



Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 15, 2022



OVERVIEW

Elgin Manor is a 90 bed Long-Term Care Home located in Elgin County. There are three Resident Home Areas with one dedicated as a memory care area. When developing the quality improvement plan "QIP" for 2022-23 the team wanted to ensure that the plan aligned with the County of Elgin Homes and Seniors Services Mission, Vision and Values.

The QIP aligns with the Mission of being "committed to creating a caring environment where residents and staff feel safe, respected and valued"; incorporating the Homes' vision of accomplishing this through the utilization of Continuous Quality Improvement model and utilizing best practice initiatives. Through the CQI work being done and the use of best practice guidelines (BPGs), the Home will continue it's proactive approach of person and family centred care. We have processes in place that encourage our residents to be active participants in their individualized plan of care. The organization and staff meet the resident's rights by placing "Resident's First"; "Residents' First" is the highest priority at Elgin Manor and this acronym was adopted to identify the organizational values:

R-Residents
 E-Education
 S-Staff
 I-Individualized Care
 D-Diversity
 E-Excellence
 N-Nurturing
 T-Teams

S-Safety
 F-Family
 I-Innovation
 R-Restorative Care
 S-Satisfaction
 T-Technology

The overall goal is to meet or exceed provincial benchmarks and work toward overall organizational improvement in care. After three years of best practice guideline (BPG) implementation, in June 2022 the County of Elgin Homes will be designated an RNAO Best Practice Spotlight Organization. This year, in addition to implementing the changes from Fixing the Long Term Care Act and the Health Quality Ontario QIP, we will also focus our CQI work on meeting the recommendations in the RNAO BPG, Person and Family Centered Care.

Our Resident Experience improvement plan is based on results taken in combination from our Resident Satisfaction survey and our RNAO gap analysis, focused on The Person and Family Centered Care BPG. The Elgin Manor CQI team, in collaboration with both our Resident Council and Family Council will implement the following improvement plans:

RNAO BPG - "Establish a therapeutic relationship with the person using verbal and non-verbal communication strategies", in our Satisfaction Survey this is reflected in - All staff will wear name tags and introduce themselves.

The Elgin Manor team will work on the priority indicators

1) Reduce the number of unnecessary ED visits

2) Reducing the number of Residents who receive an anti-psychotic without a supporting diagnosis.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

The Home had many achievements during the pandemic, while infection prevention and control changes have lead our focus we continued our quality improvement work through our commitment to becoming an RNAO Best Practice Spotlight Organization. This involved continuing to work on several 2019 QIP goals in alignment with the RNAO BPGs including Reducing Falls and Reducing Injuries from Falls 2) Alternative Approaches to the use of Restraints 3) Assessment and Management of Pressure Injuries for the Interprofessional Team.

During the Pandemic we were able to successfully implement multiple best practice changes. Most notably we reduced the use of restraints to 0.4% by making changes to both documentation and our means of communication between staff, Residents and Substitute Decision Makers (SDMs). We did this by successfully training staff on the utilization of a new care conference documentation tool and by ensuring that our care conferences consistently included multidisciplinary staff. At the height of the pandemic, we introduced Zoom and teleconferences to our staff, residents and SDMs. This allowed us to continue to optimize communication between all parties during conferences.

We were fortunate to be able to have a registered staff member accepted into the Advanced Clinical Practice Fellowship who was

able to share his knowledge across all 3 Homes. Changes to our Skin and Wound Care program included replacing the Braden scale with the Pressure Ulcer Risk Scale (PURS) as an initial assessment and introducing standardized wound care along with improvements to our tracking system. We showed improvements in the area of wound care by reducing new pressure injuries by 3.5% and by preventing worsening pressures by 2.2%. We continue to track and monitor these monthly.

Our Resident Falls and Falls Injury stats remain slightly above the benchmark; we continue to focus on improving this indicator. Statistics, including trending patterns and contributing factors are reviewed at both monthly CQI meetings and weekly huddles on individual home areas. Changes to the Falls program included a redeveloped falls checklist, updated neurological record and policy updates. In addition the Home provided 1:1 education for all Registered staff.

During the pandemic we were able to engage the assistance of an Infection Prevention and Control (IPAC) consultant who offered invaluable expertise and IPAC auditing across all 3 of the Elgin County Homes.

In spring of 2021 the Homes introduced the formal role of Quality Improvement Co-Ordinator to work across all three of our Homes to support the development and implementation of the quality improvement program and plans.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Challenges such as visiting restrictions, available space (social distancing) and conflicting schedules were barriers to partnering and relations that we addressed as we worked through changing Public Health and Ministry directives and guidelines.

At the onset of the pandemic we quickly shifted to virtual platforms such as Zoom to meet the need for partnering and collaboration. Virtual platforms were used for both Business and Resident partnering. Staff and Residents adapted to a new means of communication when we began conducting Resident care conferences via telephone and other virtual options. These conferences were traditionally hosted on site which allowed the Residents and/or substitute decision maker the opportunity to review and sign forms at the time of the conference, the process was altered to obtain consent via other methods of communication.

We actively utilize information from the critical incident reporting and MLTC inspections. Results are discussed at CQI and utilized to develop the goals and objectives for quality improvement. Incidents and inspection results are also shared at Resident Council and input is sought. Minutes document this and are in turn shared at the CQI meetings.

Staff continue to work with the community partners such as the South West LHIN, Ontario Health, St. Thomas Elgin General Hospital, External BSO, CMHA, VON, Alzheimers Society and the RNAO.

PROVIDER EXPERIENCE

Residents First, means that staff focus on ensuring that Residents are consistently provided with exceptional care despite potential staffing challenges. During periods of COVID outbreak within the Home, staff worked extra hours and have willingly adjusting their schedules to accommodate the needs of the Home.

The team worked in close collaboration with Southwestern Public Health to receive IPAC updates and revised and developed policies to ensure alignment with the changing legislation.

Physicians and contracted service providers adjusted by performing virtual care services as required based on IPAC standards. This meant connecting with staff, Residents and SDMs via Zoom or telephone rather than conducting in person meetings.

Nursing staff utilized the technology devices such as an IPAD to take pictures of wounds etc. to share with the physician online. The Professional Advisory Committee meeting also moved to a virtual format via ZOOM.

Through confidential employee assistance services, Elgin County provides a wide range of free counseling for all Employees and their immediate family members; this service continued to be available throughout the pandemic.

RESIDENT EXPERIENCE

At Elgin Manor we recognize that creating meaningful social connectiveness has been a challenge throughout the pandemic and to restore and enhance this we have the following in place:

We set up outdoor spaces where Residents can gather with their friends and families.

We offer Zoom calls/facetime for residents- especially those who have family out of town.

Recreation is up and running group programs once again. They offer, at least two programs a day.

As restrictions ease, we continue to modify programming to optimize the opportunity for socialization and connectedness throughout the home. The Calendar continues to ensure there are programs which encourage and support social interaction and the building of social relationships through a host of programs.

Our Resident Satisfaction Survey indicate that family members and Resident were satisfied with the updates and information that they received from staff. IPAC changes and information was communicated to SDM on a regular basis and families described this communication in the survey, with sentences such as; "the sharing of information was always prompt and clear to understand" and "Thank-you so much for all the conscientious staff who took on many roles during the COVID-19 pandemic restrictions."

CONTACT INFORMATION

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SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on _____

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate
