

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 20, 2023

OVERVIEW

Elgin Manor is a 90 bed Long Term Care Home in located in Elgin County. It is one of 3 Homes owned and operated by the Corporation of the County of Elgin. There are three Resident Home Areas with one dedicated as a memory care area.

Our mission statement states: "The County of Elgin Homes and Seniors Services are committed to creating a caring environment where residents and staff feel safe, respected and valued". This statement is the foundation that motivates and directs our quality improvement projects and complements our vision statement which reads "Through Continuous Quality Improvement, using best practice initiatives, we will be influential leaders in the provision of person-centered care within the long term care sector".

In 2022 we proudly received our designation as an RAO Best Practice Spotlight Organization. This was achieved while in the midst of a pandemic which speaks to the commitment of our staff and their dedication to our Residents.

Best Practice Guidelines that we have implemented include; Assessment and Management of Pressure Injuries for the Interprofessional Team, Preventing Falls and Reducing Injury from Falls, and Promoting Safety: Alternative Approaches to the Use of Restraints.

In July of 2022 we began work utilizing the Best Practice Guideline; Person and Family Centered Care. This guideline is driving the 2023-2024 Patient-centered dimension of our QIP. Our focus will be on the use of Resident Centered language and the active participation of residents and caregivers in the development of their plan of care. We aim to work together with the Resident and Caregivers to

ensure that care is focused around what matters most to our Residents.

We will also be looking at our care conference structure to ensure that it remains multidisciplinary and that the care plan is fully reviewed and evaluated with the resident and/or SDM at the time of the conference.

Additionally, as outlined in our workplan we will continue to build on the work that we initiated with our 2022/23 QIP as it relates to

- 1) reducing emergency room visits and
- 2) reducing the percentage of Residents without psychosis who were given antipsychotic medication.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

In the 2022-23 QIP we committed to the following priority indicators/measures

- The reduction of the use of antipsychotics without a diagnosis
- The reduction of avoidable ED visits

Utilizing the results of our Resident and family satisfaction survey and through Resident Council discussions we acknowledged, identified and committed to the following improvements for 2022:

- Ensuring that staff are wearing name tags
- Ensuring that Residents & Visitors know who to contact with questions or concerns

What we successfully accomplished in 2022:

- Conducted multiple name tag audits. Made name tags stickers available for staff who forget their name tags. Visitor Attendants take the lead by reminding staff to wear their name tags. Notices

were posted throughout the Home reminding staff of the importance of wearing their name tags

- Reminders posted throughout the Home along with SURGE education identifying what department the different coloured name badges represent.

- Reviewed the drug utilization record for all antipsychotics at monthly CQI meetings. Updated all charts and care plans to include the reason for the use of antipsychotics. Collaborated with physicians and all orders were updated to include the indication for use. All staff were provided education on how to recognize delusions and hallucinations. We reduced the use of antipsychotics by 15% in 9 months.

Our home continues to benchmark our outcomes against the Provincial average as well as other comparable homes and homes within our wider organization.

- Began comfort round education and discussion with nursing staff; began the process of identifying Residents at high risk of a health status change so that additional monitoring measures could be put in place.
- Developed and are utilizing a tracking sheet for all Emergency Department visits
- Infection Prevention and Control (IPAC) program manager hired
- New and improved IPAC policies with education provided to all staff.
- Reduced restraint use to zero and have sustained this measure for 9 months.

Our Recreation team interviewed Residents across our 3 Homes and created (a published) book titled 'These hands.' This book has a picture of participating Residents' hands along side of a reflective

narrative as told by the Resident.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Elgin Manor has always had a resident first approach to care; we want residents to feel they have a voice and to be able to freely express their opinions and ideas for changes in the home.

There are many forums in which our Residents share ideas and comments including, but not limited to, Resident Council meetings, 1:1 with staff, and CQI meetings. Monthly newsletters are created to provide updates to staff, families, and residents. Family council meetings occur regularly. We encourage our residents to attend resident council and CQI meetings. The Manager of Recreational Services works with Resident Council to create the annual Resident Satisfaction survey.

The Manager of Program Therapy works together with resident council to create the questions for the annual survey and presents the final version of the survey to Resident council in order receive approval prior to distributing it. Recreation staff assist residents in completing the survey as needed/requested.

Changes were made to our Continuous Quality Improvement schedule and structure to ensure that a member from Resident Council and a member from Family Council are able to attend the meetings.

Elgin Manor continues to work with community partners including Home and Community Care Support Services, Ontario Health, St. Thomas General Hospital, External Behavioral Support Ontario, CMHA, VON, Alzheimers Society, RNAO, Advanced Gerontological Education Inc. (GPA)

PROVIDER EXPERIENCE

The County of Elgin Homes have agreements in place with a variety of schools to support student placements including registered nursing, PSW, and Recreation Therapy. We also support Co-op placements through local high school and volunteer positions so students have an opportunity to learn more about our Home, the potential opportunities, and what it feels like working in Long Term Care.

Surge learning allows staff the flexibility to complete education at a time that is most convenient for them and ensures that they can quickly access the information they need in order to do their job safely.

Frontline nursing staff have been supported through the use of agency PSWs during staffing shortages. During a COVID outbreak in the Home, agency staff were utilized to fill in scheduling gaps to ensure continued optimal care of our Residents. All Agency staff received mandatory orientation prior to working directly with Residents. The utilization of the Agency staff ensured that Elgin Manor staff were not required to work additional hours past their scheduled shifts. It also permitted PSW staff to take their vacation time as granted.

Through confidential employee assistance services, Elgin County provides a wide range of free counseling for all employees and their immediate family members.

The Homes management staff work closely with the Human Resources department on recruitment and retention initiatives including, but not limited to, updating onboarding initiatives, job

fairs, strengthening of workplace policies, etc.

WORKPLACE VIOLENCE PREVENTION

The Home has an active, interdisciplinary Joint Health and Safety Committee (JHSC) with a goal of maintaining staff safety and minimizing risk regarding workplace violence. The Team demonstrates competence with changes in legislation and sector needs. The JHSC reviews all staff accident/incident forms to identify areas of risk and opportunities for improvement, putting an action plan in place, based on the risk assessment, where improvements are required.

Elgin Manor promotes a safe workplace through:

- Enforcing the no-tolerance of abuse policy
- Ensuring the environment is safe/secure (parking lot, lighting, stairwells, reception etc.)
- Investigating all incidents in a fair and consistent manner
- The internal and external BSO teams support front line staff through education, resident assessment and the implementation of interventions/strategies that have demonstrated a reduction of workplace violence incidents in many situations.
- Civil respectful workplace policies were reviewed by an external party with subject matter expertise, updated and rolled out across the corporation
- Our phone system enables front line nursing staff to carry phones (with paging functionality) with them at all times.
- A communication and conflict charter tool is available and promoted to be utilized as part of the employee "self-help" aspect in early stages of workplace conflict to support a resolution versus progression/escalation of potential conflict situations. Managers and supervisors are available to support and educate staff with the

usage of the charters and role playing.

- A staff panic alarm system (Duress system) connects to the nurse call and phone system. When the panic alarm is activated it immediately notifies all staff that a staff member is in need of immediate assistance along with the area/location of the Home.
- Gentle Persuasive Approach (GPA) education sessions are hosted at the Home for front line staff to support an approach to care that minimizes the risk of injury to staff/residents.

PATIENT SAFETY

Elgin Manor has several methods of enhancing Resident safety and sharing that information.

As a preventative measure we have policies that speak to a Safe and Secure Home, falls prevention, restraint/PASD etc. These policies are reviewed annually, updated as indicated and shared with all staff via SURGE Learning. Additionally staff receive annual education of accident and incident reporting, abuse, whistle blower protection.

All Resident safety incidents are immediately analyzed and documented by the Registered staff (at the time of the incident) and reported to the Manager of Resident Care and, if indicated, to the Ministry of LTC.

Team huddles and team meetings occur with information forwarded onto the various health care teams/disciplines (i.e. Falls team) and the CQI team who conduct further analysis and discuss the occurrence and preventative measures. Safety is reviewed with resident and substitute decision makers on admission, with changes in status, following any incidents, and, as part of resident care conferences.

We view preventable resident safety incidents as opportunities for learning and change and recognize that the sharing of information is a dialogue and not just a one way flow of information and as such we engage and encourage ongoing discussions when analyzing an incident.

If indicated an action plan and tracking system is created and education is provided to staff either online or onsite. Information and reminders are shared with staff via PCC dashboard, memo, emails and/or communication book on each unit.

HEALTH EQUITY

We strive to ensure that resident services and programming is reviewed for fairness and equity with the goal of providing inclusion to Residents who may be disadvantaged by their mental, sensory, physical restrictions or a combination of those impairments.

We recognize French first language and we have access to resources and interpreters if needed.

The Recreational teams works closely with residents to support cultural preferences, meaningful cultural activities, food preferences and spiritual needs. Examples of these are honoring dietary restrictions for residents who follow a religious based diet such as a Kosher diet, church services are non-denominational, etc. At Christmas time, to support and include non-Christians, we use phrases such as Happy Holidays.

Staff offer support of various cultures by acknowledging International Women's day, by wearing a pink shirt to bring awareness to bullying, or by wearing an orange shirt to acknowledge Indigenous Rights.

The Home recognizes transportation limitations of residents based on mobility/physical/financial limitations and looks for opportunities to support services on site. Many on site services (e.g. foot care, dental care, etc.) are available at the Home. The Home has a policy for onsite botox clinics for the treatment and management of spasticity which promotes resident quality of life - specifically pain management and improved range of motion, for enhanced resident capabilities with activities of daily.

CONTACT INFORMATION/DESIGNATED LEAD

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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
