

The Pleasant Valley Long-Term Care Home Business Plan: A Case Study

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## The Pleasant Valley Long-Term Care Home Business Plan: A Case Study

### **1. Introduction/Environmental Scan**

The Pleasant Valley Home is a long-term care facility for accommodating and providing long-term care to the aged. The home has existed for more than sixty years, but its current situation is pathetic, and the quality of services offered to the clients has raised complaints from clients, families and residents. The government was forced to take over the facility to address the situation because the senior management team failed to transform the organization and make it a conducive long-term home care facility for the aged. My personal meeting with the senior management group and former Board members revealed that the Board Chair, the Administrator and the Director of Finance had been in their positions for about 20 years each but failed to transform the facility. In fact, their competence, innovation and creativity levels diminished, causing the Valley Home to end in an "unpleasant" situation.

The Ministry of Health instated me into Valley Home as a consultant about six weeks ago to assess the issue at the facility and recommend ways of addressing them. The Board later appointed me to be the acting Chief Executive Officer (CEO)/Administrator for the next six months to prepare an effective business plan and present it to the interim Board to address the facility's present and future issues. The environmental scan of the facility revealed that the facility remained unchanged despite the changing times and needs of society and staff. Many residents and families frequently complained about the Pleasant Valley Home's poor condition. Some even made negative reviews publicly on media platforms as others took their complaints to the local and provincial politicians.

Due to the extremely severe condition of the Pleasant Valley Home, the local residents have decided to travel and seek services from long-term care facilities in bordering communities.

The high staff turnover at Pleasant Valley Home has remained among the highest in the province, thereby indicating the severity of the condition at the facility. More surprisingly, the senior management hasn't met for close to a year, and this clearly indicates poor management. The 20 pending legal compliance cases and poor physical condition from the gate down to the facility's premises are sufficient pieces of evidence justifying why an urgent strategic business plan is needed for the Pleasant Valley long-term care home (**APPENDIX I**).

This paper provides a descriptive and analytical business plan that highlights the current and foreseeable issues, challenges and opportunities at the Pleasant Valley long-term care facility. The plan further recommends effective strategies and solutions for addressing the identified issues and challenges at the facility presently and for the next three-to-five years. This business plan will be expected to improve Pleasant Valley's condition and service qualities upon successful implementation. Specifically, the plan will help the facility achieve its goals of safe, high-quality, timely, client-oriented and accountable long-term care services for its clients. Besides, the business plan will enhance the competence and effective performance of the senior leadership, management and staff to make the facility the clients' preferred long-term care facility.

## **2. Mission, Vision and Value Statements**

### **2.1 Need for New Mission, Vision and Value Statements and Purpose**

The current mission was adopted when the organization was first opened up and has never been revised or changed. It's therefore outdated, and a need exists to develop a new mission that clearly states the Pleasant Valley Home's purpose of existence and general intention for establishment. The present mission also does not support the organization's mission and core values in a manner easily understood by our clients and staff. Surprisingly, the facility lacks a

defined vision statement and core values that serve as guidelines for attaining the desired objectives. This implies that the current mission does not support the non-existing vision and values of the organization. Therefore, a need exists to develop a new vision statement and core values that clearly govern the daily behaviours and activities at the Pleasant Valley long-term care facility.

## **2.2 Development and Implementation Processes**

The new mission statement drafted below will be developed by analyzing the current purpose and role of the facility in the community. The cultural values and professional aspects will be put into consideration when drafting the mission since its important (Yokomizo, 2020). More importantly, the facility's new commitment and dedication to delivering safe, high-quality, timely, client-oriented and accountable long-term care services for its clients and families will serve as the basis for developing the new mission statement. The facility will update its future goals and objective to meet the current and foreseeable needs of the clients. These updated goals and objectives will be key in developing the vision statement. The mission and vision will be assessed, and effective strategies and elements for achieving them will be identified. Those strategies will be the organization's core values.

The staff will be involved in developing the new mission, vision and values. In particular, they will participate in a mission, vision and core values writing competition in which the staff with the best-rated mission, vision and values will be rewarded. The management will reach out to affected clients to listen to their complaints and identify the draft mission and vision statements that integrate the client's needs. If necessary, the senior leadership will modify the three statements to ensure they align with each other and collectively support the success of the facility. The final statements will be adopted and officially published in the facility's public

domain. The leaders and staff will be familiarized with the new mission and vision statements together with the core values to guide their daily behaviours and performance towards attaining the new goals.

### **2.3 Draft Mission Statement**

Our mission is to provide safe, high-quality, timely, client-oriented and accountable long-term care services for our clients and families in a home away from home. Our diverse team of experts is committed to delivering excellent and indiscriminate long-term care services to the aging population responsibly and professionally to satisfy the needs of all our clients and families.

### **2.4 Draft Vision Statement**

We aim to be the industry leader by playing an active role in delivering excellent, safe, satisfactory and culturally sensitive long-term care services to the aging population in the local community and Ontario region at large. We seek to apply a professional code of conduct to deliver ethical, high-quality, competent and responsible long-term home care services in a friendly, dignified and indiscriminate manner.

### **2.5 Draft Core Values**

We are determined to uphold inclusivity, transparency and honesty by welcoming and sharing complaints, compliments and opinions with all our clients and stakeholders to promote a harmonious performance towards attaining individual and organizational goals. Our core values for attaining our mission and vision include:

*Excellence* – We dedicate our industry experience, knowledge and expertise to delivering exceptional value for all our clients and families.

*Customer focus* – Excellent relationships are the basis of success. We seek to engage all our customers/clients to ensure they receive the best quality services in a home-like setting.

*Honesty and transparency* – Our Board and experts are committed to serving our clients and families with a high degree of honesty and transparency by prioritizing the right of the clients to be informed about every activity involving them.

*Integrity* – We ensure all our staff, residents, families and the community familiarize themselves with our activities, beliefs, values, mission and vision.

*Accountability* – We are responsible for all our activities and commit ourselves to delivering our promises to all our clients. Our experts are accountable for every good or bad service they offer to our clients, families, residents and colleagues.

*Share success* – We operate as a team, complement and supplement each other's expertise, encourage teamwork and share our individual success to achieve as an organization.

### **3. Leadership Development**

As the Acting CEO/Administrator, I intend to utilize the transformational leadership approach to lead the management team and staff to transform Pleasant Valley organization into an industry leader. According to Abenojar (2021), transformational leadership is a vital tool for leaders seeking to transform an underperforming organization. The transformation leadership approach will apply at all management levels within the facility. I will develop the leadership plan highlighting the present leaders who will help move the organization from its current condition to a targeted better future. After every two months, the leaders' performance assessment will be conducted to establish the performance level of each leader. Dawes and Topp (2021) state that the assessment report will help identify the high and moderate-performing

leaders to be included in the new leadership plan that will be developed after six months. The low-performing leaders will either be assigned new roles and encouraged to improve or demoted to lower positions and sometimes to ordinary staff.

As the new Acting CEO/Administrator, my greatest desired leadership quality is an excellent ability to embrace and implement change. The CEOs are the ultimate management leaders and are not expected to dodge or ignore problems whenever they occur (Abenojar, 2021). The current situation at Pleasant Valley highly demands change implementation. I strongly believe this vital leadership quality will guide me in transforming the facility. In addition, my strong interpersonal skills, optimism, confidence, critical thinking, communication, trustworthiness, inspiration and excellent decision-making qualities make me an all-rounded Acting CEO committed to transforming the Pleasant Valley long-term care facility. These qualities will also be included in the organization's requirement list for leaders seeking to work at Pleasant Valley.

The previous Board was incompetent and lost track of their roles and responsibilities in maintaining the facility's successful transformation to meet clients' emerging needs. A new Board will therefore be created to facilitate the organization's success. The new Board will involve the representatives from the local and adjacent communities to make them feel included and valued by the facility in the decision-making process. A new Board will help address the problem of incompetent Boards witnessed among the previous Board members. In six months, the required personal leadership qualities will remain unchanged. After about two years, significant change will already be achieved, but no strings will be loosened on personal leadership qualities. In fact, they will remain the organization's culture and will persist even after five years.

#### **4. Senior Management Team**

A new senior management team will be created to replace the previous incompetent Board Chair, Administrator and Director of Finance. The existing experienced and competent leaders at Pleasant Valley will be encouraged to contest for the senior management positions because they have prior experience with the organization's culture, which is an added advantage. The previous Finance Manager will be appointed as the new Director of Finance. As Dawes and Topp (2021) state, this decision will effectively save the cost of hiring and training an external Director of Finance. Besides, the Finance Manager already has prior experience with the organization, which is an added advantage. The new Director of Finance will be responsible for the facility's long-term financial health and growth.

The Board of Directors will elect the new Board Chair through voting. The first and second leading candidates will be the chair and vice-chair, respectively. I will serve as the Acting CEO/Administrator for the next six months. Based on my performance and level of positive impact on the organization, the Board will determine whether I will remain the official CEO/Admin of Pleasant Valley Home or not.

As the Acting CEO, I will manage the facility's overall operations by delegating the tasks to managers who will further delegate the tasks to the general staff. According to Abenojar (2021), the task delegation approach will promote the responsibility and accountability of the facility's leadership team and general staff. A hierarchical leadership approach will be used to establish an effective leadership team. The staff will report directly to managers/supervisors, who will report to the general manager. The general manager will report directly to the CEO, who will regularly meet the Board to provide feedback on the organization's change progress. A detailed organizational chart for the proposed leadership structure is provided in [appendix II](#).

The leadership team will be trained regularly on effective management and coached to help them develop personal leadership skills and qualities. The training will be given to all leaders per leadership level. I will continuously coach and mentor the leaders to familiarize them with effective ways of transforming the facility to an excellent level matching the organizational mission and vision statements. I will foster transparency, integrity, and a collaborative performance framework to ensure a harmonious performance. The Director of Finance will be required to provide monthly financial statements to promote integrity and transparency. A bi-annual financial audit and annual staff performance appraisal will be performed to establish potential issues in the organization.

## **5. Board Development and Operations**

The new Board comprising 12 members will operate for six months then the majority will leave. This implies that a new Board must be created after six months to take over from the interim Board after six months. Three of the members will be willing to remain and work in the facility, while nine will leave. I will work closely with the remaining three Board members to recruit new members to develop a diverse, competent and effective Board. I will lead the present Board to appoint the most qualified and competent members to form part of the new Board.

During the recruitment of the new Board members, specific skills and qualities will be highly considered. The individuals will be expected to have excellent administrative and management skills with at least five years of experience in a similar or related role. They will also be required to have strong interpersonal skills, optimism, confidence, critical thinking, communication, trustworthiness, inspiration and excellent decision-making qualities. The individuals will be required to have at least a Bachelor's Degree in Organizational Management.

A Degree in Long-Term Care Management will be an added advantage. Additionally, a Master's degree or higher qualification in administrative or managerial roles will also be added advantage.

After the recruitment, the new members will immediately undergo orientation, training and education to familiarize them with the facility's culture, values, mission and vision. The new Board members will be briefed on their roles, expected behaviours, performance and compliance policies. According to Abenojar (2021), this will prepare them for their new roles and make them ready to start discharging their mandates. For the first three months, the new Board members will be offered ongoing job training, coaching and mentorship to help them overcome the potential challenges easily as they get used to their new roles and organization.

The Board will comprise internal and external directors with specific roles and duties. A two-tier Board structure comprising the management and supervisory Boards will be adopted at Pleasant Valley to ensure the new Board is effective. The management board will be made up of executive Directors who will be full-time employees of the facility. This Board will oversee all facility operations to ensure they align with and support the mission, vision, values and purpose. The Management Board will also develop a strategic performance plan with fundamental values, strategic operational guidelines and ethical policies for enhancing the organization's success.

The non-executive Directors (non-employees of the Pleasant Valley) will form the supervisory Board (Dawes & Topp, 2021). They will supervise the executive policies and advise the Executive Directors on areas to adjust to promote organizational success. The executive and non-executive Directors will work collaboratively to ensure that the teamwork at the top management level extends to the staff level for the uniform transformation of the organization. Open communication, integrity and transparency will be fundamental elements governing the Board members.

## **6. Resident and Family Council**

The situation at Pleasant Valley has resulted in widespread criticisms by the residents and families. The facility has been informed about the negative public reviews and comments made by clients on public media platforms. However, the previous management team failed to attend to the public outcry causing the resident and family council to refuse to meet the facility's management to discuss the matter.

The new senior management is ready to work collaboratively with the resident and family council to promote the delivery of excellent, safe, timely and accountable services. Two representatives from the resident and family council will be included in the facility's planning and management council. According to CA (2020), this will create a vital opportunity for the facility's management to discuss the specific matters affecting them with the resident and family council. The two parties can then raise opinions and agree on effective ways of preventing and addressing such issues in future. The resident and family council will feel valued, respected, dignified and included in the organization's present and future goals through joint planning and decision-making (Figueroa et al., 2019). The collaboration will thus foster an excellent relationship between the facility and the council, resulting in smooth operations in future.

The Pleasant Valley will actively support community activities through professional support and donations. For example, the facility will organize periodic free service days in which care experts will train the residents and families on how to attend to families and friends who are in need of long-term care. Through regular interaction and exchange of emerging issues, the senior management will familiarize themselves with the issues affecting the clients through the resident and family council. In case of future issues, the senior management will organize and

meet the resident and family council, discuss the matter, agree on a long-lasting solution and implement preventive measures to avoid similar problems.

## **7. Human Resources**

An effective Human Resource (HR) team ensures the staff are happy, the turnover rate is low, competition for vacancies is high, and the staff performance is outstanding (Stewart & Brown, 2019). The situation is the opposite at the Pleasant Valley long-term care home because the previous HR was incompetent. The HR Department will undergo transformation to better the hiring process, improve staff happiness, reduce the turnover rate and make Pleasant Valley the most preferred workplace for people.

Lack of communication is the main cause of the high turnover rate at Pleasant Valley. The new HR team will make the public information easily accessible to all the staff to allow them to familiarize themselves with the organization's activities in a timely manner. The HR will foster open and honest communication between the staff and the facility as Stewart and Brown (2019) recommend. For example, the department will communicate to the staff in advance about planned staff shuffling to avoid the sudden placing of staff in areas they lack knowledge or experience. The improved communication will boost the staff satisfaction and happiness, thereby reducing the turnover rate (Stewart & Brown, 2019). The facility will benefit from improved communication by retaining its skilled and competent employees, who will drive the organization's performance and competence.

HR will provide security to all the staff by implementing job security policies that protect the staff from being laid off without a bold reason. The staff at Pleasant Valley are worried, and the majority leave due to job insecurity. The facility will sign a contract with the staff to protect the best performing and loyal ones from job security threats. According to Stewart and Brown

(2019), this strategy will encourage all the staff to perform to their maximum abilities, enabling the facility to attain its mission, vision and values. Additionally, the Pleasant Valley Home will retain its high-skilled experts from being absorbed by other organizations. The security will enhance staff satisfaction and foster a culture of excellent and efficient performance.

HR will always perform selective hiring of the staff to ensure that only the right and most qualified individuals are hired. This strategy will enable Pleasant Valley to recruit the most qualified staff only who will add value to the organization, unlike the previous Board chair and Director of Finance, who failed to add value to the facility. The valuable staff will help the facility offer the best quality services and attract more clients, thereby emerging as the industry leader. The HR will use fair and justified hiring criteria to ensure that staff are hired based on qualification, abilities and self-commitment rather than personal relationships. Stewart and Brown (2019) state that this will create a good opportunity to bring on Board diverse staff with diverse skills necessary for attaining the organization's goals and objectives.

Fair staff performance-based compensation is another strategy HR will utilize to promote staff motivation, performance and loyalty. Well-compensated staff are usually satisfied, motivated and happy to remain within a given organization. This strategy will help address the issue of unhappy and quitting staff at the Pleasant Valley facility. The HR will perform annual staff performance appraisals to establish the most competent staff and then compensate them through financial bonuses, promotions or salary increments. All the employees will be motivated to optimize their performance to get the reward, a strategy that will enable the facility to achieve its mission and vision. The most qualified staff get attracted to organizations that compensate them well (Stewart & Brown, 2019). Offering better financial compensation will enable Pleasant Valley to attract many candidates to fill the available vacancies.

HR will invest in staff training and education to develop their professional and personal skills. After recruitment, the staff will be trained to align their professional and personal skills and competency with the facility's goals and objectives. The HR will also offer on-the-job training to staff to keep them aligned with the current trends. This will transform the staff into competent staff capable of delivering high-quality services to the clients, residents and families. Supporting the staff through professional development will promote their loyalty, thus lowering the turnover rate at the facility. Organizations that support their staff through professional development attract many high-skilled individuals (Stewart & Brown, 2019). This will enable the Pleasant Valley facility to fill the existing vacancies with the most qualified experts.

## **8. Financial Management**

Financial problem was one of the key issues that forced the government to take over the Pleasant Valley facility. As the Acting CEO/Admin, I will reform the financial management strategies to ensure smooth financial operations and reduce financial burden. Presently, the facility remains with only three months before the year ends. The financial statements show that the organization will have an annual overbudget of at least \$250,000 and a hidden cost of \$70,000 carried from the past year's budget over-run.

The Pleasant Valley currently depends on government funding through the Ministry of Health allocation. However, the funds are mismanaged because the management that is supposed to oversee the budgeting process is not concerned. I will oversee the budgeting process to ensure the financial team creates a realistic and accountable budget. As the Acting CEO, I will lower the overhead costs by suspending all the pending purchases that the organization does not require urgently. For example, the purchase of the additional beds needed for expanding the facility will be suspended to reduce the financial burden for the remaining three months. This will

significantly reduce the annual budget over-run and help the facility reduce the excess budget that will impose a heavy financial burden on the subsequent year.

As recommended by Wieczorek et al. (2022), the recurring bills will be suspended, and all the financial spending will be closely tracked to establish the actual financial expenses for comparison with the past years. An immediate full financial audit will also be performed on the organization to establish if the financial reports are accurate and based on real figures that can be accounted for. This will be followed by a thorough audit of the previous senior management staff to recover the organization's embezzled funds. The recovered funds will be used to address the deficit to minimize the budget over-run in the subsequent year.

The facility will seek funding aid from non-governmental agencies and government grants. The financial donations and grants will significantly help offset the deficits at the facility (Wieczorek et al., 2022). If the available options fail to work out, the facility will seek a loan from the local partner bank. The loan will be invested properly to ensure it refunds itself, including the accrued interest. The financial reports will be compiled and submitted to the CEO's office every two weeks to track the financial performances closely. Full financial auditing will be conducted twice a year (mid and end-year) to ensure the allocated budget is accounted for. Any surplus funds will be rolled to the following year's budget, especially for investment purposes.

The former Finance Manager will replace the previous Director of Finance. The previous Director already manifested a high degree of incompetence, and keeping him in the facility may result in worse problems in future. The new leadership and HR aim to keep valuable staff and release the incompetent ones like the previous Director of Finance. The Director has been in the organization for about 20 years, showing that he is nearing the retirement age. Investing in him will be costly to the facility in the long term because of his current age and past incompetence.

On the other hand, the Finance Manager is still young, ambitious, and competent and will be a valuable asset for Pleasant Valley presently and in the future. After being trained adequately, the Finance Manager will be a more suitable expert for the position of the Director of Finance.

## **9. Fundraising**

After successfully raising funds, the Management Board will meet to develop a strategic plan and a specific organizational budget. The Board will prepare a realistic budget with only the presently needed items planned for in the current budget and the future necessities listed on future demanded items but given no allocation presently. The key items that will be prioritized in the budget will be bettering the HR department, hiring and training the staff, reconciliation with residents and families, repairing and maintaining poor facilities, outstanding compliance orders and public campaign towards restoring public trust.

## **10. Management of Care**

Care management is an essential success element for long-term care homes. The Pleasant Valley long-term care home is one of Ontario's most preferred long-term care homes. However, the quick twist of things, particularly on the management side, affected the care management at the facility. The local communities have been forced to seek long-term care services in nearby communities, a factor that has further damaged Pleasant Valley's public image and reputation.

### **10.1 Planned Model and Approach to Care**

The long-term care facility administrator is primarily responsible for managing the care delivery to residential patients. As the Administrator, I will manage care delivery to residents at the Pleasant Valley long-term care facility. I will plan, organize and supervise the care delivery process to the residents at the facility to ensure that the quality of the care delivered meets the

professional and compliance requirements. I will delegate tasks to staff and supervise the work to ensure they are accomplished professionally and ethically.

The staff at the Pleasant Valley facility are currently using the functional nursing care model characterized by their focus on getting many tasks done within a short period rather than focusing on the clients. I will implement the team nursing care model in which the care providers will be paired to work as a team to deliver high-quality care to residents. The nurses will be paired based on their skills, diversity, qualifications and education levels. They will deliver quality care to patients and share responsibility for the care delivery process.

### **10.2 Members of Multidisciplinary Team and Interdisciplinary Care Planning Process**

The multidisciplinary team members who will be responsible for delivering care at the facility will include two physicians, several nurses, a social worker and at least three rehabilitation therapists. According to Chadborn et al. (2021), these experts have advanced knowledge and professional skills in gerontology in addition to their specific areas of specialization. The facility will implement a facility-wide program in which the residents will be categorized according to the nature of their problems to allow each expert to deliver care to a group of patients diagnosed with diseases in their fields of specialization. In scenarios where a resident is diagnosed with multiple diseases, the relevant interdisciplinary team will attend to the client but at different sessions (Simmons et al., 2018). However, they will collaborate and share the patient's information to promote a harmonious care delivery process.

### **10.3 Developing Individual Plan of Care**

The individual care plan will be developed by implementing these five major steps: assessment, diagnosis, outcomes/planning, implementation and evaluation. In assessment, the care provider will collect and analyze the patient's data to better understand their risk factors and

specific needs. The patient's data and feedback will be further analyzed in the diagnosis process using clinical judgment to develop a nursing diagnosis (Doenges et al., 2019). The outcome/planning step will involve using the diagnosis feedback to set short and long-term goals. The most suitable nursing interventions for meeting the set goals will be specified. The care delivery will follow the implementation step based on the prepared care plan (Doenges et al., 2019). Lastly, the individual patient will be monitored to establish their progress towards the set goals. The care plan will be modified if issues occur to address the new health needs.

## **10.4 Addressing Emerging Issues**

### ***10.4.1 Compliance Issues***

Currently, the Pleasant Valley facility has 20 outstanding compliance orders and numerous complaints from the residents and families, which must be addressed quickly to improve the facility's reputation. As the Administrator, I will assess all the compliance issues one by one and take the recommended measures to solve them. All the involved individuals will be included in the resolution team, and their opinions will be taken into account before making the final decision. The staff will be familiarized with the compliance policies to avoid future compliance issues (Akmal et al., 2021). The professional and legal code of conduct will be available to all multidisciplinary team players to promote compliance.

### ***10.4.2 Poor Standards of Care***

According to Chadborn et al. (2020), quality care is a fundamental right of every human being. The Pleasant Valley long-term care home will have a well-defined individual care plan and interdisciplinary care delivery plan, which will guide the care providers in delivering excellent care. The professional code of conduct for all the multidisciplinary teams will be made available to respective care experts to remind them of their duties and roles at the facility. In case

of a poor standard of care, the associated care provider will take responsibility. An investigation will immediately commence on the cause of the issue and necessary action taken against the culprit in case found guilty. The facility will use the investigation report and recommendations to make improvements and prevent such issues in future.

#### ***10.4.3 Outstanding Complaints***

Presently, there are numerous outstanding complaints from the resident and families about the facility. The Board will create an investigation team that will investigate the matters, collect data from the affected and accused individuals, and analyze and compile final reports about their findings. The Board will use the report to improve the areas of concern to avoid future complaints.

#### ***10.4.4 Instance of Abuse/Rudeness and Confusion of Nursing Staffs Responsibilities***

A high degree of ethical performance and professionalism will be maintained at the Pleasant Valley facility. In instances where abuse or rudeness occurs, immediate responsive measures will be applied (Akmal et al., 2021). The perpetrators will be punished accordingly, and heavy fines will be imposed to discourage such unethical conduct in future. In an instance where confusion about the nursing responsibility occurs between two nurses, both of them will be investigated to establish the root of the matter. The involved parties will be informed about their specific responsibilities by reading to them their work scope (Chadborn et al., 2021). They will be directed to reconcile, and the confusion will be addressed effectively. All the staff will also be regularly reminded of their responsibilities to prevent related issues in future.

### **11. Quality Management**

An effective quality management system (QMS) is a system with in-built systems that directly support continual improvement through root cause analysis (RCA), preventive and

corrective actions and internal audits (Chadborn et al., 2021). The QMS will be implemented at the Pleasant by implementing specific systems that will directly support the actions of the care providers at the facility. For example, the RCA system will be implemented to help assess and identify the primary cause of a problem to establish a suitable solution. According to Simmons et al. (2018), preventive and corrective systems will be implemented to prevent the recurrence and occurrence of issues. The internal audit will be a key tool for managing risks, optimizing efficiency and enhancing the effectiveness of the facility.

Continuous quality improvement (CQI) is a quality management process that motivates all the care providers in a team to ask practice questions continuously (Simmons et al., 2018). Examples of such questions are “how do we address this?” and “Can we address this better?” A quality improvement plan (QIP) indicators serve as a vital tool for assessing the success level and areas that need improvement. The Pleasant Valley Home will implement the Ministry priority indicators and other indicators appropriate indicators to help assess and improve the quality of long-term home care. They include safety, effectiveness, people-centeredness, equity, timeliness and care integration efficiency (Hutchison et al., 2020). ([Appendix III](#)).

The system I intend to implement at this facility will identify the quality issue, establish the indicator and outline the theme/topic in the long-term care context. These elements will be vital in discovering the specific quality concerns, identifying their level of severity, and connecting them to the QIP for better understanding and the specific context they apply. Nine facility-based key indicators will be implemented at the Pleasant Valley facility. They include:

- Pressure ulcers
- Use of restraints
- Incidents of falls

- Use of antipsychotics
- Symptoms of worsening depression
- Improved physical functioning
- Worsened physical functioning
- Residents with pain
- Residents with worsening pain (Hutchison et al., 2020)

The above facility-based key indicators were established by assessing the major issues at the Pleasant Valley Home. For example, the high-stress level among the staff and residents at the facility helped establish the "symptoms of worsening depression" health indicator. According to Hutchison et al. (2020), the listed health indicators are the most appropriate indicators for discovering quality issues in a facility. This will help ensure that the implemented QIP effectively identifies and addresses the facility's quality issues.

The quality improvement methodology will be used to monitor and assess the quality at the Pleasant Valley facility. An environmental scan (observation), a survey of residents and staff, and a review of patient/client and caregiver engagement are the specific tools that will be used to monitor and assess the quality of the facility. Bi-annual internal audits and multi-level inspections will also be used to monitor and assess quality at Pleasant Valley. The staff's opinion will be taken into account when planning and implementing the CQI processes. The staff suggestions will help identify the specific areas of concern. Their quality improvement recommendations will be analyzed to establish the most appropriate one for implementation. The staff will be consulted at all levels of change planning and implementation to make them part of quality improvement. Engaging them will minimize the likelihood of staff resistance to change.

## **12. Information Technology**

The present Information System (IS) of the organization is outdated. It was installed eight years ago, and no changes have been made to better it. The system was implemented without proper staff and expert consultation. Besides, no proper staff training and follow-up programs were performed to boost the knowledge and abilities of the staff to use it. In fact, almost all the staff are not well familiar with the system, and very few can use it correctly and easily. This IS must therefore be upgraded to the modern version to make it effective, efficient and reliable for accomplishing the facility's operation.

The latest version of the IS will be implemented within the first six months. The outdated software will be upgraded to the latest versions. Hardware that is no longer compatible with the new system will be replaced with new ones. The upgrade will occur in phases to avoid the risk of the financial burden on the organization. The staff will be adequately consulted, trained and familiarized with the new system to make it easy for them to operate.

Automated data collection and documentation systems will be implemented to automatically collect and store the patients' information in the facility's database. The clients will be given automated digital health monitoring and reporting devices to collect data about them. This will reduce the assessment and documentation time and, in turn, maximize the staff time with the residents. The staff will be engaged and involved through briefing, inclusion in the decision-making team, training and contribution in the implementation stage. The plan will be funded by development funds from the Ministry of Health and by acquiring long-term loans from the local partner bank. Financial, professional, technical or material donations from private institutions will also be vital in making this program successful.

### **13. Legal and Ethical Issues**

The organization currently has 20 outstanding compliance cases and numerous complaints from the residents, families and clients. However, there is no legal and ethics committee to address the existing issues and justifies why they have accumulated to 20. In fact, staff was fired for blowing the whistle about a colleague she caught on the spot twice verbally abusing and slapping an elderly resident. Surprisingly, the fired staff reported the matter to the Administrator, whom she thought would address the matter professionally and take appropriate action against the perpetrator. However, the whistleblower was criticized on the grounds of "we do not tell our colleagues around here," and the ethical practice violator maintained his job at the facility.

The first measure that will be implemented to address the legal and ethical issues is forming a specific legal and ethics committee. The committee will immediately assume the office and start by addressing the 20 pending compliance issues and complaints within the first month. All the violators will be subjected to legal charges accordingly, and the affected individuals will be compensated and assured of safe, effective, accountable and timely services at all times. The existing legal and ethical policies will be reviewed to make them more effective in guiding the actions and behaviours of the staff and management.

The legal and ethical committee will organize a training program for the Board and staff to familiarize them with the updated legal and ethical policies. This will promote awareness and effectively help lower cases of compliance issues in future. Formal legal counsel and admission agreements, contracts and consent and treatment forms will be vetted by qualified legal counsel and made available at the facility to promote legal compliance. This will help prevent future accidental or intentional violations of the legal rights of the resident and their families. Within

two years, a permanent legal counsel will be recruited at the facility. The legal counsel will be part of the legal and ethical committee and will be responsible for advising and handling all the legal affairs of the organization.

#### **14. Facility Development**

The Ministry of Health Long Term Care Division (MOHLTC) has approved the proposal of renovating the 60 C beds and adding 60 new beds to accommodate the growing aging population in the area. Through its MOHLTC capital funding scheme, the MOHLTC will allocate US\$60 million for the redevelopment of the facility and the 120-bed renovation project. Since the facility has other priorities, this allocation will not be enough to implement the bed project fully at the start. It will therefore be implemented in two phases. In the first phase, 60 new will be purchased and 30 existing C beds redeveloped to A beds. This will help prepare adequately for the fast-growing aging population.

A new single 36" X 84" bed costs \$3,500; therefore, \$210,000 will be allocated for purchasing the new 60 beds. Renovating the C beds to A level will cost \$1,500 per bed, amounting to \$90,000 for the 30 beds. The remaining 30 beds will be budgeted for in the next financial year to offset the financial burden in the first year. About \$10,000 will be allocated for installing the facility's beds in readiness to accommodate the newly admitted residents. The facility buildings are out of order all the way from the gate to the accommodation buildings. A total of \$30 million will be allocated to renovate the facility's structures to meet the standard safety requirements. This allocation will also cover the renovation of existing kitchens, common rooms, activities area, and auditorium for hosting Home-wide and community-wide events.

The Community, through the support of the City Council, has requested the addition of palliative care and assisted living options. They also need a separate accommodation building for

dementia residents because of their conditions that require special needs. The City Council has agreed to provide \$10 million in financial support together with the construction machinery and operators to allow the facility to add the requested facilities. The LHIN will provide financial support of \$2 million to support the completion of the palliative care and development of a separate unit for dementia since they are missing in the Community. The Pleasant Valley Home will also allocate \$10 million to supplement the proposed new services.

A total of \$750,000 will be allocated for phase one upgrade of the information systems. The allocation for the second phase will be in the following year's budget. About \$5 million will be allocated for reforming HR, hiring and training 20 new staff, forming the legal and ethics committee, addressing the compliance issues and compensating the affected individuals. The facility will allocate \$2 million to support community services and carry out a public campaign to restore the relationship between Pleasant Valley Home and the local Community. About \$22 million will be allocated for annual salaries and staff compensation.

### **15. Community Relations and Partnerships**

The facility's relations and partnerships have deteriorated for nearly two years because the Director of Development, who was also responsible for family, public and community affairs, quit but has never been replaced to date. The Community and family felt omitted in the facility's planning and therefore withdrew their social and financial support. A new Director and Manager of public relations, external affairs and community development will be brought on Board to assess the situation and address the matter as soon as possible. The facility will restore its good relations with the local community by supporting the community projects and functions. For example, the Pleasant Valley will support community developments by financially supporting the revival of social utilities like the service clubs and congregation halls.

Two community representatives will be the key stakeholders representing the general Community at the facility's non-executive Board. The representatives will communicate the community affairs to the Board and report back to the community members on the Board's plans for the community. The public relations manager will also link the facility and the Community by attending the community forums, exchanging ideas with them and reporting back to the facility. The facility will organize at least two free-service open days within the community social meeting halls to attend to the community members. The community members will be educated and trained on effective ways of providing long-term home care to aging individuals.

The Director of external affairs will link the facility to the long-term external health and social care organizations to promote collaborative functioning as required by the MOHLTC and OHA/LHINs/OHTs (Cometto et al., 2018). The facility will organize exchange programs and benchmarking in which the staff from Pleasant Valley will visit and operate in partner organizations, and their staff will also serve at our facility to enable either side to learn success strategies from colleagues. Our professionals will also train the staff from partner organizations, and their professionals are allowed to train our staff to ensure uniform professional development of care providers in the region.

## **16. In Summary**

This plan presents a detailed approach to how the Pleasant Valley long-term care facility will address its current issues to restore its initial good reputation in Ontario. By redeveloping the mission, vision and value statements, Pleasant Valley will enhance its focus on promoting transparency, integrity, excellence, accountability and industry leadership. Enhancing the transparency will restore the staff and residents' trust in the facility, thereby reducing the high staff turnover and increasing the number of clients seeking services at the facility. Reforming the

Board, hiring the most appropriate leaders and staff, training all the members of the organization, improving the quality of infrastructure and reforming the operation approaches will promote the facility's success.

Additionally, establishing a specific legal and ethics committee consisting of a legal counsel will help address the outstanding compliance issues and pending complaints from residents and families immediately they get reported. Creating a realistic budget and monitoring it closely through regular audits will help address financial issues experienced in the past. Performing a bi-annual full organizational audit is the best solution for addressing future mismanagement of funds at the Pleasant Valley. Importantly, the facility should involve the Community in its planning program, restore its relations with the community members, and partner with surrounding organizations in the related sector. The financial allocations and donations should be budgeted well, with the most urgent matters addressed first, and the others addressed later in phases to prevent financial burdens.

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## APPENDIX I

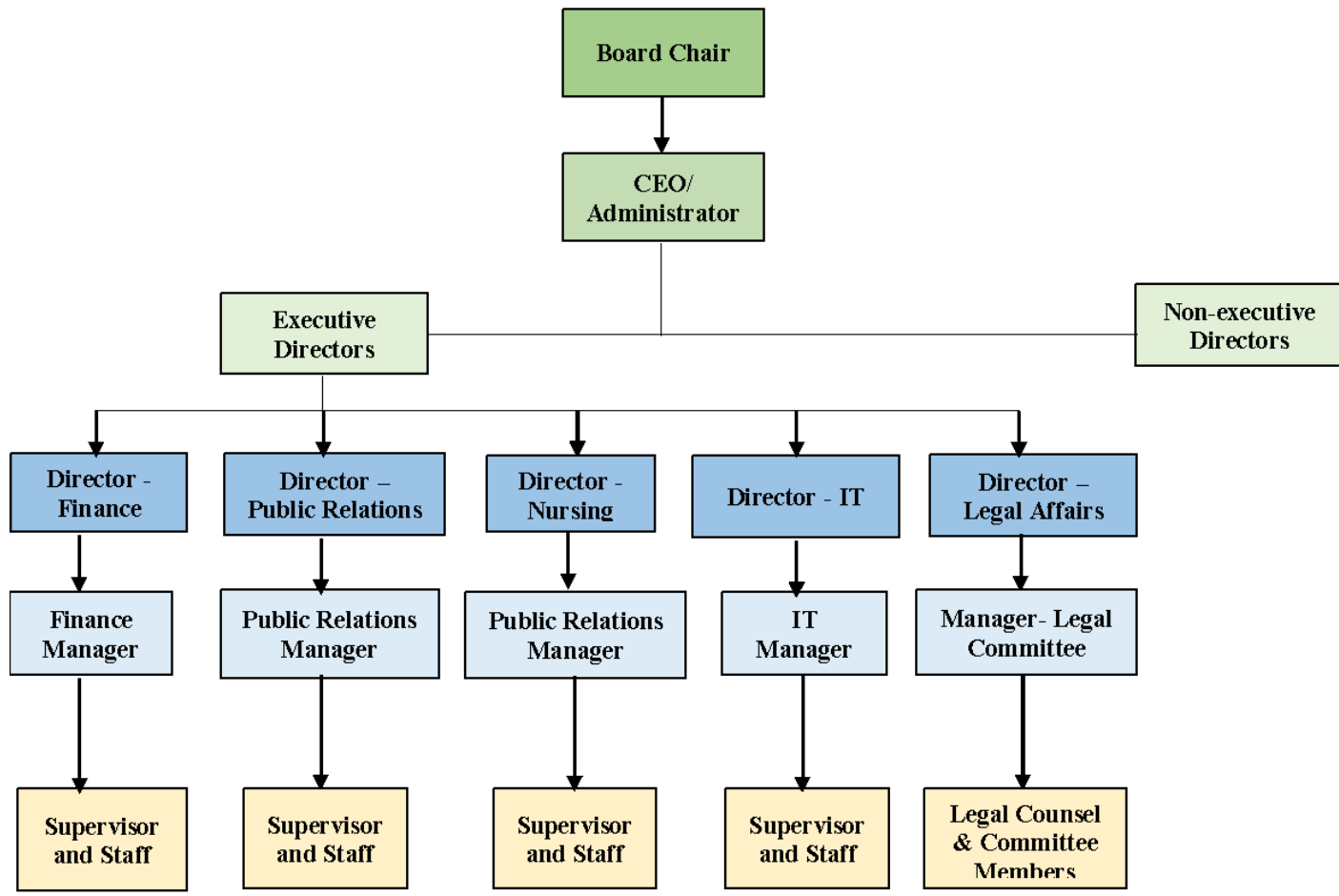
## SCORE Tool Assessment and Summary

SCORE Tool Dimension	Assessment	Actions/Comments
Strengths	<ul style="list-style-type: none"> <li>● Government, community and City Council support in terms of financial, technical and professional support.</li> <li>● Dominant LTHC provider in its community.</li> </ul>	<ul style="list-style-type: none"> <li>● Seek support from the government, community, City Council and partners.</li> <li>● Maximize service qualities and lower service costs.</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>● Low job momentum, innovation and creativity.</li> <li>● Mismanagement/incompetent senior leaders.</li> <li>● Stressed and unhappy staff, residents and families (numerous complaints and negative public reviews).</li> <li>● Leading staff turnover rate and absenteeism rates in the province.</li> <li>● Numerous compliance failures (20).</li> <li>● Poorly maintained service delivery facilities.</li> </ul>	<ul style="list-style-type: none"> <li>● Empower and train staff and leaders to serve and lead.</li> <li>● Improve services qualities.</li> <li>● Address customer and public complaints.</li> <li>● Compensate staff based on performance.</li> <li>● Implement and enforce legal and ethical policies.</li> <li>● Renovate infrastructure.</li> </ul>
Opportunities	<ul style="list-style-type: none"> <li>● Add new 60 beds.</li> <li>● Renovate 60 old C beds.</li> <li>● Update the mission, vision and core values.</li> <li>● Update the information systems.</li> </ul>	<ul style="list-style-type: none"> <li>● Purchase the 60 new beds and renovate 30 old beds in phase 1; then the rest in phase two.</li> </ul>

	<ul style="list-style-type: none"> <li>● Introduce new services.</li> <li>● Expand the facility to include a hospital.</li> </ul>	<ul style="list-style-type: none"> <li>● Redevelop the mission, vision and core values.</li> <li>● Upgrade software, hardware and IS in phases.</li> <li>● Introduce palliative care and living options and special unit for dementia residents caring.</li> <li>● Suspend expansion.</li> </ul>
Roadblocks	_____	_____
Envision	<ul style="list-style-type: none"> <li>● To become the industry leader by delivering excellent, safe, satisfactory and culturally sensitive long-term care services to aging population in local community and Ontario region at large.</li> <li>● Apply professional code of conduct to deliver ethical, high-quality, competent and responsible long-term home care services in a friendly, dignified and indiscriminate manner.</li> </ul>	<ul style="list-style-type: none"> <li>● Redevelop a SMART (specific, measurable, achievable, relevant, time-bound) vision statement supported by suitable mission and core values.</li> </ul>

APPENDIX II

The Pleasant Valley Home for the Aged Organizational Chart



Organizational Chart

## APPENDIX III

## Draft QIP

Quality Dimension	Quality Issue	Topic	Hospital	Primary Care	CCAC	LTC <small>(A): Additional indicator</small>
Effective	Effective transitions	<ul style="list-style-type: none"> <li>Readmissions</li> <li>Follow up</li> <li>Avoidable ED visits</li> <li>Community support for palliative patients</li> </ul>	<ul style="list-style-type: none"> <li>Readmission for Select conditions</li> <li>Readmission for one of CHF, COPD or Stroke (QBP)</li> <li>Home Support for Discharged Palliative Patients (A) <b>New</b></li> </ul>	<ul style="list-style-type: none"> <li>Post-Discharge Visit</li> <li>Hospital Readmission (A)</li> </ul>	<ul style="list-style-type: none"> <li>Hospital Readmissions</li> <li>Unplanned ED Visits</li> <li>End of life, preferred place of death (A) <b>New</b></li> </ul>	<ul style="list-style-type: none"> <li>Potentially Avoidable ED Visits for ACSC</li> </ul>
	Population Health	<ul style="list-style-type: none"> <li>Diabetes management <b>New</b></li> <li>Cancer screening</li> <li>Immunization</li> </ul>		<ul style="list-style-type: none"> <li>HbA1C</li> <li>Colorectal and Cervical Cancer Screening</li> <li>Immunization (A)</li> </ul>		
Patient-centred	Person Experience	<ul style="list-style-type: none"> <li>Overall experience</li> <li>Would you recommend</li> <li>Having a say</li> </ul>	<ul style="list-style-type: none"> <li>Patient Experience</li> </ul>	<ul style="list-style-type: none"> <li>Patient Experience (3)</li> </ul>	<ul style="list-style-type: none"> <li>Client Experience</li> </ul>	<ul style="list-style-type: none"> <li>Resident Experience</li> </ul>
Efficient	Access to right level of care	<ul style="list-style-type: none"> <li>Alternative level of Care</li> <li>Inappropriate use of ED</li> </ul>	<ul style="list-style-type: none"> <li>ALC Rate</li> <li>ALC Days (A)</li> </ul>	<ul style="list-style-type: none"> <li>ED Visits for Conditions BME (A)</li> </ul>		
Timely	Timely access to care, services	<ul style="list-style-type: none"> <li>Wait times for service or provider</li> <li>Wait times in ED</li> </ul>	<ul style="list-style-type: none"> <li>ED Length of Stay (admitted patients)</li> </ul>	<ul style="list-style-type: none"> <li>Timely Access to Primary Care Provider (patient perception)</li> </ul>	<ul style="list-style-type: none"> <li>Wait Time for Home Care (PSW, Nursing)</li> </ul>	
Safe	Adverse Events	<ul style="list-style-type: none"> <li>Infection control</li> <li>Falls</li> <li>Pressure ulcers</li> <li>Restraints</li> <li>Surgical safety</li> </ul>	<ul style="list-style-type: none"> <li>CDI, VAP, CLI, Hand Hygiene, (A), Pressure Ulcers (A), Falls (A). Physical Restraints in Mental Health (A), Surgical Safety Checklist (A)</li> </ul>		<ul style="list-style-type: none"> <li>Falls for Long-Stay Clients</li> </ul>	<ul style="list-style-type: none"> <li>Pressure Ulcers, Falls, Restraints</li> <li>Incontinence (A)</li> </ul>
	Medication safety	<ul style="list-style-type: none"> <li>Medication safety, appropriate prescribing</li> </ul>	<ul style="list-style-type: none"> <li>Medication Reconciliation (admission)</li> <li>Medication Reconciliation (discharge) (A)</li> </ul>			<ul style="list-style-type: none"> <li>Prescribing of Antipsychotic Medication</li> </ul>
Equitable						

*Draft QIP (Source:*

<https://hssontario.ca/Who/Conference/Documents/2016%20Presentations/TA06.pdf>)