

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 10, 2023

OVERVIEW

Our long term care home is guided by our Mission Statement which is to provide quality and compassionate care and services in our community, and to continually strive for excellence in the provision of care & services. The Canadian Institute for Health Information provides quarterly indicators that are specific to the long-term care sector, allowing our home to benchmark and monitor our performance against other homes, as well as the province. These indicators, the priorities of our local Home & Community Support Services, our internal monitoring records and an annual resident/family satisfaction survey are what we use to identify priority areas for our Quality Improvement Plan.

Our quality improvement (QI) committee is led by our Administrator and composed of a member of our Resident Council, a member of our Family Council (if applicable), our Director of Care/Nursing, our Medical Director, each Designated Lead of our Home, our Registered Dietitian, our Consulting Pharmacist, a regular Nursing Staff of the home, and a PSW of the home.

On a quarterly basis, the QI committee monitors and measures the progress of our quality improvement initiatives, identifying and implementing adjustments where needed. At the end of each fiscal year, final outcomes, as well as priority areas for the next fiscal year, are shared with staff and our resident/family councils, as well as posted on our website.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Although our home did not submit a QIP last year, providing quality and compassionate care always has been and will continue to be a priority for our organization, regardless of current barriers. Since

our last QIP submission, we have navigated through the constantly changing landscape the pandemic has presented, and are continuing to manage the ongoing staffing crisis in our sector. As we try to move out of pandemic-mode, we are working diligently to ensure our home remains safe for our residents, staff and visitors. We are continuing with our quality practices such as quarterly meetings for all required programs, staff meetings and audits. Throughout the pandemic we have identified gaps in certain areas such as outbreak procedures and fine-tuned our processes to be more effective and efficient. Our home has been undergoing a redevelopment to a new site and plan for a move-in date for the upcoming spring. As such, a great deal of planning for this redevelopment has been taking place and been a significant focus. In addition, we have been introducing new technology throughout the home. For example, we are in the process of implementing an infection prevention and control (IPAC) surveillance technology that will help us recognize and manage outbreaks in real time, monitor immunization status and complete/analyze audits such as hand hygiene and PPE. We have been and continue to work in partnership with our pharmacy service provider to implement medication management technology that will reduce the risk of medication errors. In addition, we have implemented new technology to assist us with skin care & wound management, as well as nutritional care services, and are in the midst of implementing new human resource software to assist with payroll and scheduling. Since our last QIP submission, our organization's commitment to ongoing quality improvement never wavered. Despite the pandemic and having to navigate through an constantly changing landscape, we decided to continue with our Accreditation Canada survey to ensure our processes continued to be aligned with nationally recognized healthcare standards and criteria, and

are very proud of our success in achieving our Accreditation status.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Residents and their representatives continue to engage in the development and implementation of our Quality Improvement Plan (QIP) and our quality improvement activities through participation in monthly Resident Council and Food Committee Meetings, bi-annual Family Meetings, annual Resident/Family Satisfaction Surveys (these surveys are sent out after each resident's care conference) and the Accreditation Survey process. An annual meeting is also arranged with each resident and/or their representative to seek input on their plan of care and identify opportunities for improvement. Throughout the pandemic, we have had to adjust the way we typically provide these meetings and have transitioned to using technology such as Zoom, Facetime and Skype when necessary, to ensure participation is optimal.

PROVIDER EXPERIENCE

Although the past few years have been extremely challenging for our sector, and our organization, we have continued to make it a priority to include staff in processes, policies and procedure changes by asking for feedback and suggestions at team meetings, huddles and 1:1 conversations in all of our departments. Provider input has been vital, especially as we prepared for and underwent an Accreditation Canada survey.

WORKPLACE VIOLENCE PREVENTION

Preventing violence in the workplace is a priority. Twice/year we conduct a risk assessment and implement strategies to address any gaps, if they have been identified, in order to minimize the risk of any violence in the workplace. As well, upon hire we provide our staff with education on our policy and post a copy for reference if it is ever needed. To increase awareness on how to manage a situation where there is a violent person or an aggressive situation in the workplace, we practice the standard Emergency Code White exercise annually. If anyone were to find themselves in a violent situation, support is immediately offered internally and information about external resources are made available.

PATIENT SAFETY

Resident incidents are reported, investigated and documented in the resident's health record and interventions are identified to prevent further incidents from occurring. Where a resident has been involved in an incident, it is discussed with the resident and or their representative, including the interventions that are being put into place to prevent a further incident from occurring. As well, an annual care conference/care team meeting is arranged with each resident and/or their representative to discuss the resident's overall plan of care. On a quarterly basis, all resident incidents that have taken place are summarized, analyzed and reviewed by an interdisciplinary professional advisory team.

HEALTH EQUITY

Sociodemographic data is gathered as part of our organization's strategic planning process to ensure the culturally diverse health needs of our population are being met. Programming is designed to address the emotional, intellectual, physical, social and spiritual & religious needs of various cultures. Social work services are available to support situations and help navigate any cultural barrier that may present itself.

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
