



Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 15, 2022



OVERVIEW

Terrace Lodge is a 100 bed Long-Term Care Home located in Elgin County (Aylmer, Ontario). Terrace Lodge has 4 Resident Home Areas (RHAs), with one RHA designated to dementia/memory care. The County of Elgin Homes have a "resident focused" mission, vision and values in place to guide the care provided by staff of the three long term care homes.

The Terrace Lodge 2022/2023 Quality Improvement Plan aligns with the overall platform of care established by the County of Elgin Homes mission statement of being "committed to creating a caring environment where residents and staff feel safe, respected and valued". Staff utilize a model of "continuous quality improvement" and educate and implement best practice initiatives with staff, residents and families.

"Residents' First" is the highest priority at Terrace Lodge 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 of continuous quality improvement is to meet or exceed provincial benchmarks and work toward overall organizational improvement in care.

After three years of best practice guideline 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 the Fixing Long-Term Care Act legislation and the Health Quality Ontario QIP, the Homes will focus work on meeting the recommendations in the RNAO Best Practice Guideline: Person and Family Centered Care.

This year's Resident Experience priority indicator was chosen through a combination of our RNAO Best Practice Guideline: Person and Family Centered Care gap analysis and the results of the annual Resident and Family Satisfaction Survey. The Terrace Lodge 2022/2023 resident experience indicator will be to "establish a therapeutic relationship with the person using verbal and non-verbal communication strategies" and will focus on "Ensuring that all staff are wearing name tags (introduce themselves and explain their roles.)"

The priority indicator identified by Terrace Lodge will be "to reduce the number of avoidable Emergency Room department "visits".

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

While COVID-19 infection prevention and control (IPAC) changes

have directed our physical movement and interactions, we continued our quality improvement work through our commitment to becoming a Best Practice Spotlight Organization. This involved working on several 2019 QIP goals including: 1) 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. Stricter IPAC measures and pandemic related staffing challenges meant that our formal teams were not able to meet as regularly as they did pre-pandemic but this work has once again regularly resumed.

We were able to reduce our restraints from 4.1% to 0.9%. This was done through identifying gaps in our understanding of restraint use and Personal Assistive Safety Devices (PASDs) and providing education and support for staff, Residents and families. This work also relies on a sustainability plan which involves monthly review of restraints and PASDs at our CQI meeting(s).

With the implementation of the Falls BPG we introduced the Scott Fall Risk Screen, a new neurological record for head injuries and we recently developed a new post fall checklist. Since the 2019 /2020 QIP the fall rate has reduced from 18.3% to the current rate of 15.5%.

As part of our pressure Injury and Wound Care BPG implementation we were fortunate to have a registered nurse from our sister home accepted into the Advance Clinical Practice Fellowship Program who was able to share his knowledge across all 3 homes. We introduced a standardized wound care system as well as the Pressure Ulcer Risk Scale as an initial assessment (replacing the Braden). Our most

recent wound care statistics indicate that we reduced our stage 2-4 pressure injuries and have improved in our prevention of worsening pressure injuries. Pressure ulcer statistics and the overall program will continue to be reviewed and evaluated at monthly CQI meetings.

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 three Elgin County Homes.

In the spring of 2021 the Homes introduced the formal role of Quality Improvement Coordinator 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 pandemic related 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 guide the development of 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-19 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 and procedures 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, at times, connecting with staff, Residents and Substitute Decision Makers via Zoom or telephone rather than conducting in person meetings.

Nursing staff utilized 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 immediate family members; this service continued to be available throughout the pandemic.

RESIDENT EXPERIENCE

Social Connectedness suggested indicators for next years QIP: number of Residents who respond positively to : the Home offers opportunities to socially interact with friends and family.

At Terrace Lodge 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 minimum 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.

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
