

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2025



OVERVIEW

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Spruce Lodge is part of a broad support system for seniors and adults with disabilities. Our Long-Term Care home provides accommodations for 128 residents. Beyond the Lodge, our campus includes Woodland Towers (rental and Life lease apartments), Hamlet Estates (life lease garden homes, as well as a warm water swimming pool and the Spruce Lodge Active Living Centre- all designed to promote well-being and community connection.

Spruce Lodge undertook a strategic evaluation over the past year with a focus on re-energizing our mission and vision. The values of Spruce Lodge are FIRST- friendly, inspired, resident focused, solution orientated and team work have been the foundation of the home and the decision was made to build on these values in our new Mission of Putting People First:

- Respecting each person's unique life journey
- Being our best in service to others
- Caring for and within our community.

The vision of Spruce Lodge has been updated to: We will be a campus community with purpose, optimizing our people, places and programs to inspire and lead the way forward in service to People First.

Developing a new strategic plan was also a focus of the 2024/2025 year at Spruce Lodge and our three priority focuses include:

1) Shaping excellence in Dementia Friendly Service- The home will embark on our culture transformation journey to person directed care as well as plan, implement and evaluate the cottage renewal

project.

2) Growing our culture of quality- The home will develop and implement a new quality and risk framework and to build a campus wide Quality and Risk Program.

3) Positioning our people for the future- To implement a comprehensive human resource plan and to create a learning environment that fosters positive workplace behaviours and build each person's unique capabilities.

The team is currently in the process of aligning our goals to our new strategic plan and building our roadmap for the next 5 years. Each step of this plan guides our quality journey, decision making and day to day care. We remain fully committed to continually improving our services, not only for the people who live with us but those that work with us. Long-Term Care leaders have a continued focus on resident, family and essential caregiver engagement and ensures that quality initiatives include the voice and recommendations of those impacted the most.

The following report summarizes the quality improvement initiatives and achievements of our long term care home in the past year, focusing on the four key domains of equity, access and flow, experience, and safety. Our goal is to provide high-quality, person-centered care that meets the diverse needs and preferences of our residents and their families.

We ensure that our staff, policies, and practices stay current with best practices in the sector, and we capitalize on knowledge-sharing with our peers, as well as other external clinical subject matter experts.

We align our quality improvement program with system-wide

priority areas as communicated by our LSAA (Ontario Health), Health Quality Ontario, and the Ministry of Long-Term Care.

Active priority areas for quality improvement in our home are:

1. Falls- has fallen in the last 30 days – 18.49% with a provincial average of 15.4%

Spruce Lodge has implemented the RNAO clinical pathways for falls and this includes a falls risk screening, assessment and management assessment which is completed for all residents at the time of admission. The focus of this assessment increases awareness that all residents are at risk for falling and we need to build an individualized plan of care based on the resident's abilities to prevent falls. Risk mitigation strategies including scheduled toileting plans that are individualized for the resident, environmental risk assessments to ensure a safe and uncluttered environment with adequate lighting and supportive mobility devices, post fall huddles to identify root causes in order to reduce future falls, activity programs specific to the needs of residents at high risk for falls such as DementiAbility, appropriate footwear, medication review, review of hydration and nutrition intake as well as pain assessments also play a key role in prevention of falls. A full analysis of falls from the previous month is reviewed at the Circle of Care meeting for that home area as well as analysis at our quarterly Quality Circle Meetings.

2. Inappropriate Use of Antipsychotics – 32.3% with a provincial average of 20.4%

Spruce Lodge's BSO lead, along with our consultant pharmacist and

nursing leadership, works closely with our Medical Advisor/attending physicians/Senior's Mental Health to review the use of Antipsychotics to assess residents without a diagnosis of psychosis and residents who demonstrate an increase in responsive expressions. The BSO team are key in supporting this process with our interdisciplinary team ensuring appropriate/effective nonpharmacological interventions are in place. Resident assessments such as DOS, Cohen Mansfield Agitation scale, Cornell Scale for Depression, pain assessment and Delirium screening are also valuable tools utilized to investigate other causes for behaviour. The implementation of DementiAbility in the home will provide an opportunity to trend medication usage in the area where the program is initiated to track success in reduction of antipsychotics. The home has partnered with Sensory Scapes to enhance the living spaces of the resident's homes starting with the salon, an information area, and the nurses station/ wellness station in the north home area. We will continue to enhance areas of the home through this partnership.

3. Worsened Stage 2-4 Pressure Injury 3.33%, Provincial Average 3.4%

Spruce Lodge welcomed our contracted wound consultant to provide education to our registered staff team on pressure injury identification and assessment. We are in the process of building our wound care picker list to promote consistency of product use and enhance team member knowledge on the use of the products. We have experienced an increase in residents requiring external care for debridement of wounds as well as an increase in wound infections. This also increases the stress of transfers to and from acute care as well as pain related to the wounds for these residents.

New head to toe assessments and wound assessments are in draft form and this will be part of our QIP for 2025/2026. Ongoing education for the team on the importance of positioning, use of pressure reducing surfaces and the priority of hydration and nutrition are key focuses for this year. We are pleased that the Ministry of Long Term Care is investing in wound care education and are planning how to increase our team's knowledge in this area.

In the spring of 2026, Spruce Lodge will complete accreditation through CARF Canada. The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served. This peer review process demonstrates Spruce Lodge's commitment to the continuous improvement of our programs while also meeting our regulatory requirements of the Fixing Long Term Care Act and regulations.

ACCESS AND FLOW

Optimizing system capacity, timely access to evidence-based care that meets the needs of the population, and patient flow ultimately improves outcomes and the experience of care for patients, clients, and residents.

Spruce Lodge is actively engaged in initiatives for providing evidence-based care that meets the need of the population of the home. The implementation of our RNAO clinical pathways guide the staff in effectively gathering person directed information and assessments which are then used for clinical decision making and care planning. Falls and pain management were best practice

guidelines that were implemented over the past year with a focus on decreasing the number of residents transferred to ED for medical follow up post a fall. In 2023/2024- 23% of all ED transfers were post fall care and this was decreased to 14% in 2024/2025. Fall prevention, including intentional hourly rounding, has been a priority of our care team education, huddles, circle of care meetings, and quality team meetings to decrease the number of falls in turn decreasing the risk of injury from a fall. Although our resident acuity level impacts this rate, we have been successful in decreasing the number of residents who fell. In 2024/2025 18.49% of our residents fell compared to 26.72% in 2023/2024.

The home is currently investigating the availability of portable x-rays and diagnostic services as a key reason residents are transferred to ED post falls is for further medical investigation of injury and the home is not able to access these services in a timely manner due to lack of providers in our region. This is an ongoing conversation through our Quality Circle and Risk Management Committee.

Our primary care services within Spruce Lodge were enhanced with the addition of a third attending physician joining our team. This allowed the three physicians to share the resident care between our seven living areas, of which two are dementia care units, which promotes a timely access to health care needs.

Goals of care were introduced in this past year and this initiative will continue to grow in 2025. The care team, including our attending physicians, utilize these conversations and knowing our resident's values along with proactive health assessments and monitoring, to identify and address health concerns consistent with

the resident's wishes and plan of care. We place a strong emphasis on understanding each resident's goals of care and supporting these goals to the fullest extent possible in our home through proactive identification and management of resident's health issues and values.

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 Behavior Supports Ontario Senior's Mental Health and the Alzheimer's Society of Huron/Perth, among others, on implementing strategies and treatment plans to avoid unnecessary visits to emergency departments through new models of care.

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. We are patiently waiting for our local hospitals, Huron Perth Health Care Alliance to come on board with the Amplify project as this would improve communication and updates on resident care needs.

This past year, our team needed to adapt new technologies to meet the care needs of those living in our home. This included the implementation of a Continuous Ambulatory Drug Device (a Pain Pump) as well as providing care for residents who returned from acute care with PICC's and Midline catheters. The support of

Ontario Health at Home as well as local nursing agencies provided the team with the support to meet the care needs of these residents and allow them to transition back to their home from acute care sooner.

Additional partnerships include our local IPAC hub and the Huron-Perth Health Unit, Multi-Gen dental care, Horizon Pro-Respiratory for oxygen services and respiratory assessments, a contracted skin and wound specialist who assists the home in the management of complex wounds, our Consultant Pharmacist whose enhanced knowledge and experience, ensures that if a pharmacological intervention is required, it is the most appropriate with the least risk of causing other harms. We also moved to the Boomer process of medication reconciliation through our pharmacy, Care RX to promote accuracy with medications at care transitions. These times of transition are critical for resident safety and an area that the home is working collaboratively with pharmacy and discharging facilities to ensure the best care possible for our residents.

EQUITY AND INDIGENOUS HEALTH

Spruce Lodge recognizes the diverse changes that continue to occur not only in our resident population, but also our workforce and our community. We respect and welcome all dimensions of diversity and inclusion. Over the past year Spruce Lodge has initiated diversity and inclusion training for our direct care staff utilizing resources from CLRI, which will be expanded upon in the year to come. Our recreation team engaged residents, staff and family by asking everyone who entered the home to put a dot on the world map to identify where they were from. This information will be used for the upcoming year as we plan for education sessions on differing cultural backgrounds and how we can learn more about

those that live and work with us. We have had the opportunity to partner with staff and community members from a variety of cultural backgrounds to create focused activities in the home to highlight the unique cultural experiences of those who work and live in our community in a way that educates both staff and residents and works towards developing a culture within the home of acceptance and inclusivity.

We strive to provide care to our residents in their native language if they do not speak English and the use of cueing picture cards with both the native language and English translation as well as technologies such as Google Translate are used to promote conversation between staff and residents.

Our focus on quality improvement engagement occurs through communication, education and training as well as as, the Code of 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- People First. All staff during onboarding, 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.

Our Administrator and Quality Improvement Lead also attend bi-monthly sessions provided by our association, AdvantAge supporting homes on their Equity, Diversity and Inclusion journey.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Spruce Lodge has an active Resident and Family Council. The Councils meet regularly where information is provided and

received. The Councils are involved in providing feedback and input into the decision-making process related to care and services within the home. Members of both councils sit on our Quality Circle team and attend our quarterly meetings.

Resident/ Family Engagement Surveys are reviewed by the Residents and Family Councils in advance of the release date. The surveys are conducted annually and provide valuable information that guides the development of Quality Improvement Plans for the home.

Some positive responses from our recent Resident Engagement Survey, we rated 97% of residents who participated in the survey responding that I feel listened to versus 83 % in 2023. In both 2023 and 2024, 86% of residents responded that they were involved in discussions about their care. We saw a slight increase in the response to "I tend to be happy here: with 90% of the residents responding positively to this question in 2024 versus 87% in 2023. We value the input of the residents and use their feedback in our commitment to continuous improvement, ensuring that the satisfaction and well-being of our residents always come first.

Our home continues to be committed to engaging and partnering with our Residents/Families with the use of virtual technology, newsletters, surveys and have started to hold small group education sessions for residents and families. Members of the leadership team have been invited to attend Family Council meetings and are provided with topics to be reviewed to share knowledge on practices within the home. Our goal for 2025/2026 is to continue to offer education sessions for residents and families as well as to investigate the use of regular newsletters to keep all

updated on changes in the home.

We are in the process of updating our information area for residents and families-currently information is posted throughout the home and can be challenging to find. The home has partnered with Sensory Scapes who have helped us design an information area where our Quality Information, Family Council, updates in the home etc., will all be found in one location.

Building relationships and providing a platform for engagement ultimately enriches the overall experience for everyone involved.

PROVIDER EXPERIENCE

Our strategic plan includes the implementation of a human resource plan which will include a communication plan to inspire meaning and passion to contribute to the mission of the home. Other priority items are to enhance our workplace wellness program and build capacity and engagement by creating development opportunities for team members.

Health care in Ontario continues to feel the impact of the pandemic, an aging workforce and an increase in resident acuity level. Spruce Lodge acknowledges that our team is our most valuable resource and the home continues to focus on ways to recruit, celebrate, and retain our team members.

Spruce Lodge is currently supporting the fifth class of PSW students through the Avon Maitland School Board who are completing their PSW certification in a living classroom setting here at the lodge. We also have supported the most PSW students through Conestoga College for their placement and the home is a preferred placement

partner with the College. The benefit to these programs, while not only being a part of growing our new healthcare workers, we are able to recruit from these classes at the conclusion of their placement for our own employee teams.

Our Human Resources lead applies for recruitment grants for PSW/RPN/RN students completing their placements so that they are able to support their families while completing their education and this has also made us an employer of choice by supporting these students as well as applying for Health Force Ontario grants which allow us to support summer students who want to experience long-term care and what this industry has to offer.

Our residents benefit from our music therapy students who are completing their placements in the home as well as supporting PTA/OTA students. We also welcome high school co-op students with a placement as this allows future employees to explore work opportunities that they may not have considered previously.

Our Nutrition Services Manager has also supported students completing the Food Service and Nutrition Management program at our home as this provides the student with hands on experience of the needs of our Long-Term care residents. Weekly huddles with the Dietary Aides were initiated and are held three times a week- 2 occur with the day team members and one with the students who serve over the supper meal. This valuable touchpoint has aided in improving two way communication in this team. Team meetings are now held twice in the same week so that more staff are able to attend based on their work rotation. This has also promoted communication and sharing of information as more people are able to participate in the meetings.

Feedback from our employee engagement surveys is used to enhance the working relationship between leadership and front line staff focusing on our mission of People First. An example of this, staff expressed how challenging it is to support a new team member while also doing their own work. In nursing, on the initial orientation day, the new team member is partnered with a mentor and they spend the day reviewing policies, meeting other team members and residents, location of supplies, etc. This has been effective in supporting new team members to the home where there are so many legislative as well as home specific processes that a new team member needs to learn. The goal will be to role this process out to more departments in the future.

Our EAP provider hosted four education sessions in house related to mental health, anxiety, stress, and wellness for the team to attend as this was a request through our previous engagement survey. Enhancing our employee wellness program is a key strategic indicator of our plan and we will involve the team in planning for future educational opportunities.

Our break room was enhanced to be a more pleasant atmosphere and the home is investigating if there are other spaces in the home that can be accessed for the team to break as at times, staff just want to sit quietly and not feel like they have to engage. Outdoor break areas will be enhanced in 2025 as well to provide a space where staff can get some fresh air and rejuvenate.

Our team has begun training in DementiAbility methods—an innovative approach that encourages us to think differently about dementia and to focus on the abilities of each individual in our care.

Our initial focus is Cottage B, where residents and team members will be the first to experience the benefits of this approach. Over time, we plan to expand the training to Cottage C and beyond, ensuring that all residents and team members at Spruce Lodge can benefit from this person-directed approach to dementia care. Supporting our team in getting to know the resident's better and how to enable their abilities, will improve team member satisfaction as we will see a decrease in responsive behaviours. Spruce Lodge has just embarked on this journey that will continue into 2025 and beyond.

Team schedules were revised to move closer to the mandated four hours of direct care. Concerns raised by residents, family and staff as well as the increase in our employee pool, allowed the home to increase the staffing compliment to have a consistent staffing compliment seven days a week. With the implementation of DementiAbility, team member roles will be updated to move away from set tasks to having the flexibility to meet the resident's needs in the moment and to take time to engage the residents by allowing them to do what they are able to and staff not doing for them. These changes also provide the team with the opportunity to drive programming in the home area and all departments play a key role in this.

SAFETY

Resident safety is a top priority for Spruce Lodge. Our approach to safety is to foster a culture where everyone has a role to play in resident safety and the reporting of incidents- actual or near misses, are important to evaluating where there is a system weakness that needs to be addressed to prevent further incidents.

The theme of safety is woven through our care teams during team huddles, circle of care meetings and departmental meetings. Resident safety is also well supported through our Quality Circle and Risk Management committee, and our long-term care policies and procedures. Our approach to resident safety includes both prevention activities and post-incident follow-up and management.

Over the past year, we focused on the priority of hourly intentional rounding by all team members as a prevention, not just the PSW team. The goal for this program was to see a reduction in the number of resident falls that occurred in the home. We were successful in decreasing the number of falls however, we are still higher than the provincial average and we continue to work on decreasing the number of residents that fall.

The completion of the ISMP medication self-safety assessment is another prevention tool where the registered staff team along with the consultant pharmacist, review current medication processes in the home, identify areas of risk and develop a plan for improvement.

Post incident management include the implementation of a post falls assessment tool- Spruce Lodge adopted the RNAO clinical pathway in 2024 which included a new post falls assessment. This tool allows for a comprehensive analysis of the contributing factors that may have led to the fall, including information on the care and when the resident was last seen by the team. The purpose of the tool is to support transparency, and identify opportunities to limit future falls.

Follow-up on medication errors: There is a standardized process

through our CareRx portal that follows any medication errors, including the completion of a medication error report and a follow-up with the in-home clinical, medical, and pharmacy team. Reviewing medication errors with the registered staff team again provide opportunities for identifying if there is a system error versus human error.

Review and analysis of complaints and critical incidents: The Quality Circle team reviews and analyses all documented complaints and critical incidents. We use the data to identify recurring and system trends to guide quality improvement and risk-management activities. This information is also shared with resident and family councils as well as at team meetings.

Creating a culture of transparency is a priority and sharing with residents and family when we have not been at our best continues to move us forward on our quality journey. Feedback from residents, families and external stakeholders, such as IPAC, MOLTC, local health unit, Fire department, etc. is used to enhance our policies, process and day to day operations. Having a safe environment for team members to report incidents is key as well, as if staff are afraid to report something, this prevents learning from an incident and does not allow the home to change a process which could prevent a reoccurrence or injury to resident.

PALLIATIVE CARE

Being present with a person at the end of their life is an honour and as a health care provider, you only have one opportunity to do this right for the resident and family. In order to be present for a resident at end of life, each team member needs to be aware of their own personal feelings about death, how their own personal

experiences with death may affect their ability to care for a resident and their family at end of life. This was a focus for our Mandatory Team Member education days in 2024/2025- to bring awareness to each other that we can not care for others if we do not care for ourselves. Death brings strong feelings and the realization that we need to have grace with each other as a team, and support each other while we support our residents. Grief and the compounding effects of grief were also reviewed with the team- grief does not just happen with death but with other losses and each of these losses can compound on each other to the point that you may not realize how much one person is carrying and how that weight can impact the ability to provide care in the moment.

Our palliative team Terms of Reference were updated in 2024 as well as our Palliative Philosophy of Care. Education sessions were held with residents, family and staff to introduce the terminology of palliative philosophy of care that begins at the time of admission to long-term care versus end of life care that occurs when death is days to weeks away. The Resident and Family Centred Care assessment and the goals of care conversations aide the team in getting to know the resident and their values. This is also used to build the resident's individualized plan of care.

As a team, we have completed the end of life gap analysis as well as the palliative care gap analysis through RNAO. These tools identified areas that we can enhance to ensure we are offering the best care possible to our residents and their family. In the spring of 2025, we will be implementing the Clinical Pathways related to palliative care and end of life care through RNAO. These pathways ensure the residents goals are respected and aide the clinical staff in decision making when changes in resident status occur.

Our resident handbook is currently being updated to include information on our palliative philosophy of care as well as education sessions have been booked for residents and families on the palliative philosophy and goals of care conversations. Advance Care planning information has also been added to the handbook and resources will be shared in April to raise awareness on ACP day. The priority message is to continue to have conversations related to sharing your wishes and identifying who will make decisions regarding your care if you are not able to.

An honour guard occurs at the time of a resident death to remember the life of the person as they leave the home. In 2024, three residents died in hospital and the team, including our residents, were not able to show our respects for the person that we cared for. On one occasion, the family came to the home post the resident death, and an honour guard was held for the family which provided an opportunity for grieving for both the resident's family but also the team.

As a home, we continue to support our residents who request MAiD. Our local MAiD medical provider assists the resident, family and the team through this process and supports all involved with a debrief once death has occurred. The request for this intervention can trigger emotions in all involved in the residents care and the team along with our spiritual care coordinator support each other through this time.

Palliative care education is provided annually to all team members and the goal for 2025 is to continue to build on the palliative education shared at our team member education day. Our

palliative library now includes picture books that can be used for residents with dementia or for children who are having to say goodbye to a loved one. Other palliative resources have been added for families as well as team members to resource.

The home has implemented shift huddles when a resident is end of life to share updates on resident status, when care was last provided, changes in resident status, what education has been provided to resident and family so that consistent quality care can be provided. The end of life medication list was updated as well as end of life check list and post death checklist to help guide staff at this challenging time to ensure important steps are not overlooked. A debrief occurs at the time of a challenging death and each death is reviewed at our monthly palliative meeting which provides opportunities to share what went well and where we could have been better. Our end of life surveys that are sent out post a resident death to the POA/SDM also provide feedback from the care givers on the care their resident received at end of life and provide valuable information that the team uses to improve care. We learn something from each resident that we are fortunate to care for at end of life and this knowledge is shared so that we provide better care for the next resident at end of life care.

POPULATION HEALTH MANAGEMENT

Social determinants of health, promoting health equity and fostering an inclusive environment are indicators the home focused on while developing our strategic plan for 2025-2029. Knowing our community and the broader determinants of health helped the team to focus on local priorities for Spruce Lodge.

Ongoing relationship building and partnerships with health system

partners such as local long-term homes including through our Facility Operator group that our administrator and Director of Care attend, acute care, Ontario Health at Home, regional IPAC hubs, Behavior Supports Ontario, Ontario Health West and various regulatory authorities promotes care and services to our residents at the right place at the right time while reducing overall stressors to the health care system.

Our approach aligns with population health–based methodologies, broadening our focus to include proactive measures in meeting the needs of our entire resident population. This approach involves delivering proactive services to promote health, prevent diseases, and support individuals in living well with their conditions in every interaction within the healthcare system. One example of a proactive service is our swimming program which provides exercise, promotes activity, assists in pain management and helps to provide social interactions for those residents involved.

The implementation of DementiAbility in one of our cottages is an example of population health management at Spruce Lodge. Currently, 72% of our residents are living with a diagnosis of dementia and 54% are living with a mental illness. Our goal of building on the resident's abilities to engage and be involved is to increase the quality of life of each person in our care, one resident at a time.

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 **March 31, 2025**

Marg Luna, Board Chair / Licensee or delegate

Peter Bolland, Administrator /Executive Director

Mary Anne Weller, Quality Committee Chair or delegate

Other leadership as appropriate
