



# **The Corporation of the County of Wellington Information, Heritage and Seniors Committee Agenda**

March 11, 2015

Terrace Boardroom

4:30 pm Museum and Seniors

6:00 pm Library

Members: Warden Bridge; Councillors Black (Chair), Anderson, Driscoll, Watters; Lucia Costanzo, Jennifer Dixon, Janice Sheppard, Walter Trachsel

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## **6. Adjournment**

Next meeting date April 8, 2015 or at the call of the Chair.



**County of Wellington**  
**Homes for the Aged**  
Statement of Operations as of  
28 Feb 2015

	<b>Annual Budget</b>	<b>February Actual \$</b>	<b>YTD Actual \$</b>	<b>YTD Actual %</b>	<b>Remaining Budget</b>
<b>Revenue</b>					
Grants and Subsidies	\$8,081,200	\$673,265	\$1,265,134	16%	\$6,816,066
Municipal Recoveries	\$112,000	\$0	\$110,000	98%	\$2,000
User Fees & Charges	\$4,256,000	\$347,151	\$688,852	16%	\$3,567,148
Other Revenue	\$0	\$1,406	\$2,050	0%	\$(2,050)
<b>Total Revenue</b>	<b>\$12,449,200</b>	<b>\$1,021,822</b>	<b>\$2,066,037</b>	<b>17%</b>	<b>\$10,383,164</b>
<b>Expenditures</b>					
Salaries, Wages and Benefits	\$14,382,500	\$1,084,609	\$2,291,905	16%	\$12,090,595
Supplies, Material & Equipment	\$1,191,800	\$101,477	\$147,245	12%	\$1,044,555
Purchased Services	\$982,100	\$68,911	\$142,067	14%	\$840,033
Insurance & Financial	\$32,000	\$32,062	\$32,062	100%	\$(62)
Debt Charges	\$1,964,000	\$924,855	\$587,670	30%	\$1,376,330
Internal Charges	\$1,139,900	\$100,759	\$178,626	16%	\$961,274
<b>Total Expenditures</b>	<b>\$19,692,300</b>	<b>\$2,312,673</b>	<b>\$3,379,574</b>	<b>17%</b>	<b>\$16,312,726</b>
<b>NET OPERATING COST / (REVENUE)</b>	<b>\$7,243,100</b>	<b>\$1,290,851</b>	<b>\$1,313,537</b>	<b>18%</b>	<b>\$5,929,563</b>
<b>Transfers</b>					
Transfer to Capital	\$95,000	\$0	\$0	0%	\$95,000
Transfer to Reserves	\$250,000	\$0	\$0	0%	\$250,000
<b>Total Transfers</b>	<b>\$345,000</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>	<b>\$345,000</b>
<b>NET COST (REVENUE)</b>	<b>\$7,588,100</b>	<b>\$1,290,851</b>	<b>\$1,313,537</b>	<b>17%</b>	<b>\$6,274,563</b>



# County of Wellington

03-March-2015

## Homes for the Aged Capital Work-in-Progress Expenditures By Departments All Open Projects For The Period Ending February 28, 2015

	Approved Budget	February Actual	Current Year	Previous Years	LIFE-TO-DATE ACTUALS		Remaining Budget
					Total	% of Budget	
Resident Vans	\$85,000	\$0	\$0	\$21,821	\$21,821	26 %	\$63,179
Boiler Replacements	\$155,000	\$0	\$0	\$153,505	\$153,505	99 %	\$1,495
Furniture Replacements	\$40,000	\$0	\$0	\$0	\$0	0 %	\$40,000
2015 Nursing Equip Replacement	\$35,000	\$0	\$0	\$0	\$0	0 %	\$35,000
2015 Resident Equipment Lifts	\$60,000	\$375	\$375	\$0	\$375	1 %	\$59,625
<b>Total Homes for the Aged</b>	<b>\$375,000</b>	<b>\$375</b>	<b>\$375</b>	<b>\$175,326</b>	<b>\$175,701</b>	<b>47 %</b>	<b>\$199,299</b>





March 2, 2015

Dear Staff of Wellington Terrace;

The Professional Health Care Committee meets several times a year to problem solve, report on quality initiatives, and evaluate the clinical work delivered at Wellington Terrace. Every February, we hold our annual Quality Forum to report on the results of the goals set the previous year and forecast new goals for the upcoming year. Attached is a copy of the report presented on Monday February 9th, 2015.

The result of our work will also be highlighted to residents, families, staff and volunteers through visual displays on TV monitors located in each neighbourhood, main lobby and the staff dining room. This will give them the opportunity to learn how we review our practices and make changes to improve outcomes.

I would like to acknowledge every staff member for their contribution to these accomplishments. The initiatives outlined in this report are evidence of the excellent care provided at Wellington Terrace. I will share this report with members of our Committee of Council to demonstrate your efforts this past year.

Thank you very much for your sincere dedication and hard work in achieving your goals.

Yours truly,

Laura Holtom

*Laura Holtom*

Administrator

## **WELLINGTON TERRACE**

### **Professional Health Care Committee and Infection Control Committee**

#### **Joint Annual General Meeting**

**Monday, February 10, 2014 @ 10:00 Wellington Terrace**

#### **Team Members**

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Laura Holtom, Administrator	Wellington Terrace
Peg Muhlbauer, RN, Director of Care	Wellington Terrace
Patty Ridgeway, Nutrition Services Manager	Wellington Terrace
Erin Senn, Registered Dietician	Wellington Terrace
Rick Clark, Environmental Services Manager	Wellington Terrace
Cheri French, Human Resources Manager	Wellington Terrace
Marilyn Clayton, RN, Pain & Palliative	Wellington Terrace
Carol Woods, RN, ICP, Team Leader	Wellington Terrace
Mary Lou Bolen, RN, BSO, Team Leader	Wellington Terrace
Kate Brubacher, RN, RAI MDS Coordinator	Wellington Terrace
Judy Goodall RN, Skin & Wound, Continence	Wellington Terrace
Beth Kaufman, RPh, Consultant Pharmacist	Medical Pharmacies
Mary Black Gallagher, Volunteer Coordinator	Wellington Terrace
Dr. John Stickney, Medical Director	Wellington Terrace
Colleen Cudney, Life Enrichment Manager	Wellington Terrace
Linda Vines, Physiotherapist	Red Cross Care Partners

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## 1. NURSING DEPARTMENT REPORT

### **Peg Muhlbauer, Director of Care**

The nursing department continues to evolve to meet the changing needs of the older adults in our home. Our home provides care to some of the most vulnerable older adults in our community whose care needs require a safe and highly supportive care environment.

We are continually working towards the homes mission statement of providing compassionate care honouring the unique needs of each resident.

Last year 70 (40%) residents in our home passed away. Each death is experienced as a loss for our staff as these residents certainly make a profound impact on us. We are caring for a generation of people with an amazing history of rich experiences that we have the privilege to get to be a part of.

At the same time, there are the 70 new residents entering our home all with their own unique set of care needs. Our relationship with these residents begins before they even set foot in the door. Often our first encounter is with the resident's families as they come to tour our home. We conduct over 150 tours a year for prospective residents and their families. This provides a good opportunity to educate, inform and support those trying to navigate the system and advocate for their loved ones .A phone call is made prior to the resident moving into the home to glean information that is required and share information with the family on what can be expected on admission day. There is an increased focus on customer service and trust building which often sets residents and families minds at ease and aids in the transition to the home. In addition, the behaviour supports PSW visits new residents every day for the first two weeks that they are here in the home to assist them with the transition.

Although the average age of a resident living in our home is 85, we are seeing a trend of younger people coming to live here as well. There are 11 individuals between the ages of 40-65. This unique group presents with more complex physical and cognitive challenges. We continue to seek opportunities to enhance the skill set of our staff to meet their needs.

The length of stay for the residents in our home has changed considerably over the last few years. At present, 36% of our residents live less than a year after entering long term care. This is compared to 15% in 2008. In large part this change is a result of programs in the community to keep residents at home longer. As a result people are entering long term care frailer with increased care needs and closer to end of life.

The Walnut Grove neighborhood is an example of the evolution that we are seeing in long term care. Just three years ago this neighborhood was considered a lighter care neighborhood for residents with less care needs. Today it has transformed into a dementia supported neighborhood with residents requiring maximum support in order to get through their day. As such, we have evaluated the staffing for the entire nursing department and found efficiencies and new strategies to release hours to create a fulltime monitoring PSW role. This now brings Walnuts staffing in line with the other dementia supported neighborhoods.

In 2014 we were excited to embark on a new committee in the home called Clinical Practice Team. This team, led by Dr Stickney, meets regularly to review the clinical needs of the residents in our home. Projects we have undertaken include osteoporosis and atrial fibrillation management, subcutaneous hydration and diabetes control. This group also reviews all transfers to the emergency department and makes recommendations for strategies to assist us in avoiding transfer whenever possible. We continue to be recognized as one of the lowest transfer rates to the emergency department in the LHIN.

Wellington Terrace enjoys a partnership with St Louis school Personal Support Program. This has been enriching for the staff and residents of the Terrace as we have the opportunity to share our philosophy of care and provide opportunities for learning that is essential to the growth of the students.

In 2014 we hosted 32 PSWs in their clinical placement from St Louis and Georgian College.

Hosting student placements has served as an excellent recruitment opportunity. Students are exposed to long term care and intrigued by what it has to offer them as a career choice. Clinical placements on our neighborhoods assist the students to be familiar with the philosophy of care that is unique to Wellington Terrace as well as the collaborative nature of our team. Of the 43 current PSWs hired in the last 3 years 17 (40%) had placement here.

In 2014 we were delighted that County council approved the funding for more ceiling lifts. We were able to add 13 new permanent motors as well as put lifts in 4 spa rooms. These lifts allow greater ease and comfort for the residents as they are transferred from bed to their wheelchair. We are happy to report that we will be able to install more lifts in 2015.

In 2014 we implemented the third and final phase of the point click care software called Point of Care. This consists of flat screen kiosks placed strategically through the neighborhoods in which the Personal Support Workers document critical health information regarding the resident. We have already begun to see the benefits of Point of Care: more accuracy in charting and greater efficiency in so many ways and we are very excited to be moving forward with a streamlined Kardex that will quickly provide staff with the pertinent information they require to care for each residents' needs.

In 2014 Wellington Terrace experienced our first Resident Quality inspection since the implementation of the Long Term Care Homes Act. This was a positive experience for the home and the inspectors were quite gracious with their comments on the quality of our care and services. One of the areas where action was required as a result of the inspection was the need to implement a comprehensive program to prevent the risk of resident bed entrapment. The nursing and maintenance team were able to collaborate and respond swiftly to this and ensure that we are meeting all of the guidelines on this regulation.

We continue to look for ways to help staff to have a positive work/life balance. In 2014 we underwent a comprehensive review of the staffing complements within the nursing department. We proposed creating 7 new fulltime positions utilizing existing hours and we were delighted when County Council approved these position. In 2015 we will be rolling out a new master schedule. This is a repeating master so that there will be more predictability in the schedule and staff will have a greater ability to know what they will be working in the future. In addition, we have incorporated unlimited switches and giveaways into our policy to allow staff greater opportunity to manage their own schedule.

These changes will allow us to further improve on our philosophy of consistent staffing as well as improve in the retention of all staff.

We continue to see great success in the retention of Registered Practical Nurses. Looking back, in 2012 we had 16 RPNs resign, in 2013 6, and this year only 3. This dynamic and engaged group of individuals are a key to the success of the nursing department. We are always seeking ways for the RNs and RPNs to grow further in their role and take on more leadership within the programs in our home. In 2015 we will be hosting a three part leadership program through the RNAO on Leadership for Nurses. We are very excited to continue to this path of growing these leaders within our home.

In 2015 all long term care homes in the province are mandated to submit a quality improvement plan to Health Quality Ontario. I am pleased to report that the RN leaders of our interdisciplinary monitoring teams are prepared to move forward with this continuous quality improvement journey. It is wonderful to observe the energy and passion that each RN has for their area of expertise. We value their contributions greatly.

Once again, I am grateful to be part of the Wellington Terrace team and truly thankful for the opportunity to serve our residents.



## 2. LIFE ENRICHMENT DEPARTMENT

### **Manager: Colleen Cudney**

Wellington Terrace recognizes that the residents moving to the home have an increased cognitive and physical decline. The resident may not be able to describe their leisure and social needs to our team. Providing compassionate care, honouring the unique needs of each resident requires that we have an in-depth understanding of each resident who comes to live at Wellington Terrace. Within the interdisciplinary team the Recreation, Social Work, Volunteer and Restorative Care services of the Life Enrichment Department strives to enhance the resident experience through a holistic approach. This goal responds to their physical, social, emotional, cognitive and spiritual needs.

The department team includes a `Manager, 7 full time Recreation Staff, 1 full time Social Service Worker, 1 full time PSW-Restorative Care Worker and a full time Coordinator of Volunteers.

2014 has been a year of increasing engagement opportunities for all residents. Our efforts have been in evaluating and altering how we can best respond to the residents' needs.

Our successes this past year have included:

- Providing focused appointments with individual residents who are new to the home for 8 week intervals, providing intensive support as they gain confidence and ability to participate with less assistance or independently.
- Evoking memories and thinking with programmes such as; creative storytelling, tea n'tales, current events, Can You Picture This, euchre, sit and dance, and bingo as well as creating educational poster board displays, picture monitors on the neighbourhoods, and the WT-TV channel in the 1st floor lobby and broad cast on TV channel 19 to inform residents and families with topics about our garden spaces, Monarch butterflies and Remembrance Day.
- Eliciting smiles, laughter and enjoyment from residents and their families by providing over 400 music, concerts and entertainment opportunities like the Puppet Show, the Grande Squares, the Elora Dance Academy and numerous individual and group singers and musicians, 47 outings in our Wheel chair accessible bus, 159 bike rides, 29 golf cart excursions, special events that cover seasonal, traditional, and cultural events throughout the year, and evening and weekend programs like our camp fires, bon appetite dining program, coffee house and ice cream parlour.

- We provide iPod, skype, iPad and access to computers as well as support with these technologies for resident leisure.
- We acquired a baby grand piano, which adds a stunning piece of furniture to the Home and provides countless hours of enjoyment for players and listeners alike.
- Stimulating the senses through programs like; 40 Snoezelen sessions. Snoezelen is our sensory room and that has residents responding to lights, colour, sounds, aromas, and textures. Special events focused on the senses such as the Herb Fare, the Corn/Potato/Tomato festival and the monthly morning markets in the Grand Garden of the Home. The markets feature live entertainment and feature samples of seasonal fruits and vegetables from our own gardens or locally sourced items displayed and offered for residents and their families to enjoy. Bouquets of flowers are cut fresh from our garden beds and potted plants are displayed and available to brighten resident rooms. Many of our small and individual programs also stimulate the senses and responses from residents including our 51 summer and winter garden groups, sensory music programs, baking, flower arranging, 49 meal programs, therapeutic touch and outings to local farms and the butterfly conservatory.
- We have created opportunities for spiritual care by arranging, scheduling and supporting Sunday services, weekly hymn sing, Catholic mass, communion, prayer group, devotional programs and the Social Services coordination of Memorial Services on a quarterly basis where we invite families back to the home following the death of a loved one.
- encouraging participation and movement by residents in exercise classes that are provided 2 – 3 times a week in each neighbourhood for a total of 318 sessions from July through December 2014, seated tia chi, accompanied walks, strolls and dancing programs
- We assist and support the Annual resident art exhibit and Resident craft sale hosted for and by our residents show casing their many talents and handiwork.
- We assist residents to develop relationships and share time with one another as they enjoy coming together for activities like Java Music – a mutual support group, Read To Me and Friendships Road Program, Karaoke sing along, men's groups and music and dance programs.
- We partner with Aboyne Library so that our residents are able to borrow books and movies and have direct access to a librarian,
- A programmer from Wellington County Museum comes into the home several times a month to show off antiques and artifacts that residents identify and share stories



over. They enjoy special events with the museum staff such as making gingerbread and Christmas crackers.

- We partnered with nutrition services to provide themed dinners, special breakfasts, and country lunches and dinners as well as providing summer barbeques and picnics and enhancing all of the special events with fantastic food selections.
- Along with nutrition and environmental services we have revised and improved resident and family use of rooms for family celebrations and gatherings by providing quick turnaround with event bookings, catering supplies, and cleaning.
- We continue to work with the Behavioural Support (BSO) and neighbourhood teams in providing resources, and programme support.
- The resident library was relocated to the Memorial Lounge on 2nd floor to make it more accessible for the residents who most frequent the library.
- We work along with environmental services to engage residents in the gardens, outdoors and in decorating hall ways and neighbourhoods.

Our volunteer education and information sessions have included the following topics:

- Biking Buddies Role Review
- Communication with Residents with a Dementia
- Role That Volunteers Play with Residents at End of Life
- Understanding Emergency Buttons and Call Bell Systems
- Safe Use of Elevators
- Influenza Season Information
- Continued Training and Orientation to Sign-In Kiosk
- Resident Safety and Therapeutic Relationships

Other areas of development:

- We have loaned 128 pieces of equipment for residents to support their mobility and seating needs
- We re-established cleaning practises for the mobility equipment and provided staff with a decision tree to support these practises.
- With environmental services we established seasonal and detail cleaning schedule for the resident bus and van.
- We trained several families on the resident van to enable them to use this vehicle for resident transportation to appointments and family events

- We completed the second phase of the back yard garden with the installment of a landscape surface, raised accessible wedge planters, addition of a clothes line for resident programming and had repairs completed to the tractor. These additions and improvements are providing a usable, meaningful and safe outdoor space for residents with dementia.
- We redefined our flu season protocols by not bringing residents together for programmes across the Home to further reduce the risk of spreading illness.
- We contracted Physio Therapy assistant time through Red Cross Care Partners to provide resident exercise programs funded by the Ministry of Health.
- Our staff provide mentoring and supervision to many placement students. This year we hosted six high school placements from Centre Wellington District High School, one Conestoga College co-op student and our first Therapeutic Recreation Internship with the University of Waterloo.
- Recreation staff rotated to a different neighbourhood to develop and broaden their skills and experience.
- We encouraged home wide participation through events like the scarecrow contest, Christmas decorating the characters of Christmas, the heart and stroke challenge and by submitting pictures and content for WT-TV slides
- We are conducting lunch and learn sessions for our Life Enrichment staff to share innovative and successful resident programs which to date have included Resident Life Lessons and a take on Jeopardy
- We have made revisions to many of our training and information materials to convey information in clear language. We have revised our orientation process to better inform and train new Life Enrichment staff and students.
- We have introduced a staggered start time for our team with earlier shift start times to better respond to resident need.
- We are involved in facilitating debriefing gatherings for residents following the death of a fellow resident; as well as for staff grieving the loss of a resident they cared for.
- We have acquired adjustable dining tables in activity areas to respond to resident seating needs.
- Ongoing evaluation and improvement in our documentation technology assists us to meet Ministry requirements and job responsibilities.

- We have started to incorporate Terrace branding on service brochures.
- We have added an event listing to our web page to keep families aware of activities at the Terrace.
- We have made efforts to simplify our communication including clear, concise and comprehensive approaches with residents, the interdisciplinary team, family, volunteers and community partners. We will continue to learn and develop these approaches in the coming year.
- The LED team have attended workshops and training days including; Activity and Aging Restorative Care, Crisis and Trauma, Suicide Intervention, Ethics in Social Work, Therapeutic Recreation Ontario Conference, education day for the Ontario College of Social Workers and Social Service Workers.

Goals for 2015:

Our efforts in 2015 will be to increase our focus on the quality of our services for residents at end of life. We will work collaboratively with our neighbourhood teams to determine how to best support this.

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**Monitoring Group/Dept.:** Recreation Service of the Life Enrichment Department

**Lead/ Members of Monitoring team:** Colleen Cudney Dept. Manager, Recreation Staff; Katrina Lawr, Laurie Godreau, Carrie Perkins, Karn Denkers, Lindsay Wideman, Amanda von Holstein, Meghan West, Kaitlin Baker, Jasmine Nijjar

**Focus of Service/Background:** Wellington Terrace recognizes the importance in providing Therapeutic Recreation and Leisure activities/programmes to all residents in maximizing their engagement, function and quality of life. In addition Recreation and Leisure opportunities need to address individual resident's past and present interests while offering variety and choice. Programmes and activities are provided in collaboration with the multidisciplinary team, volunteers, and family and community partners.

**Aim Statement:** Recreation Services will engage 100% of the residents.

#### **Successes of 2014:**

We identified criteria for the management of resident engagement through individual resident appointments.

Recreation staff recorded 100,408 therapy minutes on Point Click Care in 2014

We researched software that will track, monitor, evaluate and report on resident engagement, and then purchased the Activity Pro software. This has resulted in having more time to spend with residents and a system that can provide evidence of this. We recorded 334,588 therapy minutes on Activity Pro from July through Dec 2014

July through December Activity Pro showed total resident contacts at 15,685, with 5,495 activity offerings, 257 unique activities and 665,450 contact minutes. We identified an administrative work group for the software, and training lead. All recreation staff were trained on Activity Pro. We increased opportunities for engagement by offering on average 4.3 entertainment programs per week up from the 2013 average of 1.4 per week. We revised the Life Enrichment Department orientation document, making it accessible for all department staff and identifying individual staff as being responsible to inform and train on different orientation topics. We created a Programme description for Recreation Services.

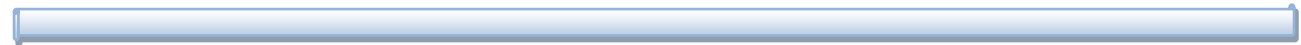
### **What have we learned along the way?**

We learned that daily reports, on Activity Pro, allow us to identify residents at risk of not being engaged. We also learnt that Activity Pro will show changes in leisure pursuits and we are able to then quickly respond to these changes. We have learnt to utilize the data generated from our documentation software to engage residents and respond to their individual needs more efficiently.

With 1/3 of the resident population turning over in 2014 and the increase needs and complexity of the resident we have learnt to be flexible in in providing meaningful activities and timely response.

### **Goals for 2015:**

Our goal for 2015 is to increase the number of Therapeutic Recreation individual contacts with residents who are palliative.



## **2a VOLUNTEER SERVICES**

### **Mary Black Gallagher, Coordinator of Volunteers**

Volunteer Services, of the Life Enrichment Department

Focus of Service for 2014: Musical entertainment for our residents is well received by the majority of our residents. There is tremendous therapeutic value to providing music as a means to improve quality of life. Our Quality Improvement initiative for 2014 was to increase support to the resident theme, special events and music programmes by increasing volunteer entertainment scheduled throughout the year. We proposed that we would see an increase in the total amount of events in which live music is provided by volunteer entertainers by 20%, from 159 scheduled in 2013 to 191 to be scheduled by December 31<sup>st</sup>, 2014.

Success in 2014:

We were successful in increasing the number of events in which live music is provided by volunteer entertainers by 16% to 181 events.

We recruited 3 new volunteer musical entertainers in 2014.

There is a cost savings when volunteers provide entertainment to the home.

What We Learned Along The Way in 2014:

We were fortunate to engage a weekly volunteer musical entertainer in our Birch Dale neighbourhood for several years; this volunteer resigned in September of 2014. We have realized that replacing a volunteer who wishes to commit to a regular weekly assignment can prove challenging.

Quality Improvement Initiative for 2015

Our Quality Improvement Initiative for 2015 is to increase volunteer education on the topic of dementia and responsive behaviors. We propose that Volunteer Services of Wellington Terrace will increase the total number of education sessions for volunteers by 25%, from 8 education sessions provided in 2014 to 10 education sessions provided by December 31<sup>st</sup>, 2015.



## **2b MOBILITY AND SEATING PROGRAM**

Focus of Service/Background: To provide an affordable option for the use of mobility and seating equipment to residents.

Aim Statement:

The mobility and Seating program goals for 2014 are;

To revise the program description and policies that instructs and guides the services being offered through this program,

To further define assessment responsibilities regarding seating assessments to guide practise,

### **Successes of 2014:**

We revised of the programme description and policy regarding assessment, and the policy regarding referral.

Developed a decision tree to respond to equipment repairs

Established direct service for Occupation Therapy through a Service Agreement with Red Cross Care Partners

We provided equipment in response to 128 requests

Our purchases included; Roho cushion with 2 covers, 1 set of elevating footrest, a contour foam cushion, low profile Roho cushion, 3 sets of arm rest pads, front wheelchair caster, back strap for a walker.

Received donations of 46 pieces of equipment

Donated 52 items to the community and developing countries

What have we learned along the way?

During 2014 we have seen an increase of resident's coming to live at Wellington Terrace with equipment that is not appropriate or safe for the resident to use. This is primarily due to the fact that residents are not being seen and assessed by an OT before being admitted to the Home.

We have learnt that continual assessment, maintenance and management of the equipment inventory are essential in providing safe quality equipment for the residents.

**Goals for 2015:** Our goal for 2015 is to complete a programme evaluation to meet the changing needs of the residents moving into Wellington Terrace.

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## 2c RESTORATIVE CARE

Focus of Service: The committee guides and directs the delivery of restorative care with an interdisciplinary approach. This enables residents to reach and maintain an optimal level of function in any of 9 restorative modalities; range of motion, bed mobility, transfer, walking, dressing and grooming, eating and swallowing, communication, amputation and prosthesis care.

Aim Statement: Our goal is to increase the number of residents in the special rehab category from 0 residents in the 2012/2013 CMI to 9 residents in the 2013/2014 report.

Our goal is to transition the documentation of the nursing rehabilitation care planning and evaluation to the registered staff on the RAI team by June 2015.

Successes of 2014: We increased the number of residents in the special rehab category of RUG from 0 residents in 2012/2013 to as many as 14 residents and an average of 7.2 residents in 2013/2014.

We are now compliant with the Ministry of Health reporting requirements.

The Director of Resident Care and the Life Enrichment Manager attended the OANHSS Conference workshop on Restorative Care to learn the Ministry of Health expectations for this service.

The Registered Staff of the RAI team commenced the documentation of the nursing rehabilitation care planning and evaluation.

We revised the interface (nursing and intensive restorative care and physio therapy) spread sheet to accurately record resident engagement in all modalities and across disciplines.

We introduced a weekly huddle for the RAI Coordinator, Restorative Care Worker- Personal Support Worker (RC-PSW), and Physio Therapist to meet, review and update interface activity.

We improved coding and documentation with the implementation of point of care.

The Team Leaders are evaluating and reporting on Nursing Restorative Care monthly at the committee meeting.

We have improved the communication and capacity of the team members to monitor report and evaluate the many aspects of the program.

What have we learned along the way?

Responding to the Ministry requirements of having registered staff document and review the restorative care plans we have learnt the importance of appropriate and accurate documentation to inform staff and direct care on a consistent basis.

In creating and refining a spread sheet to assist in collecting and tracking interdisciplinary rehab and restorative activity we have learned the absolute value of accurate collection of data and the tools that support this work.

Goals for 2015: Our goal for 2015 is to maintain the RUG Rehab status of between 7% - 15% of the resident population, and to evaluate the Restorative Care program utilizing the Ministry's Inspection Protocol.

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## **2d SOCIAL SERVICES**

Focus of Service/Background: Wellington Terrace recognizes the importance of Social Work interventions to support residents during times of individual change, transition and crisis. The length of stay for the residents in our home has changed considerably over

the last few years. At present, 36% of our residents live less than a year after entering long term care. This is compared to 15% in 2008.

It is important to begin social service support to individual residents and their families earlier in their stay.

Aim Statement: Social Services will increase the number of residents receiving Social Work intervention by 10% from 96 individuals in 2013 to 106 individuals in 2014.

### **Successes of 2014:**

135 residents received regular social work interventions during 2014. In addition 33 single social work visits were provided during this same period.

Promoted Social Work in the month of March through a poster presentation

Hosted a full time Social Service Work student placement from Sheridan College from Jan – April 2015

Reduced number of individual support visits, for residents adjusting well to living at the Home, from 12 weeks to 8 weeks allowing more residents to be seen over the year

We developed a section for Social Service in the new staff orientation information presented by the Life Enrichment Department.

What have we learned along the way?

There are an increased numbers of individuals with dementia, and complex conditions. The Home's admission rates continue to fluctuate with pockets of several admissions occurring in a short period of time. There are groups of residents with high needs such as those individuals who are younger, those with developmental delay, addictions, complex mental health conditions and acquired brain injury. Ongoing education is key to better serve our residents.

### **Goals for 2015:**

Social Services Worker will continue to be responsive to the psychosocial needs of the residents, supporting transitions to the home, and providing group and individual support.

Our goal for 2015 will be to provide social work visits and social work initiated ministerial support when needed for residents who are palliative.





### 3. NUTRITION SERVICES DEPARTMENT

Manager: Patty Ridgeway

#### **Focus of Service/Background:**

- To ensure residents' daily nutrition and hydration needs are met consistently.
- To plan and deliver nutritious meals and snacks and ensure sufficient fluids are provided.
- To identify, mitigate and manage risks related to nutrition and hydration and dietary services.
- To ensure best practices related to dining service, menu planning and food production.
- To support food service activities throughout the home

#### **Successes of 2014:**

Continued to maintain a high level of resident meal satisfaction as evidenced through annual resident survey, ongoing dialogue with residents, family and staff

100% of permanent direct care nutrition services staff have attained or are enrolled in the Certification program for Food Service Worker.

Control of food costs in 2014 despite changes in the commodity and supply market

Re-organization of our main kitchen, manager office and storage spaces to improve efficiency and create space for our Full Time Registered Dietitian

Creation of standardized recipes that support our menu.

Nutrition services supported a significant number of special events for residents and staff

Successful Ministry of Health compliance inspection, summer of 2014. No findings of unmet regulations during resident interviews and meal observations.

Mentored a Diet Technician student in the fall of 2014.

Addition and enhancement of many customer service initiatives (see Quality Report)

## **Challenges**

Nutritional care for our residents is very complex. There is a great amount of menu customization required for these complexities as well as time for food procurement, preparation and delivery of specialty food items.

Department leadership (Manager and Supervisor) was challenged with unexpected illness and leaves of absence.

## **Goals for 2015:**

Continue to make advancement in our customer service initiatives

Monitor food and supply commodities market to make necessary menu or service adjustments

Purchase some new equipment and dishware to serve the needs of our changing residents: noise reduction carts, china, multipurpose processors

Complete a contingency plan for necessary Managerial and nutrition Clinical duties

## **Nutrition Services – Quality Improvement – Improving Customer Service**

**Lead:** Patty Ridgeway Nutrition Services Manager

## **Focus of Service/Background:**

Nutrition Services defines customer service as taking care of the resident's nutritional needs by providing and delivering professional, high quality service.

In 2013, the Nutrition Services department recognized that the provision of quality customer service to our residents was directly related to our skill, process and communication.

**Aim:**

In 2014, the staff of the Nutrition Service department will improve customer service; that is, enhance the quality and quantity of their interactions with residents of Wellington Terrace during meal time and snack service.

## **Successes of 2014:**

- Provided education to Nutrition Services staff on the revised Dining Programme and the adaptations for residents with advanced dementia.
- Less handling of supplement and less custom labelling of items on the nourishment cart has increased interaction time with residents in the dining room

and during snack service (Med pass system for supplement distribution being used across the home)

- Improved food quality (temperature) and increased resident independence and satisfaction because food may now be delivered to a resident already cut up.
- Menus have been customized in our advanced dementia areas to meet the specific resident needs (e.g. matching use of utensils throughout the meal)
- Departmental re-organization to ensure there is a roster of full time staff working in all serveries
- Quarterly Nutrition Services server meetings encourage brainstorming and problem solving for their specific residents and processes.
- Improved Nutrition Services attendance and participation at RHA team meetings
- Dining service and nutritional care to the residents of Walnut Grove has been greatly enhanced by using an interdisciplinary approach. Staff partners met over several weeks/months to discuss challenges and strategies for transitioning to our newly created dementia specialty home area.
- The purchase of several new adaptive dining tables has significantly improved the resident dining experience, allowing many more residents to maintain their independence or be assisted with comfort and dignity.
- Nutrition Services department has made a strong commitment to consistent staffing. Staff were regularly scheduled and working in the same areas. When Nutrition Services employees were called in to work unexpectedly, decisions were made to adjust assignments to ensure the best possible service could be provided to our residents.
- Nutrition Services staff with collaboration of interdisciplinary team planned many special dining events.
- REGISTERED DIETITIAN is now attending RHA team meetings to address and seek resolution for resident specific nutrition or service related challenges.
- Nutrition Services Manager and REGISTERED DIETITIAN now attend resident care conferences for new admissions and high nutritional risk residents.
- Elimination of the use of disposable wares for resident related activities.
- Nutrition Services staff welcomed many guests and family for meals; some spouses dining daily with their resident.
- NS team provided hospitality to family and visitors of our end of life residents.

#### **What have we learned along the way?**

- Improving customer service requires regular monitoring and evaluation as our resident population changes.
- Auditing of process is necessary to establish benchmarks and be aware of successes or need to change direction.
- Collection of specific resident intake data at meal time can detract from the customer service experience. Careful and thoughtful process is required to balance this.
- It is difficult to measure success.

#### **Goals for 2015:**

- Continue to educate the interdisciplinary teams to develop a strong customer service orientation at meal time and snack service.
- Complete a comprehensive review of the snack delivery process.
- Nutrition Services Manager or Supervisor will attend new admission care conferences to establish a relationship with resident or family
- Revision of the Nutrition Services Care Conference reporting tool to ensure more relevant communication and follow through.
- Nutrition Services team members will participate in daily RHA change of shift reporting.

#### 4. ENVIRONMENTAL SERVICES REPORT

##### **Rick Clark, Manager**

**Focus of Team:** To provide a clean and safe environment for the residents, staff and visitors of Wellington Terrace. Assure all building, grounds, electrical and mechanical equipment are maintained to their original state for a safe environment for the residents, staff and families at Wellington Terrace.

Approximately 30 Direct Care Staff

##### **Successes this year:**

- In 2014 we cross trained a variety of positions within the department to be more effective in the variety of roles we serve.
- We increased the number of Environmental Services who provide meal assistance during resident noon hour meals. This brings a total of 11 staff Monday to Friday and 8 staff on weekend.
- The new Terrace roof construction concluded last summer and I am happy to report we haven't had any roof leaks.
- We added an additional maintenance worker last April and in May we began scheduling maintenance on weekends from 7:00 am – 3:00 pm; this scheduling enhancement has been very positive reducing after hour call backs and well received by residents and staff.
- We had a Ministry Inspection last June and Environmental Services overall had a great review. I had a personal visit from one of the compliance inspectors for approximately 45 minutes; she reviewed our departmental policies asked a lot of

questions about our overall department (cleaning chemicals, infection control, pest control and odour control).

- New Quality Improvement initiative was put in place in 2014 to improve our ability to return lost articles to the resident. Beginning in April a new and improved process for our resident lost and found clothing cart was introduced. The Laundry Team place a cart with unclaimed items in each RHA clean utility room for a time period of 24 hours from 12 noon until 12 noon the next day, then it will move on to the next RHA. We believe this will allow staff on all 3 shifts, family members and residents to have the opportunity to reclaim missing resident clothing that is unmarked. *The results have been very successful.* In 2013 there was a 48.6% return during this time period. In 2014 there has been a 70.3% return during this time period.
- The back entrance road behind the Terrace has been under construction this past summer and fall with the remaining work to be completed in the spring of 2015; they are constructing new services, roadways, curbs and sidewalks to allow access to the site of our new community hospital to be built sometime in the near future.
- In 2014 all maintenance request were tracked and audited with the goal to analyze the service delivery of maintenance request departmentally. Results were: Nursing – 1410, Dietary - 70, LED – 134 and other – 65 A total of 1670 requests were made in 2014. By providing prompt and efficient service, this allowed the direct care staff to serve our residents effectively.
- New ceiling lifts were installed in the following RHA's tub rooms Cedar Gorge, Walnut Grove, Birch Dale and Oak Glen.
- A new bed entrapment prevention policy and procedure was developed to comply with Ministry of Health regulations. 30 new mattresses were purchased to replace some of the older ones. All bed and bed rails have been inspected comply with ministry requirements.
- 24 wall mounted monitor screens were installed for the nursing department in all 6 RHA's (4 in each). They were up and operating in early October ready for staff training.
- 2 new heating boilers with titanium stainless steel heat exchangers have been installed to replace our boilers that had cracked heat exchangers.

- Maintenance staff is nearing completion of replacing the ceiling tiles in all 3 kitchen serveries to ensure cleanliness.
- A painter was hired in early August to repaint all hallways in the 6 Resident Home Area's; this work was completed in November.
- Environmental Services seasonal gardener completed her 2<sup>nd</sup> full season in 2014. The enabling gardens behind Cedar Gorge and Maple Ridge were enhanced with 3 new planters and the A-Frames were placed on 2 new circular landscape cloth pads. The tractor tires were replaced along with the planting of flowers and vegetables, a hardy and successful season.
- A fire scenario evacuation during the lowest staffing level complement has been developed and approved by our fire safety officer in Centre Wellington. This exercise will take place sometime in early spring as required by Ministry of Health and Long Term Care.
- "ENVIRONMENTAL SERVICES WEEK" was celebrated the week of June 16-20. Information display board featuring strategies to prevent bed entrapment, door prizes, staff lunch and build your own sundaes. Well participated by all!

#### **Ongoing strategies:**

- Continue to evaluate and monitor staff routines, daily workloads and best practices.
- To continue to build and enhance on our residents lost and found procedures.
- Work with the Management Team in making good sound decisions regarding future additional gardens and assuring that they are maintainable and meet the needs and use for our residents here at Wellington Terrace.
- Set a date to carry out our approved fire scenario evacuation during the lowest staffing level complement in accordance with Ministry of LTC, Ontario Fire Marshall and our local fire safety officer.

#### **Goals for 2015:**

- This year we will be installing 14 sets of ceiling lift tracks in the RHA's, additional electrical work will be required to accommodate this project.
- Working with Peg and her team in standardizing and improving storage in all 6 RHA's tub and shower rooms.

- Enhancing and improving our TV stations offered to residents at Wellington Terrace.
- Replace the ceiling tiles in the main kitchen.
- Reorganize housekeeping storage rooms located in the resident home areas to be more efficient.
- Review and approve Environmental Services policies and procedures.

### **Quality Improvement – Improving the return of Lost and Found Articles**

**AIM STATEMENT:** To implement a new process to improve the accessibility of the residents lost and found cart on each neighborhood.

On occasion unmarked clothes are sent to the laundry resulting in unclaimed clothing. Our goal is to reduce the number of resident unclaimed clothing by 50% from 114 items unclaimed in 2013 to 57 items unclaimed by Dec. 31<sup>st</sup>/2014.

The Laundry Team placed the Lost and Found cart in each RHA clean utility room for a time period of 24 hours from 12 noon until 12 noon the next day, then it moved on to the next RHA. We believed this would allow staff on all 3 shifts, family members and residents to have the opportunity to reclaim missing resident clothing that is unmarked.

*The results have been very successful.*

In 2013 there was a 48.6% return during this time period.

In 2014 there has been a 70.3% return during this time period.

Note - There was an outbreak in April 2014 that lasted for approximately 2 weeks; the lost and found cart was not allowed to transfer to the RHA's.

Efforts are made to remind residents and families to bring clothing to staff to be marked prior to wearing. This is achieved through newsletters, posters, and handbook and personal reminders by environmental services team.

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## 5. HUMAN RESOURCES

**Lead:** Cheri French

**Focus of Service:** To provide quality human resources services to the management and employees of Wellington Terrace while ensuring efficiencies are identified and implemented.

**Successes in 2014:**

### **Workplace Injuries and Employee Incident Reporting**

In 2014, the internal workflow process related to employee incidents and resulting follow-up was reviewed to identify areas for improvement. As an outcome of the review, specific efficiencies were identified and implemented with the intention of narrowing the time between when an employee incident occurs and when the employee is offered suitable and meaningful modified work.

The Workplace Safety and Insurance Board (WSIB) provides the following definition for a lost time claim on their website.

“A "lost time" claim is created when a worker suffers a work-related injury/disease which results in

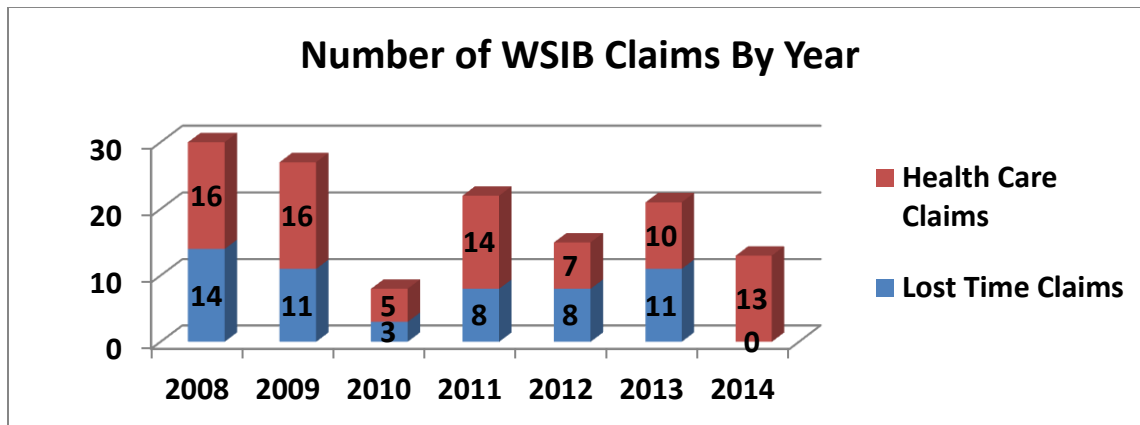
- being off work past the day of accident
- loss of wages/earnings, or
- a permanent disability/impairment.”

WSIB also provides the following definition for no lost time claims or those we reference at Wellington Terrace as health care claims.

“A "no lost time" claim results from a work-related injury where no time is lost from work, other than on the day of accident, but where health care is required. The health care costs resulting from the injury are paid by the WSIB.”

As a result of these efforts, the contributions of our Joint Health and Safety Committee, and the combined commitment to safety by the management team and our employees, Wellington Terrace saw its first year with **no** allowed lost time claims.





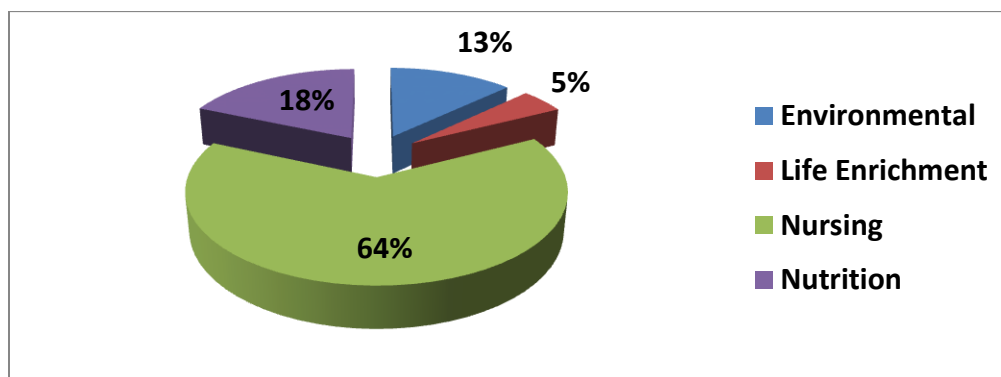
### **Training and Development**

The Human Resources department ensures that County-wide mandatory training focusing on Human Resources requirements are provided to all employees at Wellington Terrace. In 2014, new mandatory Occupational Health and Safety training was provided to each worker and supervisor as required by legislation. This training was completed in addition to the annual WHMIS refresher and those mandatory training sessions provided in general orientation to new hires.

From a tracking perspective, the education and training module of our Human Resources Information System (HRIS), InfoHR, was further developed. The module allows for quick and easy reporting of education, both completed and outstanding, for County employees, and will assist managers in the performance appraisal process. With the success of the initial implementation at Wellington Terrace, the module has been identified for roll out to other departments across the County in 2015.

### **Recruitment and Selection**

In 2014, Wellington Terrace was in receipt of 792 resumes, conducted 138 interviews and filled 105 positions. As demonstrated in the graph below, the nursing department made up the majority of our recruitment efforts.



To continue with our marketing efforts to potential candidates, Human Resources participated in career fairs and information events with the Career Education Council, St. Louis Adult Education, Upper Grand District School Board, Georgian College, and the Centre Wellington Home Show.

Wellington Terrace typically has an open job posting for Personal Support Workers, which makes up for the largest part of our recruitment efforts. It is important to note that 2014 was the first year we were able to remove this open posting from the County website as all positions were filled.

### **Employee Retention**

In 2014, the employee turnover rate was reduced by 37% from the previous year. It can be assumed that this reduction is a direct reflection of new scheduling along with various leadership initiatives implemented in response to the staff satisfaction survey conducted in 2011. This was further supported by the positive responses received both in exit surveys and the staff satisfaction survey conducted in 2014.

### **Other Project Work**

The Human Resources department at Wellington Terrace works collaboratively with the interdisciplinary team in various projects throughout the year. In 2014, we worked together with nursing to review the current staffing complement and design a new staffing model with the goal of providing increased satisfaction and work life balance to our employees while maintaining consistency of staffing for our residents.

To enhance teambuilding initiatives in environmental services, human resources provided several training sessions with the goal of building employee resiliency and empathy, while establishing clear expectations and commitment around positive and respectful communication within the team.

### **Goals for 2015:**

1. Policy Review
  - a. Review current Wellington Terrace policies in conjunction with County-wide Human Resources policies to further identify and eliminate duplication.
2. Procedures
  - a. Review and update all documented procedures related to Wellington Terrace human resources practices to ensure new technology is captured.
3. Recruitment and On-boarding
  - a. Increase qualified candidate pool by participating in Community, College and University career events and strengthening our partnerships.

- b. Continue to measure the effectiveness of recruitment practices to ensure positions are filled in a timely manner to ensure adequate staffing levels are achieved.
- 4. Employee Retention
  - a. Evaluate the data gathered from the exit interviews conducted.
  - b. Complete a trend analysis and make recommendations to management.
- 5. Training
  - a. Work with County departments to establish department training requirements.
  - b. Further develop the Education module of InfoHR to meet and implement these requirements.
  - c. Develop and provide training on how to access reporting and maintain departmental education records.

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## **6. STAFF DEVELOPMENT AND WELLNESS PROGRAMME REPORT**

Laura Holtom, Assistant Administrator

### **Focus of Service:**

An annual education plan is established for staff and volunteers. The plan is based on legislative requirements and assessed need of the home.

### **Successes in 2014:**

- Acknowledged a variety of methods of learning for adult learners. They include newsletters, journal articles, teleconferences, displays, hands on exercises and demonstrations, videos, power point, lectures, games, attendance at conferences and OTN presentations. We have incorporated informal teaching in the education plan recognizing that learning in the moment is more relatable to adult learners. This is achieved at team meetings.
- Over 20 conferences/workshops attended by employees of Wellington Terrace
- Approximately 90 topics covered at in-house education.
- Over the past 6 years, a priority has been placed on increasing the knowledge of all staff when dealing with someone diagnosed with a dementia. The Gentle Care Approaches (GPA) programme is recognized as most effective and practical. To date 254 staff has completed this at Wellington Terrace – that is 92%. We promote the importance of this course by asking that staff wear their GPA pin on their name tag.

- Several staff received a grant from the County of Wellington to pursue education goals independently.
- A video was produced to promote the 'behaviour support' work that is done at the Terrace. This information was shared at the annual OANHSS convention.
- We will continue to apply to conferences to present materials where the Terrace have acquired excellent knowledge and skills.
- A presentation of work done at Wellington Terrace to support residents with a dementia was presented to Collaboration Day with the BSO (Behaviour Supports Ontario) team in the Waterloo Wellington LHIN (Local Health Integration Network)
- During our Staff Appreciation Week, we offered some Wellness strategies for our staff. Many staff received treatment in massage, yoga, wax hand therapy and some learned about the therapeutic benefits of chocolate.
- We provided 2 General Orientation sessions for new employees. We continue to review teaching methods to keep the groups attention.
- Improved tracking of attendance so it becomes part of the employment record. This enables us to pull reports more efficiently.
- We revised our Employee Handbook. Used revised Wellington Terrace presentation format for General Orientation
- We subscribe to 2 journals where we circulate appropriate articles specific to staff's work.

#### Lessons learned along the way:

- We need to ensure we are presenting mandatory Ministry of Health education in the most effective way.

#### Goals for 2015:

- Continue to provide opportunities for staff to attend Gentle Persuasion Approaches course or refresher.
- Provide education on Dementia to our families and volunteers
- Introduce new technology in the resident home areas to display the Quality Improvement activities.



## Clinicians Annual Reports

### 6. REGISTERED DIETITIAN

**Lead:** Erin Senn, RD

#### **Focus of Service/Background:**

- To provide clinical nutrition care services to residents at Wellington Terrace
- To provide administrative support through menu approval, staff education, policy development, interpretation of and compliance with Ministry of Health and Long-Term Care (MOHLTC) regulations and standards related to nutrition.

#### **Successes of 2014:**

- The transition from paper records to electronic documentation of intake of foods and fluids via PointClickCare's (PCC) Point of Care (POC) was completed this year; documentation of all nutritional intake, including special snacks and nutritional supplements, is now completed within POC
- Compliance with MOHLTC Regulations under the Long-Term Care Homes Act, 2007, with respect to a resident's 24-hour care plan and ensuring it includes "diet orders, including food texture, fluid consistencies and food restrictions"
- Attendance at 20 care conferences/family meetings for residents at high nutritional risk starting August 2014
- Implementation of the med-pass nutritional supplement administration program, first on a trial basis in two neighbourhoods in August, expanding to the entire home September/October
  - There are currently 21 residents on the med-pass program, or 39% of those who receive commercial nutritional supplements
  - At least 2 residents have shown improvements in weight status that were not achieved with traditional supplement regimes
- Residents for whom dehydration is a concern or potential concern now have a new focus (dehydration/fluid maintenance) within their care plan to ensure this information is not lost within the nutritional status focus and to underline its importance; RD has attended team meetings to involve the entire team in care planning when there is particular concern about a resident's hydration
- Audits:
  - The fourth annual calcium intake audit was completed in February of 2014, focusing on usual daily calcium intake from major dietary sources. Results were shared with the Consultant Pharmacist and were used to help individualize supplement recommendations made during Quarterly Medication Reviews.
  - A diet order audit was completed in the spring to ensure consistency between dietary software, resident care plans and physician orders

## What have we learned along the way?

- The resident population continues to become increasingly complex and, often, nutritionally compromised. Residents at “high” nutritional risk have increased from 35% of the population in January of 2014 to 42% by the end of December
- Chewing and swallowing problems together remain the most common reason for RD referral and follow-up, but change (decrease) in appetite is gaining ground, averaging 15.75/month in 2014 vs. 11.67/month in 2013
- The average number of RD referrals and follow-ups continues to increase year over year, now up to 121/month from 116/month in 2013
- It remains necessary and challenging at times to prioritize activities in order to meet RAI-MDS deadlines while referrals and new admissions also require attention
- Menu review and development: close collaboration with the Nutritional Services Manager and other staff members made this a relatively easy task for the RD despite some differences in professional opinion and interpretation of the requirements with respect to meal service

## Goals for 2015:

- RD (or delegate, as necessary) attendance at all admission and annual care conferences for residents at high nutritional risk
- Revise or create a new nutrition assessment for new admissions within PCC to streamline the process and minimize duplication of documentation that may be found within the admission RAI
- Staff education: disease processes with nutrition implications; pleasurable dining / meal assist refresher / feeding strategies for residents with poor intake.



## 8. PHARMACY SERVICES



Beth Kaufman, RPh

### Focus of service mandate:

- ☐ To promote safe and effective use of medication therapy for residents by collaborating with the health care team
- ☐ To provide support to Wellington Terrace through education, technology, continuous quality improvement audits and clinical resources

### Successes of 2014:

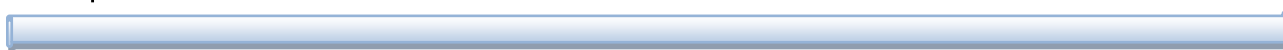
- ☐ Medication safety meetings held quarterly with registered staff to improve medication procedures and highlight resident safety
- ☐ Successful completion of winter term co-op placement from a student pharmacist at the University of Waterloo
- ☐ Participation in the GOAL Study
  - Vitamin D, Calcium and Bisphosphonate use (best practice to prevent fractures) above LHIN average and increased from 2013
- ☐ Participation in the Atrial Fibrillation Project
  - Increase in anticoagulation for residents with atrial fibrillation

0% 20% 40% 60% Residents with Atrial Fibrillation at baseline Residents with Atrial Fibrillation at 6 months 25%58%58% 42% 17% 0% Wellington Terrace Anticoagulant ASA Neither

- ☐ **Completion of ISMP's Medication Safety Self-Assessment** to help evaluate the safety and risks of medication management in the long-term care setting
- ☐ Med-e-INR medical directive developed, implemented
- ☐ Antipsychotic use consistent with 2013, slightly above LHIN average; appropriate use continues to be reviewed quarterly
- ☐ Narcotic use consistent with 2013, slightly above LHIN average; appropriate use continues to be reviewed quarterly

#### **Goals for 2015:**

- ☐ Complete GOAL study; continue with osteoporosis assessment on admission to determine fracture risk and appropriate therapy
- ☐ Complete Atrial



## **9. MEDICAL DIRECTOR'S REPORT**

### **Dr. John Stickney, Medical Director**

It is always a positive experience to reflect on the care that has been given and received at the Wellington Terrace over the past year and this year of 2014 is no exception. It has been my privilege to continue to act as the Medical Director with such a caring and effective team of health care professionals.

The year of 2014 has been a new beginning for many residents with us and for an equal number the end of their life. I suppose that on a continuum they are one in the same. I share a special interest with many others in the end of life care that we provide and we continue to receive accolades from family and loved ones for this. It is my hope that we may continue to support our residents so that their death may be both comfortable and dignified.

I always wish to mention the role that all of us at the Wellington Terrace play in educating the future health care professionals that will some day care for us. Nursing, Pharmacy & Medical students and residents probably approach their rotations at the

Terrace as just another rotation but I believe, leave with not only a greater sense of purpose and an appreciation for the care we provide for our seniors but also a smile on their face and even at times a tear in their eye.

The year 2015 will be similar yet different than 2014 in many ways, providing us with challenges that I'm sure as a team, we will conquer and enjoy.

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## **10. PHYSIOTHERAPY DEPARTMENT**

**Lead:** Linda Vines (RPT), John Brice (RPT)

**Members of Team:** Anna Kingma (PTA), Jocelyn Lodder (PTA), Julie Manderson (CarePartners Director, Rehabilitation Services)

### **Focus of Service:**

- To provide comprehensive Physiotherapy assessments, which inform and guide individualized care plans to effectively meet resident needs
- To provide quality resident-centered physiotherapy treatment that is safe, responsive and improves resident well-being.

### **Aim Statement:**

- To collaborate with the Wellington Terrace multi-disciplinary resident care team
- To integrate a resident-focused restorative care philosophy that promotes and maximizes independence of residents
- To implement and evaluate quality evidence-based Physiotherapy services
- To improve, develop or restore physical function, to promote mobility and to prevent a decline in functional status for residents

### **Successes of 2014:**

- Enhanced understanding and awareness of Restorative Care program and Resource Utilization Group (RUG) funding by:
  - Participation in weekly inter-disciplinary huddle with the RAI Coordinator, Restorative Care - Personal Support Worker (RC-PSW) to meet, review and update interface activity.
  - Utilization of restorative spreadsheet to effectively monitor Physiotherapy resident interventions, to support RUG process



- Partnered with Conestoga College, to provide two (2) clinical placements for Occupational Therapist/Physiotherapist Assistant students
- Enhanced Wellington Terrace staff safety and well-being by providing formal and informal education sessions, including Effective Back Care, Proper Lifting Techniques, Ergonomic Strategies Utilizing Point of Care
- Implementation of Activity Pro Software for tracking of group exercise class data
- Effective monitoring and trending of resident falls, to guide Falls Prevention program
- Utilization of standardized Berg Balance Test outcomes to guide and support recommendations for mobility aids for resident function and safety
- Participation in numerous inter-disciplinary committees and initiatives, such as Falls Prevention, Osteoporosis, Professional Healthcare Committee, Restorative Care

#### **What have we learned along the way?**

- Adapting to a changing resident population - increasingly fragile and complex
- Scheduling around an increased number of residents who require 2 person assistance for physio interventions

#### **Goals for 2015:**

- On-going collaboration with Restorative Care program to maximize resident referrals, by fully participating in informal/formal meetings, utilization of data collection tools
- To enhance communication and collaboration with Restorative Care Worker to effectively meet resident needs
- Resident safety: Falls Prevention

## **11. FALLS PREVENTION MANAGEMENT**

### **Monitoring Group: Falls Prevention**

**Lead:** Tricia Burrough

#### **Members of Monitoring Team:**

Anna Kingma, PT Assistant  
Annette Baker, RPN  
Joanne Badder, BSO PSW  
Kristen Sharer, RCPSW

Cindy O'Sullivan, NSW  
Colleen DeBoer, Admin/Recorder  
Kelley Krieger, PRN  
Tricia Burrough, Resident Care Manager

**Resident Home Area Champions:**

Jacqueline Camp, PSW

Michelle Harriott, PSW

Tammy Lindsay, PSW

Kelly Balkom, PSW

Tammy Becker, PSW

Meaghan Clark, PSW

**Focus of Service:**

To support the interdisciplinary team in fostering resident independence and quality of life while ensuring safety for the resident and other residents and staff. To reduce the incidence of residents' falls and mitigating risks of falls through a resident focused team approach which ensures that a resident's environment and social, physical, cognitive and emotional strengths are supported.

**Aim Statement for 2014:**

Our goal is to maintain or reduce the average number of falls per month to 58 or less by December 31, 2014.

Our goal is to reduce the number of injuries associated with falls by 3.5% from 28% in 2013 to 27% by December 31, 2014.

Our goal is to maintain or reduce the incidence of serious injuries requiring follow-up care in an acute care facility as a result of a fall to 2% by December 31, 2014.

**Successes of 2014:**

- The number of serious injuries requiring follow-up care in an acute care facility was maintained at 1%.
- Although we did not reduce the number of injuries associated with falls we were able to maintain the number of incidences at 28%.
- Began participation in the GOAL study (Gaining Optimal Osteoporosis Assessment in Long Term Care) in collaboration with Medical Pharmacies. The program has been integrated into the admission process to ensure optimal participation with the aim of improving fall and fracture prevention.
- Falls prevention policy was reviewed and revised.
- Brochure was developed and is being circulated to residents and their families to increase knowledge in falls prevention.
- Posey Fall Alarm refresher training presented by Posey Representative to the Monitoring Committee and Champions.
- Posey alarm use implemented on Walnut Grove and Birch Dale (total of four neighbourhoods); accompanying education provided by the Falls Committee Champions.
- Shower curtain hooks installed on bed frames for holding fall alarm cords in order to reduce the trip hazard.

- A simplified instruction sheet was created and attached to fall alarms for ease of use.
- Ongoing Falls Prevention education at all General Orientation sessions.
- Initiated the development of falls education modules to be presented monthly at RHA team meetings.
- Falls Risk Assessment (FRA) and Post Fall Assessment training provided to Registered Staff to support documentation.
- Monthly discussion at RHA team meetings to review and analyse falls data and contributing factors and implement interventions to prevent future falls.

### **What have we learned along the way?**

- The analysis of previous falls at the RHA team meetings held little value as much of the discussion had occurred at the time of the fall and interventions had been implemented.
- Updating the bulletin board monthly requires a great deal of creativity.
- Fall alarms are fragile pieces of equipment and the corded version leads to greater wear and tear.
- It is not possible to prevent all falls.

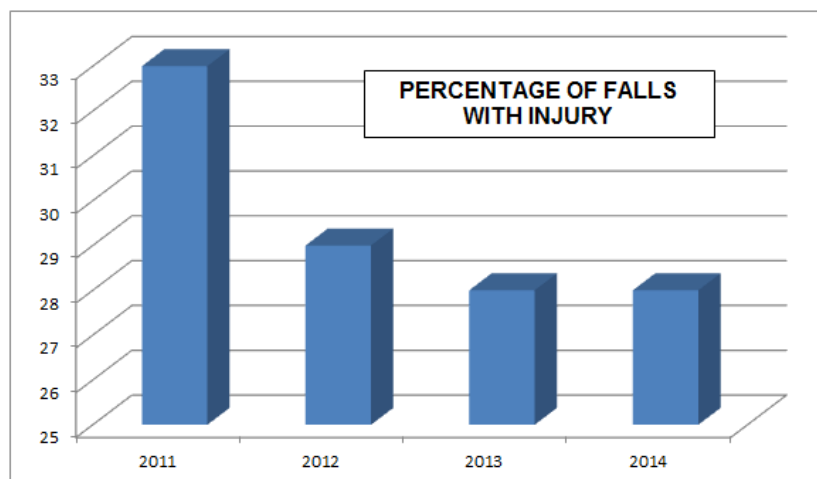
### **Goals for 2015:**

To reduce the percentage of residents who have had a fall in the last 30 days from an average of 21.7% over four quarters to an average of 17% over four quarters by December 31, 2015.

Maintain or reduce the number of falls with injury to 25% - 28% by December 31, 2015.

### **Change ideas:**

- Continue to develop falls education modules for monthly presentation at the RHA team meetings. Review fall stats and fall trends monthly on each neighbourhood and develop appropriate interventions.
- Enhance the work of the committee through participation in the RNAO Best Practice Guideline on falls prevention.
- Trial the use of a new cordless version of a fall alarm.
- Update the bulletin board monthly to coincide with the education module being presented on each RHA.
- Review the effectiveness of the post fall assessment and auditing process.
- Review the Falls Inspection Protocol for compliance and program enhancements.
- Develop annual fall education and present to all staff.
- Trial fall mats to reduce the impact of falls for those at high risk for injury.



## 12. SKIN AND WOUND CARE MANAGEMENT

**Team:** Leads Judy Goodall R.N., Elise Seitz R.N.,

**Team Members:** Kendra Kirton R.P.N., Marzena Szymanski R.P.N., Megan Palubiski R.P.N., Brenda Prince NSW, Joeleen Diljee PSW, Laura Marshall ESW, Erin Senn RD, Peg Muhlbauer R.N DOC.

Katrina Lawr Recreation/ Equipment Specialist Representative.

**Sub Committees:** Minimal Lift Team, Physiotherapy/OT, and Continence and Bowel Management Team, Pain and Symptom Management Team, Pharmacy, Physician

### **Focus of Service:**

1. Collect accurate information to track data for all residents with skin tears, arterial and or venous stasis ulcers, complex wounds and pressure ulcers.
2. Evaluate and monitor data collected using the appropriate assessments, reassessments, interventions and ensure resident's responses to interventions are documented.
3. Provide recommendations to teams that may include; strategies to transfer and position residents to reduce and prevent skin breakdown; reduce and relieve pressure, including use of equipment, supplies, devices, and positioning aides based on the residents condition.
4. Assist to review and revise policies and procedures at least yearly in accordance with evidence-based practises and if there are none, with prevailing practices.
5. Monthly skin and wound care rounds at Team Meetings, and response to referral requests will be completed.

6. Focus is on prevention, promotion of good skin care, providing resident comfort and dignity with regards to skin and wound care, health teaching, and to promote healing of wounds.
7. To provide ongoing education to all staff with a focus on prevention of skin and wound concerns recognizing the need to strictly follow current individualized care plan interventions.

#### Why do residents develop pressure ulcers?

- Incontinence
- Immobility
- Nutritional Deficits
- Hydration
- Dementia
- Age (fragile skin)
- Chronic diseases (CHF, diabetes,ect)

#### Successes in 2014:

1. Education was a strong focus
  - Education on skin and wound care was given for all new employees during orientation sessions. The skin education has been beneficial in promoting good skin care while stressing the importance of good assessment practice while having prevention being a goal.
  - Feb/14 Guest speaker Mary Engel RN CETN(C) provided education for the registered staff on etiology of wound care and treatment selection.
  - May/14 Elise Seitz R.N. presented a Skills Training in service on viscopaste dressings, and other special dressings
  - July/14 The new medical directive policy for care of stage 1+2 pressure ulcers and skin tears was completed and presented at a registered staff meeting
  - There has been increased communication with the Dietitian on skin concerns to ensure early intervention
  - Sept /14 Judy Goodall R.N. and Elise Seitz R.N. presented a detailed Skin and Wound in service for all PSWs. The main focus was to prevent pressure ulcers. The education included care and use of Roho cushions, basic skin care, recognition of stage 1 pressure ulcers and the importance of reporting skin concerns. The importance of repositioning and instruction was given as per the repositioning routines that are used in the Home.

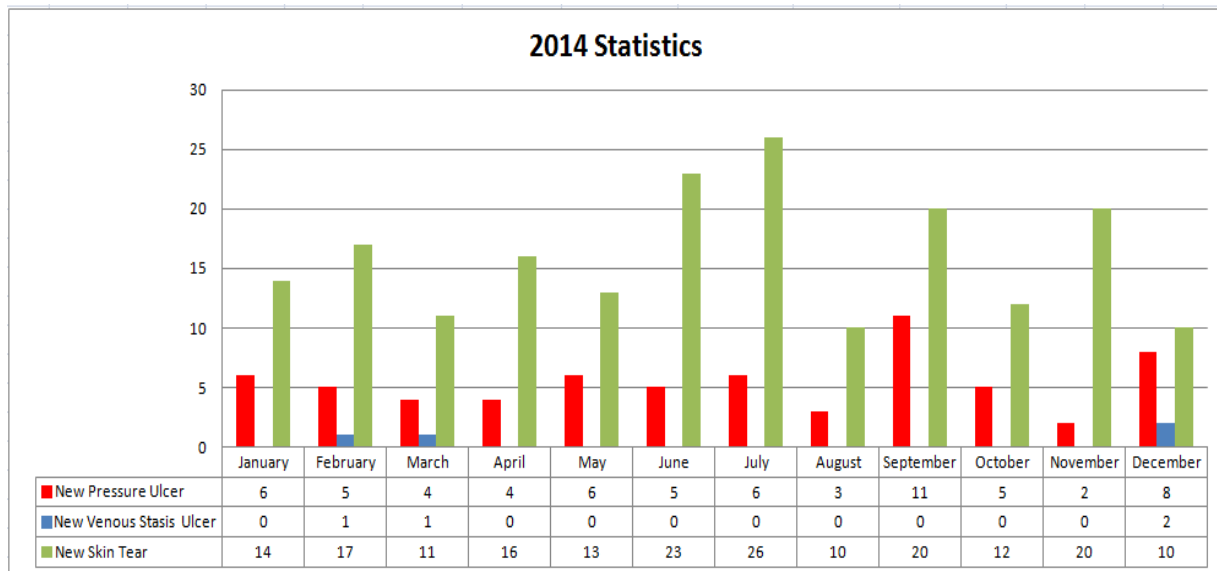
- Fall/14 and in 2015 2 R.N.s, and 1 R.P.N and DOC are participating in the RNAO Best Practice Guidelines Implementation Program to help our monitoring group reach their goals for pressure ulcer prevention.
2. Product Evaluation was part of our ‘Kick off plan” to improve skin care.
    - A trial was completed in 3 resident home areas to determine and evaluate which of several skin products had the most benefit for prevention of skin concerns and for healing. The Tena 3 in one wash cream over all was the most effective.
  3. Improved Tracking Tool for gathering information was added.
    - The Tracking Tool to collect data about skin tears and pressure ulcers has been modified to collect the number of pressure ulcers occurring in each home area. This will assist in guiding the focus for preventative care where it is most needed.
  4. Monthly skin rounds and referrals were completed by the R.N.s.
    - These referrals have successfully prompted the nurses to send referrals to the other disciplines which enhances an interdisciplinary approach for best wound care.
    - Registered Staff Point Click Care referral visits: 51 total residents since July 2014
    - Wound Care Nurse visits: 25 total residents since April 2014
  5. Audits were completed.
    - An audit was completed to determine where education is needed with regards to repositioning routines.
    - An audit was completed to determine if roho cushions were inflated adequately, placed appropriately, and if more education was needed to show staff how to use this equipment.
  6. Accurate records and use of supplies available to prevent wounds and heal pressure ulcers are being kept. Elise Seitz R.N. is responsible for ordering and supply usage. She serves as a Resource Nurse for the resident home area team weekly visits, and completes skin care rounds with the Wound Care Nurse when she visits.
  7. A master list of special mattresses in use in the home has been created. These surfaces are given to residents that would benefit from a therapeutic length of time.
  8. The Medical Directives for skin tears, stage 1 and 2 pressure ulcers was implemented in point click care.
  9. The Resource 2.0 drink during medication pass was initiated to increase compliance with residents taking supplement and ultimately supports health and pressure ulcer prevention.

### **Aim Statement for 2015**

1. Our AIM is to reduce by 50% the number of residents who have new pressure ulcers from 5 per month to 2.5 per month by Dec 2015.
2. Our AIM is to reduce the worsened stage 2-4 pressure ulcer our LTC Home average from 3.9% in Q2 2014 to 3.3% (provincial average) in Q4 2014.

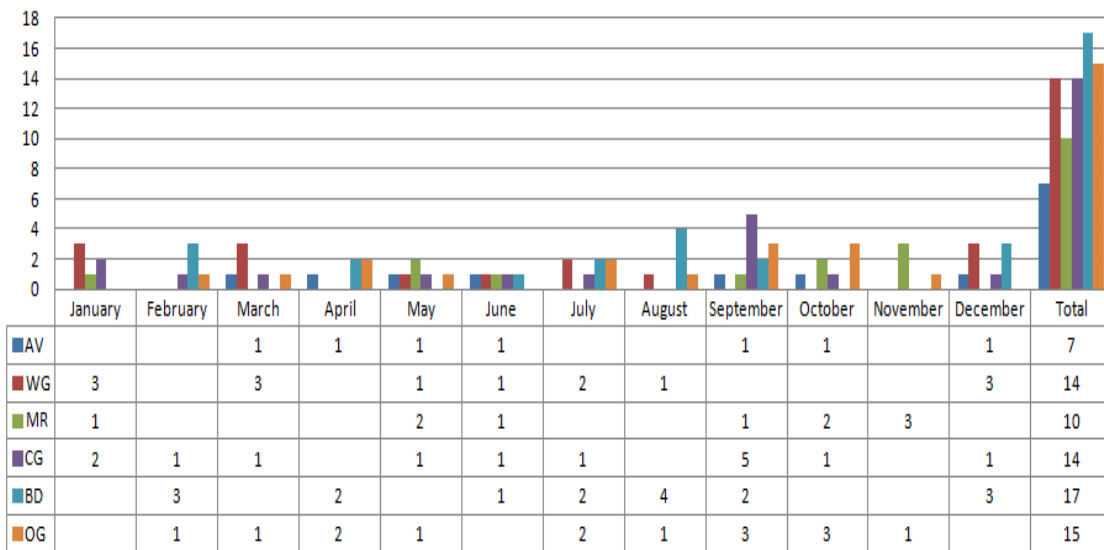
### **Goals for 2015:**

1. Our goal will be to improve on skin and wound documentation and to ensure that interventions for any skin concerns are promptly added to the care plan.
2. Our goal will be to identify what residents are at high risk and implement interventions to prevent skin break down before there is evidence of a pressure ulcer. Immediate interventions will be implemented for any stage 1 pressure ulcer.
3. An R.N. and 2 R.P.N.s will be attending the Fundamental Stream of the Registered Nurses Association Ontario (RNAO) Wound Care Institute.
4. There will be implementation of the Tena 3 in one wash cream use Home wide.
5. A one time funding application for preventative therapeutic surfaces (special mattresses) was submitted to the LHIN.
6. Explore creative education with self learning packages for the registered staff on Assessment and Management of Pressure Ulcers. Consider using the "BP Blogger" as an education medium for all staff. Provide education on venous stasis ulcers and how to prevent. Provide new learning for managing foot ulcers and taking care of legs for residents who have diabetes.
7. Provide more information on a resident's skin with care needs when they are admitted, or to be used when they are transferred to another facility by using the "My Skin Health Passport" pamphlet.
8. Review of the repositioning audit results to determine where education is needed to improve, and implement this learning.
9. To engage families in risk assessments and prevention of wounds.
10. To monitor outcomes from the data collection, analyze and present findings to the Teams. Celebrate successes at prevention of pressure ulcers, especially for residents that are at high risk. Celebrate if ulcers have not worsened, especially those at a stage 1, and celebrate ulcers that have healed.

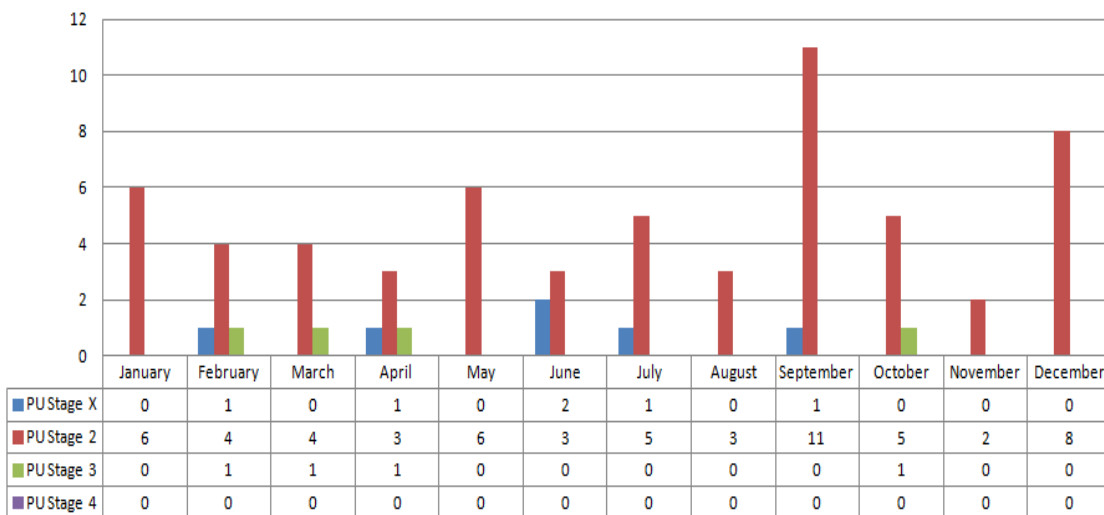




### Pressure Ulcers by Neighbourhood 2014



### TOTAL OF EACH PRESSURE ULCER STAGE



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### **13. PAIN AND SYMPTOM MANAGEMENT MONITORING COMMITTEE**

#### **Lead/Members of the Team:**

Marilyn Clayton – Lead  
Virginia Muir – RPN  
Tracey Henderson – Dietary  
Michelle Giddy – Environmental Services  
Cynthia Scarrow – PSW  
Linda Vines – Physiotherapy  
Chris Bigelow – Palliative Pain and Symptom Management Consultant

#### **Focus of Service:**

Continuous development of our interdisciplinary team to benefit our residents by ensuring their comfort is maintained, thereby improving their quality of life. The Pain and Symptom Management Program includes methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources when required.

#### **Successes in 2014:**

- Development, in collaboration with the RPN staff, of the 7 Day Pain Assessment, which allows clear and thorough charting of pain following a change in medication in response to increased pain; initiation of a new medication for pain management, and/or following a change in behaviour or condition, where pain is thought to be a component.
- The Pain Certificate Program that is being hosted at Wellington Terrace has been very well attended and is also available on the Nursing drive, as well as on the WELL. The Registered staff have been able to attend in person, work on this in their spare moments at work, or complete it from home. 33 nurses are in the process of completion. The final live session will be held on March 24, 2015. Participants must complete all 6 modules to receive their certificate. The WELL access will allow new staff to complete the program as well.
- The new procedure for Pain Rounds has allowed us to review residents experiencing difficult to manage pain in a more timely way. 33 residents were reviewed in 2014.
- Marilyn participated in Quarterly reviews of medications with a focus on Pain and Symptom Management for 340 residents.

- GAP Analysis, available through the RNAO Best Practices Toolkit, completed with input from the Registered Nurses.
- Marilyn successfully completed the Advanced Pain Assessment course on-line by DeSouza Institute.

#### **What we learned along the way:**

- Ensuring procedures are maintained while new software is implemented.
- Exploring the many options for improvement of the program available through Point Click Care, with the focus of releasing time to care.

#### **AIM Statement for 2015:**

Our focus in pain management will be to improve communication with resident's family members with regards to their pain management plan by 25% in the next quarter by:

- Auditing the Pain Rounds Referrals from January – question re: Are family aware of referral? to establish a baseline.
- Based on results develop a process going forward to assure communication with family, and conduct education with Registered Staff to ensure communication gaps are addressed.

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#### **Goals for 2015:**

1. Explore options for having Pain Infusion Therapy available on an as needed basis.
2. Pain as a Vital Sign - option available with PCC that allows a broad range of techniques for monitoring, assessing and documenting pain. Allows us to graph pain. Would require changing from the Abbey scale to the PAIN AD for rating pain in those with Dementia.
3. Education Focus on symptoms other than pain.
4. Two additional education certificate programs focusing on symptoms other than pain. This will also have modules available on the WELL.
  - Registered Staff component - 6 part certificate program
  - Unregulated Staff component – 6 part certificate program.
5. Revision to the Pain Policy and Procedures based on changes related to tools available on Point Click Care.
6. Reformat our bulletin board presentations and include a short quiz and prize to track that the content is being reviewed.

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## 14. PALLIATIVE COMMITTEE

**Lead/Members of Team:** Marilyn Clayton, R.N., CHPCN(C)

**Focus of Service:** To support residents and their loved ones as they progress into the final stage of life.

### **Successes in 2014:**

Volunteer visiting hours for No One Dies Alone for the year are 87.5 hours. There was no usage in February, October and November as families preferred to sit with residents themselves. Some volunteers may forget to sign in so all time may not be accurately captured. One staff volunteer did 27 of those hours. A letter of recognition/appreciation will be drafted for our top 3 volunteers.

8 debriefing sessions were held with between 9 and 13 staff attending each time. An evaluation was sent out to all staff re: satisfaction with, and suggestions for upcoming sessions. Only 9 surveys were returned. 4 of the staff completing the survey had attended and rated the sessions as “Very Helpful” One staff indicated that this was her only form of self-care with respect to her work. The discussions at the sessions have been quite robust.

We have completed “Call for Abstracts” for 2 conferences in order to share our Palliative Care/End of Life Programs.

Several staff attended education in palliative care, including, the Central West Palliative Care Conference; Honouring Cultural Perspectives; and Compassion Fatigue Session 2.

Marilyn attended the Hospice Palliative Care Ontario Annual Conference, as well as those already mentioned and completed 2 on-line courses in Managing Grief and Loss and Advanced Pain Assessment and Management through the DeSouza Institute.

We have developed through discussion at the Clinical Practice Meetings, a new policy for Subcutaneous Fluid Hydration – Hypodermoclysis. This will hopefully mean less transfer to hospital for people at/hearing end of life.

3 Personal Support Worker staff have volunteered to take care of restocking of the Palliative Care Kits which include toiletry and convenience items for families. They are relocated to the Clean Utility Rooms on each Neighbourhood. New roses were purchased to place at a resident’s place in the dining room to indicate that a resident passed away and the kits were generally refreshed and reorganized.

The Registered Nurses and Registered Practical Nurses participated in a session on Compassion Fatigue.

**What we learned along the way:**

Decrease in family reporting that they were informed how medications worked and what it was for.

Keeping No One Dies Alone volunteers engaged through long gaps between calls.

Keeping the Palliative Care Kits stocked, and accessible to staff for residents / families at end of life. The PSWs who are overseeing these are kept busy ensuring items are returned to the kits and the contents used appropriately. They have gone out to the Team Meetings to explain the process.

Dove's Debriefing clipboard with surveys for staff to complete who aren't wanting or can't attend the debriefing has not been well utilized, is difficult to coordinate in a timely manner and therefore has been discontinued.

**AIM Statement for 2015**

Develop the role of No One Dies Alone Volunteer Visitors so there are regular opportunities for visiting. Consider visiting with residents at a PPS of 50% or less, with resident/family consent, in order to get to know them before that final time.

All of our 30+ volunteers will be surveyed and asked to recommit to be available for visiting. Recruitment of new volunteers during Palliative Care Week.

**Goals for 2015:**

Changes to No One Dies Alone program:

Develop a referral on Point Click Care for Dove's Debriefing session needed for particular resident death.

Introduce Mindfulness Training for staff.

Reformat our bulletin board displays to be more eye-catching. A quick quiz with small prize to ensure content is being read.

Marilyn will be completing her renewal application for her CHPCN(C) (Hospice Palliative Care Nursing specialty through the Canadian Nursing Association.

Add to our Diabetes Management Policy by introducing an algorithm for care of Diabetics at End of Life.

## PALLIATIVE CARE SERVICES EVALUATION

Question	2014	2013	2012	2011	2010
1. Did you find the staff compassionate and caring?	100%	100%	100%	100%	100%
2. Did you feel that the atmosphere was “comfortable and welcoming?”	95%	100%	97%	100%	94%
3. Did staff explain the use of equipment, if used?	100%	100%	100%	100%	92%
4. Were the services of Hospice and Wellington Terrace “No One Dies Alone” offered and explained to you?	86%	78%	95%	72%	82%
5. Were the spiritual needs met for you and your loved one?	100%	88%	95%	100%	94%
6. Were family members given the opportunity to rest in our Family Suite – Cherry Blossom Rm.?	90%	80%	78%	77%	66%
7. Were your cultural/spiritual practices recognized and honoured?	100%	95%	100%	95%	88%
8. Were staff available to answer question?	100%	100%	100%	100%	100%
9. Were staff flexible in providing care to your loved one?	100%	100%	100%	100%	94%
10. Were you given privacy and time alone with your loved one?	100%	100%	97%	100%	100%
11. Were concerns addressed in a timely manner?	100%	98%	100%	100%	94%
12. Did the Registered Staff answer questions regarding your loved ones health in a way that you understood?	100%	100%	97%	95%	86%
13. Were you informed how the medications worked?	90%	98%	95%	95%	93%
14. When staff administered medications to your loved one, were you and the resident informed what it was for?	90%	98%	100%	100%	100%
15. Did you find the staff knowledgeable?	100%	95%	100%	100%	94%
16. Were you given adequate notification of changes in your loved ones condition?	95%	98%	97%	95%	100%
17. Did you feel that your loved one’s comfort level was well maintained?	95%	95%	100%	100%	95%
18. Overall, did you feel supported?	100%	98%	100%	100%	75%
19. Did you feel rushed following the death of your loved one? (% is of people who said N)	100%	90%	82%	n/a	n/a
Average for the year	92%	95%	97%	96%	92%

## THE REALLY GOOD NEWS

We scored 100% in 12 questions as opposed to 7 in 2013.

100% of respondents in 2014 said they did not feel rushed as opposed to 90% in 2013.

We improved by 8% in offering the services of Hospice and No One Dies Alone.

With the exception of this area all of our results were above 90% which was a goal from last year.

The evaluations that have gone out in the latter half of 2013 and all of 2014 have been identified by the year and so we will have stats available re: percentage of evaluations returned for the year, going forward.

From the Guest Book in the Cherry Blossom Room:

“If you are reading this, someone you love is likely passing.

I’m sure they’ve told you what to expect, & you’ve read the little booklet.

Based on our experience, here’s what they don’t tell you – “the rest of the story”

Staff will care for your loved one like he/she is their own Mom or Dad – wiping brows, holding hands, talking, and singing, anything you suggest.

You will also be cared for – more food than you can ever eat smiles, gentle pats and even hugs.

And residents will find their own unique way to make you smile and remind you this is just another step in life’s wonderful journey.

All the best”

Anonymous

From a resident satisfaction survey:

What was the most positive aspect of your experience with the Neighbourhood Team?

Answer: Coming one evening to find a staff member sitting on Dad’s bed and holding his hand. We knew he was dying “at home”

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## **15. CONTINENCE CARE AND BOWEL MANAGEMENT**

**Lead:** Elise Seitz RN

### **Focus of Service:**

Wellington Terrace is committed to providing continence care and bowel management interventions to promote comfort, dignity and independence, to prevent and treat skin impairment, to decrease falls and to promote continence. Our monitoring committee serves as leaders to; provide strategies home wide to promote resident comfort and dignity, promote the prevention of skin breakdown and infection, develop policies, procedure and protocols as well as serve as a resource for all teams. The monitoring committee is guided by the Wellington Terrace policies and procedures and the Mission, Vision and Values.

### **Successes in 2014:**

- We presented a third continence display (of a three part series begun in 2013) for staff on recognizing skin breakdown from incorrectly applied incontinence products and the use of treatment creams.
- All neighbourhoods continue with their individualized toileting and changing routines. All of our incontinent residents had either a toileting or changing routine in place. Many of our residents have a combination of a toileting routine during the day and a changing routine through the night. We continue to have an 85% incontinence rate.
- Ongoing education for the Tena Team was provided during our quarterly meetings. This enabled the Tena Team to better assess our residents for the correct incontinent product and size and to help establish individualized toileting routines for our residents and to identify those residents requiring changes to their continence care.
- In collaboration with the Skin and Wound Care Team, we trialed three new skin care products for perineal care on Cedar Gorge and Birch Dale. At the end of the trial Tena Cleansing Cream was determined as the product that would best meet our needs going forward. In 2015 Tena Cleansing Cream will be introduced to all six neighbourhoods for ongoing use for perineal care for incontinent residents.
- A continence audit was completed by a Tena representative on all six units. Several issues including correct fit and sizing of briefs and the overuse of zinc were identified. Each of these topics were presented at team meetings on each neighbourhood and via memos posted on all neighbourhoods. Zinc was removed from the units. A skin referral is now sent for each resident that may require zinc



and higher quality sudocrem is recommended by the Skin and Wound Care Team as required.

**AIM statement for 2015:** Our AIM is to maintain our worsened bladder incontinence level at 10.2% which is below the provincial average of 19.2%.

**Goals for 2015:**

- A mandatory continence and skin in-service for all personal support workers and terrace aides will be presented in February and March. This will tie together excellent continence care and improved skin condition and the combined goals of both monitoring groups.
- Further education will be provided throughout the year for the Tena Team and for all direct care staff through quarterly meetings and team meetings.
- Maintain our high rate of toileting routines.

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## **16. SPECIALIZED DEMENTIA CARE**

### **Behaviour Supports Program Report**

**Lead:** Mary Lou Bolen

**Team Members:**

Julie Coulson-BSO Registered Practical Nurse  
Joanne Badder –BSO Personal Support Worker  
Krista Cudney-Nutrition Services  
Liana Woods-Environmental Services  
Lori Wilson –Personal Support Worker  
Lindsey Wideman – Recreation Therapist

**Focus of Service:**

- Recommend and promote best practice implementation for responsive behaviours throughout the home so all residents with a cognitive impairment will be treated with dignity and respect
- Continue to focus on decreasing the percentage of residents on an antipsychotic medication without a diagnosis of psychosis
- Continue to support our Behavioural Support Ontario (B.S.O) staff which consists of a Part time Registered Practical Nurse (R.P.N) and a full time Personal Support Worker (P.S.W), both within the Home and also LHIN wide

- Contribute to an ongoing education plan related to dementia care and cognitive impairment for staff, volunteers and families
- Review and approve research projects and trials related to cognitive impairment and responsive behaviors throughout the Home
- To continue to build capacity within the interdisciplinary team for dealing with residents with cognitive impairment that results in responsive behaviors.
- Review and revise program description ,policies, procedures and protocols in accordance with evidence based practices annually and as needed

### **Successes in 2014:**

- 3% reduction in antipsychotic medication usage in residents without a psychotic diagnosis has occurred as the result of the ongoing evaluation being done by the pharmacist, physician, and team leaders
- Psycho-geriatric Clinic continues to be facilitated here monthly by the Behavioural Support team for residents with ongoing behavioural concerns related to their cognitive impairment that need additional support. This is under the services of Community Mental Health (C.M.H) and Dr Karen Clements with 74 visits occurring last year which was 14 more visits than previous year .
- Specialized Mental Health Unit – from Freeport continued to support our team on outpatient basis to help a resident who had been for a 90 day admission for assessment of unpredictable responsive behaviours
- Through Freeport team we are now connected for consults to Dr Roa a Duo-Diagnosis Specialist, to try to improve the quality of life for a cognitively impaired ,developmental delayed resident with responsive behaviours
- Connections have been made with Developmental Services Ontario to access and apply for programs that are in place for our younger developmental delayed population to enhance their quality of life in Long Term Care
- Education continued in Gentle Persuasive Approach (GPA)with another 70 staff and volunteers being trained with now our total number to date 254 people
- Our 2 GPA in house trainers were asked in September 2014 to participate in the Pilot Project in Hamilton for the 3<sup>rd</sup> edition being implemented for GPA
- 115 education sessions at team meetings, Behavioural Support bulletin board or other forums including one to one staff in the moment discussions. Topics ranged from recognizing pain with dementia, acute onset behaviour's, treating all residents with different needs thereby needing individual interventions tailored to their specific needs, working with developmentally delayed residents with responsive behaviours, using cue cards as a communication tool along with many more
- New referrals to BSO caseload for year was approximately 113 residents with active residents on caseload at any given time approx. 25

- All 6 Neighborhoods have Montessori based activities set and accessible for staff and families to use with residents
- “Toolboxes” are available on all neighborhoods with information about individual residents to help staff with specific interventions to help improve their quality of life
- Toolbox behavioural interventions successfully inputted into Point of Care charting and located in such a way so that staff members have easy access to this information as soon as they log on
- 3 Members of the Behavioural Support team attended a workshop with Teepa Snowe on Aging and Dementia in the Developmental Delayed resident
- Weekly music and dance programs continued to occur on all 3 sisterhoods for BSO caseload residents along with many other residents who enjoy these programs
- Information sharing was given to other homes in our LHIN re our “flexible breakfast” program
- Support and mentoring was given to some other Homes in our LHIN around how and why our Behavioural Supports Ontario program is successful here at Wellington Terrace
- Information sharing and gathering occurred with other homes at the Collaboration Days in Guelph in regards to the BSO program
- Successful launch of laminated cue cards to all the neighborhoods to use as a communication tool when spoken word is not effective for cognitively impaired resident
- Recommendations from the Noise Study have been followed up on 1) a monthly maintenance program has been put in place for the walkies and pagers to ensure they are working at best capacity to noise level at minimum 2) pill crushes on Med carts have been replaced with ones not as noisy and also education provided to Registered staff with regards to how to use in a quiet manner so as to be less disruptive 3) new wheels will be replaced on some of the carts throughout building that have caused excess noise
- Staff are now coming to BSO team with ideas and inquiries as to Montessori based activities and ideas for their residents instead of waiting for BSO to initiate. Staff are recognizing and witnessing the importance of meaningful activities to reduce behaviours.
- BSO personal support worker is now working 1 evening shift a week to support residents and staff with the challenging behaviours that can occur in the early evening hours with sun downing

### **Goals for 2015:**

- To reduce the antipsychotic medication usage without a psychotic diagnosis to provincial average by December 2015
- To enhance the bathing experience for our residents by redecorating the tub/shower rooms and turning them into a spa like setting and also by incorporating other practices like towel bathing
- To revisit the Monitoring position on the 3 dementia resident home areas looking at the philosophy, direction we would like to move in ,purpose and resources, that will further enhance our residents quality of life and ensure staff are feeling supported
- To continue with ongoing education in all areas of dementia care

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## **17. INFECTION CONTROL**

**Lead:** Carol Woods R.N.

### **Members of Monitoring Team:**

Nhu-Thanh Nguyen, RPN

Cathy Creary, NFS

Mary Black Gallagher, LED/Volunteer Services Co-ordinator

### **Focus of Service:**

Continue to focus on strategies at Wellington Terrace to protect residents, staff and others from exposures to infection. This includes surveillance of infections, review of policies and procedures, education, training, outbreak management and communication.

### **Aim Statement for 2014:**

Our goal is to maintain over 90% compliance for Influenza vaccination for staff and residents at Wellington Terrace by December 15, 2014.

Our goal is to track the number of outbreak days for the calendar year ending December 31, 2014 (in comparison with the last 3 years) to review and evaluate for continuous improvements of our outbreak policy and procedure.

Our goal is to continue to improve hand hygiene compliance and maintain over 80 % success rate of audited opportunities.

### **Successes in 2014:**

At our 2014 annual Influenza vaccine campaign, the resident influenza immunization rate was 95.3%, the staff rate was 99.2 % and the volunteer rate was 70.2%.

Our number of outbreak days over the past 3 years has been between 39 and 56 days. The total number of outbreak days for 2014 was 57 days. The average length of outbreak has been between 13 and 23 days in duration.

Hand hygiene compliance rate this year is 85%. We had a total of 411 opportunities to audit with on-the-spot coaching to train at the point-of-care.

### **What have we learned along the way?**

We continued this year to provide annual influenza vaccine for staff, residents and volunteers in a compressed week where residents in each home area received their vaccine in the morning and staff and volunteer clinics were held in the afternoon. Infection Control Week ran concurrently and gave opportunity for additional education and celebration.

Our immunization program this year included the successful vaccination of those residents requiring tetanus and diphtheria immunization now and in the future.

### **Goals for 2015:**

Maintain over 90 % influenza rate for staff and residents by the December 2015 reporting date to the Ministry of Health and Long Term Care.

Maintain over 80 % compliance with hand hygiene and strive to improve in each area of the 4 moments of hand hygiene to include review of placement of hand hygiene stations by December 31, 2015.

Educations sessions with focus on personal protective equipment and appropriate use for all staff by December 31, 2015.

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## **18. MDS RAI**

**Lead:** Kate Brubacher, RN, RAI Coordinator, Kelley Krieger, RPN, Documentation Support Nurse

### **Focus of Service:**

Resident Assessment Instrument (RAI-MDS) is a process adopted by the Ministry to streamline all resident assessments for all long term care homes in North America. The

funding model for long term care is based on resident acuity. We also use the RAI-MDS Model for accurate and detailed assessment gathering to review the resident in a holistic manner. This information helps to provide an excellent care plan for staff providing care.

We review the resident's in this manner on admission, quarterly or when a change occurs in their level of functioning.

### **AIM Statement:**

Our AIM is to meet all Ministry requirements as they are prescribed in the Long Term Care Homes Act (LTCH Act) We AIM to improve resident outcomes through our ongoing assessments and referral processes. These outcomes may include:

- Falls percentage
- Skin integrity issues
- Episodes of depression without treatment
- Worsening continence

### **Successes in 2014:**

- Final Point Click Care (documentation software) transition to Point of Care (POC) documentation.

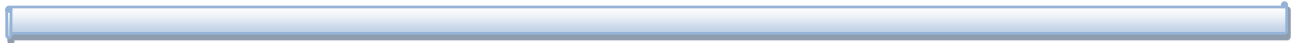


- 3 day RAI Credentialing course for Kate and Kelley. Topics included: how to accurately capture the level of resident care and how that represents an increase in the CMI (Case Mix Index) values. Strategies to implement these improvements and how to evaluate the effectiveness of the information when it comes to quality and CMI.
- Ongoing staff education on accuracy of documentation – progress notes and assessments
- Increase in CMI (Case Mix Index) as a result of accurately capturing each aspect of the resident's care

- Assessment and Intelligence System (AIS) testing which is mandatory competency testing for all staff working within the RAI umbrella completed for 2014. This testing ensures that everyone working within the RAI team is able to provide accurate and high quality information into the RAI system
- Streamlining the admission process. The RAI team initiates the admission process by discussing details about the new resident with family (power of attorney) prior to their arrival to the home. Risks are discussed and a detailed care plan outlined. This provides all staff with information to help ensure safety of the resident. We have had great responses from new resident families with comments like: “it is so refreshing to know that your home cares enough to ensure safety and comfort even prior to mom’s arrival”.

**Goals for 2015:**

- Ongoing staff education to ensure accuracy and quality of all documentation
- Working with the Monitoring groups for improvement in Quality Indicators by providing detailed information within these statistics. Advising of clinical interventions as a result of findings and educating staff on best practices.



## 2015 Quality Report – Wellington Terrace LTCH

	Total Previous Year	January	February	March	April	May	June	July	August	September	October	November	December	Total for 2015
<b>Human Resources</b>														
New hires	45	0												
Exiting Employees	33	0												
# calls to Ministry of Labour	1	0	0											
Lost hours due to workplace injury	0	0												
Hours worked by employees in modified role (WSIB)	899.5	45 (1 employee)												
<b>Excellence in Care</b>														
% of residents who have had a fall in the last 30 days		21.3%* (Province 13.8%)	n/a											
% of residents who were physically restrained		7.3%* (Province 8.1%)	n/a											
% of residents who had a pressure ulcer that recently got worse		3.9%* (Province 3.3%)	n/a											
# of Emergency Room visits experiencing illness listed on page 3		3	0											



% of residents on antipsychotics without a diagnosis of psychosis		31%* (Province 29%)	n/a											
% of residents with worsening bladder control		10.2%* (19.2%)	n/a											
# of outbreak days		20	0											
<b>Census/ Compliance</b>														
# of deaths	70	9	2											
Inspection: # areas in non compliance	8 (annual RQI)	0	0											
<b>Risk Prevention</b>														
Review of Fire Plan through Fire Drills completed	12/12	yes	yes											
<b>Reporting to Ministry of Health</b>														
# of Formal Complaints made by family or resident	2	0	0											
# of Critical Incidents	13	2 1 Outbreak 1 abuse allegation *retracted	0											

NA = Some HR and clinical data will not be available until the final report for the month is completed

\*data is from q 2 2014 (July-Sept 2014)

## Supporting Data for Report

### Definitions:

#### Human Resources:

**Calls to Ministry of Labour** occur where an accident occurred. Employee or resident has lost consciousness or fractured a bone and requiring hospital attention from an accident.

**Hours lost to employees in modified role (WSIB)** – number of hours is tracked where staff is working in a modified role until they can return to full duties.

**Fall with injury:** injury may include redness, pain or fracture, or break in skin integrity.

### Skin and Wound Management at Wellington Terrace

Wellington Terrace has a formal skin and wound care program lead by two RNs with a special interest in wound care. Recently, we have conducted education for all RNs and RPNs on the staging and treatment of wounds. We have the expertise of an advanced wound care therapist who will do advanced treatment plans on the request of the home. We have medical directives in place for treatments with a quality dressing.

### Emergency Department Visits:

The Ministry of Health views some visits to the Emergency Department as ‘potentially preventable’. The conditions we will report on where a visit may not have been necessary include: Angina, Asthma, Cellulitis, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure, Septicemia, Dehydration, Dental conditions, Diabetes, Gastroenteritis, Grand mal seizure disorders, Hypertension, Hypoglycemia, Injuries from falls, Mental health/behavioural disorders, Pneumonia, severe ear, nose and throat disorders.

### What makes residents in LTC more susceptible to skin and wound issues?

- Increased aging of the skin `thin skin`
- Nutritional status compromised related to medical diagnosis
- Cognitive impairment- more bumping into and accidents
- Impaired mobility- not repositioning selves regularly.
- Dehydration
- Steroid use

**Current processes to mitigate responsive behaviours:**

- The home follows a Gentle Persuasion Approach Philosophy. There are 3 education sessions held per year. Focus of this program is respectful, non violent, self protective strategies for staff to use when dealing with a resident with responsive behaviour.
- Responsive behaviour program. Focus is on reporting responsive behaviours so all team members are aware of potential resident action. These incidents are recorded in the resident progress notes and read q shift at report.
- The Behaviour Support Team reviews all responsive behaviour progress notes and follows up when required. Determines if resident requires increased assessment or if the change can be attributed to a clinical reason. The BSO along with the team develops individualized toolboxes for all staff to review. These tool boxes contain information on resident triggers for responsive behaviours as well as interventions to mitigate responsive behaviours.
- Weekly team meetings are held to discuss resident specific case studies and problem solve. Specific techniques for preventing or responding to responsive behaviour are shared.
- Care plans are updated as required to include specific approaches recommended when doing residents care (complete care with two PSWs, for example)
- All direct care staff carry walkie talkies so they are able to quickly deploy assistance if required.
- Wellington Terrace is supported by external expertise – Psychogeriatric Resource Consultant (PRC). We hold monthly Psych clinics under the direction of a Geriatric Psychiatrist

# Long-Term Care HQO Indicators

February 26, 2015 – LTC Network

# HQO Indicator - Percentage of residents who had a pressure ulcer that recently worsened

## Pressure Ulcers

### What does this indicator show?

This indicator shows the percentage of long-term care residents in Ontario who developed a more severe pressure ulcer over any given 90-day period.

2013/14 provincial average: **3.0%**

LTC Home	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2
Cambridge Country Mnr	1.7%	1.5%	2.6%	3.6%	3.0%	3.7%	3.0%	2.8%
Fairview Men Hm	1.2%	2.6%	3.0%	3.9%	3.4%	2.3%	1.6%	1.1%
Golden Years NH (Cambridge) Inc	4.4%	5.0%	5.4%	6.5%	5.2%	5.5%	4.9%	4.5%
Hilltop Mnr Cambridge	4.3%	4.6%	4.5%	3.9%	4.6%	4.7%	6.3%	7.0%
Riverbend Place Ret Com	0.3%	0.3%	0.3%	0.8%	1.9%	1.9%	3.0%	2.8%
St Luke's Place	1.5%	0.9%	1.1%	0.7%	1.2%	1.1%	1.4%	2.4%
St Andrew's Terrace	3.2%	3.7%	3.4%	3.9%	4.0%	3.7%	4.2%	3.1%
Stirling Heights	0.8%	0.7%	1.3%	1.5%	2.1%	2.7%	3.3%	2.9%
Eden Hse NH	5.4%	5.3%	5.3%	3.6%	6.1%	4.1%	5.1%	5.2%
The Elliott Com	6.6%	7.9%	6.5%	4.6%	3.5%	2.6%	2.8%	3.1%
LaPointe-Fisher NH	6.9%	5.1%	8.9%	8.4%	7.8%	6.2%	4.7%	4.9%
Morrison Park	3.9%	6.0%	5.9%	6.1%	5.5%	3.2%	3.3%	5.9%
The Village of Riverside Glen	2.2%	1.5%	1.7%	1.4%	0.8%	1.7%	1.6%	2.1%
St Joseph's HCtr Guelph (51950)	3.9%	3.8%	4.0%	3.7%	3.8%	2.7%	2.7%	2.8%
Salvation Army A.R. Goudie Eventide	2.6%	1.9%	3.0%	2.4%	2.3%	2.4%	2.2%	3.0%
Chateau Gardens Elmira	3.7%	3.7%	3.1%	4.2%	4.0%	4.1%	5.9%	4.1%
Columbia Forest LTCC	3.2%	2.0%	1.6%	1.5%	2.3%	3.2%	4.0%	4.3%
Derbecker's Heritage Hse	4.1%	4.6%	5.1%	3.6%	2.9%	1.1%	2.4%	3.1%
Forest Heights LTCC	3.7%	3.3%	2.7%	2.3%	2.0%	2.2%	2.7%	2.8%
Lanark Heights LTC	4.4%	5.1%	5.3%	4.4%	4.0%	3.7%	3.5%	3.3%
Leisureworld Elmira	0.6%	1.2%	1.7%	3.3%	3.7%	4.4%	5.3%	5.3%
Nithview Com	3.1%	4.3%	3.8%	2.6%	4.6%	4.9%	4.5%	5.7%
Parkwood Men Hm	3.3%	3.5%	4.6%	7.0%	5.1%	5.4%	5.2%	2.7%
Pinehaven NH	5.4%	4.9%	2.6%	2.8%	2.1%	2.9%	3.1%	2.6%
Sunnyside Hm	2.6%	3.5%	3.5%	3.0%	2.9%	3.1%	3.1%	3.4%
Trinity Village Cctr	3.5%	3.3%	3.9%	3.6%	4.1%	5.3%	4.9%	5.4%
Twin Oaks of Maryhill	9.7%	9.5%	9.4%	9.5%	10.8%	10.1%	16.2%	15.6%
The Village of Winston Park	2.3%	2.7%	2.9%	3.5%	3.3%	3.4%	3.9%	4.0%
The Westmount	3.1%	4.2%	4.2%	4.0%	4.1%	3.6%	3.8%	3.4%
Arthur NH	4.3%	4.6%	8.1%	9.4%	8.3%	9.1%	5.5%	4.9%
Fergus NH	0.3%	1.0%	2.2%	2.2%	4.1%	4.4%	4.1%	4.1%
Caressant Nrs Ret Hm Ltd. Harriston	6.1%	5.8%	6.8%	5.5%	6.8%	6.0%	4.3%	4.6%
Royal Terrace	3.0%	3.9%	3.7%	3.7%	5.0%	3.8%	4.7%	5.5%
Saugeen Valley Nursing Ctr	6.6%	5.3%	5.1%	4.1%	3.4%	4.6%	3.4%	4.1%
Wellington Terrace LTCH	4.0%	4.3%	4.2%	4.8%	4.8%	4.6%	3.9%	3.2%
<b>WWLHIN Average</b>	<b>3.6%</b>	<b>3.8%</b>	<b>4.0%</b>	<b>4.0%</b>	<b>4.1%</b>	<b>4.0%</b>	<b>4.1%</b>	<b>4.2%</b>

# HQO Indicator - Percentage of residents who were physically restrained

## Restraints

### What does this indicator show?

This indicator shows the percentage of long-term care residents in Ontario who were physically restrained on a daily basis over any given 90-day period.

2013/14 provincial average: **8.9%**

LTC Home	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2
Cambridge Country Mnr	0.2%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Fairview Men Hm	26.0%	29.2%	32.8%	34.9%	37.4%	39.8%	39.1%	36.8%
Golden Years NH (Cambridge) Inc	21.7%	20.2%	21.5%	21.6%	20.9%	19.0%	14.5%	11.5%
Hilltop Mnr Cambridge	1.8%	1.6%	0.9%	3.5%	6.0%	6.5%	4.1%	2.6%
Riverbend Place Ret Com	0.8%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
St Luke's Place	5.7%	7.5%	7.8%	8.4%	9.3%	9.6%	10.1%	10.1%
St Andrew's Terrace	10.1%	10.9%	12.7%	12.6%	9.6%	7.2%	5.0%	3.9%
Stirling Heights	2.4%	2.5%	2.7%	2.7%	3.0%	3.9%	4.9%	5.7%
Eden Hse NH	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.7%
The Elliott Com	5.2%	4.3%	4.3%	3.4%	2.5%	2.2%	3.0%	4.0%
LaPointe-Fisher NH	31.8%	32.1%	30.8%	28.0%	23.5%	18.6%	14.9%	10.7%
Morrison Park	9.9%	9.4%	10.4%	11.1%	10.8%	10.1%	12.2%	15.2%
The Village of Riverside Glen	11.3%	11.0%	10.2%	9.3%	7.9%	8.0%	7.8%	7.4%
St Joseph's HCtr Guelph (51950)	25.9%	26.5%	25.5%	24.7%	23.9%	19.5%	14.1%	8.6%
Salvation Army A.R. Goudie Eventide	14.9%	17.1%	19.4%	20.8%	20.9%	20.1%	21.6%	16.8%
Chateau Gardens Elmira	4.6%	1.4%	0.0%	0.0%	0.5%	1.0%	0.9%	0.9%
Columbia Forest LTCC	13.2%	10.7%	9.5%	7.6%	6.5%	6.0%	5.2%	4.9%
Derbecker's Heritage Hse	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Forest Heights LTCC	3.9%	3.4%	3.5%	3.7%	3.8%	4.0%	3.4%	3.4%
Lanark Heights LTC	18.4%	20.0%	20.2%	17.7%	15.0%	13.8%	12.8%	11.4%
Leisureworld Elmira	1.0%	1.1%	1.6%	1.8%	2.1%	2.3%	1.7%	1.7%
Nithview Com	21.2%	20.1%	18.2%	17.3%	16.3%	15.4%	16.7%	16.6%
Parkwood Men Hm	26.1%	26.3%	26.8%	26.8%	23.0%	19.5%	14.4%	10.5%
Pinehaven NH	0.6%	0.6%	0.8%	0.6%	0.6%	0.4%	0.4%	0.6%
Sunnyside Hm	21.7%	20.0%	17.3%	16.5%	16.3%	13.5%	12.5%	10.6%
Trinity Village CCtr	25.3%	25.4%	26.2%	27.6%	29.3%	32.1%	31.6%	30.3%
Twin Oaks of Maryhill	23.8%	24.5%	24.4%	22.1%	21.7%	21.2%	20.8%	18.5%
The Village of Winston Park	15.5%	15.8%	16.7%	17.1%	17.8%	14.2%	10.7%	7.8%
The Westmount	23.8%	24.7%	25.1%	25.1%	22.9%	19.9%	17.2%	14.1%
Arthur NH	11.0%	11.6%	8.1%	9.1%	11.8%	13.4%	5.9%	6.8%
Fergus NH	2.2%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Caressant Nrs Ret Hm Ltd. Harriston	0.0%	0.3%	0.3%	0.3%	0.2%	0.0%	0.0%	0.0%
Royal Terrace	22.2%	14.8%	9.2%	0.7%	0.3%	0.5%	0.3%	0.5%
Saugeen Valley Nursing Ctr	18.0%	16.5%	15.1%	14.3%	14.7%	14.8%	12.6%	10.9%
Wellington Terrace LTCH	17.9%	19.3%	19.0%	19.9%	20.1%	17.1%	13.7%	8.6%
<b>WWLHIN Average</b>	<b>12.5%</b>	<b>12.3%</b>	<b>12.0%</b>	<b>11.7%</b>	<b>11.4%</b>	<b>10.7%</b>	<b>9.5%</b>	<b>8.3%</b>

# HQO Indicator - Percentage of residents who had a recent fall

## Falls

### What does this indicator show?

This indicator shows the percentage of long-term care residents in Ontario who fell in any given 30-day period.

2013/14 provincial average: **14.2%**

LTC Home	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2
Cambridge Country Mnr	8.1%	8.9%	11.7%	14.3%	15.5%	15.3%	16.4%	17.5%
Fairview Men Hm	10.9%	10.0%	9.6%	12.9%	14.2%	16.0%	18.1%	18.4%
Golden Years NH (Cambridge) Inc	14.7%	15.0%	15.8%	14.6%	15.2%	16.7%	16.1%	16.3%
Hilltop Mnr Cambridge	18.6%	15.9%	14.1%	16.4%	16.4%	18.2%	20.4%	19.3%
Riverbend Place Ret Com	6.9%	6.2%	6.8%	9.7%	14.1%	16.3%	17.6%	20.2%
St Luke's Place	15.5%	15.8%	16.3%	17.6%	17.7%	17.8%	19.0%	18.3%
St Andrew's Terrace	16.9%	18.6%	17.9%	17.4%	18.5%	19.3%	19.9%	21.6%
Stirling Heights	22.9%	22.3%	22.4%	21.1%	19.2%	17.4%	15.1%	15.1%
Eden Hse NH	11.7%	10.0%	12.2%	9.7%	10.0%	9.6%	9.9%	14.8%
The Elliott Com	15.8%	14.6%	14.7%	18.0%	18.7%	17.4%	16.9%	15.0%
LaPointe-Fisher NH	14.0%	15.5%	16.7%	18.1%	17.9%	19.7%	23.5%	23.7%
Morrison Park	14.9%	12.3%	14.5%	18.5%	20.4%	29.0%	20.3%	18.2%
The Village of Riverside Glen	15.4%	14.7%	14.6%	15.2%	15.2%	16.5%	18.7%	19.1%
St Joseph's Hctr Guelph (51950)	14.3%	16.0%	15.4%	15.0%	16.0%	14.9%	16.0%	18.3%
Salvation Army A.R. Goudie Eventide	19.1%	18.6%	19.7%	16.4%	14.4%	12.8%	12.4%	12.5%
Chateau Gardens Elmira	21.7%	21.4%	23.0%	24.4%	24.8%	24.8%	22.9%	21.4%
Columbia Forest LTCC	10.4%	9.8%	9.0%	9.3%	8.8%	8.3%	10.8%	9.9%
Derbecker's Heritage Hse	16.3%	15.9%	17.4%	16.9%	15.5%	13.5%	11.0%	9.4%
Forest Heights LTCC	20.7%	19.9%	19.3%	17.6%	16.0%	16.0%	14.9%	15.3%
Lanark Heights LTC	15.3%	14.0%	15.0%	12.6%	12.5%	14.0%	12.7%	13.7%
Leisureworld Elmira	15.0%	14.7%	13.8%	13.1%	13.5%	12.6%	13.1%	14.6%
Nithview Com	15.4%	16.1%	15.3%	18.6%	17.1%	16.2%	16.5%	14.9%
Parkwood Men Hm	22.1%	23.7%	22.2%	24.1%	19.7%	16.3%	15.8%	11.9%
Pinehaven NH	12.3%	13.0%	13.7%	15.2%	16.0%	16.0%	15.1%	11.9%
Sunnyside Hm	18.8%	19.6%	19.5%	20.0%	21.6%	22.2%	24.5%	24.8%
Trinity Village Cctr	11.6%	11.2%	10.0%	8.4%	8.8%	8.1%	8.6%	8.9%
Twin Oaks of Maryhill	19.5%	17.0%	20.8%	23.0%	24.8%	26.3%	22.1%	20.2%
The Village of Winston Park	17.0%	18.5%	19.8%	20.5%	22.6%	24.2%	22.6%	20.9%
The Westmount	18.1%	18.2%	17.8%	16.4%	15.7%	15.8%	16.3%	15.7%
Arthur NH	12.2%	10.3%	9.0%	10.2%	11.7%	11.2%	11.5%	13.1%
Fergus NH	7.1%	7.5%	8.6%	10.2%	13.7%	15.6%	16.0%	14.7%
Caressant Nrs Ret Hm Ltd. Harriston	15.4%	16.3%	16.4%	15.6%	15.4%	13.1%	14.0%	13.6%
Royal Terrace	12.0%	11.1%	10.0%	12.7%	13.4%	12.6%	11.3%	10.9%
Saugeen Valley Nursing Ctr	10.4%	11.9%	11.9%	10.1%	10.0%	8.3%	8.3%	10.3%
Wellington Terrace LTCH	17.4%	17.9%	18.5%	19.8%	19.9%	19.9%	20.6%	19.3%
<b>WWHLIN</b>	<b>15.1%</b>	<b>14.9%</b>	<b>15.2%</b>	<b>15.8%</b>	<b>16.1%</b>	<b>16.3%</b>	<b>16.3%</b>	<b>16.1%</b>

# HQO Indicator - Percentage of residents with worsening bladder control

## Incontinence

### What does this indicator show?

This indicator shows the percentage of long-term care residents in Ontario who experienced worsening urinary incontinence over any given 90-day period.

2013/14 provincial average: **19.5%**

LTC Home	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2
Cambridge Country Mnr	24.7%	26.5%	24.2%	26.7%	21.7%	17.4%	19.6%	15.1%
Fairview Men Hm	25.5%	28.3%	22.0%	24.3%	22.6%	26.7%	26.7%	24.9%
Golden Years NH (Cambridge) Inc	20.6%	20.9%	21.3%	22.9%	23.0%	24.3%	25.2%	25.4%
Hilltop Mnr Cambridge	22.7%	25.3%	26.2%	24.0%	21.6%	24.0%	26.8%	33.7%
Riverbend Place Ret Com	10.9%	9.6%	8.6%	10.4%	7.8%	8.4%	8.1%	9.1%
St Luke's Place	16.9%	16.8%	13.4%	11.5%	12.8%	12.0%	11.6%	7.5%
St Andrew's Terrace	24.5%	25.4%	27.1%	25.0%	27.1%	28.2%	27.6%	23.8%
Stirling Heights	17.0%	19.6%	16.8%	15.6%	14.3%	10.5%	11.2%	9.4%
Eden Hse NH	22.2%	14.2%	17.1%	15.6%	19.8%	22.3%	24.1%	25.9%
The Elliott Com	37.9%	38.9%	34.9%	35.3%	31.5%	33.3%	34.2%	30.5%
LaPointe-Fisher NH	23.0%	21.3%	21.6%	21.3%	23.7%	26.0%	25.6%	24.5%
Morrison Park	27.8%	26.2%	15.7%	17.5%	14.2%	16.4%	17.1%	17.9%
The Village of Riverside Glen	29.2%	25.1%	22.4%	20.6%	18.9%	20.8%	26.1%	26.4%
St Joseph's HCtr Guelph (51950)	23.8%	21.7%	19.3%	24.0%	25.9%	26.5%	25.7%	22.8%
Salvation Army A.R. Goudie Eventide	18.9%	17.8%	23.5%	26.7%	26.2%	27.8%	25.7%	25.6%
Chateau Gardens Elmira	14.1%	15.0%	13.5%	15.7%	22.4%	22.1%	22.8%	26.4%
Columbia Forest LTCC	21.6%	16.4%	14.4%	14.4%	13.0%	11.8%	10.9%	9.9%
Derbecker's Heritage Hse	23.8%	21.8%	25.0%	24.5%	19.3%	16.3%	11.2%	8.8%
Forest Heights LTCC	12.6%	12.7%	13.7%	14.3%	12.1%	11.7%	12.6%	11.1%
Lanark Heights LTC	14.8%	15.7%	15.3%	17.4%	13.1%	14.5%	18.7%	22.2%
Leisureworld Elmira	20.8%	19.9%	20.4%	23.2%	24.9%	29.3%	32.3%	30.7%
Nithview Com	22.9%	23.6%	19.5%	17.9%	20.1%	22.0%	20.3%	22.1%
Parkwood Men Hm	16.8%	17.3%	19.9%	23.1%	25.6%	22.6%	20.8%	17.2%
Pinehaven NH	21.2%	16.3%	14.7%	13.2%	8.7%	8.5%	9.0%	8.9%
Sunnyside Hm	28.0%	28.4%	30.2%	31.3%	35.0%	43.6%	44.8%	47.3%
Trinity Village CCtr	29.2%	30.8%	30.6%	28.3%	29.3%	25.9%	24.3%	25.1%
Twin Oaks of Maryhill	27.4%	30.2%	27.4%	25.7%	35.0%	31.3%	31.2%	32.0%
The Village of Winston Park	16.7%	17.4%	13.2%	12.1%	12.2%	8.8%	14.1%	17.0%
The Westmount	12.8%	20.4%	22.2%	31.1%	35.1%	29.4%	28.4%	27.0%
Arthur NH	30.3%	33.8%	32.6%	34.2%	41.2%	39.8%	39.4%	50.1%
Fergus NH	14.5%	19.6%	26.3%	33.4%	35.3%	30.5%	32.7%	29.0%
Caressant Nrs Ret Hm Ltd. Harriston	34.4%	29.4%	31.6%	30.1%	28.9%	26.1%	25.4%	25.8%
Royal Terrace	41.3%	29.6%	39.0%	41.0%	37.9%	35.6%	25.0%	25.8%
Saugeen Valley Nursing Ctr	12.2%	12.4%	14.9%	17.7%	26.4%	31.6%	31.7%	32.9%
Wellington Terrace LTCH	8.5%	8.1%	8.2%	8.9%	8.2%	8.0%	10.1%	10.4%
<b>WWLHIN</b>	<b>22.0%</b>	<b>21.6%</b>	<b>21.3%</b>	<b>22.3%</b>	<b>22.7%</b>	<b>22.7%</b>	<b>22.9%</b>	<b>22.9%</b>



## 2015-16 Calculation of Funded CMI and Estimated Financial Impact

Home Name : **Wellington Terrace**

Facility Code : **54641**

### Calculation of Funded CMI

	Reference	
Special Rehabilitation (SR) Limited Case Mix Index (CMI)	C	1.0425
Re-Indexing Factor*	D	0.9729
<b>Funded CMI</b>	<b>E = C x D</b>	<b>1.0142</b>

### Estimated Funding Impact

	2014-15 Fiscal Year	Reference	2015-16 Fiscal Year
<b>Estimated Annual NPC Funding Increment for Fiscal Years 2014-2015 **</b>		F	<b>1.00%</b>
Nursing and Personal Care Base Per Diem	<b>90.71</b>	G	<b>91.62</b>
Funded CMI	<b>0.9711</b>	H	<b>1.0142</b>
Number of Classified Beds	<b>176</b>	I	<b>176</b>
Calendar Days***	<b>365</b>	J	<b>366</b>
Estimated Approved Nursing and Personal Care Expenditures:	<b>5,658,724</b>	G x H x I x J	<b>5,985,498</b>
<b>% Change from Prior Year</b>			<b>5.77%</b>
<b>\$ Change from Prior Year</b>			<b>326,774</b>
<b>\$ per diem Change from Prior Year</b>			<b>5.07</b>

#### Notes:

\* The Re-indexing Factor = sum of previous weighted patient days divided by sum of current weighted patients days for all Ontario long-term care homes with classified beds. This factor is applied to all homes to ensure fiscal neutrality.

\*\* 1% is a hypothetical number used for modeling purposes. Actual funding increments are subject to Ministry budget processes.

\*\*\* 2016 is a leap year, total calendar days for fiscal year 2015-16 is 366

#### Disclaimer:

The estimated funding impact only considers the effect of CMI on the Nursing and Personal Care envelope for homes with classified beds. This funding estimator does not provide a complete picture for homes that have changed classified bed numbers from 2014-15.

# Innovation and Excellence Award

Two awards recognizing innovative programs and techniques in workplace quality and the provision of care/services for seniors.

Sponsored by



and



Koster Consulting & Associates

Innovation and Excellence consists of two award categories: Supporting Seniors and Workplace Quality. The winning organization for each of these awards will be presented with a plaque and a \$1,000.00 cash award at the 2015 Annual Meeting & Convention at the Sheraton Centre in Toronto.

## Categories

### 1. Supporting Seniors - Sponsored by Centric Health

Recognizing an innovative program and technique in the provision of care and/or services for seniors

### 2. Workplace Quality - Sponsored by Koster Consulting & Associates

Recognizing a practical and creative program and/or strategy for fostering workplace excellence (e.g., health and safety programs, environmental conservation, staff development/education, staff recruitment and retention, etc.)

## Criteria

All submissions **must clearly identify** the following:

- **Innovative** – how the program or technique is innovative, creative and original (must have been in operation for at least three months).
- **Inspiring positive change** – how the program or technique demonstrates and encourages innovative ways to raise the quality of care and service in the sector.
- **Positive outcomes** – how the program or technique leads to improved outcomes and how this is measured.
- **Replicability** – potential to apply aspects of the program or technique to other settings.
- **Identifiable benefits** – for residents, tenants and/or staff.

*Note:* Greater weight may be given to innovativeness over replicability.

## Eligibility

To be eligible for the Innovation and Excellence Awards, the submission must be from an OANHSS full member organization.

### Notes:

- Award shall not be given consecutively to the same organization.
- All entries become the property of OANHSS and will not be returned without a specific request from the entrant.
- OANHSS reserves the right to copy and distribute entries.

- Self nominations are permitted.
- Programs nominated last year that did not receive the award may be re-nominated using the current submission form.
- Presentation of these awards is contingent upon receipt of qualified submissions.

### Submission Process

All full members of OANHSS are invited to submit a completed entry form by **Friday, February 13, 2015**. Members may submit as many entries as they wish.

### Selection Process

A subcommittee appointed by the OANHSS Board of Directors will select the winning entries.

### Notification and Presentation

Winners will be notified in March. The presentation of the awards will take place at the 2015 OANHSS Annual Meeting & Convention, April 13-15, at the Sheraton Centre, Toronto.

**Please indicate which category of the Innovation and Excellence Awards you are making a submission for. If you are applying for both awards, please submit a completed submission form for *each* award.**

☒ Supporting Seniors

Sponsored by



☐ Workplace Quality

Sponsored by



Koster Consulting & Associates

### PART A

Organization:	Wellington Terrace LTC Home
Administrator:	Laura Holtom
Address:	474 Wellington Road 18, Fergus, Ontario
Phone/Fax:	519 846 5359
Email:	laurah@wellington.ca
Name of person who would accept the award:	Patty Ridgeway, Manager of Nutrition Services and members of the Flexible Breakfast Programme Team
Name of program/service:	Flexible Breakfast Programme
Time the program/technique has been in operation (min. of 3 months):	2.5 years

## PART B

Clearly summarize the innovative program/technique and its practical application, including the role of staff/volunteers, other community partners, etc. *(Point form is accepted. Attach additional pages if more space is required.)*

Wellington Terrace has pioneered a programme that is designed to meet the unique meal time needs of our residents with advanced dementia.

For years, we understood that ensuring there was established meal times and routines meant we were complying with the Ministry of Health expectations.

This journey began over five years ago when a 'gentle care/continental breakfast' format was offered to those residents confused about their awake and sleep routines. A few years into that format, staff proposed an enhancement; a "flexible breakfast" model that would better address the resident's unique advanced dementia needs and reduce the responsive behaviours around the traditional meal time.

Over the course of this two hour flexible breakfast (7:30 – 9:30 a.m.), residents come to the dining room when they are ready. Instead of waiting until every resident showed up to serve the dining room – we now serve individual residents when they arrive. Some come in a housecoat, some come following their bath, and others have slept in because they had a restless night. Reversely, some residents that are awake from the early morning hours can have a full breakfast before settling in for a long morning nap. Many residents bring themselves to the dining room drawn by the smell the coffee brewing, toast or muffins baking or hear the sounds of familiar voices. Our Residents with advanced dementia often find comfort and security with a group.

A member of the interdisciplinary team is responsible to host the meal, welcoming and serving the resident offering one item. Tables are not set, instead residents select their table or are directed to an appropriate one and food is brought to them starting with a hot beverage and then moving through the options on the menu. Staff state, "There is more time for me to give one to one quality attention". That is, many residents are very slow eating their meals, requiring encouragement, redirection or setting their own pace.

We rolled out the programme in two home areas (neighbourhoods) supporting residents with advanced dementia. Our plan is to proceed to other neighbourhoods where the level of dementia is not as advanced.

## PART C

**Clearly identify the following:**

**I. What makes this program/technique innovative, original and creative.**

The indicator of success weighs solely on the team's willingness to work as a team. It required staff to step outside the usual routines, accepting duties and responsibilities that in a traditional model would belong to someone else. This is freeing, changing from a structured routine to our present format. Comments like, "I always felt like I was letting down the team because I wasn't able to make it (get the residents) to the dining room for 8:00 a.m. sharp. Resident's needs vary from day to day and those residents with a dementia need us to slow down and show patience".

In this environment we place a lot of value on outcomes (e.g. weight maintenance, adequate hydration, promoting independence) being creative and innovative in how we achieve them. We can address individual needs instead of a one fits all approach. The staff were supported and empowered to be creative in their approach. An employee stated, "we are able to make decisions in the moment that best suits that resident, rather than check with the team leader". Each department enhanced their scope of practice to respond to the ever changing needs of the residents through encouragement and support. The team has learned that "each day is a new day" when working with a resident with dementia. Collectively, the team supports the residents in maintaining a calm and predictable day.

## **II. How the program/technique demonstrates and encourages innovative ways to improve workplace quality or the quality of care and services in the sector.**

As the new approach was being rolled out, the entire team would meet daily to discuss what went well and how they needed to change it up for the next day. This process proved to be very effective as the team problem solved collectively. Ideas flowed freely as everyone approached it as "I can" instead of "we can't" do that. The benefits of this approach were evident, the team's commitment to the process strengthened through every debriefing. All staff participates in meal assistance training (feeding) as part of their general orientation. Staff members don't see themselves as singular groups of nursing, nutrition services, environmental services, and recreation but rather members of the flexible breakfast team. "Everyone takes part in welcoming the resident, offering them a seat, assisting with their apron, offering beverages and food; assistance with feeding, collecting dishes and marking the food and fluid intake book". Staff report, "what used to take five staff to serve and assist with the meal, now only takes two",

leaving the other three staff to assist with other resident care needs. Another remark, “If we are relaxed, they are relaxed”.

### **III. How the program/technique leads to improved outcomes and how this is measured.**

As a result of our team implementing this programme:

- The key difference is that when residents have a good start to their day, it sets the tone for the next 12 hours. The team was astonished at how calm the day progressed when residents were approached and served using this model.
- The team eliminated the act of ‘redirecting’ residents as part of the routine. By permitting residents to come and go as they wished, it reduced the number of responsive behaviours caused by frustration and agitation. This approach lined up with the Responsive Behaviour care plans established for residents.
- This change in our approach allows residents with dementia increased choice and control, thereby increasing their sense of dignity and worth.
- The Recreation Therapist observed that the energy of residents extends through the day because residents don’t have to start their day as early as they have in the past.
- The individual contacts with Recreation Therapist were increased by incorporating walks while transitioning to or from the meal.
- Resident’s hydration has increased. Prior to the flexible model, it was observed that residents are overwhelmed with the amount of fluids sitting in front of them. Now, one beverage at a time is placed in front of the resident over the course of their meal. As they finish, another is served. In addition, with extending the time, residents are still lingering and can be offered their mid morning beverage. This saved the team this time. Our quality team is tracking the reduction of Urinary Tract Infections for this RHA.
- Resident’s anxiety levels were reduced. The focus of the dining experience has shifted to a social one. They are not rushed and are invited to sit where they wish.
- Residents began feeding themselves. This proved to be an effective programme for Restorative Care.
- Residents recognize breakfast as a pleasant experience. “It’s an interactive experience similar to what they would have had at home.” They come in a great mood, happy to see their friends. It has been noted that some residents have begun to help

other residents who they consider their friend. “There’s still more food on your plate, do you need help?” one resident was heard inquiring.

- The shift in the mood of the neighbourhood has been noticeable to everyone who visits including family members and volunteers.
- Team meetings/coaching of individual staff no longer focus on the problem of not getting residents to the table on time but rather, “what else can we do to enhance that person’s day?”
- Team members are able to complete all daily duties required – it is achieved through creative teamwork and cooperation.

#### **IV. Cost to implement the program/technique (please include the funding sources, if applicable) and any savings that have resulted.**

The programme start up cost was minimal, approximately \$200.00. The Nutrition team purchased additional supplies to hold beverages at an appropriate temperature. Several interdisciplinary planning meetings were held in advance of the launch. Prior to the implementation, countless hours of every day were spent redirecting residents (around meal time) and reacting to responsive behaviours. We know there is significant saving in staff time; time now re-invested in resident care and programming. The savings have contributed to the overall wellbeing of the RHA for both residents and staff.

#### **V. Benefits of the program/technique for residents, tenants and/or the community.**

The routine changes for every resident home area based on the core needs of the residents. In a neighbourhood where residents are mobile, it provided greater flexibility in the routines compared to a neighbourhood where the physical needs were as significant as the cognitive needs. In this case, staff paired together in assisting residents in their morning routine leaving the nutrition staff with more responsibility hosting breakfast. There has been a shift to a more relaxed, social setting. At one time, music would have been viewed as disruptive in an already hectic paced environment, now it is played for a portion of the programme. The recreation staff is currently recruiting volunteers to play the piano for a portion of the time.

Recreation staff supports the transition from meal time to an activity that engages the residents most appropriate Montessori activities where they contribute to the routines of



the neighbourhood such as folding laundry, doing dishes, gathering dishes, sweeping, etc.

## **VI. Potential to apply aspects of the program/technique in other settings.**

This programme either in part or entirety can be implemented in another setting with the support and enthusiasm of a team willing to change the dynamics of a Resident Home Area. The programme teaches staff the skills of being flexible and adaptable. We have also learned that although staff felt they could never devote several hours to a meal time, in fact, they have more time. Less time is spent re-directing and responding to resident behaviours. The team is very excited about helping other neighbourhoods in our home to adopt this programme. They feel proud and empowered of what they have achieved.

Comment from staff member; “Don’t be fearful of the change. The benefit is so great when the team agrees that a relaxed approach is the way to go!”

*Note: Greater weight may be given to innovativeness over replicability.*

## **PART D**

### **Submissions**

The deadline for entries and nominations is **Friday, February 13, 2015.**

Email, fax or mail completed forms to

**OANHSS – Awards Program**  
**Attention: Chris Noone**  
**7050 Weston Road, Suite 700**  
**Woodbridge, ON L4L 8G7**  
**Fax: 905-851-0744**  
**Email: [cnoone@oanhss.org](mailto:cnoone@oanhss.org)**

## **QUESTIONS?**

For more information, contact Chris Noone at [cnoone@oanhss.org](mailto:cnoone@oanhss.org) or 905-851-8821 ext. 253.



To: Chair and members of the Wellington County Library Board.

From: Sandra Solomon and Lise Burcher, Puslinch, Ontario.

Re: Naming of the Puslinch Library as the Bradford Whitcombe Library

Date: February 26, 2015.

---

As I am sure you are aware, Brad Whitcombe passed away in November of 2014. The residents of the Township of Puslinch are still coming to terms with this loss and many people in the Township feel it would be appropriate to recognize Brad's vision and devotion to the community of Puslinch and the County of Wellington by naming the Puslinch Library after him. Many in the community feel that this will be a fitting tribute to a long time Mayor of Puslinch Township, and three time Warden of Wellington County, particularly given Brad's passion for, and championing of the renewal of the County library system that included the restoration of 5 Carnegie libraries and the overseeing of the construction of several new libraries.

Brad felt very passionately about the value of well serviced and beautifully designed libraries as the civic foundation of every community in the County - a community hub that would serve all residents and provide opportunities for learning, exploration and community engagement.

Brad was very appreciative of the legacy of the philanthropist Andrew Carnegie, and very proud in knowing that of the 111 Carnegie Libraries built in Ontario, 6 of them were constructed in Wellington County. The County is to be congratulated for restoring five Carnegie libraries in the system under the leadership of Brad and his County Council colleagues and citizens. They are the Elora Branch, Harriston Branch, Fergus Branch, Mount Forest Branch and the Palmerston Branch.

The County communicates the tremendous value of the Carnegies on the County website stating, "these libraries are revered by citizens and have enjoyed the patronage of generations since Andrew Carnegie's initial investment in the early 1900s. The buildings and friendly service stand as a beacon of community engagement".

Brad, a life-long resident of Puslinch, was first elected to Puslinch Township Council in 1989 and served as it's Reeve/Mayor from 1995 to 2010. During his years of service to the Township he showed strong civic and environmental leadership in establishing the Township groundwater monitoring program and the Mill Creek Watershed Plan. Even after his defeat in 2010, he continued to serve the County and Township until his unexpected death, as a member of the Library Board, The Friends of Mill Creek, and The Green Legacy Program that he initiated with County CAO Scott Wilson to celebrate the County's 150<sup>th</sup> Anniversary.

Brad's accomplishments on Wellington County and Puslinch Township Council were many and varied:

- Warden in 2000 and again in 2005 and 2006.
- Leading and influencing the county restructuring.
- Rural water quality improvements and monitoring.
- The Green Legacy program, which has seen nearly 2 million trees planted in the County since its inception in 2004. This program continues to grow.
- Reinvesting in the County library system as described above.

Brad took great pride in his achievements but was very self-effacing about them.

One of Brad's last duties on County Council was the completion of the Puslinch Library and it seems fitting that we approach you to request your consideration to permit that the Puslinch Library be named the Bradford Whitcombe Library. This would involve adding a plaque/sign at the entrance with the wording "The Bradford Whitcombe Library". Should the Library Board and County Council support this request, we would offer to cover the cost of the signage through community donations.

We would also like to indicate that there is extensive and enthusiastic support for this initiative throughout the community. We have consulted with the major community and service groups in Puslinch including the Optimist Club, the Aberfoyle Farmers Market, the Aberfoyle Fall Fair and the Puslinch COP Committee. The leaders of these groups indicate very strong support and endorsement of this proposal.

As well, we also offer that Brad's intention, before his passing, was to donate the Killeen School Bell to the County Museum for placement in the Puslinch Library. Brad purchased this a couple of years ago at a local auction, feeling it was very important that this remain in the community. He substantially completed the restoration of the bell shortly before his passing, and it was his intention that this be placed in the public trust for all to enjoy and to ensure that this artifact be protected for the community into the future.

We thank you for considering this request. If you require any further information, we may be contacted at the phone number below. As well, we will be in attendance at the Library Board meeting and available for questions.

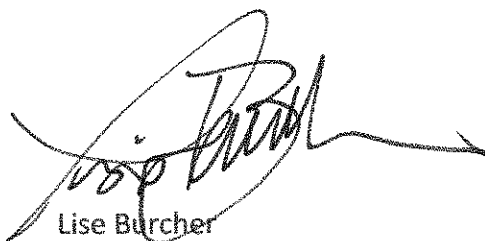
Sincerely,



Sandra Solomon

4080 Maddaugh Road, R.R. 1, Puslinch

905-659-2709

  
Lise Burcher

6994 Gore Road, Puslinch



**County of Wellington**  
**Library Services**  
Statement of Operations as of  
28 Feb 2015

	<b>Annual Budget</b>	<b>February Actual \$</b>	<b>YTD Actual \$</b>	<b>YTD Actual %</b>	<b>Remaining Budget</b>
<b>Revenue</b>					
Grants and Subsidies	\$182,500	\$25,018	\$25,018	14%	\$157,482
Municipal Recoveries	\$27,000	\$0	\$0	0%	\$27,000
Licenses, Permits and Rents	\$35,000	\$741	\$1,502	4%	\$33,498
User Fees & Charges	\$84,000	\$6,372	\$12,121	14%	\$71,879
Sales Revenue	\$7,900	\$406	\$770	10%	\$7,130
Other Revenue	\$0	\$213	\$374	0%	\$(374)
<b>Total Revenue</b>	<b>\$336,400</b>	<b>\$32,751</b>	<b>\$39,786</b>	<b>12%</b>	<b>\$296,614</b>
<b>Expenditures</b>					
Salaries, Wages and Benefits	\$3,799,200	\$283,531	\$563,678	15%	\$3,235,522
Supplies, Material & Equipment	\$828,100	\$97,151	\$124,776	15%	\$703,324
Purchased Services	\$836,500	\$79,185	\$135,040	16%	\$701,460
Insurance & Financial	\$22,200	\$22,353	\$22,353	101%	\$(153)
Minor Capital Expenses	\$68,000	\$11,619	\$9,823	14%	\$58,177
Debt Charges	\$690,100	\$134,572	\$108,807	16%	\$581,293
Internal Charges	\$1,500	\$0	\$0	0%	\$1,500
<b>Total Expenditures</b>	<b>\$6,245,600</b>	<b>\$628,410</b>	<b>\$964,477</b>	<b>15%</b>	<b>\$5,281,123</b>
<b>NET OPERATING COST / (REVENUE)</b>	<b>\$5,909,200</b>	<b>\$595,659</b>	<b>\$924,691</b>	<b>16%</b>	<b>\$4,984,509</b>
<b>Transfers</b>					
Transfers from Reserves	\$(218,800)	\$0	\$0	0%	\$(218,800)
Transfer to Capital	\$2,270,000	\$0	\$0	0%	\$2,270,000
<b>Total Transfers</b>	<b>\$2,051,200</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>	<b>\$2,051,200</b>
<b>NET COST (REVENUE)</b>	<b>\$7,960,400</b>	<b>\$595,659</b>	<b>\$924,691</b>	<b>12%</b>	<b>\$7,035,709</b>



# County of Wellington

03-March-2015

## Library Services

### Capital Work-in-Progress Expenditures By Departments All Open Projects For The Period Ending February 28, 2015

	Approved Budget	February Actual	Current Year	Previous Years	LIFE-TO-DATE ACTUALS		
					Total	% of Budget	Remaining Budget
Aboyne Facility Improvements	\$820,000	\$0	\$0	\$106,166	\$106,166	13 %	\$713,834
Fergus Branch Exp and Reno	\$5,000,000	\$414,578	\$416,176	\$4,107,574	\$4,523,750	90 %	\$476,250
Fergus Branch Coll Enhancement	\$50,000	\$667	\$667	\$47,409	\$48,076	96 %	\$1,924
Palmerston Branch Exp	\$3,500,000	\$50,705	\$8,253	\$93,458	\$101,711	3 %	\$3,398,289
Radio Frequency ID System	\$50,000	\$0	\$0	\$11,054	\$11,054	22 %	\$38,946
Palmerston Br Coll Enhancement	\$50,000	\$0	\$0	\$0	\$0	0 %	\$50,000
Self Check out Drayton & MtFor	\$70,000	\$0	\$0	\$0	\$0	0 %	\$70,000
<b>Total Library Services</b>	<b>\$9,540,000</b>	<b>\$465,951</b>	<b>\$425,096</b>	<b>\$4,365,661</b>	<b>\$4,790,757</b>	<b>50 %</b>	<b>\$4,749,243</b>



# COUNTY OF WELLINGTON

## COMMITTEE REPORT

**To:** Chair and Members of the Information, Heritage and Seniors Committee  
**From:** Kevin Mulholland, Construction & Property Manager  
**Date:** Wednesday, March 11, 2015  
**Subject:** Fergus Library Renovation - Project Status Report #14

Status of project	<ul style="list-style-type: none"><li>- Interior glass walls have been installed</li><li>- Exterior spandrel panels are installed</li><li>- Exterior composite panels have been installed</li><li>- Heritage room tin ceiling is complete</li><li>- Paint touch ups are completed</li><li>- Heritage lounge display cases are complete</li><li>- Furniture has been installed</li><li>- Mechanical &amp; electrical installations have completed their fixture installations</li><li>- Deficiency completion has been ongoing</li></ul>
Remaining work to be completed in March	<ul style="list-style-type: none"><li>- Glass guards &amp; railings on the south &amp; east ramps will be completed</li><li>- Any remaining deficiencies will be completed</li></ul>
Status of construction schedule	<ul style="list-style-type: none"><li>- Move in is currently scheduled for March 2015</li></ul>
C.O.'s approved since last meeting	<ul style="list-style-type: none"><li>- 6</li></ul>
Total change orders approved to date	<ul style="list-style-type: none"><li>- 63</li></ul>
Net value of C.O.'s approved to date	<ul style="list-style-type: none"><li>- \$111,003.65</li></ul>

### Recommendation:

That the Fergus Library Project Status Report be received for information.

Respectfully submitted,

Kevin Mulholland  
Construction & Property Manager



# COUNTY OF WELLINGTON

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## COMMITTEE REPORT

**To:** Chair and Members of the Information, Heritage and Seniors Committee  
**From:** Mark Bolzon, Manager Purchasing and Risk Management Services  
**Date:** Wednesday, March 11, 2015  
**Subject:** **Palmerston Library – Construction/Renovation Tender Award**

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### Background:

At the September 2014 meeting of the Library Board the following recommendation was approved to award the Construction Management Services contract for the renovations to the Palmerston Library -

“That the construction management contract for the renovations to the Palmerston Carnegie Library be awarded to Collaborative Structures Limited (CSL) of Cambridge, at their quoted fee of \$361,220.00, excluding HST @ 13% and as outlined in the proposal documents CW2014-038”

Construction Management involves the General Contractor (GC) at the very beginning of the design phase. The GC works closely with the owner and the architect to review draft drawings, site conditions and provide recommendations to be included in the design process. Once the drawings and specifications are completed the GC is directed to conduct a detailed competitive sub-contractor tendering process for the complete project. Following this, the GC is invited to negotiate with the owner and architect to provide pricing to complete the project taking into consideration current site, building condition, project budget and required sub-trades.

This work has been completed over the winter months and staff have worked with CSL and the architect (Grinham Architects) to finalize the construction costs for this project.

CSL issued the construction tender documents to its sub-trades and reviewed the results with staff and architects. As a result staff are recommending awarding the construction portion of this project to Collaborative Structures Limited, of Cambridge, at the total contract amount of \$2,582,571.00 exclusive of HST @ 13%, along with construction management fees of \$361,220.00.

The construction costs as quoted are dynamic, meaning as the construction progresses there is potential for additional savings to be achieved through discussions with the contractor and sub-trades as efficiencies are reviewed.

The contract is within budget and details are outlined in the attached Financial Summary.

Accordingly, the following recommendations are respectfully submitted:

**Recommendation:**

That the construction contract for the renovations to the Palmerston Carnegie Library be awarded to Collaborative Structures Limited (CSL) of Cambridge, at their tendered amount of 2,582,571.00, along with construction management fees of \$361,220.00, excluding HST @ 13%.

That the budget as outlined in the attached Financial Summary be approved.

That the Warden and Clerk be authorized to sign the necessary construction agreements.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Mark Bolzon', followed by a long horizontal line extending to the right.

Mark Bolzon  
Manager Purchasing and Risk Management Services

## FINANCIAL SUMMARY

Project name: Palmerston Library Expansion  
 Project number : 21740011

### **PROJECT COSTS**

	<b>Total</b>
Tendered Construction*	\$2,628,000
Construction Management	\$367,600
Subtotal Construction	\$2,995,600
Architectural fees	\$174,000
Architect expenses	\$20,400
Furniture, furnishings, equipment	\$75,600
Technology	\$37,900
Misc. professional fees	\$20,400
Advertising	\$2,000
Permits and approvals	\$10,200
Contingency	\$163,900
Project Total	\$3,500,000

\*Includes County portion of HST

### **PROJECT BUDGET APPROVALS AND FINANCING**

	Gross cost	Sources of Financing	
		Current Revenue	Property Reserve
2014 Capital Budget	\$ 500,000	\$ 500,000	
2015 Capital Budget	\$ 3,000,000	\$ 2,000,000	\$ 1,000,000
Total Budget Approval	\$ 3,500,000	\$ 2,500,000	\$ 1,000,000





# COUNTY OF WELLINGTON

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## COMMITTEE REPORT

**To:** Chair and Members of the Information, Heritage and Seniors Committee  
**From:** Murray McCabe, Chief Librarian  
**Date:** March 4, 2015

**Subject:** Summary of Library Activities, February 2015

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### **Background:**

To provide the Library Board with a brief overview of events and activities from across the library system.

#### **Aboyne Branch:**

The branch has hosted the library system's first 3D printer for the last few months and it has attracted considerable interest from the public and staff. Branch Supervisor, Joyce Tenhage has aptly characterized the level of interest as phenomenal with almost 600 patrons stopping to ask questions about the printer. All segments of the library's patron base from young to old are intrigued by the technology and how it might be used. While library patrons have read or heard about 3D printers few have seen them in action. A number of staff have developed a significant level of skill and knowhow to use the printer which will soon allow the library to move beyond the demonstration phase and into a hands-on scenario for patrons.

#### **Fergus Branch:**

With the assistance of library staff from around the library system, the shelving of new material and items held in storage for the past year has now been completed. Movers will arrive near the end of March to move all material now housed in the temporary library taking us one step closer to opening in the expanded and refurbished Carnegie. During the move library service in Fergus will be unavailable for about a week but patrons will be able to borrow from the other two libraries in Centre Wellington. Interior architectural glass continues to be installed at the construction site and branch and administrative staff are preparing for a public opening.

#### **Palmerston Branch:**

In preparation for the upcoming renovation we have had AMJ Campbell movers on site to review the work that lies ahead. Library staff anticipate moving out of the Carnegie in April depending on when the temporary location becomes available and then the necessary furniture, shelving and computer equipment can be installed. The new temporary location will be located on main street just a block away from the Carnegie building. Museum and Archives staff will visit the branch in the next month to remove various items for safe keeping during the construction period.

**Services to Youth:**

The library system offers a number of Teen Advisory Group or “TAG” programmes. Erin library has the most robust programme in terms of teens attending on a regular basis but Aboyne also attracts a few teens as well. Other libraries in the system like Harriston host similar programmes. Lindsay Trimble, the library’s co-ordinator of programmes will be looking to increase the number of programmes for this group in the coming year with input from branch staff.

Mrs. Trimble and Assistant Branch Supervisor, Kayleigh Armstrong, recently participated in a meeting organized by North Wellington Coalition for Youth Resiliency held in Kenilworth. The group is trying to provide additional opportunities to engage youth in the northern part of the County. Library staff were pleased to report that a number of people at the meeting commented on the important role the public library can and does play in engaging the community already. The information gathered from the meeting will help library staff design and implement more programme opportunities for teens in general.

**Public Library System Supporting Students:**

The Chief Librarian is in discussions with representatives of the Upper Grand District School Board that will see Drayton, Mount Forest and Palmerston libraries acting as distribution points for school owned tablet computers for their students. The plan is to leverage the Wellington County Library’s wireless internet connectivity and traditional library processes with the Board of Education’s need to improve students access to the internet and computing technology. The libraries will lend out the computers to any student attending a UGDSB school and who have a public library card in good standing with Wellington County Library. Each of the libraries will have up to five computers available for loan during the pilot. The programme is intended to address the needs of students who don’t have access to the internet at home or whose ability to have access is limited or otherwise problematic when completing homework online. The pilot will run between April and June this year with an assessment made by both programme partners about the merit of expanding the initiative to other libraries in the system. The partnership comes at no cost to the County.

**International Plowing Match 2016:**

Wellington County, in partnership with the Town of Minto will host the 2016 International Plowing Match and in preparation for that big event, County staff has begun planning process. The County’s contribution is being overseen by Janice Hindley, Administrator of the Museum and Wellington Place. Each County department will contribute staff resources to ensure the ultimate success of the event. Library staff, Brooke McLean and Lindsay Trimble attended one of the first planning meetings on February 18. Over the course of the next year staff will be working to define the library’s involvement and how we will contribute to making this important event the best ever.

**Service Canada: Reduction in Service**

The Chief Librarian was informed in mid February that the satellite office which operates out of the Aboyne branch will have its hours of service reduced from one day each week to one day a month beginning in April 2015. The County provides the office space free of charge. The plan to reduce access hours is unfortunate, as the service is well used and often by those who would find it difficult to travel to neighbouring Service Canada offices in Listowel, Orangeville, Guelph or Kitchener. Since receiving the news, the Chief Librarian asked staff at Aboyne to track the number of people that use the service each Thursday. Staff has recorded almost 40 people coming to access the service each of the last few Thursdays in addition to phone calls received about coming in to meet the Service

Canada representative. Based on our observations, the service is used by a great number of seniors who want assistance with federal government forms and accessing federal programmes like the Canada Pension Plan. Reducing the operating days down to one will deal a serious blow to having the service here at all.

**Looking Ahead to Hillsburgh:**

The Chief Librarian will be looking for a date in the near future to host a tour of the Puslinch Branch for members of Erin Council and members of the library board. The library in Puslinch, completed in 2011 is a beautiful building designed in accordance with Ontario's and the County's accessibility standards and provides a good tangible example for discussion about space needs for a small public library. The library won an architectural award from the Ontario Library Association in 2013. Although the County has other libraries well worthy of example, Puslinch will help inform future the discussions as to what type of facility would be fitting for Hillsburgh.

**Staff retirements:**

In recent weeks two Library Branch Supervisors have announced their pending retirements. Mrs. Henny Derbecker will retire from the County library system after 33 years of service. Henny started as a programmer at the library and then was hired as the branch supervisor for Clifford. She will retire at the end of April. The branch will host an open house on April 30 starting in the afternoon so the community can drop in and wish Henny well in her retirement.

Hillsburgh Branch Supervisor, Donna Revell has announced her plans to retire in September of 2015 and like Henny will be greatly missed by her colleagues and members of the community. Donna has been with the library system for 20 years and along with being the community librarian she is well known as a tireless volunteer in the Erin and Hillsburgh area.

**Recommendation:**

That the Summary of Library Activities for February 2015 be received for information.

Respectfully submitted,

*Murray McCabe*

Murray McCabe

Chief Librarian



Service  
Canada

February 27<sup>th</sup>, 2015

Murray McCabe  
County of Wellington  
74 Woolwich Street  
Guelph, ON  
N1H 3T9

Dear Mr. McCabe,

On behalf of Service Canada and our staff serving the Fergus/Elora community, we would like to take this opportunity to thank you for hosting our services.

Service Canada continually assesses the way we do business to effectively meet emerging community and citizen needs.

Effective April 1<sup>st</sup>, 2015, the new hours of service for the Fergus/Elora Scheduled Outreach Site will be:

3<sup>rd</sup> Thursday of each month  
From 10:00 a.m. to 3:00 p.m.  
Closed from 12:00 p.m. to 12:30 p.m.

Residents of the Fergus/Elora community can also access in-person services at the Guelph Service Canada Centre located at:

259 Woodlawn Rd W, Suite C  
Guelph, Ontario  
Monday to Friday - 8:30 a.m. to 4:00 p.m.

Once again, let me express our sincere thanks and appreciation for your continued partnership with Service Canada.

Should you require further information, I would be pleased to speak with you either in person or by telephone at 226-204-2000 to provide a more detailed briefing or to answer your questions.

Yours truly,

Ross Tayler  
Area Director, South Central Ontario  
Service Canada, Ontario Region

# Wellington County Library

## FEBRUARY 2015

### Use Statistics

Prepared for: Wellington County Library Board

Meeting Date: March 11, 2015

Prepared by: Chanda Gilpin, Assistant Chief Librarian

Date: March 4, 2015



# Use Statistics

	2015	2014
<b>System wide circulation:</b>	February	February
Print, cds, dvds, magazines and audiobooks:	72,508	71,844
eBooks borrowed:	4,970	3,821
Inter-library loan, material loaned:	352	261
Public computer usage within the libraries:	5,241	5,146
Programme attendance:	2,250	2,241
Database usage	10,895	12,234
Public wireless users:	4,737	3,118



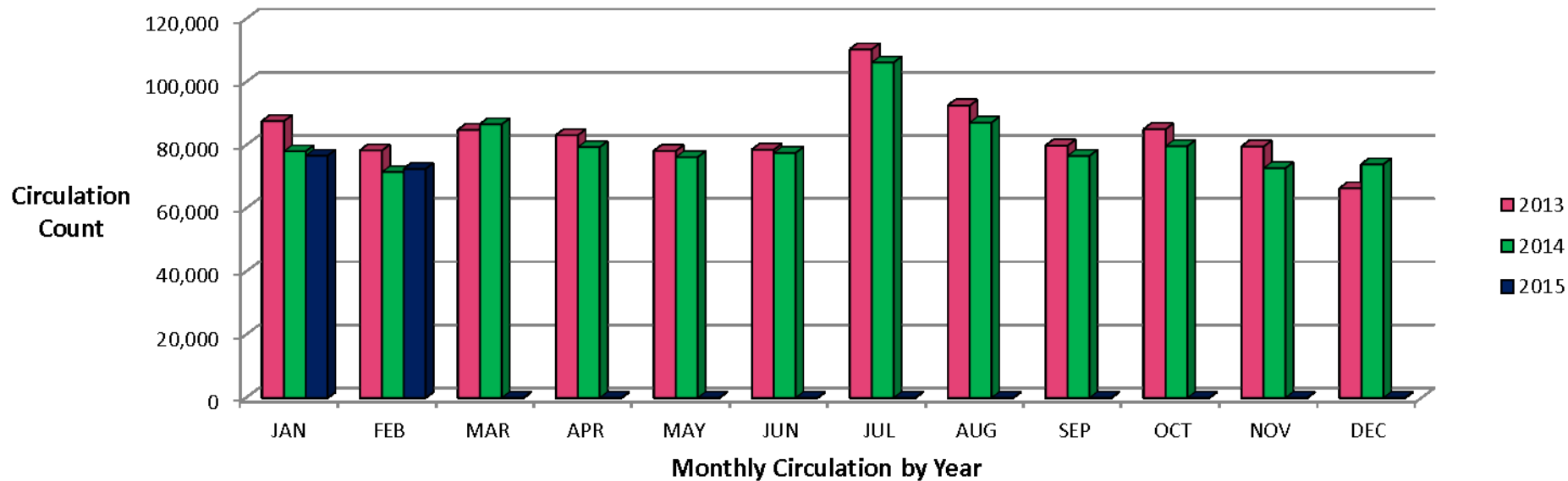
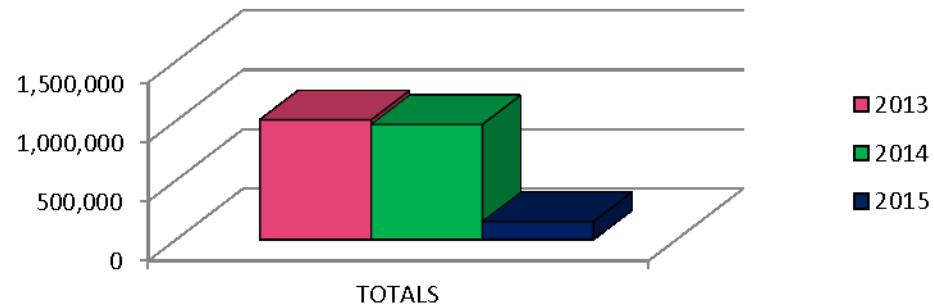
### Circulation Statistics

\*Circulation of Material – Traditional Formats

		JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTALS
ABOYNE	2013	12,232	11,460	13,023	12,133	11,571	12,535	16,665	14,355	11,838	11,831	11,807	9,425	148,875
	2014	12,479	10,993	14,565	11,264	12,268	12,391	16,870	13,469	10,593	11,634	10,940	11,188	148,654
	2015	11,897	11,221											23,118
ARTHUR	2013	4,965	3,996	4,722	4,529	4,542	4,913	6,924	5,380	4,737	5,162	4,567	3,414	57,851
	2014	4,587	4,321	4,716	4,768	4,506	4,762	6,459	5,209	4,493	5,137	4,440	4,430	57,828
	2015	4,413	4,689											9,102
CLIFFORD	2013	1,543	1,367	1,538	1,357	1,490	1,557	2,045	1,624	1,184	1,576	1,254	1,177	17,712
	2014	1,372	1,264	1,623	1,264	1,392	1,534	2,056	1,544	1,440	1,433	1,053	1,078	17,053
	2015	1,306	1,124											2,430
DRAYTON	2013	11,088	10,128	10,136	10,306	8,582	9,903	14,501	10,694	9,753	10,431	10,174	8,704	124,400
	2014	9,908	9,502	10,947	9,314	8,648	9,901	13,317	10,716	9,503	9,266	8,430	8,401	117,853
	2015	9,235	9,067											18,302
ELORA	2013	5,961	5,162	5,718	5,789	5,513	4,902	7,933	6,589	5,727	5,698	5,659	4,704	69,355
	2014	5,520	4,759	5,988	5,791	5,498	4,790	6,699	6,056	5,318	5,598	5,173	5,390	66,580
	2015	5,513	4,870											10,383
ERIN	2013	5,075	4,167	4,880	4,702	4,691	4,409	6,772	5,889	5,135	4,979	4,579	3,735	59,013
	2014	4,214	3,793	4,766	4,285	4,198	4,226	6,107	4,765	4,521	4,604	4,361	4,585	54,425
	2015	4,593	4,443											9,036
FERGUS	2013	12,383	11,474	11,738	10,773	10,713	8,125	11,894	11,284	9,744	10,691	10,339	9,275	128,433
	2014	10,052	9,000	10,803	11,077	10,023	8,008	13,506	11,435	10,249	10,272	9,285	9,397	123,107
	2015	9,376	8,588											17,964
HARRISTON	2013	4,794	4,264	4,625	4,353	4,126	4,184	6,310	5,535	4,543	4,980	4,385	2,790	54,889
	2014	3,879	4,026	4,652	4,062	3,825	4,154	5,633	4,585	4,207	4,428	3,902	4,060	51,413
	2015	4,234	3,969											8,203
HILLSBURGH	2013	3,588	3,212	3,465	3,627	3,110	3,378	4,662	3,837	3,287	3,893	3,647	2,954	42,660
	2014	3,547	2,845	3,440	3,632	3,147	3,370	4,271	3,524	2,835	2,923	2,473	3,009	39,016
	2015	2,956	2,770											5,726
MARDEN	2013	4,661	3,848	4,038	4,658	3,960	4,002	5,278	4,227	4,013	3,866	3,865	3,240	49,656
	2014	3,887	3,267	4,276	3,843	3,502	3,905	5,040	4,634	3,841	3,943	3,704	3,813	47,655
	2015	3,668	3,554											7,222
MT FOREST	2013	7,566	7,008	7,674	7,820	7,011	7,284	9,789	8,694	7,904	8,652	7,754	6,919	94,075
	2014	7,392	7,539	8,416	7,486	7,476	7,246	10,308	8,180	7,949	8,120	7,236	7,596	94,944
	2015	7,746	7,388											15,134
PALMERSTON	2013	2,804	2,530	2,496	2,822	2,738	2,430	3,190	2,684	2,293	2,635	2,304	2,272	31,198
	2014	2,100	1,944	2,239	2,410	2,188	2,403	3,270	2,707	2,411	2,801	2,236	2,325	29,034
	2015	2,756	2,318											5,074
PUSLINCH	2013	3,924	3,595	3,886	3,827	3,902	3,910	4,501	4,032	3,088	3,763	3,177	2,738	44,343
	2014	3,234	2,777	3,269	3,343	3,317	3,878	3,905	3,140	2,937	3,010	3,065	2,800	38,675
	2015	2,918	2,700											5,618
ROCKWOOD	2013	7,068	6,145	6,935	6,478	6,248	7,041	9,914	7,738	6,649	6,924	6,073	5,017	82,230
	2014	5,942	5,473	6,930	6,867	6,236	6,997	8,758	7,191	6,339	6,553	6,428	5,889	79,603
	2015	6,088	5,807											11,895
TOTALS	2013	87,652	78,356	84,874	83,174	78,197	78,573	110,378	92,562	79,895	85,081	79,584	66,364	1,004,690
	2014	78,113	71,503	86,630	79,406	76,224	77,565	106,199	87,155	76,636	79,722	72,726	73,961	965,840
	2015	76,699	72,508	0	0	0	0	0	0	0	0	0	0	149,207
														91
Annual Change		-2%	1%											0%

# Circulation Activity

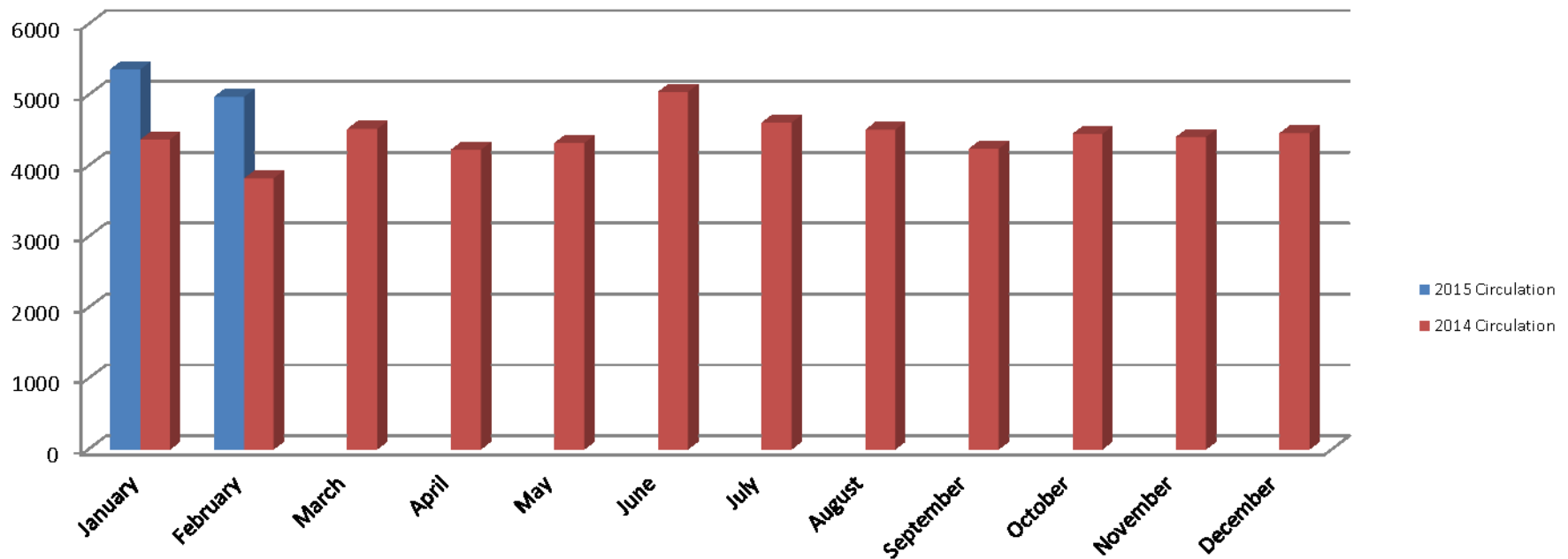
## Wellington County Library Total Circulation of Materials by Year





# eBook Circulation Activity

**eBook Circulation by Month\***



\*includes eBooks, eAudiobooks, eVideo and eMusic circulation from OverDrive.

# Website Statistics

## February 2015

### Top Pages Visited

Library Home Page	7,072
eBooks and More	1,320
Online Resources	1,945
Borrowing	1,179
Branch Locations	583

In January and February, approximately 70% of visitors found our website through a search engine, such as Google, Yahoo, or Bing. The remaining 30% bookmarked the library's website. A very small percentage got to the library's website by clicking on a link from another website, such as Centre Wellington's webpage.

Our website was accessed in a variety of ways including 1,280 visits through Mobile Devices.

Mobile devices include Apple iPad, Apple iPhone, Blackberry PlayBook, Blackberry Z10 and Samsung Galaxy S3 III.

### Visits to Library Website

# of total visits	8,119
# of pages viewed	17,272

### Location of people accessing our website:

Canada, U.S., U.K., France, Mexico, India, Costa Rica, Philippines, Switzerland, Germany and Singapore.

### The majority of visitors were within Canada:

Guelph, Fergus, Toronto, Waterloo, Orangeville, Minto, Kitchener, Clifford, Halton Hills, Stratford, Saugeen Shores and Ottawa

Of the visitors 69% were returning and 31% were new visitors to our website.

# Programming Report

February 2015

BRANCH	TOTAL NUMBER OF PROGRAMMES OFFERED	ATTENDEES			
		CHILDREN/ TEENS	PARENTS/ CAREGIVERS	ADULTS	
ABOYNE	17	128	96	19	
ARTHUR	18	96	44	52	
CLIFFORD	7	16	6	3	
DRAYTON	34	270	101	22	
ELORA	10	17	8	43	
ERIN	18	175	76	28	
FERGUS	9	56	36	38	
HARRISTON	15	62	70	31	
HILLSBURGH	11	57	31	30	
MARDEN	17	133	23	31	
MT FOREST	16	65	22	63	
PALMERSTON	11	33	30	12	
PUSLINCH	10	43	29	44	
ROCKWOOD	13	57	38	16	
	206	1,208	610	432	2,250
	Total Programmes				Total Participants

February 2014

BRANCH	TOTAL NUMBER OF PROGRAMMES OFFERED	ATTENDEES			
		CHILDREN/ TEENS	PARENTS/ CAREGIVERS	ADULTS	
ABOYNE	15	140	69	10	
ARTHUR	14	51	52	32	
CLIFFORD	9	48	22	9	
DRAYTON	30	268	76	47	
ELORA	5	28	12	18	
ERIN	17	167	47	22	
FERGUS	10	54	39	29	
HARRISTON	18	74	30	49	
HILLSBURGH	15	67	74	30	
MARDEN	11	73	30	16	
MT FOREST	11	112	18	24	
PALMERSTON	10	32	31	15	
PUSLINCH	14	105	37	33	
ROCKWOOD	15	80	36	35	
	194	1,299	573	369	2,241
	Total Programmes				Total Participants

9101 ballots were entered in Get Carded Campaign 95  
236 new patrons were registered during the campaign

**From:** [olba-l@accessola.com](mailto:olba-l@accessola.com) [<mailto:olba-l@accessola.com>] **On Behalf Of** OLA Information  
**Sent:** Thursday, March 05, 2015 8:30 AM  
**To:** OLBA Members  
**Subject:** OLBA Members: Mark your Calendars!

\*\*\*Please **do not auto-reply** to this message. Responses can directed as in the message below\*\*\*

*Information redistributed to OLBA Membership courtesy of SOLS Signal Newsletter, dated 3 March 2015 and information from [www.olsn.ca/](http://www.olsn.ca/) the website of OLS North*

**Dear OLBA Member,**



### **LearnHQ launching in April**

LearnHQ is collaborative project of the Southern Ontario Library Service, Ontario Library Service-North and the Ontario Library Association, and is made possible through the \$15 Million Dollar Investment In Public Libraries from the Ministry of Tourism, Culture, and Sport.

It will offer Ontario public library staff and board members flexible learning opportunities and current professional information. Our goal has always been to create one place to look for public library training. After many months of work, the site is almost ready, and we will "go live" April 1.

Different learning opportunities will be rolled out throughout April, and will include registration for webinars, workshops, and recorded materials from our partner organizations. **We will also be announcing registration for on online version of the Ontario Library Board's OLBA's "[Leadership by Design - Strengthening Public Library Board Performance](#)", developed by OLA and FOPL and made possible by a Cultural Development Fund Grant. Read more about this project and OLBA's board development strategy on the OLA website.**

We are also excited about our future phases on LearnHQ, which will include online mentorship, the ability to create personalized learning plans, and opportunities for libraries to develop and share their own online training courses. Look for these features and more in the next year!

We will be sending more information how access and use the site in April. In the interim, if you have any questions, please contact Rosanne Renzetti at [renzetti@sols.org](mailto:renzetti@sols.org), 1-800-387-5765 ext 5145.

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**Library Board Members – SOUTHERN ONTARIO**



## Trustee Council meetings

Twice a year, Trustee Council meetings are held in eight different locations across southern Ontario. All meetings begin at 10 am, except for Trustee Council #5 which starts at 9:30 am, and all run for approximately three hours. [Dates and locations](#), and once available the agenda, are posted on the SOLS website.

- Saturday, April 18 – Trustee Council #2 – Brampton Public Library, branch TBA
- Saturday, April 18 – Trustee Council #3 – Hanover Public Library
- Saturday, April 18 – Trustee Council #4 – Springwater Public Library (Midhurst Branch)
- Saturday, April 18 – Trustee Council #5 – Scugog Public Library
- Saturday, April 18 – Trustee Council #8 – Prescott Public Library
- Saturday, April 25 – Trustee Council #1 – Oxford Library (Tillsonburg Branch)
- Saturday, April 25 – Trustee Council #6 – Deseronto Public Library
- Saturday, April 25 – Trustee Council #7 – Pembroke (Holy Trinity Anglican, beside the library)

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## Library Board Members – NORTHERN ONTARIO

From the OLS North website: a handbook for new, Municipal Councillors serving on Public library Boards:

[http://www.olsn.ca/uploadedFiles/OLSN/NEW\\_2014/Publications/Municipal\\_Councillors\\_Handbook\\_Final.pdf](http://www.olsn.ca/uploadedFiles/OLSN/NEW_2014/Publications/Municipal_Councillors_Handbook_Final.pdf)

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## NORTHERN ONTARIO – Networking Meetings

Face to Face networking opportunities are provided to OLSN clients twice a year; at the annual conferences in the fall and through meetings throughout Northern Ontario in the spring. These Networking meetings are coupled with some training workshop. The Networking groups are based on geography and areas of interest, very similar to the former Librarian Advisory Committee Structure. The purpose of the Networking structure is to provide opportunities for clients to meet face to face and discuss programs and issues from their individual libraries, as well as cooperative ventures.

Networking Meetings	Location	Date
<b>First Nations</b>	Water Tower Inn - Sault Ste. Marie	May 26-27-28, 2015
<b>Francophone</b>	Hearst - Centre d'accueil touristique Gilles Gagnon	May 7, 2015
<b>Kirkland Lake</b>	Kirkland Lake Public Library	May 5, 2015
<b>Manitoulin Island</b>	Central Manitoulin Public Library - Mindemoya Branch	May 28, 2015
<b>Near North</b>	Powassan Public Library	April 15, 2015
<b>North Shore</b>	Water Tower Inn - Sault Ste. Marie	May 26, 2015
<b>Parry Sound</b>	Parry Sound Public Library	April 13, 2015
<b>Thunder Bay</b>	Victoria Inn - Thunder Bay	May 12-13, 2015

**For more information on these meetings, please contact**

**Anne Langevin**

**Toll Free Telephone : 1-800-461-6348, ext. 214**

**Telephone: 705-675-6467, 214**

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OLBA strives to provide current information of events, networking and learning opportunities for Public Library Boards throughout Ontario. These are just a few being offered by Ontario Library Services, North and South and are redistributed through OLBA's Membership listerv.

Please check the OLBA website: [OLBA Website](#) for more information on exciting board development opportunities being offered by Leadership by Design, through the Learn HQ.



Lynn Humfress-Trute  
President, Ontario Library Boards' Association  
[trute@execulink.com](mailto:trute@execulink.com)  
(519) 232-9190

## In Praise of Libraries

| *A salute to society's most successful civic institution.*

The public library is the only civic institution in my community that is uncompromisingly successful. Not everyone in my small town is crazy about the police force, and not everyone is all that pleased with the public schools. No one ever seems terribly happy with the planning board, the architectural review board, the board of trustees. Some people think the volunteer firemen get too much money for new equipment, though no one ever dares say it out loud.

The public library is different. The public library is the community's kindly grandmother: helpful, patient, understanding. Nobody in my town ever stands up and says he dislikes the public library. Nobody in your town does, either. Grumpy old librarians who keep shushing you, sure. But not the library itself.

The public library is an indispensable institution that somehow manages to get taken completely for granted. Like the clouds above us, like the birds that fill those skies, it is a glorious creation that is hiding in plain sight. Society pays little attention to it, even though society cannot survive without it. Not any real society. Small towns can do without movie houses and fancy restaurants and stores that sell 50 kinds of balsamic vinegar. They can even do without bookstores. But small towns cannot do without a public library. Cannot, cannot, cannot. You can look it up.

The public library serves many functions in a community. It is an adjunct to the public schools, a place where kids can do their homework. It is a day care center of sorts, where small children gather for story hour. It is a safe haven where senior citizens can pass the time in the company of others, where the unemployed can look for work. It is a place where the lonely can be less lonely, the bored less bored, the dejected less dejected, and the ignorant more enlightened. It is the one place in a small town where teenagers cannot possibly get into serious trouble. Well, not without really setting their minds to it.

The public library has features that make it different from any other institution. It is public, in the true democratic sense of the word, and it is free. The value of being free cannot be overestimated. You cannot hang out in the local coffee shop for free. You cannot hang out in the diner for free. You cannot hang out at the senior citizens center for free if you are not a senior. Yes, you can pass the time in the park or along the banks of the river, but not in December, especially not in Chicago. But you can hang out in a library no matter who you are, no matter what your income, no matter how you are dressed, no matter what your interest. The library's philosophy is simple: Come one, come all.

The wide array of things that libraries offer means that they reach all levels of society. They make society better than it would be if left to its own devices. Libraries are a subtle, almost cunning, bulwark against the racial and socioeconomic segregation that society naturally gravitates toward, even when it does not do so out of malice. People congregate in libraries in a way that they do not congregate elsewhere. Because they are not bound by narrow class or economic or cultural strictures, libraries can cater to everyone. Poor people do not shop at the local gourmet store. Teenagers do not frequent stores that sell expensive perfumes or whimsical gifts or Inuit pottery or Veuve Clicquot. The library is the only place where people of all colors, creeds, ages, and political beliefs freely, easily, and inadvertently intermingle. The public library is the only fully democratic institution I know of.

| *Are you a well-read Rotarian? [Dive into our essential book list.](#)*

Libraries are both aspirational and inspirational. I love going into a library and watching little kids do their homework. I love to watch retirees devouring newspapers and magazines, refusing to recede from life just because they are no longer working. I love to watch people who do not look like book lovers reading books anyway. Anyone can read in the privacy of their own homes, but there is something joyous about watching people reading or studying or researching or exploring in public. Time spent in a library is time not spent in front of a television. That in itself makes the public library the most valuable institution a society could possibly imagine. Being in front of a television will only inspire you to watch more television. Being in front of a stack of books could inspire you to take a gander at *Jane Eyre* or *Persuasion* or *Beloved* or, at the very least, *Ethan Frome*. You just never know what might happen in the public library.

Public libraries are not judgmental in the way that other institutions are. They offer good books, but they also offer bad books. Lots and lots and lots of bad books. If you want wheat, they will lend you wheat. If you want chaff, they've got plenty in stock. Inside the library, it's a free-for-all, culturally speaking. Some people are reading David Baldacci; some people are reading *David Copperfield*. But the most valuable thing that libraries offer us is a path through the looking glass, a sense of wonder. American life is all about planning and regimentation and scheduling and efficiency. The public library is where serendipity reigns. It is the place where you throw out all the rules and wing it. I personally never go into the library and come out with what I went in for. I go in looking for a luminous, elegiac novel by a terse, glacial Englishwoman and come out with a rousing mystery set in Reykjavík. I go in for *Freedomland* or *Atonement* or *Bel Canto* and come out with *Get Shorty* or *Dracula*. When I go into the supermarket, I already know what I am bringing home. When I wander into the library, I might bring home anything.

Maureen Petry is the director of the Warner public library in Tarrytown, N.Y., the village I have called home for 32 years. I asked her about the challenges libraries face. "Some people think libraries are obsolete, because you can Google everything," she says. "Some people don't see why we need all these books. Well, last year, 192,000 items circulated in this building. Not all of them were books, but most of them were. So somebody still thinks library books are important."

She adds: "We are a community center, yes, so we offer help with doing your taxes and applying for jobs and improving your English. But we can't just be that. We can't just be a service organization. We can't lose sight of our identity as a cultural center."

Petry says you cannot underestimate the role of the library as a community adhesive. She believes that people become more appreciative of libraries as they mature. This is, indeed, a sign of maturity.

"The library is especially valuable to people as they grow older," she says. "You cannot overstate this. Maybe you're sitting at home, all alone. Maybe you don't get that many visitors anymore. So you come here. When you go to the library, you see children, families, people of all age groups. It makes you feel that you are part of a community." She pauses.

"In the library, you get to feel that you are part of something bigger than yourself. It's life."

And a big part of life is adventure. Yes, public libraries are a place to learn, but they are also a place to play. They are a place to experiment, a place to go hither when one is expected to go yon. Not all work conducted in the library is rewarded, not all efforts bear fruit, not every pathway leads where you might expect it to go. So what? The journey is what matters, not the destination. With all those strange books on all those strange subjects arrayed along the shelves, the library reminds me of the old trunk back in kindergarten that little kids can root around in, trying on different costumes: cowboy, pirate, ballerina, certified public accountant.

At school and at home, authority figures – parents, teachers, older siblings, Uncle Ralph – can tell young people, "You're not old enough to read that yet; that book is not age-appropriate." In the library, young people can choose what they read. They can gain access to otherwise forbidden knowledge. The library is thus both the ultimate backstage pass and the rabbit hole we can follow Alice down. The library is not just the House of Knowledge. It is the





# FREE March Break Fun!



Check out some of these fantastic children's performers visiting the library over March Break:

## Mystic Drumz (All Ages)

This World Music Safari Adventure blends multicultural music themes and audience participation! It features incredible sound effects and unique instruments from around the globe. Bring the whole family to laugh and learn together as we track down the "Legend of Marshmallow Island." Please register.

**Wednesday, March 18:** Arthur Branch at 10:30 am, 519.848.3999  
Aboyne Branch at 1:00 pm, 519.846.0918



## Party Safari Show (All Ages)

Join us on a critter safari this March Break! Learn about different animals and reptiles (and touch some of them too!) in this presentation for all ages. Space is limited, please register.

**Wednesday, March 18:** Clifford Branch at 3:00 pm, 519.327.8328

**Friday, March 20:** Rockwood Branch at 2:00 pm, 519.856.4851

## Calling all Medieval Ladies and Knights! (Ages 6 and up)

Learn how to create magnificent medieval costume accessories with award winning illustrator Robin Baird Lewis. Robin illustrated the Canadian children's classic "Red is Best." Space is limited, please register.

**Wednesday, March 18:** Marden Branch at 10:30 am, 519.763.7445

Elora Branch at 2:00 pm, 519.846.0190

## Campfire Crew Show (All Ages)



The Campfire Crew sing their hearts out bringing old favourites to life while creating original kids' music that inspires silliness and singing. Multiple award-winning children's recording artist, Andrew Queen and his song writing partner Karen Stille, craft an interactive musical storytelling performance sure to invoke the magic and memories of summer camp!

**Monday, March 16:** Erin Branch at 10:30 am, 519.833.9762

## Wellington County Library

552 Wellington Rd 18, RR 1, Fergus ON N1M2W3

T 519.846.0918 W [www.wellington.ca/Library](http://www.wellington.ca/Library)



ALTERNATE FORMATS AVAILABLE UPON REQUEST.

## Erick Traplin Concert (All Ages)

Erick captivates young audiences and encourages participation at his fun-filled, high energy concerts! Please register.

**Monday, March 16:** Harriston Branch at 2:00 pm, 519.338.2396

## Fire Safety with the Erin Fire Department (All Ages)

Prepare for the unexpected at this interactive workshop with our local firefighters! Try on fire-fighting equipment and see a fire truck up close. Families welcome. Please register.

**Wednesday, March 18:** Hillsburgh Branch at 2:00 pm, 519.855.4010

## Puppets and Songs (All Ages)

Join us for an afternoon of songs, stories and silly jokes performed by the puppets of Pandora's Sox. Please register.

**Monday, March 16:** Mount Forest Branch at 2:00 pm, 519.323.4541

## Face Painting (All Ages)

Award winning Makin' Faces face painting will be at the library! Drop by and get your face painted for free.

**Wednesday March 18:** Palmerston Branch from 2:00 pm - 3:00 pm, 519.343.2142

## The Art of Illusion Magic Show (All ages)

Magician Brad Toulouse will be entertaining audiences at the library this March Break! Join us for an afternoon of magic tricks and laughter! Please register.

**Wednesday March 18:** Puslinch Branch at 2:00 pm, 519.763.8026



# March Break 2015: What's Your Passion?

Unless otherwise noted, our programmes are free of charge



## Fancy Nancy Pyjama Party

It's a Fancy Nancy Pyjama Party! Come dressed in your pyjamas and share sparkly stories, games and crafts. Please register.

**Monday, March 16:** Aboyne Branch, 10:30 am (3 - 5 years)

**Tuesday, March 17:** Drayton Branch, 2:00 pm (Grades K - 6)  
Mount Forest Branch, 10:30 am (Grades K - 6)  
Puslinch Branch, 11:00 am (Grades K - 6)



## Everyday Robots

Learn how to create your own simple machines out of household items. Please register.

**Tuesday, March 17:** Aboyne Branch, 1:30 pm (Grades K - 6)

## Art Attack!

Let your inner Picasso shine and create a wonderful piece of art. Please register.

**Monday, March 16:** Drayton Branch, 11:00 am (Grades JK - 2)

Drayton Branch, 2:00 pm (Grades 3 and up)

**Tuesday, March 17:** Erin Branch, 10:30 am (Grades 3 - 6)  
Hillsburgh Branch, 10:30 am (Grades K - 6)

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March 2015



**Thursday, March 19:** Aboyne Branch, 10:30 am (1 - 3 years)  
Harriston Branch, 10:30 am (Grades K - 3)  
Harriston Branch, 2:30 pm (Grades 4 - 6)

**Friday, March 20:** Arthur Branch, 10:30 am (3 - 5 years)

## Games Unplugged!

Beat boredom this March Break and visit the library to play some games! Please register.



**Tuesday, March 17:** Arthur Branch, 2:00 pm (Grades 1 - 3)

**Wednesday, March 18:** Drayton Branch, 6:30 pm (Grades K - 6)  
Harriston Branch, 2:30 pm (Grades K - 6)

**Thursday, March 19:** Arthur Branch, 3:00 pm (Grades 4 - 7)  
Mount Forest Branch, 2:00 pm (Grades K - 6)

**Friday, March 20:** Elora Branch, 2:00 pm (Teens)

\* Drop in event

**Saturday, March 21:** Drayton Branch, 10:30 am (Grades K - 6)

## Zen and the Art of Doodling

Become a Zentangle artist at your library! Please register.

**Monday, March 16:** Hillsburgh Branch, 2:30 pm (9 - 12 years)

**Tuesday, March 17:** Clifford Branch, 2:00 pm (All ages)  
Mount Forest Branch, 2:00 pm (Teen)

**Wednesday, March 18:** Arthur Branch, 3:00 pm (Grades 4 - 7)

**Thursday, March 19:** Puslinch Branch, 1:30 pm (Grades K - 6)

**Friday, March 20:** Erin Branch, 2:30 pm (Grades 4 and up)  
Mount Forest Branch, 10:30 am (Grades 4 and up)



-continued on page three

"Read. Read anything. Read the things they say are good for you, and the things they claim are junk. You'll find what you need to find. Just read."

Neil Gaiman





## I Kill the Mockingbird by Paul Acampora

### Juvenile Fiction

**Reviewer:** Kayleigh Armstrong, Harriston Branch

This is a book about a reader's love for books. As a reader and book lover, it immediately pulls at the heartstrings of anyone who has ever wanted someone to love a book as much as they did and the lengths you go to convince them to feel the same way.

This fast-paced novel follows three best friends, eager and excited to read Harper Lee's famous novel "To Kill A Mockingbird." These book lovers are bent on convincing their fellow classmates to read and learn from the book. The friends try many tactics to encourage their fellow classmates to want to read the masterpiece, including using social media and hiding copies at the local bookstore. What begins as a small mischievous plan soon becomes a widespread revolution

centered on the controversial book. The novel not only highlights this whirlwind literary uprising, but also focuses on the real and relatable kids who are at the centre of it all, adding a layer of truth and reality to the story.

This book not only makes you appreciate "To Kill A Mockingbird" (or want to read it for the first time, perhaps) but it reminds us how inspirational a story can really be.

Harper Lee's "To Kill a Mockingbird" is also available for borrowing, in a variety of formats – check your local branch for availability.



## Graphic Novels

Please check with your local branch for availability.

Interested in reading graphic novels but don't know where to start?

**LOOK NO FURTHER!**

Wellington County Library has graphic novels ranging from junior to adult reading levels such as:

**Guardians Disassembled**  
– Brian Michael Bendis (Adult)

**Return of Zita the Spacegirl**  
– Ben Hatke (Juvenile)

**Second** – Brian Lee O'Malley (Adult)

**This One Summer**  
– Mariko Tamaki (Adult)

**Ant Colony** – Michael DeForge (Adult)

**Avengers Assemble Vol. 1**  
– Joe Caramanga (Juvenile)

**Wuthering Heights: The graphic novel**  
– Sean Michael Wilson (Young Adult)

**Persepolis** – Marjane Satrapi (Adult)

**DC Comics: Zero Year**  
– Scott Snyder (Adult)

**The Graveyard Book Vol. 1**  
– P. Craig Russell and Neil Gaiman (Juvenile)

This fun, interactive learning database is designed with children in mind. Aimed at Grades K-3, **PebbleGo** features articles, photos, videos, games, and printable worksheets that can help your child learn more about the world around them. The content is great for use in homework assignments and school projects. **PebbleGo** features two collections: Animals, and Science. In Animals, learn about different species of mammals, reptiles, and invertebrates and investigate where and how they live. In Science, explore the ecosystems, climates, and natural features of our planet, or venture out into space and travel among the stars, planets, meteors, and asteroids.

## March Programmes *continued*



### GO Boxes Go!

Grab your GO BOX and let's get "Going"! Use your imagination to create your travel machine. Please register.

**Friday, March 20:** Clifford Branch, 10:00 am (All ages)

### Fairy Tale Dress Up Party

Calling all princes, princesses and knights! Visit the library dressed as your favourite character and have a magical time reading stories and playing games. Please register.

**Tuesday, March 17:** Drayton Branch, 10:30 am (3 – 5 years)

**Friday, March 20:** Drayton Branch, 10:30 am (3 – 5 years)

Mount Forest Branch, 2:00 pm (Grades K – 6)



### Build it!

Celebrate your love of all things LEGO! Bring your creativity and create a LEGO masterpiece. Please register.

**Monday, March 16:** Mount Forest Branch, 10:30 am (Grades K – 6)

**Tuesday, March 17:** Hillsburgh Branch, 2:30 pm (Grades K – 6) Rockwood Branch, 2:00 pm (All ages)

**Wednesday, March 18:** Drayton Branch, 2:00 pm (Grades K – 6)

**Thursday, March 19:** Erin Branch, 10:00 am – 8:00 pm (All ages) \* **Drop in event**

Palmerston Branch, 12:30 pm (Grades K – 6)

**Friday, March 20:** Harriston Branch, 2:30 pm (Grades K – 6)

\*Please bring your own LEGO  
Puslinch Branch, 11:00 am (Grades K – 6)

### Create Your Own Superhero!

Do you have what it takes to be the next great Superhero? Join us to create your own super identity and prove your might with games and challenges! Please register.

**Thursday, March 19:** Elora Branch, 2:00 pm (Grades K – 6)

**Wednesday, March 18:** Erin Branch,



10:30 am (Grades 2 and under)  
Rockwood Branch, 10:30 am (All ages)

\*Special appearance from Rockwood's Fire Prevention Officer!

**Thursday, March 19:** Marden Branch, 2:30 pm (All ages; 5 and under with an adult)

Puslinch Branch, 11:00 am (All ages)

\* Special appearance from the Puslinch Firefighters!

**Friday, March 20:** Drayton Branch, 3:00 pm (Grades K – 6)

### Plugged In

Do you love all things techy? Come and see what the library has to offer! Please register.

**Tuesday, March 17:** Harriston Branch, 2:30 pm (Grades 4 – 6)



### Make me a Geek!

Come out to the Library this March Break and get geek-ed out!

**Tuesday, March 17:** Palmerston Branch, 1:30 pm (Grades K – 6)



### March Break Movies!

Please register.

#### Big Hero 6, Rated G

Drayton Branch - Saturday, March 14 at 2:00 pm (All ages)  
Harriston Branch - Tuesday,

March 17 at 6:00 pm (All ages)

Hillsburgh Branch - Thursday, March 19 at 1:30 pm (All ages)

#### Guardians of the Galaxy, Rated PG13

Marden Branch - Tuesday, March 17 at 2:30 pm (Ages 13 and under to be accompanied by an adult)

#### Alexander and the Terrible, Horrible, No Good, very Bad Day, Rated G.

Mount Forest Branch - Wednesday, March 18 at 2:00 pm (Ages 8 and under to be accompanied by an adult)  
Arthur Branch - Friday, March 20 at 2:00 pm (All ages)

#### Back to the Future, Rated PG

Rockwood Branch - Thursday, March 19 at 2:00 pm (All ages)

For a complete listing of programmes, check out our online calendar at [www.wellington.ca/Library](http://www.wellington.ca/Library).