

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2023



OVERVIEW

The Golden Manor is a municipal long-term care home located in Timmins. At the Golden Manor, all residents are supported to maintain a meaningful and continuing relationship with their families, other residents and the community.

The mandate of the Golden Manor is to provide 176 long-term care beds for residents of Timmins and surrounding area. We are guided by the fundamental principle of being a home for residents “...where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met..” FLTCA, 2021, c.39, Sched. 1, s.1.

At the Golden Manor, we envision excellence in culturally-appropriate resident-and-family-centred care delivered by a talented workforce. This approach is reflected in our vision “Golden Manor Home for the Aged will be the leading Community of Care for the overall well-being and diversity of individuals and cultures in our community.” Our vision signifies the importance of meeting the physical, psychological, social, spiritual and cultural needs of residents while providing the highest quality care. We acknowledge that a resident’s well-being and quality of life depend on integration and collaboration between an ecosystem of people, including fellow residents, family members, caregivers, long-term care home staff, volunteers, service providers, community and government (FLTCA, 2021). This important ecosystem is highlighted in our values statements, spelling out RESPECT:

Respect: We respect and value the uniqueness of each individual.

Encouragement: We encourage collaboration between our staff, volunteers, residents and families to achieve engagement.

Striving: We strive always to improve the physical, emotional,

mental and spiritual health of our residents in their home.

Promote Dignity: We promote an environment of dignity and well-being.

Excellence: We pursue excellence in everything that we do.

Community: We are a community of care.

Teamwork: We demonstrate teamwork by trusting each other

Early in 2020, the Golden Manor set out to update and develop a strategic plan which would identify our priorities and guide our activities over the period of 2020-2024. We are committed to ensure that we remain focused on and committed to maintaining and sustaining a healthy environment for our residents to live and for our staff to work, while we plan for the redevelopment of the Golden Manor. The four strategic priorities identified outline our objectives and priorities for 2020 - 2024. These priorities are:

STRATEGIC PRIORITY # 1: To ensure that Golden Manor is an exceptional place for our residents to live.

STRATEGIC PRIORITY # 2: To ensure that Golden Manor is an exceptional place for our staff to work.

STRATEGIC PRIORITY # 3: To ensure that our physical assets meet the needs of our residents, families and staff and that we remain financially sustainable.

STRATEGIC PRIORITY # 4: To sustain our ability to change and improve.

Objectives for Quality Improvement, Resident Safety, and Risk Management flow from this framework. These objectives are linked to performance metrics and are evaluated on an ongoing basis. Each program and department at the Golden Manor develop an Integrated Quality, Safety, and Risk Management Plan that identifies outcomes, activities and objectives.

An overarching priority for all Integrated Quality, Safety, and Risk Management Plans is person-centred care and ensuring that “nothing about, without you” is the mindset we hold in planning and execution of all activities. We strive to have one quality improvement activity encompassing resident-centred care values in each Integrated Quality, Safety, and Risk Management Plan.

The Quality Improvement Plan is led by the Integrated Quality, Safety, and Risk Committee and supported by the Administrator and Committee of Management for the City of Timmins, including all Golden Manor employees, programs, departments and committees to ensure quality and the necessary improvements occur within the home.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

As Accreditation Canada has launched the new Qmentum Long-Term Care program, we look forward to the new process that reduces peaks of intense pressure in one year and spreads assessment activities over the course of a four-year cycle, establishing a continuous quality improvement approach to accreditation. We have begun phase 1 of the continuous Accreditation cycle by completing the self-assessments and will be completing the Governance Functioning Tool (GFT) survey instrument once available, we will use the results from the self-assessments and GFT to create the Quality Improvement Action Plan (QIAP).

We have maintained the Continuous Improvement (CI) focus with a number of additional staff trained and new improvement projects identified. We continue to monitor and evaluate improvements made with the Palliative Process. Much work has been done by the team to meet best practices in advance care planning and improving the quality of the palliative process for residents, families and staff. In 2023, we will be focusing on CI projects for resident recreation and staff scheduling. The Quality, Risk and Resident Experience Coordinator has been involved in advanced CI training with a handful of other staff from City of Timmins departments. The goal will be proficiency in the CI process, ability to support CI projects, and train additional City of Timmins employees in the CI process. In 2022, five additional staff from the Golden Manor have received CI training. With advanced knowledge and additional Golden Manor staff trained in CI we will have the tools to promote a culture of continuous improvement.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND

PARTNERING

The Golden Manor has highly engaged Family and Residents' Councils that meet monthly. We actively seek input and feedback from both councils regarding proposed projects, quality improvement initiatives and strategic planning.

1. We have regularly sought their input throughout the implementation of key improvement ideas for the CI palliative process including: Advance Care Plan meeting process, hospice/end-of-life resources, education/information packages.
2. We have been reviewing the resident satisfaction survey results with Residents' and Family Council to garner their feedback and assist in creating actions plans.
3. We have consulted both groups during recent product changes including having members from Family Council meet with representatives from the company providing our new incontinence products.

A Food Council has been established with high engagement from residents throughout the home along with staff and family. The mandate of Food Council is:

- To assist with the development, review and revisions of the menu twice annually.
- To participate in the development and review of quality assurance audits, processes and materials for the Dietary Department.
- To review monthly audit reports and develop plans for improvement.
- To test new food and menu items for acceptability.
- To participate in presentations by food manufactures (as appropriate and available).
- To assist in visioning and preparation for Special Events (including celebrating holidays or cultural events).

PROVIDER EXPERIENCE

We have not been immune to the “burn out” experienced throughout the health care sector. We have been fortunate to have a corporate Health and Safety Department that actively engages stakeholders to offer staff mental health supports and promote mental health awareness. In June 2021, the Health and Safety Department launched MindBeacon a new accessible mental health resources that offers Therapist Guided Program and Live Therapy Sessions, in addition to the existing Employee and Family Assistance Program. The City of Timmins also has a Wellness Committee that organizes and sponsors a range of wellness activities for staff and their family. The City of Timmins and Golden Manor supervisors continually promote these resources to all staff. Additionally, the Golden Manor Staff Advisory Council is being led by the Infection Control and Employee Wellness Coordinator with representation from all Golden Manor departments and staff groups. The Staff Advisory Council’s mandate is to promote a culture of staff inclusion and positivity through planning and implementing activities and initiatives which focus on employee health and wellness with monthly staff events being planned.

The Golden Manor the Employee Recognition policy continues to be evaluated and improved to ensure inclusivity and regular recognition events.

We have initiated Leadership Walks based on staff feedback to promote visibility of home leadership. The home has developed a formalized process to have the supervisory team round the building and touch base with the staff on a weekly basis. The purpose of the “Leadership Walks” is to promote visibility and encourage open discussions with staff from all departments. Communication has

been a topic identified by staff in which improvement opportunities lie. Therefore, a priority for improvement this year will be our internal communications strategy. We will also be conducting a staff survey at the beginning of Q1 2023 to help gather feedback and identify additional priority areas.

Along with the rest of the health care sector our home is experiencing staffing challenges, especially from a nursing perspective. Recruitment efforts continued with:

- Continued involvement with the local colleges for clinical placements and preceptorships
- Job Fairs
- Return of Service/Incentive Programs
- Supervised Practice Experience Program
- Rural Northern Immigration Program

We have continued to build on innovative positions such as Resident Support Aides to support PSWs and provide 1:1 time with residents.

WORKPLACE VIOLENCE PREVENTION

We are committed to provide a safe and healthy work environment for our staff, identifying a safe workplace as a goal through the strategic priority: To ensure that the Golden Manor is an exceptional place to work. We have a number of measures in place to minimize the risks associated with workplace violence. We have methods to report risk, harm and near miss incidents and potential hazards and a process to follow-up with reports in a timely fashion. We work to minimize reoccurrence of incidents through interdisciplinary team discussion and real time huddles and debriefing with care team. The BSO lead receives all reports of incidents of violence by a resident towards staff to lead this

approach to minimize responsive behaviours.

We identify and recognize responsive behaviours can be a prominent cause of violence in the workplace, therefore we provide mandatory Gentle Persuasive Approach (GPA) training for all staff within our home, providing staff with the tools to minimize potential risk. Although GPA training had been postponed due to the pandemic, we have been able to reinstate in-house training in 2022 provided by the BSO lead with support from external BSO. All incidents of this nature are tracked and trends are reviewed monthly by the Joint Health and Safety Committee and shared with the leadership team.

We regularly review the code white/violent incident process to ensure the right staff attend to offer support in the situation and other residents and staff are removed from the situation for their safety. We have established a partnership with Timmins Police to provide required and informed support to staff and conduct debriefs with staff following all incidents.

The City of Timmins offers support around the prevention of workplace violence. Supervisors attend workplace violence prevention training and are able to access resources and support from the municipal Health and Safety department. The Joint Health and Safety Committee within the Home is supported by the municipality and regularly meet to discuss safety of staff.

PATIENT SAFETY

To ensure our incident management system was aligned to standards from Accreditation Canada and the Canadian Patient Safety Institute the incident management system underwent some improvements in recent years to promote reporting compliance and follow-up. Resident safety incidents are reported through our EMR to support ease of reporting and linkages to follow-up assessments. Resident safety incident investigation and follow-up are discussed at regular interdisciplinary meetings and debriefs when necessary. Interdisciplinary meetings are in place for general review, falls prevention, medication incidents, minimizing restraints, mobility, skin and wound, and care plans. Monthly reporting to the leadership team is also in place to discuss and analyze trends.

A documented and coordinated approach to disclosing resident safety incidents to residents and families is in place and promotes communication and a supportive response to assess and prevent reoccurrence.

When trends are identified we use these opportunities to learn from resident safety incidents and share learnings through communications to staff, residents, and families through a variety of forums i.e. memos, email communications, Family Council, Residents' Council, posters, education.

HEALTH EQUITY

Gathering socio-demographic information from residents on admission i.e. language, cultural, and religious information, is important in ensuring appropriate service delivery and to identify opportunities for improvement. As French is the second most prominent primary language in our home, in 2022, the Golden Manor was identified as providing French Language services, providing us further eligibility for translation services. Therefore, we have begun efforts to translate all public facing information to French. To support Indigenous residents at the Golden Manor we partner with community organizations to provide translation services as well as culturally relevant activities and engagement.

The City of Timmins has established a Diversity, Equity and Inclusion (DEI) Committee with the vision of a safe and supportive workplace where diversity, equity and inclusion are at the core of how we conduct business. Some initiatives the DEI committee is spearheading are education and identification of individual pronouns; inclusive language in policies and job postings; DEI work environment assessment survey; DEI self-identification questionnaires; and continued Indigenous awareness training and cultural competency training.

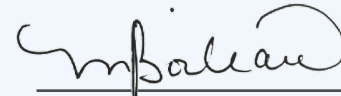
CONTACT INFORMATION/DESIGNATED LEAD

Amy Beaven, Quality, Risk and Resident Experience Coordinator
amy.beaven@timmins.ca

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

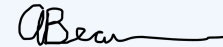
I have reviewed and approved our organization's Quality Improvement Plan on
March 30, 2023



Board Chair / Licensee or delegate



Administrator /Executive Director



Quality Committee Chair or delegate

Other leadership as appropriate