

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2024

OVERVIEW

In keeping with the Southbridge vision to bring lives together with meaning and purpose, Shelburne will be focusing on four areas of quality in this 2024/2025 QIP plan; namely Operational Excellence, Risk Reduction, Resident-Focus and building on our Safety Culture.

OPERATIONAL EXCELLENCE:

We aim to continue to enhance our operational excellence through process improvements to ensure that our services are executed in a timely, accurate and cost-effective manner that exceeds stakeholder expectations and ensures our residents and stakeholders full satisfaction with the care and services provided.

RISK REDUCTION:

Risk reduction is always a top priority for our home and we will continue to implement best practices in all facets of our care and services to enhance to quality of care we provide to our residents through risk reduction and quality improvement.

RESIDENT-FOCUS:

Residents are central to everything we do in our home and the care we provide exemplifies a resident-focused approach where the treatment plan is driven by the needs, preferences, and life-long habits of the resident. Care is individualized to each resident, and the resident is an active participant in their own care decisions.

SAFETY CULTURE:

Our 2024/2025 QIP plan builds on our strategic direction to further our commitment to delivering safe, compassionate, high quality care in every interaction with every resident, employee, family member and visitor to our home. Safety is embedded in all our policies, processes and workflows to ensure we provide our customers and employees with a safe environment to live, work or visit. Staff and residents receive education annually on many safety related topics to ensure that everyone is aware of current best practices related to safety and hold safety as a top priority in their daily activities.

As healthcare organizations face unprecedented human resources challenges, Southbridge is committed to enhancing the staff experience and effectively managing these hurdles. We've implemented various initiatives to achieve these goals, including utilizing government grants and incentives to support our workforce development efforts. Additionally, we've embarked on international recruitment endeavours to address staffing shortages and foster diversity within our workforce. Collaborating with educational institutions, we're building talent pipelines to ensure a steady influx of skilled professionals. Moreover, we regularly conduct employee engagement surveys to gather feedback and identify areas for improvement. These surveys enable us to take actionable steps, such as implementing training programs and refining policies and procedures, to create a supportive and fulfilling work environment for our staff. We also prioritize professional development opportunities by providing ongoing training and development opportunities to enhance staff skills, support career advancement, and foster continuous growth. Furthermore, our commitment to continuous quality improvement fosters a culture where staff are empowered to identify areas for enhancement and actively

participate in initiatives to improve the care and services provided to our residents. Through these comprehensive efforts, we aim not only to attract and retain top talent but also to cultivate a culture of excellence and resilience within our organization.

In 2023 we had many quality improvement achievements and successes to celebrate. These successes can be attributed to the hard work and dedication of our multidisciplinary team, the collaboration with our residents, families, and stakeholders as we all share the common goal of improving the care, service, experience and life for all that live, visit and work at enter name of home.

Here are just some of the highlights from the last year that we are proud to announce:

Shelburne continues to remain well below the provincial benchmark in the use of antipsychotic medications without a diagnosis of psychosis, with a current rate of 10.34.

Improved percentage of residents or family who responded positively to the statement "Overall, I am satisfied with the care provided to the resident" at 100%

-Improved the percentage of residents who responded positively to the statement "Overall I am satisfied with the care I receive" at 93.8%.

-Maintained a 0% rate of residents who were physically restrained.

-safety has been a major focus for our home in 2023, and we are proud to report that our data reflects a reduction in the number of residents who have experienced a fall in the last 30 days, currently at 11.33%, which is below the provincial target of 16.9%.

-in keeping with Southbridge's goal of providing excellence in customer satisfaction, we are thrilled to share that our annual family celebration resumed with great success and feedback. In addition to this, we are very proud to announce that in person events and meetings has increased that family participation and interactions within the home, resulting in an overall increase in satisfaction.

-family and resident satisfaction surveys reflected a 93.3% satisfaction rating. To achieve this result that home has put much focus on in person interactions to increase rapport and relationships between residents, their loved ones and the staff. Improved communications between the home, the resident and their loved ones had also had a direct positive result on overall satisfaction. The home values the input of our residents and as such, ensures that they are included in on changes, quality improvements, education, accreditation and many other aspects of the operations of the home.

ACCESS AND FLOW

Our home is committed to optimizing system capacity, timely access to care, and enhancing patient flow to improve outcomes and quality of care for patients, clients, and residents. As part of this important initiative, we work in partnership with our community partners, including Behaviour Supports Ontario and the Regional Psychogeriatric Consultants, among others, on implementing strategies and treatment plans to avoid unnecessary visits to emergency departments through new models of care and by ensuring timely access to primary care providers. We place a strong emphasis on understanding each resident's goals of care and supporting those goals to the fullest extent possible in our home through proactive identification and management of resident's health issues and maximizing the scope of practice of our Nurse Practitioners and clinical staff to manage health challenges on-site as much as possible. In addition, our home has been actively involved with the Ministry of Long Term Care and Point Click Care in the implementation of AMPLIFI, which is a project aimed at Improving the continuity of care for Ontario Long-Term Care residents by streamlining transitions between care institutions, leading to safer care for patients, and more efficient workflows for providers.

EQUITY AND INDIGENOUS HEALTH

Our home promotes equity, diversity and inclusion for all our residents and staff. As part of this initiative, Southbridge actively recruits staff from a wide range of ethnic and cultural backgrounds and our staff speak many different languages. We strongly value this diversity and believe that this enhances the care provided to our residents as we strive to provide care to our residents in their native language whenever possible. All staff receive annual mandatory education on cultural competency, Indigenous Cultural Safety, as well as, the Standards of Employee Conduct which clearly outlines our priorities around non-discrimination, zero tolerance for abuse, neglect and unlawful conduct, ethics, professionalism and the promotion of caring and compassion in all we do. All staff receive training on Accessibility for Ontarians with Disabilities Act requirements, as well as, education on how to provide excellent customer service to those with various disabilities.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Performance monitoring is a key part of assessing our resident's experience and driving our performance and includes, but is not limited to, the following:

- Monitoring key quality indicators
- Internal audits
- External audits
- Program evaluations
- Resident satisfaction surveys

Southbridge Care Homes measures and monitors quality initiatives by ensuring effective data collection and accuracy and quality indicator score cards. Our home collects, monitors and analyzes all the data we collect to continually improve the care and services we provide our residents.

With this in mind, we put considerable effort into regularly and actively engaging residents and families for their insights and feedback, provide channels for open dialogue, and share ongoing progress through regular updates, collaborative face-to-face meetings, townhall sessions and experience surveys. Our ongoing goal is to continue to build on our existing approaches to resident and family engagement and continue to evolve our approaches to resident and family Partnership.

PROVIDER EXPERIENCE

At Southbridge, we believe our staff are our greatest resource and as such, we are continually engaging them in evaluating the care and services we provide, getting their feedback on improvement plans, including this QIP, as well as, other quality improvement initiatives in the home. Staff are engaged and their feedback is sought throughout the change management process whenever new programs, equipment, and/or services are introduced. Staff satisfaction surveys are conducted and analyzed, and improvement plans developed based on the results of these surveys. Our staff have access to a wide range of educational opportunities and also incentive programs such as, “Perkopolis” which is Canada's leading provider of fully managed perk programs.

SAFETY

Our home prioritizes safety for all our residents, staff, families and visitors because we know that residents can not enjoy a living environment where they don't feel safe, nor can our employees provide excellent care in an environment which does not prioritize safety. As such, safety is embedded in all our policies, processes and workflows to ensure we provide our customers and employees with a safe environment to live, work or visit. Staff and residents receive education annually on many safety related topics to ensure that everyone is aware of current best practices related to safety and hold safety as a top priority in their daily activities. Continuous learning is always encouraged in our homes and we offer training on many safety-related topics, including body mechanics, lifts and transfers, ergonomics, safe resident bathing and showering practices, prevention, identification and management of heat and cold related illnesses, prevention of pressure injuries, non-violent crisis intervention as well as, a comprehensive education program centered on Emergency Preparedness.

POPULATION HEALTH APPROACH

Our home is a reflection of the community in which we operate and as such, we work hard to ensure the unique needs of our residents and staff are reflected in the care and services we provide. We are committed to providing service in a manner that respects the dignity and independence of all people, addressing unique populations and striving to meet the needs of those that require our care and services, each and every day. As an early-adopter of the Amplifi project, our home is currently working with our community partners to improve patient transitions, ensuring their health information follows them as they move from local hospitals to our home and vice versa. This has been a focus of continued work to ensure safe, effective and timely discharge from hospital for our residents.

CONTACT INFORMATION/DESIGNATED LEAD

Stacey Rooyakkers, Executive Director
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OTHER

I have reviewed and approved our organization's Quality Improvement Plan:

Executive Director: Stacey Rooyakkers
Director of Care: Mariana Kuzmich
Assistant Director of Care: Yasmine Stephens
Resident Services Manager: Heather Wilson
Activities Director: Sarah Brown
IPAC Lead: Natalie Rafael
Food Services and Nutrition Manager: Bahaar Hundal
Regional Director: Christi Broderick
Clinical Consultant: Jenny Allison
VP of Operations: Andrea Loft

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**

Andrea Loft, Board Chair / Licensee or delegate

Stacey Rooyakkers, Administrator /Executive Director

Mariana Kuzmich, Quality Committee Chair or delegate

Other leadership as appropriate
