

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 29, 2023

OVERVIEW

Glen Hill Strathaven is a 158-bed, not-for-profit, charitable home which includes 11 interim beds and 15 Convalescent Care Program beds. Quality is integrated into the foundation of our mission to provide exemplary, quality care to our residents. Strategic priorities are determined by our volunteer Board of Directors under the key pillars of:

- Providing an Exceptional Life Experience
- Nurturing our Network
- Promoting Growth and Sustainability

Each year, the home's leadership team and external partners participate in a full day of strategic planning. This exercise includes a fulsome analysis of our current performance related to key performance indicators, resident and family satisfaction, employee engagement, workforce development, complaints, critical incidents, clinical best practice and regulatory compliance.

Based on the internal and external analysis of our current state, along with identification of our strengths, weaknesses, opportunities and threats, strategic priorities are determined. To align with our strategic plan, opportunities for improvement are identified to form the basis of the home's Quality Improvement Plan.

The home's current QIP continues to focus on improving resident quality of life with a particular emphasis on application of emerging best practice guidelines, staff education, innovation and developing tools to garner real-time feedback from our residents.

Achievement of QIP targets are reported and analyzed by the home's Quality Improvement Committee which includes representatives from our Residents' Council, Family Council, front-line staff, medical staff, leadership and external care partners.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Quality Improvement initiatives for 2022/23 strongly focused on "normalizing" operations as pandemic restrictions eased, improving quality of life for our residents specifically around recreation programs and dining experiences and re-building a strong workforce to deliver excellence.

Resident Communication goals were surpassed for 2022/23. 2023/24 priorities will focus on care conferences and improved communication with physicians and medical supports as identified through resident and family satisfaction surveys.

Resident Quality of Life goals around Spiritual and Recreation programming were exceeded as evidenced in resident satisfaction survey results. 2023/24 goals are to maintain these gains and create opportunities to solicit more real-time feedback from residents. A targeted volunteer recruitment effort will also be made to further support resident socialization.

2022/23 targets to 'nurture relationships with residents and community' were not met due to leadership staff turnaround and evolving priorities. 2023/24 QIP continues to work on elevating the move-in process for residents and their families.

As per 2022/23 QIP, a Family Council was formed after many years of inactivity. 2023/24 goals will focus on continuing to grow and

support the Family Council and to strengthen outreach and support to new families.

Performance on Clinical Programs remains strong with most indicators exceeding provincial benchmarks. However, areas for improvement were identified through resident and family satisfaction surveys and 2023/24 QIP identifies targeted improvement work related to falls, skin and wound care and pain/medication management.

Responsive behaviour goals were partially met for 2022/23 and improvement initiatives will continue in 2023/24 related to staff education on Gentle Persuasive Approach, Montessori Methods and Dementiability.

Recruitment and Retention goals for 2022/23 were successful. While voluntary resignations increased, new hires doubled over 2021 resulting in an overall staff increase rate of 36.4% vs 7.7% in 2021. SURGE online learning was introduced in 2022 with success. The home's student placement program continues to grow utilizing the PREP LTC program. 2023/24 goals will focus on growing our staff through team involvement, education and preceptorship.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Resident and caregiver engagement is solicited for quality improvement initiatives in the home. Representatives from both the Resident and Family Council sit on the Quality Improvement committee which has been instrumental in assisting the home to determine priorities and gain insight into areas affecting resident quality of life. Specific initiatives are taken to the respective Councils for more in-depth discussion and feedback. For example, when looking to determine what would drive increased resident satisfaction with recreation and spiritual programs, specific input was requested from residents resulting in changes to scheduling and content of programs. Similarly, our newly-formed Family Council has been consulted for feedback and is currently working on a number of initiatives to support residents and caregivers in the home.

Recent initiatives include sharing key performance indicator data with residents and families, as well as progress towards our QIP which demonstrates our commitment to improvement and transparency.

PROVIDER EXPERIENCE

The past 3 years have hit healthcare hard and our home has had its share of staffing challenges- something not previously experienced in the home, which is situated in a relatively small, but centralized, community. Staffing shortages in the home - particularly around registered staff - contributed to significant burn-out heading into 2022. This led to a higher than normal resignation rate with many opting to leave long-term care entirely and others choosing early retirement. Another trend we saw was staff dropping down from full-time to casual employment allowing them the flexibility to choose which shifts to work. This created many gaps and uncertainties with scheduling. The home undertook a very aggressive hiring campaign utilizing social media and targeted recruitment. This proved successful in doubling our hiring rate over the previous year.

The home adopted a practice of active appreciation and accommodation by increasing "support enticements" such as meals and snacks for staff along with incentives and scheduling flexibility.

The home also took the opportunity to form strong alliances with our education partners to grow our student placement program which provided a strong potential hiring pool.

As the sector settles into a "return to normal", the home is focusing on re-establishing teams with strong front-line staff representation and increased opportunities for staff involvement and education to support improvement.

WORKPLACE VIOLENCE PREVENTION

The home is committed to providing a safe and healthy work environment in which all staff, at all levels of the organization, are treated with respect and dignity, free of workplace harassment, violence or discrimination. The home promotes a workplace of respect and has a strong, multidisciplinary health and safety team. The home has policies and processes in place to support a safe environment. Incident information is shared with the Health and Safety Committee for review, analysis and feedback on areas for improvement. There is strong communication and mutual support between management and the Health and Safety team.

Targeted education was initiated in 2022 with a full day, external consultant led, workshop for all staff on Workplace Violence and Harassment which was very well received.

Through our staff education-needs survey, we identified a need for increased education around responsive behaviours. The home initiated certification of 2 BSO team members as Gentle Persuasion Approach coaches and the home is currently undertaking to have all staff attend the 1 day training. Additional PIECES training is being offered to front-line staff.

Improvements for 2023/24 will continue to focus on staff education and development of specialized roles to better support staff in effectively managing responsive behaviours including Montessori-based dementia programming.

PATIENT SAFETY

Review and analysis of patient safety is incorporated into the monthly and quarterly meeting structure of the home which

includes:

- Falls Prevention Committee
- Resident Quality Safety Committee - review KPI's related to Nutrition and Hydration, Falls, Mobility, Safety Devices, Restraints/PASD's, Skin and Wound, Medication Management, Continence, Restorative Care, BSO, HIN and IPAC. This is a more grass-roots committee comprised primarily of direct care staff who brainstorm individualized resident interventions.
- IPAC Committee
- Health and Safety Committee
- Palliative Care and Ethics Committee
- Professional Advisory Committee – responsible for the on-going provision of quality care. Standing agenda item includes a review of key points emerging from above noted committees and analysis for trends at a broader process level to make recommendations on areas for improvement.
- Quality Improvement Committee - review, analyze and monitor information relative to the provision of care and services with a view to advise, collaborate and promote quality and safety of care in the home

Team meetings are multidisciplinary in their approach and include representation from front line staff and residents/SDM, as appropriate. Meetings include a fulsome discussion and analysis of incidents to identify opportunities for improvement.

Resident safety incidents are entered in the Risk Management Module of Point Click Care and reviewed monthly by the Director of Care, Assistant Director of Care and Administrator to identify trends.

Critical Incidents are reviewed quarterly by the QI Committee.

Resident safety information is shared with Residents, families and staff through Residents and Family Council meetings, newsletters, email blasts, team meetings, huddles and care conferences.

HEALTH EQUITY

Sociodemographic data is collected upon admission. This information is used in the development of an individualized resident plan of care which includes meeting social and cultural needs as appropriate.

CONTACT INFORMATION/DESIGNATED LEAD

Christine Langton
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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
March 31, 2023

Board Chair / Licensee or delegate

Stan Piersma



Administrator /Executive Director

Christine Langton



Quality Committee Chair or delegate

Other leadership as appropriate

Ruth McFarlane, CEO

