

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2024

OVERVIEW

Elgin Manor is a 90 bed long term care home located just outside of St. Thomas, in Southwold, Ontario in Elgin County. There are 3 resident home areas with one area designated as a dementia/memory care unit. Elgin Manor is one of three homes owned and operated by the County of Elgin.

At Elgin Manor our quality improvements projects are built on the foundation of our Mission, Vision and Value Statements.

Mission statement:

The County of Elgin Homes and Seniors Services are committed to creating a caring environment where residents and staff feel safe, respected and valued.

Vision Statement

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.

Value Statement: RESIDENTS FIRST

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

Terrace Lodge is an RNAO Best Practice Spotlight Organization. We partnered with the RNAO in May of 2019 and obtained designated status in 2022. Continued partnership involves:

Systematic BPG implementation

Reporting
Knowledge Exchange
Sustainability Planning
Measuring Outcomes

To date we have successfully implemented 4 best practice guidelines;

Assessment and Management of Pressure Injuries for the Interprofessional Team
Preventing Falls and Reducing Injury from Falls
Promoting Safety: Alternatives to the Use of Restraints
Person and Family Centered Care

In 2023-2024, one of our significant quality improvement plans involved our work (on the BPG) Person and Family Centered Care. While we implemented many changes, our biggest accomplishment was the revamping of our admission/annual care conferences and care planning. Through our gap analysis it was determined that although the conference and care planning structure met legislative requirements, there were opportunities to better engage our primary stakeholders; namely our residents and substitute decision makers. We wanted to ensure that Residents and SDMs not only participated in their conference and plan of care, but that they lead the care planning process. Some of the changes included ensuring that resident and SDM goals for care were a priority for residents. This ensured discussions at care conferences revolved around what matters most to the resident and their SDM. Every section of the new conference form contains reminders to review and adjust the care plan. This includes dietary, physio, recreation, infection control and all nursing areas. Audits of care conference participation

revealed great success in improving the attendance and active participation of Residents and SDMs.

In 2024 we turn our attention to the implementation of our 5th BGP: Developing and Sustaining (Nursing) Leadership.

ACCESS AND FLOW

Providing access to care in the right place at the right time aligns with our QIP focus on reducing avoidable emergency room visits. By tracking and analyzing data at the CQI meetings it was determined that falls remained the primary reason for an emergency room visit. It is recognized that once a fall occurs an emergency room visit may be necessary (e.g. diagnostics related to potential fracture, laceration repair). With this in mind staff continue to work on the falls reduction program with a focus on injury prevention. Not every fall can be prevented, but the team continues to work to reduce the risk and incident rate of serious injury.

To reduce the number of falls we shifted our attention to optimizing comfort rounds. We increased the surveillance of residents with a history of multiple falls. This came with the challenge of how to increase our surveillance when faced with nursing staffing shortages and competing priorities in care (more acute care residents require more nursing attention which leaves less available time to complete comfort rounds.) We provided information and education to non-nursing staff; recreationists and housekeeping and involved those department members in the participation of comfort rounds. This data was reviewed monthly at Fall Team meetings and at CQI meetings. Early data trending suggests that comfort rounds is successful in reducing repeat falls in

high risk residents. We will continue to track this in 2024-2025.

Additional changes in practice to ensure access to the right care, in the right place at the right time included the purchase of a bladder scanner supported through the local health priority funding initiative. This device allows registered staff to assess for urinary retention and/or post-void residual (PVR.) An abnormal PVR could indicate a blockage in the urinary tract, an enlarged prostate, or possible side effects from medications the resident may be prescribed. Onsite testing provides immediate results, without having to send the resident out for diagnostic testing. This in turn allows for quicker treatment, potentially onsite and minimizing the need for emergency room assessment/transfer.

Additional training was provided to frontline staff in order to support our continence program. A new skin care line was introduced in the summer with the goal of reducing non-pressure injury skin issues, such as incontinence related skin excoriation. With the use of the new product, PSW staff report decrease incidents of incontinence related skin impairment.

Palliative care carts are available for residents and families with the intention of ensuring that families and loved ones have access to items to help support families and their loved one at the end stages of their life. Frontline staff discuss palliative care needs with residents at the time of admission and annual care conference, and with significant change in status; however these discussions can occur at any time based on the needs of the resident and their family. Early discussions allow Residents and SDM to ask questions prior to the (sometimes suddenly occurring) end of life event thus reducing the uncertainty when a change in health status occurs.

Preparation in advance of an end of life event reduces the potential need for emergency transfer to the hospital for care that the Home staff can competently provide through timely implementation of medical and nursing interventions to meet the Resident/SDMS palliative care goals for care.

Registered staff perform quarterly assessments, including palliative assessments, and discuss with the physician, resident and SDM, health status changes. The goal is to reduce emergency department visits through early recognition of a resident's deteriorating health status and subsequent (timely) implementation of medical and nursing interventions.

Looking into 2024-2025 Elgin Manor will purchase IV therapy and doppler equipment supported through diagnostic equipment funding and will be providing education and training to registered staff to help better diagnose and manage some complex health interventions onsite, at the Home, minimizing the need for a trip to the hospital/emergency room.

It was also noted that residents with catheters were at an increased risk of urinary track infections. In response to this finding, the home is currently reviewing and updating catheterization policy and procedures to align with best practice and potentially reduce urinary track infections associated with residents requiring catheter therapy.

EQUITY AND INDIGENOUS HEALTH

Elgin Manor team members actively promote equity, diversity and inclusion through the following:

Previous work as part of the Seniors in Sync Grant project, utilizing technology to recognize individuals' ancestral roots and celebrate diversity in Elgin County through recorded interview and collaboration with the Elgin County Archives, volunteers and staff continues to support residents.

The recent "Finding our Heartbeat Drumming" project, utilizing and consulting with Tribal Spirit Music Drums, Studio Arts Music School to create a virtual drumming program for the residents was a success. This project was hands-on and celebrated the diversity and history of drums and their importance world wide.

Staff have participated in the Indigenous Canada Course provided by the University of Alberta.

Staff attended and participated in the Inclusive Environments for LGBTQ2, provided by the Egale Human Rights and the Indigenous Cultural Competency training cycle.

The Recreation team at Elgin Manor implemented a collaborative project with Dietary services called "Countries of Discovery." Each month the Home chose a country to explore and the programs/activities and dietary meals were focused on that country. Input from Residents were strongly promoted to enhance cultural feedback, inclusion and participation.

French language surveys are conducted annually in order to offer services in English and in French.

Recognition of persons with disabilities and ensuring access to accessible programming include: braille room labels, audio support

via blue tooth headphones, automatic wide doors for wheelchair access, computer assistive programs, and assistive dining devices.

Mandatory education is provided to all staff at Bobier Villa on Workplace Harassment and Discrimination as well as annual education on Civility and Respect in the Workplace.

Annual training will continue into 2024 with specific new training programs from the Canadian Mental Health Association starting with the management team designed to create a psychologically safe workplace for all. A version of this training will be offered to the front line staff as well.

Policies and procedures related to diversity, equity and inclusion will be a focus in 2024-2025.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Satisfaction surveys are sent out annually in the late autumn with results tabulated by December. Prior to distribution Resident and Family council review the survey questions and provide recommendations for additions or omissions. This review is reflected in the council minutes.

During the CQI team meeting in November/December the survey results are reviewed and any area indicating Resident/SDM dissatisfaction is flagged for discussion and action planning. Areas requiring improvement are also incorporated into the program evaluations and into the QIP.

Survey results and the action plan is shared with Resident and Family Council providing an opportunity for resident and family

input. Minutes of these meetings are captured by the Manager of Program Therapy. Results are posted on the Council board. The action plan is reviewed at each CQI meeting and at monthly project management meetings.

Request and Concern forms are completed for resident/SDM concern brought forward to any staff. These may be captured during the care conference, during resident or family council meetings or after a conversation with a staff member. The request/concern is acknowledged and responded to within 10 days. All request and concerns are reviewed and tracked to identify any ongoing trends which may impact the quality of care and action plans are developed and put in place to address.

During 2022-23 Elgin Manor implemented the best practice guideline for Person and Family Centered Care. This involved close collaboration with Residents and SDMs. Before implementing any process or procedural change the plan was discussed at Resident and Family council; both councils had the opportunity to actively participate in the planning of any changes. The home Administrator and/or Manager of Resident Care attended meetings, presented the suggested change ideas and engaged members in an interactive discussion. Suggestions by both councils were incorporated into the implementation plan.

PROVIDER EXPERIENCE

In November of 2023 Elgin Manor introduced a new scheduling system. The new system allows staff to check schedules, time cards, facility memos, time bank balances, as well as providing the ability to request time off, shift exchanges and a vacation planner. This new system ensures collective agreement compliance, schedule creation

and day-to-day maintenance. It also allows administrative and registered staff to quickly complete shift replacement through the automatically generated call in list for all available staff. Staff are able to complete immediate and future call ins with the click of a button through a mass messaging program which sends shift details via text directly to staff. The new system improves replacement of shifts supporting a full complement of staff and provides increased notice for staff of future shifts, reduction in overtime and a time saving for registered and administrative staff.

Elgin County also introduced a new payroll, recruitment and human resource software system in 2023. This system provides enhanced capabilities related to online recruitment, employee development, performance reviews, and payroll information including pay stubs/T4s.

The provision of monthly online education continues to all staff through the electronic platform, team huddles and general/departmental meetings. Education is tailored to meeting both the legislative requirements and individual staff learning needs.

Management and external providers continue to provide onsite training and education as learning needs are identified. Some of the 2023 onsite training and education provided includes, but is not limited to, new equipment such as the bladder scanner, Gentle Persuasion Approach (GPA) training for all departments, Behavioural Support Ontario (BSO) training for all internal BSO team members, mechanical lift training for new resident transfer equipment, skin and wound care in-services to all nursing staff with the introduction of a new skin care line, continence care onsite

training to frontline nursing staff, and Medical Assistance in Dying (MAID) policy and procedure training.

Recruitment and retention remains a management focus. Elgin Manor participated in a recruitment job fair in the spring. The Human Resources team ensures job opportunities are communicated onsite, online and on the County and Homes website.

Elgin Manor held staff appreciation week. This involved a pancake breakfast, a bbq lunch, daily games, theme days and prizes. The highlight was the onsite ice cream truck! Additional appreciation events occur throughout the year to recognize staff dedication and commitment to the residents, families and their role.

Elgin County offers confidential employee assistance services for all Employees and their immediate families.

Moving into 2024 we will introduce the RNAO Best Practice Guideline, Developing and Sustaining Nursing Leadership. The intent of the guideline is to assist not just nurses, but all staff who perform in both formal and informal leadership roles; from the point-of-care to the board room. We include all staff because we recognize that effective collaborative practice is essential for all staff working in health-care.

SAFETY

To ensure the safety of Residents, visitors and staff we engage in the following practices:

Use of Duress alarms and whistles, monthly emergency code drills

Ensuring that non-resident home areas and equipment are securely locked and are only accessible by the appropriate personnel (medication rooms, outdoor access, housekeeping carts etc) In the evening a safety check is performed to ensure a secure building.

Reporting of incidents; from staff discovery to reporting to the ministry, to complete follow up.

Equipment safety; annual retraining, daily inspection of equipment, ensuring staff are aware of what to do with malfunctioning equipment which includes but is not limited to communicating to co-workers, removing equipment from use, labelling any equipment as malfunctioning, submitting a work order.

Safe use of bed rails:

We recognize that improper use of bed rails can result injuries ranging from minor to serious and as such we have an extensive bedrail policy that is reviewed and updated (if indicated) annually. This policy is reviewed by all staff annually. Bedrails are removed from any bed upon discharge. On the day of admission bedrail discussion takes with the Resident, SDM and registered staff. If bedrail use is determined to be of benefit by the resident to support a means of bed mobility there are multiple safety checks and assessment tools in place prior to having the quarter rails put on the bed. At Elgin Manor we do not offer full bedrails.

Safety practices include: bed system evaluations, resident assessments/documentation, offering and trialing alternative

choices and ensuring that the risks of bedrails are understood, obtaining informed and signed consent, obtaining a physicians order and care planning appropriately. Bedrail use is reviewed at monthly CQI meetings and quarterly (with a full assessment conducted.)

Slips, trips and falls: annual education provided. Joint Health and Safety Committee (JHSC) tracks and analyzes all accident/injury reports

Infections and diseases: the Infection Prevention and Control (IPAC) manager oversees and manages infections and vaccinations in the home including residents and staff; and, develops and implements plans related to prevention and control of infectious diseases.

Hazardous Waste: we provide annual retraining including WHMIS.

We ensure staff are equipped with the required tools to perform their duties (e.g. separate disposal container for cytotoxic waste, labels prominently displayed)

With any legislative changes we provide updated education to our staff through our online platform, daily huddles, team meetings.

POPULATION HEALTH APPROACH

Elgin Manor hosts and actively participates in quarterly PAC-CQI meetings. External participants include Southwest Public Health nurses, consultant pharmacist, Physiotherapy, Dietitian, and the Medical Director.

In 2023 we integrated into an information sharing system, known

Project Amplify. This system provided our home with a online clinical data exchange tool, within the electronic documentation system, which allows registered staff to securely send and receive resident specific information from area hospitals in real time.

Our internal BSO team continues to work closely with Behavior Support Ontario; attending virtual meetings every second month and training sessions for new staff. External BSO offers support to our residents through additional assessments and recommendations to support front line staff and families in developing resident-centred individualized plans of care related to responsive behaviours.

Advance Gerontological Education Inc. provides coach training, mentoring and educational material for Gentle Persuasive Technique training of staff.

The RNAO remains a significant collaborator, providing our home with ongoing, easily accessible and valuable resources/information/tools to support best practice initiative implementation.

The Director of Homes and Seniors Services is a Board member of AdvantAge Ontario and has the opportunity to support advocacy for the long-term care sector needs for residents, SDMs and staff. Elgin Manor is a member of AdvantAge Ontario which continues to provide information and resources to support not-for-profit senior care.

The Director of Homes and Seniors Services and Elgin County Chief Administrative Officer are members of the Elgin Ontario Health

Team (OHT) and actively participate in meetings working to support collaboration across the health care sectors.

CONTACT INFORMATION/DESIGNATED LEAD

Bev Drouillard - Quality Improvement Co-ordinator

Terri Benwell - Home Administrator

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 **March 27, 2024**

Michele Harris, Board Chair / Licensee or delegate

Terri Benwell, Administrator /Executive Director

Bev Drouillard, Quality Committee Chair or delegate

Other leadership as appropriate
