

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 31, 2025

## OVERVIEW

Elgin Manor is a one level, 90 bed long term care home located in St. Thomas 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.

We are a Best Practise Spotlight Organization and have successfully implemented four Best Practise Guidelines (BPG):

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 Centred Care

We are currently working on the BPG of Developing and Sustaining (Nursing) Leadership, as well as implementing RNAO Clinical Pathways.

In 2024-2025, our quality improvement plan involved preparing for the implementation of RNAO Clinical Pathways with planning work being completed for the first modules of an improved Admission Assessment which includes a standardized delirium screening assessment and continued work on Person and Family Centred Care. A gap analysis was completed for each of the following BPGs; Developing and Sustaining Nursing Leadership, Admission Assessment, Delirium and Person and Family Centred Care. Additionally, work was done related to BSO Education and the My Personhood Summary.

At Elgin Manor, our quality improvements projects are built on the

foundation of our Mission, Vision and Value Statements as outlined below:

**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

## 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.

Additional changes in practice to ensure access to the right care, in the right place at the right time included the purchase of IV therapy and doppler equipment supported through diagnostic equipment

funding and education/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. Catherization policies and procedures were updated in 2024 to align with best practice and potentially reduce urinary track infections associated with residents requiring catheter therapy. Diagnostic equipment funding was received in March of 2025 to support the implementation of a skin and wound software app integrated with the electronic documentation system. This software will provide baseline assessment data and support accurate, consistent monitoring and care planning for the management of complex and worsening wounds reducing the potential of ED visits and hospitalizations related to skin and wound care. The March 2025 diagnostic equipment funding also supported the purchase of vital sign machines that integrate with the electronic documentation system to provide baseline and out of range data which will support early identification and onsite treatment in residents for IPAC, falls follow up, and residents with complex needs also reducing the potential of ED visits and hospitalizations.

Registered staff perform quarterly assessments, including palliative assessments, and discuss with the physician, resident and SDM. 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 2025-2026 Elgin Manor will be introducing a shared (across the 3 Homes) education lead/coordinator role to support new staff and student onboarding, and, continuing education and implementation of comfort care rounds, clinical pathways, interRAI

updates, skin and wound app, DEI, and other identified and required care and services support.

The three Homes will be recruiting for a shared Nurse Practitioner role across the homes to work collaboratively with the interdisciplinary team through the Hiring More Nurse Practitioners funding initiative to support early identification/screening/assessments/care planning and minimize hospital and ER visits and admissions.

The Homes have also onboarded to econnect and implemented Project amplifi to support transitions in care and minimize the risk for readmission/visits to hospital or emergency room.

## **EQUITY AND INDIGENOUS HEALTH**

The Elgin Manor team members actively promote equity, diversity and inclusion demonstrated by participation in the following:

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

Mental health and wellness training will continue into 2025 with specific new training programs from the Canadian Mental Health Association. This training began in 2024 with the management team designed to create a psychologically safe workplace for all. A short "wellness moments" version of this training was offered to the front line staff in 2024 with additional opportunities planned for 2025.

All long-term care staff are assigned diversity, equity and inclusion

(DEI) training annually with the inclusion of four modules in 2024 focused on the indigenous population. Senior and executive leadership participated in the Indigenous Cultural Awareness/Safety training and elected one of the EIDA-R training options that best aligned with the population/needs of those being served. Two senior leaders participate in a DEI community of practice through our association.

While the corporation has a DEI policy, it has been identified that the development and implementation of a long-term care home resident centered policy and procedure would provide additional support to resident care and services. Work on the gap analysis began in the 2024/25 QIP and policy and procedure development, training and implementation will continue into the 2025-2026 QIP. The education lead/coordinator role and quality improvement role will both support this work.

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.

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. Team members

presented on this topic at the RAO Best Practice Spotlight Organization Symposium in November 2024.

## **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 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.

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.

Elgin Manor entered into an agreement for social worker services in 2024 and has onsite social worker services 2 days/week to support residents and families.

## **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.

Additional opportunities through this scheduling system are being explored for potential implementation in 2025 that will further support front-line staff work/life balance and recruitment/retention initiatives.

Additionally, through the collective agreement bargaining process a commitment was made to meet to discuss, develop and trial scheduling opportunities such as weekend worker, working across more than one home, and other opportunities to support front line staff work/life balance and recruitment and retention efforts.

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.

One member of the senior leadership team participates in an HHR community of practice with our association.

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. The introduction of a dedicated education lead/coordinator role across the three homes will support new staff and student onboarding, new equipment and initiative education and identified needs providing increased opportunities for in-person training.

Management and external providers continue to provide onsite training and education as learning needs are identified. Diagnostic equipment, clinical pathways, policy and procedure updates and

wellness moments training opportunities have been provided throughout 2024. The updated interRAI training will be provided in 2025.

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

Elgin Manor hosts an annual staff appreciation week. This involves food related activities, daily games, theme days and prizes. Additional appreciation events (e.g. pancake breakfast) 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.

Continuing into 2025 we will further implement the RNAO Best Practice Guideline, Developing and Sustaining Nursing Leadership. The intent of the guideline is to assist nurses and other staff who are in leadership roles to further enhance the necessary skills to support the ever changing needs of the long-term care sector. Effective collaborative practice is essential for working in health-care organizations and our goal is to strengthen collaborative practice among all staff, beyond nursing staff.

## **SAFETY**

The nurse call system includes hallway marquees and hand held phones as well as a staff duress system which allows staff working in higher risk areas to carry a duress alarm which will ring through

to the nurse call system to alert others to the need of assistance.

Elgin Manor values the safety of all residents, visitors and staff and in addition to the staff duress, continue to utilize whistles, annual 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).

A night time safety check is performed every night to ensure a secure building.

All safety incidents are reported through the correct reporting methods, including to the ministry of Long-Term Care, Ministry of Labour and Public Health.

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

Safe use of bed rails: It is recognized that the improper use of bed rails can result injuries ranging from minor to serious and as such the County of Elgin Homes have an extensive bedrail policy that is reviewed and updated annually as required. This policy is reviewed by all staff annually. Bedrails are removed from any bed upon discharge. On the day of admission if bedrails are requested a discussion takes with the resident, SDM and registered staff; and, an assessment is conducted. 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 full bedrails are not offered. 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 is provided. Joint Health and Safety Committee (JHSC) tracks and analyzes 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. The IPAC manager participates in an IPAC community of practice with our association and with Public Health Ontario.

Hazardous Waste: staff are provided annual retraining including WHMIS. Staff are equipped with the required tools to perform their duties (e.g. separate disposal container for cytotoxic waste, labels prominently displayed). Emergency code policies are reviewed and revised annually including the Code Brown policy which included updates to ensure spill kits are available on each unit.

With any legislative changes staff are provided updated education through the online platform, daily huddles, team meetings.



Elgin Manor invited and hosted a half day workshop focusing on emergency codes and evacuation. Members of the fire department, corporate emergency management team, human resources, library, facilities, police, EMS attended and participated in a tour of the Home, review and revision of policies. Education on policy updates was completed by all staff following the session.

## **PALLIATIVE CARE**

Current senior leadership staff have been actively involved in the past with both the Southwest and the Elgin Palliative Care Networks. Our homes were the first in Elgin to implement the plan of treatment for CPR algorithm, form, brochure and education to support appropriate decision making regarding CPR for each resident within our Home with the support of the pain and symptom management consultant.

Our homes also utilize the palliative performance scale (PPS) to identify where each resident is on the palliative and/or end of life journey, the Edmonton Symptom Assessment Scale (ESAS) to support pain and symptom management and the pain ad for residents with cognitive impairment.

Training and implementation regarding the palliative and end of life clinical support tool supports appropriate assessment, identification in change of status and accurate timely care planning.

Annual education is provided to all staff regarding pain management and palliative care. Front line staff are offered educational opportunities related to palliative and end of life care that align with their scope of practice including CAPCE, and opportunities through CLRI, etc.

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.

An honour guard is conducted with involvement of residents, staff and visitors of the Home when a resident passes away at the Home, as per the residents wishes and plan of care.

## **POPULATION HEALTH MANAGEMENT**

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

In 2023 we integrated into an information sharing system, known as Project Amplifi. This system provided our home with an 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. In 2024 our Homes onboarded to econnect to further support access to timely resident specific information.

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 (AGE) Inc. provides coach training, mentoring and educational material for Gentle Persuasive Approach Technique training of staff.

Pallium Canada provided education/training was made available to staff members in 2024 and continue to offer free palliative training.

The RNAO remains a significant collaborator, providing our home with ongoing, easily accessible and valuable resources/information/tools to support best practice initiative implementation. Our Homes began the RNAO clinical pathway journey as part of Cohort 7 in September 2024.

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 Administrator is the chair of Region 1 for AdvantAge Ontario. 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 participate in meetings working to support collaboration across the health care sectors to better support clients across the continuum of care.

## CONTACT INFORMATION/DESIGNATED LEAD

Terri Benwell, Administrator

Lindsey Gordon, Quality Improvement Coordinator

## 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 30, 2025**

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**Michele Harris**, Board Chair / Licensee or delegate

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**Terri Benwell**, Administrator /Executive Director

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**Lindsey Gordon**, Quality Committee Chair or delegate

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Other leadership as appropriate

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