policy framework. Building on its 2007 Aging at Home Strategy, the Provincial Government's Action Plan for Seniors (2013) and Action Plan for Health (2015), endeavours to shift the focus of care to the home and improve prevention. In addition, the introduction of legislation such as the revised "Long Term Care Homes Act" has strengthened care standards and improved the accountability of long term care homes. This greater accountability has resources tied to quality metrics. Such policy changes affect the very nature of the demands of the health care system, increasing costs and requiring the health centre to adapt in order to remain relevant and sustainable.
- **Lagging Health Care Supply.** Against this backdrop, we can anticipate that the supply of resources to meet this growing demand will increasingly be inadequate.
 - **Government Funding.** While governments will be required to increase funding to health care and the LTC sector, an uncertain economy⁴ and a growing public debt, combined with the magnitude of the growing demand will result in a lagging supply. Consequently, Government's will invest their limited resources where they can achieve the greatest returns. Proportionally more healthcare resources will flow to community care solutions while the preponderance of healthcare dollars will continue to focus on the most complex cases.
 - **The Limits of the Charitable Sector.** Growing economic uncertainty has resulted in reductions in charitable contributions across the charitable sector. Despite the fact that this generation is amongst the wealthiest in history, this trend is likely to have a major impact for years to come, placing limits on what the Foundation can achieve. This

³ Understanding Health and Social Services for Seniors in Canada; The Conference Board of Canada; April 2015

⁴ While the current forecast sees the country growing out of the present economic downturn, long term assessments suggest major global pressures (energy shortages, demographic changes, environmental change, aging infrastructure etc) will result in governments having much reduced financial flexibility over the next 15-20 years.

situation will also be exacerbated by the changing client base. Given the reduction in Veterans at the Perley Rideau there is a significant risk of a major decline in veteran focused donations.

- **Shortages in Health Care Workers.** Labour demand for the care sector (Health Human Resources) will outpace labour force growth in the next 10-15 years which will see a growing shortage in Health Care Workers. This will lead to increased competition within the health sector and a rising of wage rates. This competition is likely to have a disproportionate impact in the LTC sector, where it has always been seen as the poor cousin in human health resources.
- **Shortages in Informal Care Givers and Volunteers.** Driven by the same demographic trends, this shortage will be accompanied by a decline in Informal Care Givers and Volunteers. This is particularly critical in the LTC sector as these generous supporters are essential to the levels of care provided.
- **Sustainability of the Perley Rideau.** The Perley Rideau has faced sustainability issues for some time, primarily due to its non standard footprint and hospital wage structure. The gap between Provincial funding and the needs of day to day operations continues to grow and funding is insufficient to address re-capitalization requirements. This situation will be exacerbated with the decline in WSOV's and as health care costs rise and the health centre's infrastructure ages.

Additional Factors Affecting Change.

In addition to the implications of trends outlined above, there are other factors which will need to be considered as the Perley Rideau charts its course forward.

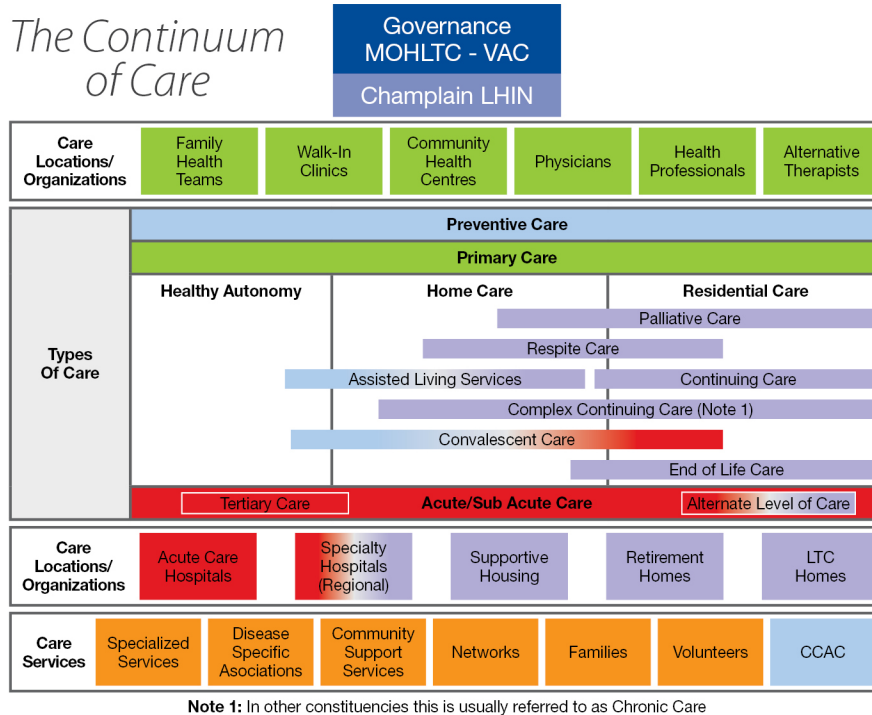


Figure 1: The Continuum of Care

- **The Continuum of Care.** In facing current and growing challenges, the health care system in Ontario is already changing. We no longer have the relatively simple health care model of our parent's generation based on the family physician, the local acute care hospital and the occasional retirement home. Today we see a complex continuum of care (Figure 1) with a diversity of health care providers. This continuum will continue to evolve as demand and resource limitations force new approaches to care. This will include, at a minimum, a greater emphasis on preventative care, and home care to reduce the pressure on hospitals and other health care institutions. As diversity increases, there will be an ever growing challenge to ensure effective linkages among the various players within the continuum of care.
- **The Scope of Practice of Health Service Providers.** In responding to the growing pressures, health service providers (HSP) across the continuum are seeking ways to increase effectiveness and efficiency. This is leading, in many cases, to more diverse approaches to care. For example one may find a hospital formerly focused on acute care expanding into rehabilitation care, palliative care, family medicine and long term care. While this trend is less obvious in the Long Term care sector, it is also manifesting itself here as a logical evolution.
- **Increased specialization.** Driven by the increasing complexity of health care, HSP's are also specializing. This ensures the concentration of expert staff and facilities to provide the best possible care at the least cost. While this may appear at odds with the earlier identified diversification, both trends are occurring simultaneously. So while a hospital can expand into

different areas of care, it may also increase its expertise in one particular specialty (i.e. heart care).

- **Client Mobility.** Unlike the more traditional model where care is provided by one HSP, the evolving system sees much greater client mobility between HSPs. This allows HSPs to focus on providing specific types of care in the most efficient manner. Thus the trend is towards an integrated health care system which moves the client to where the best and most cost effective care can be received.
- **Accountability.** Government must strive to ensure best value for money in meeting the health care demand. Given the increasing resource pressures, it is demanding greater accountability in resource usage and meeting standards. This is, in turn, placing greater pressures on HSP's requiring them to be more creative and resourceful in how they utilize their limited resources.
- **Health System Reform.** Over the past decade, a large number of independent reports and government plans have emphasized the importance of reforming the health care system. Patients First: Ontario's Action Plan for Health Care, published in 2016, states that it is committed to a coordinated, integrated, transparent and accountable health care system that puts the needs of the patient first. However, while numerous changes have been introduced by the province in recent years, the health care system still largely consists of stand-alone HSP's operating within defined categories or "silos". Whether in primary care, acute care or long term care there appears to be few incentives and many barriers to collaboration across these boundaries. But while there is a lack of system wide progress, there are opportunities for those HSP's who are "willing partners" to make a difference by improving coordination and achieving a level of integration, either organizationally or through programs.
- **Health System Funding Reform (HSFR).** Ontario's convoluted funding of health care is undergoing significant change under the Health System Funding Reform (HSFR). A simplified version of the current funding model is shown at figure 2⁵. This shows that funding is largely allocated to hospitals, community based funding through LHINs and CCACs, primary care principally through a pay for fee system via OHIP and to Long Term Care Homes. This model illustrates that funding can be allocated for similar types of care through different models. Funding reform and managing the complexities of funding allocation will be key factors in adapting to the changing health care system.

⁵ It must be noted that this model is overly simplified to provide some understanding of a very complex funding allocation system.

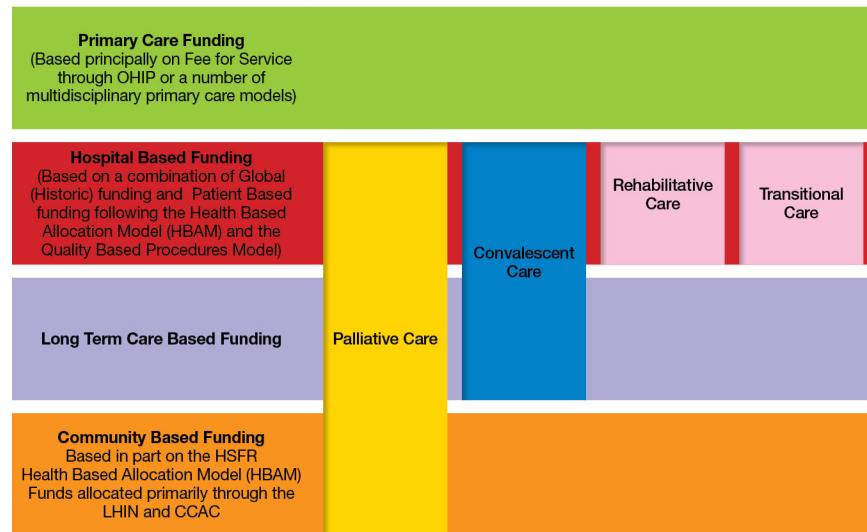


Figure 2: Health System Funding

- **The Impact of Community.** As the number of older citizen's increases, communities are placing greater emphasis on care facilities resulting in a growing gap between public expectations and the health care systems capacity. While this is increasing pressure on government, it is also placing greater demand on HSP's, requiring them to maintain good communications and to engage the community on care issues.
- **Potential of Long Term Care.** The LTC sector is considered by many to be the poor cousin of the health care system, comprising an essential but perceived unglamorous area of care. Consequently, many observers underestimate the potential inherent in LTC facilities and view them as simply the "end of the road" care provider. However, LTC homes, especially those with a certain critical mass, possess the basic infrastructure and expertise to meet the needs of a much more diverse population. Indeed it can be argued that with the forecast growth in the older population, this potential provides opportunities for meeting a significant part of society's growing health care needs through far less expensive solutions. The challenge for the Perley Rideau and other LTC providers will be to realize this potential.
- In summary, the Perley Rideau continues to face an environment of increasing health care demand, both in quantitative and qualitative terms, and a lagging supply of resources and health care personnel to meet the need. This will increase the challenge of sustaining the health centre, which in its current form will face reduced flexibility and increased complexity in meeting the demands placed upon it, not the least of which will be increased public expectations and concerns over the provision of care.

The Perley Rideau's Strengths, Weaknesses, Opportunities and Threats (SWOT). Faced with this assessment of the future, the Perley Rideau has faced the reality that the status quo is not sustainable and we can ill afford to attempt to muddle through while waiting for others to act. The Health Centre will be pro-active in its approach and seek means to shape its future.

Accordingly, the health centre has developed a long range vision to focus its change efforts and a strategy to guide achieving it.

In shaping a strategy to face the challenges identified, it is important to understand the Perley Rideau competitiveness and where it can best add value in a rapidly changing health care environment. Consideration was given to the Perley Rideau's strengths and weaknesses and the opportunities and threats it faces. The major elements of this SWOT analysis are as follows:

- **Strengths.** The Perley Rideau has a number of strengths that position it well for the future. It is the third largest LTC home in the region providing it sufficient critical mass to play an innovative role in the health care system, a capacity not available to most LTC homes. At the same time it is small enough to maintain the flexibility absent in the large health centre's. It has a good reputation as a high performance health centre delivering quality care and a high level of staff expertise which provides it significant growth potential. It also has a mandate for Veterans care which, combined with a solid reputation, makes it a preferred facility for veterans. From a facilities perspective the centre is well located and retains sufficient flexibility for growth. Finally, its capacity to provide a range of services along the continuum of care in a village context provides it flexibility in meeting changing health care demand and makes it a most attractive facility.
- **Weaknesses.** Despite its strengths, the Perley Rideau faces a number of weaknesses that will need to be overcome. Key amongst these is the need to better position the health centre in the consciousness of the health care system and local communities. The reality is that the centre is perceived solely as a veterans LTC home and it needs to be better branded as a health centre. In the same context, the Perley Rideau is highly reliant on Veterans funding, both from VAC and the Foundation. Funding adjustments will need to occur as the veteran's population decreases. Finally, while the Perley Rideau has excellent staff, it lacks the deep experience essential to improving its capability in the realms of academia and research.
- **Opportunities.** Given the dynamic change ongoing in the health care system, there are a number of opportunities available to enhance the capability and value of the Perley Rideau. The move to greater integration provides considerable opportunities for partnerships with other HSP's and academic institutions. Key amongst these is the potential for the health centre to work with partners to become a knowledge centre on care of the frail older person. There is also an opportunity to be a preferred partner of VAC for pilot programs in seniors care for modern veterans. Finally, there are a number of business opportunities to meet the growing demand for provision of private sector care.
- **Threats.** In developing and implementing the strategy, the Perley Rideau faces a number of risks in realizing its objectives. The major threat is the reality that funding growth will increasingly lag the growing demand. This is further exacerbated by the increasing complexity of care required by our residents and clients. At the same time there is a high risk that the demand for health care workers will outpace the supply, placing limits on the health centre's growth and capacity.

Terminology

In researching the topic of Health Care there is rarely one authoritative reference which meets all terminology requirements. This selection of definitions has been assembled to help in understanding and to ensure clarity of intent within the strategy. However, it must be clear that use of these terms varies with region, so one term may be used differently or two different terms can have synonymous meanings.

Acute Care. Refers to necessary treatment of a disease for only a short period of time in which a patient is treated for a brief but severe episode of illness. The term is generally associated with care rendered in an emergency department, ambulatory care clinic, or other short term stay facility. Hospitals are acute care facilities with the goal of discharging the patient as soon as the patient is deemed healthy and stable, with appropriate discharge instructions. However, there is an extensive list of “types” of hospitals, which include specialized settings. Although hospitals are what people still associate with acute care, there are now other settings where acute care is provided.

Best Practice. intervention, program, service, or strategy that has, through multiple implementations, demonstrated:

- High Impact - positive changes related to the desired goal(s).
- High Adaptability - successful adaptation and transferability to different settings.
- High Quality of Evidence - excellent quality of research/evaluation methodology, confirming the intervention's high impact and adaptability evidence.

A Best Practice is one that is most suitable given the available evidence and particular situation or context. In health promotion, such practices are used to demonstrate what works for enhancing health related outcomes of individuals and communities, and how and why they work in different situations and contexts (PHAC, 2016)

Centre of Excellence. Centres of Excellence consist of teams of highly skilled experts that are also often involved in research and innovation to advance the field with the objective of contributing towards enhancing the quality of care in the Long-Term Care sector by education, research, adoption of evidence based practice, and promoting partnerships.

Chronic Care refers to medical care which addresses pre-existing or long term illness, as opposed to acute care. This definition refers to the type of care and should not be confused by the historical reference to chronic care hospitals. In Ontario this usually referred to as Complex Continuing Care.

Complex Continuing Care is synonymous with chronic care.

Continuum of Health Care. A continuum of services in a comprehensive and integrated network of services that guides and tracks patients/clients over time and includes primary, (including health promotion and prevention programs): acute, transitional: and

long-term care. An integrated continuum requires active collaboration among local providers in two general groups. The first includes hospitals, nursing homes, retirement communities, physicians and home health services. The second group is social or community-based service. Note that some may debate whether primary care should be described as part of the continuum. However there is more and more emphasis being put on primary care as a critical component of the continuum that, if better developed, could have a major impact on the delay in use of the other health care providers in the continuum.

Convalescent Care is that provided to ensure the gradual recovery of health and strength after major surgery or serious illness.

End of Life Care/Hospice Care. Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible. Aggressive methods of pain control may be used. Hospice programs generally are home-based, but they sometimes provide services away from home -- in freestanding facilities, in nursing homes, or within hospitals. The philosophy of hospice is to provide support for the patient's emotional, social, and spiritual needs as well as medical symptoms as part of treating the whole person

Enhanced Care - This program meets the needs of residents with a range of cognitive and physical abilities, with very diverse needs, and who are unable to perform many activities of daily living due to physical and/or cognitive impairment. Some will have high degrees of cognitive impairment and may be physically able, while others may be mentally alert and have extensive physical needs. Some residents may experience long-term unstable medical conditions requiring symptom management and frequent care plan adjustment.

Frailty. “A physiologic syndrome characterized by decreased reserve and resistance to stressors resulting from cumulative decline across multiple physiologic systems and causing vulnerability to adverse outcomes”¹. Successful aging includes the pillars of mobility, function, cognition and community; if there is declining mobility functional dependence, dementia and social isolation – frailty then exists.

Home Care is health care or supportive care provided in the patient's home by healthcare professionals or by family and friends (also known as caregivers, primary caregiver, or voluntary caregivers who give informal care).

Industry Partnerships. Industry partnerships represent the opportunity to work collaboratively with vendors, residents and families, and clinicians to co-create solutions for healthcare challenges including design, testing, and evaluation.

¹ Linda Fried 2003

Interprofessional. Occurs when learners/practitioners patients/clients/families and communities develop and maintain interprofessional working relationships that enable optimal health outcomes (Canadian Interprofessional Health Collaborative, 2010)

Knowledge Translation. Knowledge Translation is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system (CIHR, 2016)

Long-term Care (LTC) is a variety of services which help meet both the medical and non-medical need of people with a chronic illness or disability who cannot care for themselves for long periods of time. Long-term care may also include medical care that most people do for themselves, such as diabetes monitoring. Long-term care can be provided at home, in the community, in assisted living or in nursing homes. Long-term care may be needed by people of any age, even though it is a common need for senior citizens.

Long-Term Care Home. Often referred to as a nursing home, is a place of residence for people who require constant nursing and personal care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical disabilities.

Palliative Care. Any form of medical care or treatment that concentrates on reducing the severity of disease symptoms, rather than striving to halt, delay or reverse progression of the disease itself or provide a cure. The goal is to prevent and relieve suffering and to improve quality of life for people facing serious, complex illness. Non-hospice palliative care is not dependent on prognosis and is offered in conjunction with curative and all other appropriate forms of medical treatment. It should not be confused with hospice care which delivers palliative care to those at the end of life.

Person-Centered. Focuses on the whole person, not just his or her medical conditions....shift in focus away from the biomedical approach; emphasizes social, mental, emotional and spiritual needs, as well as individuals strengths, weaknesses, preferences and values (Lines et al., 2015).

Preventive Care or Preventive Medicine. A set of measures taken in advance of symptoms to prevent illness or injury. This type of care is best exemplified by routine physical examinations and immunizations. The emphasis is on preventing illnesses before they occur.

Primary Care. A term used for the activity of a health care provider who acts as a first point of consultation for all patients and who usually treat patients directly in the community, as opposed to the hospital.

Residential Care or care of residents refers to care given to adults or children outside of the patient's home. Care can be 24 hour care or partial care depending on the person's needs. Residential care services take into account the needs and wishes of the individual, weighed against the resources and policies of statutory agencies. Residential care is often required if home-based care breaks down.

Respite Care. The provision of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home.

Retirement home. A multi-residence housing facility intended for the elderly. The usual pattern is that each person or couple in the home has an apartment-style room or suite of rooms. Additional facilities are provided within the building. Often this includes facilities for meals, gathering, recreation, and some form of health or hospice care.

Special Approach Program (Gatineau Residence). This program provides a therapeutic and supportive environment to residents who are affected by dementia with associated behaviours as well as physical and functional limitations. The program focuses on providing a safe and secure environment as well as managing these limitations and behaviours to enable the residents to maintain a qualitative lifestyle.

Sub-Acute Care. Comprehensive goal-oriented care designed for a patient who has had an acute illness, injury or exacerbation of a disease process; it is rendered either immediately after or instead of acute care hospitalization to treat specific active or complex medical conditions or to administer any necessary technically complex medical treatments in the context of the person's underlying long-term condition.

Supplementary Care. This program meets the needs of residents who have stable medical conditions, but with some physical impairment that impacts on their mobility and ability to ambulate. Some residents may have cognitive impairments and some may have social issues requiring various types of interventions on an individualized basis. Resident limitations will require minimal to moderate assistance to undertake activities of daily living.

Supportive Housing. Housing designed to support individuals, not just socially but with minimal support for activities of daily living and 24-hour on-site response for support. It includes basic life skills for some groups but this doesn't apply for the kind of supportive housing provided to the elderly. Housing is coupled with social services such as job training, alcohol and drug abuse programs and case management. Often targeted at low-income workers and populations in need of assistance such as the homeless, those suffering from mental illness or substance abuse problems, and the elderly or medically frail.

Tertiary Care. Specialized consultative care, usually on referral from primary or secondary medical care personnel, by specialists working in a center that has personnel and facilities for special investigation and treatment. Specialist cancer care, neurosurgery (brain surgery), burns care and plastic surgery are examples of tertiary care services. Secondary medical care is the medical care provided by a physician who acts as a consultant at the request of the primary physician.

Transitional Care or care transition refers to the actions of healthcare providers designed to ensure the coordination and continuity of health care during the movement between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness. Older adults who suffer from a variety of health conditions often need health care services in different settings to meet their many needs.

**REPORT ON IMPLEMENTATION OF
WHITHER THE PERLEY RIDEAU DURING THE PERIOD 2010-2015.**

General. The Perley Rideau strategy is defined by four broad strategies spread over three phases. This annex is intended to provide a summary of the progress made during the implementation of the first phase, including within the four strategies, over the period 2010-2015.

Implementation of Phase I (2010-2015): Provide a Broader Spectrum of Care.

The initial phase of “Whither the Perley Rideau” focused on the restructuring of the Perley Rideau to provide a broader spectrum of care within a Village Setting. The objective was to diversify the services provided by the health centre and support the Provinces “Aging at Home” strategy. It was also intended to start the establishment of capabilities which will be essential, in the long term, to the creation of a centre of excellence. The following is a summary of the progress made on the specific supporting goals included:

- **Establish Supportive Housing.** A key element of the proposed “village” was to be an affordable supportive housing residence, linked to programs and services that promote healthy aging and offer a range of responsive “healthy living” programs to tenants. In 2013, two residences were opened accommodating 139 apartment units for seniors. The seniors’ housing team provides a supportive environment, ensuring the facility is well maintained and assisting with tenants and families’ needs whenever possible.
- Included in the 139 apartments are 45 supportive housing units which include a mix of below market rent geared to income and domiciliary hostel units. The residences include four congregate living areas, each with 10 private studio apartments organized around a central living area. These areas are known as the “Commons” and are designed for persons requiring a higher level of support. This may include assistance with daily activities of living, meals and personal care. The design and services offered in the Commons are ideal to support persons with dementia. Some of the Commons units are included in the 45 subsidized units.
- Supporting qualifying tenants is an Assisted Living for High Risk Seniors Program funded by the Champlain LHIN which provides essential care services to those residents in need. Physicians working at Perley Rideau support physician home visits for eligible tenants in need of primary care.
- Additionally there is an active social community that contributes to tenants overall wellbeing. There is a regular exercise class offered and tenant organized activities include coffee club, table tennis, ladies lunch group, gardening club, happy hour and walking club. Tenants also regularly make use of Perley Rideau’s broader services including the recreation and creative arts program; hair dressing and barber services; the cafeteria for both meals and basic groceries, the pharmacy and hearing clinic.

- **Provide Outreach Services.** The village is intended to be a care hub within the community and offer a range of responsive “healthy living” programs to seniors living in the surrounding neighbourhood who wish to “age” successfully at home. In 2012 the Champlain LHIN funded 90 Assisted Living Spaces for residents in the community with the care being provided by the Perley Rideau. This number was reduced as the seniors’ residences came online, but it is anticipated it will increase as more funding becomes available. Other programs available to members of the broader community include the South East Ottawa Foot Clinic; the Perley Rideau Physio and Massage Therapy Clinic and a Dermatology Clinic. The Perley Rideau also enables both the Guest House and Day Program respite services to accept clients with higher needs through enhanced clinical support.
- **Increase Short Stay Care.** As a means of reducing the pressure on other health care facilities, the health centre intends to increase its capacity for convalescent care and other forms of sub-acute care for seniors. In support of aging at home, it is also striving to provide additional respite care to alleviate the growing load on the informal care givers. To date, the convalescent care beds have been increased to a total of 34 and 6 respite beds have been created, in addition to the 12 beds contained in the guest house.
- **Establish Behavioural Programmes.** As an initial step in increasing its expertise in Dementia Care, the health centre will establish behavioural programmes to meet the growing needs of this sector of the community. To date, a psycho-geriatric nurse has been hired and a dedicated Behavioural Support Personal Support Worker is in place. Together, the team is establishing a comprehensive behavioural support programme. Perley Rideau is currently implementing the Registered Nurses Association of Ontario Best Practice Guideline on Delirium, Depression and Dementia. The focus of the work has been on the management of high risk residents and identification of behavioural triggers. Specific elements of the program include:
 - Specialized training and education for staff on Responsive Behaviour Management;
 - Enhanced processes for identifying residents at high risk of responsive behaviours, understanding triggers, developing effective care plans and managing behaviours;
 - Structured and timely post incident follow-up; and
 - Coaching for point of care staff on best practices in responsive behavior management.
- **Develop Enhanced Clinical Placement Programme.** In order to meet the growing need for training and development of health care workers, the health centre will enhance its clinical placement programme. This will ensure a logical progression towards the establishment of a full training centre. To date Perley Rideau has enhanced its placement programme through the following:
 - In partnership with Algonquin College, developed a Gerontology Intensive Placement program for BScN students;
 - Expanded the number of placements available at Perley Rideau for numerous health disciplines, both in long-term care and in assisted living;
 - Enhanced the learning experience for all placements, with added opportunities available to students based on their areas of interest (infection control, quality, Resident Assessment Instrument processes, etc.)

- Established a specialized placement with the Psycho geriatric Resource Nurse for nurses interested in developing expertise in the management dementia and responsive behaviours;
- **Increase Commercial Services.** As part of the development of the “village” centre, commercial services have been increased. To date these include a Physiotherapy Clinic, an Audio Clinic, a Dermatologist and a Pharmacy.

Implementation of Strategies.

In order to achieve the Perley Rideau’s vision, the health centre is pursuing four major strategies: Excellence in Resident Care and Service; Ensure Sustainability; Maintain a Quality Work Force and Lead & Advocate for Change. These will guide effort throughout implementation of the strategy. The progress made in each of these strategies during the period is as follows:

Excellence in Resident Care and Service Goals

- **Improve Quality of Care.**
- **Improve Quality of Life.**
- **Support Cultural Diversity.**
- **Honour our Veterans.**

The Perley Rideau has developed a comprehensive set of initiatives to ensure the delivery of a high “quality of care” and the maintenance of a happy living environment, which ensures a high “quality of life” for our residents. A key component has been the

development and implementation of a Quality Improvement Plan which has seen an aggressive program to reduce resident falls, residents experiencing pain, responsive behaviours and a number of other care elements that impact residents quality of life. In addition a Safety Improvement Plan has been developed and is being implemented which is building a culture of safety, minimizing risks and ensuring residents live a safe life at the Perley Rideau.

As a Veterans healthy centre, the Perley Rideau has continued to seek means of honouring and caring for our veterans. With the completion of the supportive housing units, the health centre has annotated 30% of the apartments for veterans thus ensuring both WSOV’s and modern veterans can benefit for the services available at the Perley Rideau. In addition, work is continuing with Veterans Affairs Canada to seek opportunities to better support the increasing number of modern veterans in our community.

Ensure Sustainability Goals

- **Optimize Efficiency**
- **Pursue an Achievable Re-capitalization Strategy.**
- **Increase Business Revenue**
- **Increase Donations**
- **Increase Revenues from Government**

The Perley Rideau is pursuing a strategy which will realize a sustainable health centre delivering high value for money.

A key component of this strategy is the continual pursuit of organizational efficiency which has seen the

investment in a variety of initiatives. Geothermal heating was introduced as part of the supportive housing project thus reducing heating costs. In addition, a project was implemented to retrofit the central heating plant a variety of the support systems to including lighting, water and sanitation to produce a more efficient infrastructure.

A number of initiatives to increase business revenue have been implemented, the largest of which is the Supportive Housing project which produces a steady stream of revenue. In addition, the completion of a project to place solar power generation on the roof produces significant revenue. Efforts have also been made to maximize the infrastructure by leasing available space for services of benefit to the health centre. These have included a physiotherapy clinic, dermatology clinic, pharmacy and dental clinic.

Cooperation with the Perley Rideau Foundation, a key revenue source for the health centre, has seen a significant increase in donations over the past five years. The foundation provided major support to the Supportive Housing project through its capital campaign and has increased its annual contributions which are an essential component of the health centres operations.

The health centre has gained government approval for the expansion of convalescent care and respite care which provides an improvement on funding for its LTC beds. However, no progress has yet been made on the fair and reasonable government funding for the provision of care and the Perley continues to be underfunded on its community beds.

Maintain a Quality Work Force Goals

- **Effective Long Range Recruitment & Retention**
- **Effective Staff Education & Development.**
- **Maintain an Attractive, Quality Work Environment.**
- **Maintain an Effective Volunteer Programme.**

Given the high potential for a broad shortage of Health Care Workers in an environment where demand is increasing, the Perley Rideau is pursuing a strategy of maintaining an effective, quality work force,

operating in an exciting, high quality work environment. Key to this has been the development of a Human Resources plan to guide HR management. Plans have been developed for the creation of HR infrastructure to support the strategic plan and there is currently an HR Service Delivery Review underway to determine the most appropriate service delivery model for HR services. These plans have seen the establishment of links to educational institutions; competitiveness on wages and benefits and the development of an employee engagement strategy.

To ensure staff capacity, a number of initiatives are being pursued. Formal development plans have been initiated with the Leadership Development Institute; the Perley Rideau Educational Programs (PREP) have been created as an online resource to gather and communicate Perley Rideau training and in-house trainers have been developed to instruct on the Gentle Persuasive Approach (GPA) to support ongoing staff development. In addition, the Perley is examining opportunities to become a training service provider in the healthcare sector.

In order to maintain an attractive and quality work environment, management has expended a great deal of energy in engaging staff to not only improve the quality of care but also to support staff in their work. In terms of attractiveness, the health centre is at parity with acute care for frontline positions while management and non-union employees have been aligned with the broader market, including acute care, since 2013. In the 2016 staff survey the centre received high ratings as an excellent place to work. Finally, given the importance of the volunteer programme, a strategic plan has been developed and a multi-year implementation plan in place to improve recruitment and retention of volunteer.

Lead & Advocate for Change Goals

- **Ensure Effective Communications**
- **Collaboration with Government**
- **Build Staff/Union Partnership**
- **Maintain Community Support**
- **Develop Alliances & Partnerships**

To realize its vision, the Perley Rideau has pursued a strategy of leadership and being an advocate for change in health care, particularly in the long term care sector.

In order to maintain organizational effectiveness, the Perley Rideau has launched an aggressive

communications campaign to ensure all stakeholders understand the health centre's vision, objectives, goals and strategies. Key to this has been regular town hall meetings engaging staff and volunteers and raising awareness of looming challenges. These communications have extended to the local community to ensure continuing community support.

The health centre regularly engages with key staff at VAC, the MOHLTC and the Champlain LHIN to ensure a collaborative approach to issues. Key here is the Perley's pursuit of initiatives that not only improve the centre's sustainability but add significantly to the effectiveness of the health care system. To ensure understanding of the issues facing the health centre, a Government Relations Strategy has been developed and is being implemented.

To maintain good union relations, the health centre is pursuing ongoing communications to ensure transparency with respect to change management practices which go beyond the collective agreement requirement for information sharing and consultation.

In line with the vision to be a more valued partner in the health care system, the Perley Rideau has pursued a number of partnerships both formal and informal initiative to enhance our relevance and quality as a health centre with the Ottawa Hospital (TOH), the Faculty of Health Science at the University of Ottawa and Algonquin College. The health centre has also been selected as a Best Practice Spotlight Organization by the Registered Nurses Association of Ontario.