

Strategic Plan 2020–2022

Mission: Building a safe and caring community, through quality programs and services

Vision: A caring and supportive community assisting its people

Values: SUPPORT

S - Significant and Strategic contribution to our community

U - Understanding our diverse population and their needs

P - Progressive and Proud – Building a community of design while respecting our past









P - Positive – Providing comfort, support and encouragement

O - Opportunity – Offering opportunities to educate and empower



R - Respect for all

T - Teamwork – As leaders we adapt, manage change and strive to improve quality

Dimensions:


| | | |
|---|---------------------------------|---|
|  | Population Focus | Work with my community to anticipate and meet our needs |
|  | Accessibility | Give me timely and equitable services |
|  | Safety | Keep me safe |
|  | Worklife | Take care of those who take care of me |
|  | Client-Centered Services | Partner with me and my family in our care |
|  | Continuity | Coordinate my care across the continuum |
|  | Appropriateness | Do the right thing to achieve the best results |
|  | Efficiency | Make the best use of resources |

| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|------------|------------------|---------|----------------|-----------|---------|
|----------------------|------------|------------------|---------|----------------|-----------|---------|



| Strategic Area #1 Maximizing the Full Potential of our Workforce | | | | | | |
|--|---|--|---|--|----------------------------------|--|
| <p>Goal 1: All programs will have appropriate staffing to meet their program needs (Right people, right equipment, right skills)</p>   | <p>Obj 1: We will support staff in their roles by supplying equipment and resources necessary to complete their work requirements and solicit their input on improvements</p> | <p>Staff indicate they have materials, supplies and equipment need to do their work. <u># 7 Worklife Pulse Tool</u> June 2020, 21,22</p> <p>Staff indicate they are able to make improvements to how their work is done. <u>#5 Worklife Pulse Tool</u> June 2020, 21, 22</p> | <p>90% of respondents report they agree or strongly agree they have the materials, supplies and equipment to do their work.</p> <p>90% of respondents report they agree or strongly agree they are able to make improvements to how they do their work.</p> | <p>Lead: E.D. Home Care Coordinator, Home Support Coordinator</p> | <p>Ongoing</p> | <p>Monitor Workforce changes (AHS, Industry standards, environmental changes)</p> <p>Technology Assessment and Planning</p> <p>Pursue staff input (staff meetings, concern forms)</p> |
| | <p>Obj 2: Team members have access to competencies training in a variety of settings (online, in-person, textbook, mentoring)</p> | <p>Field Staff Compliance with AHS Continuing Care Standards Credentials, Qualifications and competencies are verified, documented and up-to-date (Staff Training Tracking data and Personnel Files 2020, 21, 22)</p> <p>Staff indicate they receive</p> | <p>90% Compliance with AHS CC. Standards Audit review</p> <p>90 % of staff agree or</p> | <p>Lead: Home Services Coordinator H.S. Coordinator On-call RN QI Committee E.D.</p> | <p>December 2020 and ongoing</p> | <p>Pursue variations in development and implementation of education access and availability of training (staff portal, on-line, mentoring, etc.)</p> <p>External/Internal Trainers in place</p> <p>Use of technology to meet</p> |

| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|------------|------------------|---------|----------------|-----------|---------|
|----------------------|------------|------------------|---------|----------------|-----------|---------|

| | | | | | | |
|--|--|---|---|--|--|---|
| | | <p>the training they need to do their job well</p> <p><u>#9 Worklife Pulse Tool</u></p> <p>(2020, 2021, 2022)</p> | <p>strongly agree</p> <p>the receive</p> <p>the training</p> <p>they need to</p> <p>do their job</p> <p>well.</p> | | | <p>educational standards</p> <p>Personnel Files Updates</p> |
|--|--|---|---|--|--|---|


| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|---|--|--|---|-----------|---|
| | <p>Obj 3: We will support the individual learning pursuits of both field and administrative staff</p>  | <p>Staff indicate they receive the training they need to do their job <u>#9 Worklife Pulse Tool, June 2020, 21, 22</u></p> <p>Professional Development Plans devised for administrative staff</p> <p>Field staff applicable to pursue additional training (such as HCA certification) will be assessed for supports from FCSS such as tutoring, practicum hours registration fees and recommendations brought forth.</p> <p>Staff indicate they have good opportunities to develop their career. <u>#10 Worklife Pulse Tool (2020,21,22)</u></p> | <p>90% of Staff strongly Agree or Agree they have adequate training</p> <p>100% of Administrative staff have PD plan and are pursuing training</p> <p>If qualified / applicable, 2 field staff per year will be supported in their HCA Certification. (this has potential to include tuition fees, mentoring, tutoring, proctoring etc.)</p> | <p>Lead: E.D. Home Services Coordinator</p> <p>HR Committee Finance Committee</p> | | <p>Performance reviews will include PD Planning for all staff and goals documented</p> <p>Budget implications for PD supports submitted to Board for field and administration</p> |
| | <p>Obj 4: We will ensure an appropriate and optimal mix of skill level and experience of staff, to ensure</p> | <p>Staff indicate their team provides top-quality patient care always <u># 26 Worklife Pulse Tool, June 2020, 21, 22</u></p> | <p>90% of staff indicate their team provides top-quality patient care</p> | <p>Lead: Home Services Coordinator</p> | | <p>Succession Planning Review of current staff compliment and projections of future needs Analysis of Staff Turnover Exit Interviews</p> |

| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|------------|------------------|---------|----------------|-----------|---------|
|----------------------|------------|------------------|---------|----------------|-----------|---------|

| | | | | | | |
|--|--|--|---|--|------|--|
| | <p>safe, effective and client centred service delivery</p>  | | | | | |
| | <p>Obj 5: We will pursue technological advancements to maximize staff efficiencies</p>  | Implementation of automated timesheet system | Software/Process put into operation | Lead: Financial Controller Payroll Accountant ED | 2021 | <p>Research available options</p> <p>Recommendations brought to Board of Directors</p> <p>Budget Implications/Considerations</p> |
| | | We will train staff and implement "Connect Care" Program and Protocols | Training and Implementation as per AHS Direction and Timeline | Lead: E.D. Accreditation Coordinator | 2022 | <p>Source Equipment if necessary</p> <p>Budget Implications</p> <p>Training</p> |



| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|------------|------------------|---------|----------------|-----------|---------|
|----------------------|------------|------------------|---------|----------------|-----------|---------|

Strategic Area #2 Healthy and Engaged Team that Feels Valued

| | | | | | | |
|---|--|--|---|---|-------------|---|
| Goal 1:  | Obj 1: Staff are recognized for their contributions | Team members indicate the recognition initiatives in place are of value to them and offer insight into other areas that would enhance their workplace experience February 2020 | 85% of staff indicate that specific programs (COLA, Health Benefits Performance Bonus, Learning and Wellness) are somewhat to very important to them | Lead: ED | 2020 | Development and implementation of Workplace Financial Wellness Report |
| | Obj 2: Strategies are developed and/or enhanced to support team members manage their personal well-being | Team members are polled to gain insight into organizational activities and culture that offer them support in their pursuit of personal well-being. | # of activities or initiatives recommended, researched and implemented | Lead: ED | 2020, 21 22 | Wellness Survey (including financial Wellness) 2020 Learning & Wellness Fund Staff Wellness Committee |
| | | Staff indicate they usually, or always look forward to going to work #28 Worklife Pulse Tool 2020 – 22 Staff indicate they are overall satisfied to very satisfied with their job. #29 Worklife Pulse Tool 2020-23 Field Staff Turnover Rate of 8% or less | 85 % of staff indicate they usually or always look forward to going to work 85% of staff indicate they are satisfied to very satisfies with their job 8% of field staff leave FCSS for other positions of equal description | Lead: E.D. Home Services Coordinator | Ongoing | Staff Scheduling Wage Scales reviews Wellness Survey Wage Scale Comparisons Financial Wellness Survey |
| | Obj 3: Review of employee benefits package | Recommendations brought forth to board of directors for adoption | | Lead: Financial Controller Payroll Acct. ED | 2021 | Benefits reviews including Health, RRSP etc. |

| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|------------|------------------|---------|----------------|-----------|---------|
|----------------------|------------|------------------|---------|----------------|-----------|---------|



Strategic Area #3 Demonstrated Commitment to Excellence in Client Centered Care (based on evidence)


| | | | | | | |
|--|---|---|---|---|---|---|
| <p>Goal 1: Client and family representatives are regularly engaged to provide input and feedback</p>   | <p>Obj 1: Client Advisory Council established and in operation</p> | <p>The development and implementation of a client/family advisory council and project specific committees as needed. (focus groups)</p> | <p>Advisory Council in operation 2021</p> | <p>Lead: Board and Administration E.D. Accreditation Coordinator Admin Support QI Committee</p> | | <p>Terms of Reference Developed</p> <p>Recruitment of members</p> <p>Regular meetings established</p> <p>Third party involvement if necessary</p> |
| | <p>Obj2: We will have an open, transparent and respectful relationship with each client and/or their family</p> | <p>Clients indicate they or their family representative can contact FCSS staff when needed. # 5 Client Satisfaction Survey</p> <p>Clients indicate that when they have concerns/compliments they feel they have been heard and changes (if necessary) made #16 Client Satisfaction Survey</p> | <p>90% of clients indicate they or their family can contact FCSS staff when needed.</p> <p>85% of clients indicate they have been heard and changes made.</p> | <p>Lead: Home Care Coordinator Home Support Coordinator Reception</p> | <p>Ongoing 2020 -22</p> | <p>Focus Groups</p> <p>Easily accessed compliments/concern forms</p> <p>Adherence to timely response policies</p> <p>Service Exit Interviews</p> |
|  | <p>Obj 3: Seek and implement efficiencies in Budget Projections as</p> | <p>Initiate 3-year funding model</p> <p>Health Care Surplus Review</p> | | <p>2020</p> <p>Ongoing</p> | <p>Lead: Financial Controller Payroll accountant ED</p> | <p>3-year funding model Projections and completion</p> <p>Research payment options (debit, credit)</p> |


| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|---|---|---------------------------------------|---|---------------|--|
| | well as client billing and payment options | Implementation of Debit payment system | | 2020 | | Recommendations to board |
| | Obj. 4: We will review and where applicable improve and update our policies and procedure to ensure adherence to AHS C.C. Standards | <i>Continuing Care Standards Audit (timeline to be determined by AHS)</i> | Attainment of CC Standards Audit Pass | Lead: Home Services Coordinator E.D. Home Support | 2020 December | Interpretation of standards Development of processes and evidence to support |
| | Obj.5 We will review and where applicable improve our policies and procedure to ensure adherence to Accreditation Canada Audit | Receive Qmentum Status | Qmentum Status Achieved | Lead: Accreditation Coordinator and E.D. FCSS Admin Staff Field Staff, clients QI Members Accreditation Coordinator/Consultants | Oct 2021 | All standards met Evidence Binder established Policy review Ongoing monitoring/indicators Preparation for Accreditation audit Oct 2021 |

| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|------------|------------------|---------|----------------|-----------|---------|
|----------------------|------------|------------------|---------|----------------|-----------|---------|


Strategic Area # 4 Uncompromising Quality and Safe Program designed by our clients, families, team members and partners

| | | | | | | |
|---|--|---|---|---|--|--|
| <p>Goal 1: Client and Community programs and services that meet the needs of the community</p>  | <p>Obj. 1: We lead community consultation regarding current improvements, deletions, and development of new programs</p> | <p># of Community Needs Assessments Completed</p> <p># of adaptations/adjustments to programs</p> <p># of unique/new programs created</p> <p>Reporting of outcomes measures for FCSS programs (annual report)</p> | <p>Family programming needs assessment</p> <p>Transportation Assessment</p> <p>Additional Needs Assessments as Required</p> <p>85% positive response to measured outcome) in accordance with FCSS outcomes)</p> | <p>Lead: Executive Director Program Coordinator</p> | <p>Completion 2020</p> <p>Completion 2021-22</p> | <p>Online Survey</p> <p>Data Analysis</p> <p>Recommendations</p> <p>Funding Allocations</p> <p>Interagency Meeting</p> |
| | | <p>Stakeholders (other agencies and community partners) indicate that FCSS increases awareness of local need</p> <p>Stakeholders indicate FCSS facilitates effective and efficient use of resources (avoids duplication and addresses gaps in services)</p> | <p>90% of stakeholders surveyed indicate that FCSS increases awareness of local need</p> <p>90% of stakeholders surveyed indicate FCSS is effective and efficient with use of resources</p> | <p>Lead E.D. Program Coordinator</p> | <p>Completion 2021</p> | <p>Online Survey</p> <p>Interagency Meetings</p> <p>Transparent Communication of Programs/Services and Funding Allocations</p> |
|  | <p>Obj 2: We will utilize technology to simplify and</p> | <p>Updated and revamped website that provides detailed program and service information, while encouraging user</p> | <p>New website</p> <p>Increase Facebook followers to 1000</p> | <p>E.D. Program Coordinator Home Services</p> | <p>Completed 2021</p> | <p>Staff and community member review of current website</p> <p>Research and evaluation of similar</p> |

| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|--|--|--|--|-----------------|---|
| | streamline our access, reliability and predictability of our services and mitigate issues brought forth | engagement Increased Social Media Followers Compliance with AHS contract expectations <ul style="list-style-type: none"> - Accept/decline service auth with in 2 hrs or receiving - Service delivered within time frame specified by CM We will ensure less than 2% of missed visits are vendor driven | by 2023 <i>(Current 2019 886, therefore averaging 38 additional followers per year)</i> Seek opportunities for virtual visits and monitoring. 95 % (both) 2% or less of total visits are missed due to staff error | Coord Home Support Coord. Q I Committee | | agencies websites Research Available Software (Zoom, Teams etc.) |
| | Obj 3: We will enhance Home Care Client Safety and quality through active monitoring and development of plans for improvement. | Staff will indicate that senior managers are committed to providing high-quality care (#18 Worklife Pulse Tool 2020, 21, 22) | 85% of staff indicate managers are committed to high quality care | Lead: Home Services Coordinator E.D. | Ongoing 2020-22 | |
| |  | Staff will comply hand hygiene protocol and audits (Monthly) | 90% compliance per staff completing hand hygiene monthly audits | Lead Hand Hygiene Auditor Home Care Coordinator | Ongoing 2020-22 | Hand Hygiene Audits Rimoka and Community Training Awareness |
| | | Clients indicate they and | 90% of clients | Lead: Home Care | Ongoing | Staff Training |

| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|--|---|--|--|---|-------------------------|---|
| | | their visitors are informed of infections and how to control them (#5 Personal Care Client Satisfaction Aug) | indicate they and their visitors are informed about infections and how to control them | Coordinator Home Support Coordinator | 2020-22 | Promotion/Signage PPE Equipment and Training |
| | | Clients indicate FCSS educates and supports them in fall prevention (#12 Client Satisfaction Survey Aug 2020-23) | 95% of clients indicate fall prevention is provided | Lead: Home Services Coordinator | Ongoing Measures | Fall Prevention Audits in Community Client Home Promotion/Awareness |
| | | Staff related medication errors are kept at 6% or less in relation to # of clients (reported 1/4 rly) | Maintain 6% of staff medication errors per total MAP clients in each ¼ | Lead: Home Services Coordinator E.D. QI committee | Ongoing | Monitoring and Recording Data for submission to QI |
|  | Obj 4 We will improve FCSS program and services safety through proactive identification of risks and mitigation of same | Hazard assessments of existing and new FCSS programs | Evidence of assessments reporting and recommendations (QI Minutes) | Lead: ED Program Coordinator Home Services Coordinator QI Committee | Ongoing 2020, 21, 22 | |

| Strategic Area/Goals | Objectives | Outcome Measures | Targets | Responsibility | Timeframe | Actions |
|----------------------|------------|------------------|---------|----------------|-----------|---------|
|----------------------|------------|------------------|---------|----------------|-----------|---------|

| | | | | | | |
|--|---|---|---|----------------------------------|---------------------------------|---|
|  | <p>Obj 5 We will augment our workforce with vibrant volunteers that offer community and personal based services</p> | <p>Develop a Recruitment and Retention Strategy for Volunteer Base</p> <p>Stakeholders indicate FCSS sufficiently promotes and recognizes volunteerism in the community</p> | <p>85% of stakeholders indicate FCSS promotes and recognizes volunteerism</p> | <p>Lead: Program Coordinator</p> | <p>Ongoing 2020, 21, 22</p> | <p>Training and Development Research of current volunteerism trends and information</p> <p>Volunteer Training Opportunities to Volunteer Week Celebration Recognition</p> |
| | | <p>Hazard Assessments completed by Volunteers</p> | <p>Evidence of Assessments, reporting and recommendations (QI Minutes)</p> | | | |