

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

January 14, 2025

OVERVIEW

The OGM has been working diligently to recruit new staff as we work at enhancing services.

We aim to hire and retain the best individuals who share our desire to strive to be amongst the best LTC in Ontario.

We are invested in a safe, infection free environment which involves a diligent screening processes as well as enhanced PPE and hand hygiene education for all staff and visitors.

Positive changes have been implemented to strengthen resident and family involvement in the circle of care. We are blessed to have representatives from all our departments, residents, and family members participate in the QIP committee.

We have resumed group programs in the community room. We have overcome many challenges posed by the COVID 19 pandemic and we have worked together to find creative solutions such as maintaining resident cohorts during programs, providing plexiglass barriers to performers, utilizing technology and offering more outdoor programs weather permitting. These have all been crucial steps in maintaining our activity levels. We continue to welcome back our wonderful volunteers that support Grace Manor in various ways.

Grace Manor continues to serve the spiritual needs of our residents.

All staff continue to support our residents in having an enjoyable meal experience. We have revived the resident food committee which had been incorporated into the resident council for the past few years. The resident food committee is a place for residents to

voice concerns, brainstorm menu ideas and even sample new menu items.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

QIP complete not submitted for 2022 .

During the pandemic the nursing team continued to complete all assessments and continued to strive towards excellence in care.

The Covid pandemic brought us to focus on:

1. infection control to ensure the safety for everyone in the home we screen and complete Rapid Tests , offering covid vaccines to all staff, residents and visitors, audits on hand hygiene are completed monthly, education ongoing to ensure IPAC is understood and being followed. We are invested in a safe infection free home.
2. falls prevention , falls are always a concern with each fall there is potential for serious injury. Monthly review of the policy we are able to focus on how to decrease falls and make adjustments in post fall assessments.
- 3.Circle of Care is a huge focus as we strive to bring all departments together with resident and family to discuss plan of care. Our goal is to improve communication with SDM and resident to enhance the quality of care.
4. Palliative Care, our goal is to foster a resident centered approach in providing palliative care. To have a process to proactively screen any resident who would benefit from a palliative care approach.

5.Workplace Violence prevention is always a priority. Review and education of the policy , followed up with a staff survey reflected in the strategic plan.

Implementation of the Quality Improvement Committee is beneficial as we move forward to ensure accountability , and high standards of care

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

In the past year we have improved assessments to enhance higher quality of care by revising skin and wound and post fall assessment, the implementation of PPS and diabetic foot assessment. Enhancing the staff orientation process for example: one on one with the RAI coordinator for education on documentation. One on One with Director of Care for IPAC. All new staff are required to complete orientation education on site.

We continue to strive for excellence in care.

The challenges in past year have been :

- 1.staffing : Not enough Personal Support Workers, housekeepers, maintenance, receptionist dietary and Registered Staff
- 2.workplace injuries related to staff exhaustion.
3. ensuring all visitors properly wear masks and follow all IPAC protocols
4. Difficult with visitor restrictions as the residents were alone and family members and residents were emotional and hurting
5. Completing the many data entries for many divisions

Despite our many challenges we continue to complete residents assessments on PCC, and RAI assessments. Increase family and staff

communications to ensure a better understanding of the many directives changes.

Re structure of the admission and care conference process to allow for more involvement in the resident circle of care.

Implementation of the Quality Improvement Committee is successful in bringing residents, family members and interdisciplinary teams to improve the overall care in the home. IPAC education on going and audits on PPE ,Hand Hygiene monthly

PROVIDER EXPERIENCE

The challenges over the past year are:

- 1 Staffing, ensuring staffing is adequate to meet the resident care needs.
2. Staff burn out and exhaustion
3. increase sick calls
4. workplace injuries

Everyone is worried and scared of the uncertainty ,to support staff :

- 1.Hiring additional recreation , dietary and nursing staff
- 2.extra 3.00 hour pay to Personal support Workers
- 3.Celebration of successes with Staff Appreciation
4. Communication to ensure everyone is understanding of each new Ministry Directive
5. Ongoing education on IPAC

WORKPLACE VIOLENCE PREVENTION

Workplace Violence is always a priority. To ensure staff safety OGM has:

1. Reviewed and updated the Workplace Violence Policy
2. Provided education to staff
3. survey complete to determine any potential areas of improvement that are required
4. Monthly health and safety Meetings .

PATIENT SAFETY

Resident safety will always be a priority.

To ensure safety to all residents staff are provided with education. The importance of each process is discussed at meetings as well as one on one discussions. The following are the resident safety practices that we have implemented and follow:

1. Restraint reduction
2. Pre - Emergency Room Transfer Checklist
3. Medication Incident and Follow up Forms
4. Post fall assessment device review and infection
5. Skin and wound education and assessments
6. Education on IPAC (PPE/Hand hygiene for staff, visitors and residents)
7. Post admission and post hospitalization audits are completed
8. ADT to ensure enhance communication between hospital and OGM
9. Pain Management on going education

HEALTH EQUITY

We are in the planning stages of developing individualized programming for different ethnicity groups.

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 **January 18, 2023**

James Lindhe, Board Chair / Licensee or delegate

Cameron McCallum, Administrator /Executive Director

Fawn Furey, Quality Committee Chair or delegate

Cindy Allen, Other leadership as appropriate
