

Quality Improvement Plan (QIP)
Narrative for Health Care
Organizations in Ontario

March 28, 2023



OVERVIEW

Spruce Lodge, home to 128 residents, has been serving Stratford and area for over 125 years. Spruce Lodge is a municipal home with strong roots in the community and serves adults, primarily the frail elderly and those with dementia, who require a range of personal and health services, and who are no longer able to live safely and independently in the community. We are also providing care to younger residents and are seeing the impact of mental health illness in several of our residents. Our home creates an environment that encourages residents to be as active, independent and involved in activities of daily living as much as possible. We are active members of AdvantAge Ontario, accredited by CARF Canada and are active members of the Huron Perth OHT.

Our VISION is “People First”: The Spruce Lodge corporate logo of a geometric spruce tree, depicts a diamond at the top, a heart in the middle and two pyramids at the base. The diamond symbolizes residents as our top priority; the heart in the middle symbolizes our staff and volunteers as the heart and soul; the pyramids at the base symbolize our partners and governors as foundations of support. Our vision is to strive in all things to put the needs and best interests of People First, by involving them in decisions that affect their experiences here at the Lodge and by continuously striving to improve these experiences.

Our MISSION is to “strive for excellence in accommodation and services for seniors and the physically and mentally challenged in a pleasant, caring, homelike environment ensuring dignity and quality of life.”

Our VALUES are “FIRST:

Friendly: We value people that strive to be friendly to each other and to all stakeholders. (i.e. kind, considerate, positive attitude and generally fun and joyful)

Inspired: We value people that are inspired by the work they do such that their passion shines through and they inspire others to be at their best. (i.e. empathetic and willing to go the extra mile, it’s not just a job)

Resident focused: We value people that understand and appreciate that all we do is intended for the immediate or the eventual benefit of our residents. (i.e. it’s about the residents first)

Solution oriented: We value people that focus on the solutions and not the problems. (i.e. creative, flexible, and able to think through and past a problem)

Teamwork: We value people who understand they are part of a team, by caring how their actions affect others, by putting the interests of the team above their own, and by realizing that doing so helps everyone. (i.e. understand their role, accepts direction from others, always willing to pitch in, and strives to do what’s best for the team)

At Spruce Lodge, we put people first. Our Strategic Plan for 2020-2023 clarifies what this means and how we use this primary focus to guide and direct our strategic direction and all operational activities. Our strategic direction was developed using feedback from staff, residents and families regarding their perceptions and their satisfaction with the care and services they receive. Our three pillars for all levels of planning at Spruce Lodge are People First, Quality Improvement and Partnerships.

Our quality journey for 2023-2024 is a focus on the Fixing Long Term Care Act legislation ensuring we are compliant with the recently enacted Act as well as the portions of the Act that are to come into effect throughout the year. Other focuses for our quality journey is centered around people, through enhancing our onboarding process for staff, as well as undertaking a quality project to enhance our admission process to welcome new residents and families to the home. Aligning our palliative care program to meet the needs of our residents while ensuring we are meeting all legislative bodies is another focus for our interdisciplinary care team.

We are committed to continually improving the quality of care and services we provide for our residents and we will continue to put

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Spruce Lodge, like all Long Term Care homes, continue to prioritize resident care while being faced with the stress of the COVID-19 pandemic, an increase in other respiratory illnesses, and the scarcity of health human resources.

While the pandemic continues to guide policies around visiting, isolation, outbreak protocols, enhanced cleaning etc., Spruce Lodge has strived to engage residents in activities that are meaningful to them, and to fill the gaps from missing family members who may have been restricted to visit due to screening protocols or outbreaks.

Quality Initiatives had a focus on enhancing our already strong IPAC program- auditing handwashing, cleaning and processes during

outbreaks, N95 mask fitting for all staff, our testing clinics for staff and visitors, and the numerous vaccine clinics for residents and staff. IPAC is everyone's job and the entire interdisciplinary team has pivoted their duties to ensure IPAC protocols are being met while ensuring residents feel safe and valued.

Health Human Resources was a challenge prior to the beginning of the pandemic and we continue to experience the crisis of recruiting and retaining qualified, caring staff. The team has initiated a quality project to review the onboarding process for new staff, ensuring that all staff are being provided with the necessary tools needed to complete their role successfully. This is an exciting project for the home and will enhance the care provided to the residents.

Spruce Lodge undertook the overwhelming task of restructuring the staff schedules in both nursing and dietary departments. This task was driven from feedback from external stakeholders, staff and residents. A second nursing station was opened to promote smaller team units and additional registered staff were added to decrease the caseload and the number of residents one nurse was administering medications to at one medication pass. This change alone has decreased the risk of medication errors as well as provided the registered staff time to fully assess residents as needed, not rushing through med pass. Additional front line staff hours were added to the compliment of care as the home moves to the 4 hours of resident care per resident per day by 2025. The changes are being monitored closely to promote care at the time the resident needs/wants the care and this project will continue into the 2023-2024 year.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND

PARTNERING

At Spruce Lodge, improving the resident experience is the focus for our Quality Improvement Plan and we recognize that we do not travel this journey alone.

We have an active residents council who meet monthly. Each meeting highlights one of the Resident Bill of Rights each month. We provide examples through policies and daily practices of how our efforts are bringing the Bill of Rights to life. Representatives of the Leadership team are invited to attend the meetings to share organization and quality improvement goals, as well as any updates on the care and services provided. Residents are encouraged to voice concerns or pose questions at any time, and resident council affords another space that they can do this as well.

Two representatives from our resident population sit on our Quality Circle team where quality plans, survey results, updates on the home are shared and reviewed.

Our residents also attend Food Committee meetings every other month. This forum provides the resident the opportunity to review any meal concerns with the Nutritional department, such as quality of the food, temperature, size of portions, etc. It also is an opportunity to plan for specials event meals, requests for menu items, etc.

We currently do not have a family council at our home as there has been no interest in this from our current or past families. We provide our families with information on the value of Family Council and the right to form a council yearly. The pandemic has provided us with the opportunity to reach out to family via emails and we continue to use this media source to be able to share changes in process, policy with families quickly ensuring all receive the same

message.

Residents and family members are back to attending in person care conferences. During the height of the pandemic, these plan of care reviews were held virtually. Being able to meet in person not only fulfills the need for socialization for the resident it also provides a better way to review the current plan of care and ensure all interventions are meeting the residents needs as well as providing another venue for the resident and/or family to raise any questions or concerns that they have.

We gain relevant information from residents by encouraging/assisting them to complete our Annual Resident Quality of Life Survey. Their responses are compiled and shared with staff and leadership to make changes, or implement ideas and then action plans shared with residents and family members. All residents with a CPS of 2 or lower are interviewed for the survey. Residents with a CPS of 3 are assessed in the moment as to their ability to complete the survey.

Family members also have the opportunity to complete an annual survey providing feedback on their impression of the home and care their resident receives. Their responses are also shared with staff and leadership to make changes, or implement ideas and then actions plans shared with residents and family members. The survey was completed via Survey Monkey format for ease of family to receive the survey and complete anonymously.

Residents and family members were invited to attend an education session on Goals of care and the meaning around this, moving away from the old health care directive. This session was well received

and we will be holding additional sessions for staff, residents and families as we continue to enhance our goals of care, educate all on Substitute Decision Maker and Power of Attorney for Care roles.

Another focus for the 2023-2024 quality journey is to rebuild our volunteer program. Social engagement of residents improves their quality of life and staff work tirelessly to meet each resident's individual needs however, as residents are admitted to the home more medically and psychologically more complex, the support of volunteers is a priority.

PROVIDER EXPERIENCE

COVID-19 has stressed the health care system with one of the largest impacts felt by Long Term Care Homes. The pandemic forced the public to realize the level of care that LTC homes provide with limited staffing and funding resources available. Long Term Care homes experienced a shortage of qualified care providers prior to the pandemic and this shortage has increased 10 fold since 2020. Spruce Lodge, like most homes, have needed to turn to staffing agencies to fill gaps in staffing to ensure resident care needs are being met. The Lodge has a strong focus on recruitment of staff versus having to rely on agency staff and this has been a priority focus to recruit and retain qualified caring staff. Enhancing our onboarding process is a focus of our quality improvement plan for 2023-2024 to ensure staff are welcomed to the home in a way that ensures success once they are working shifts on their own. Agency staff provide a needed relief for the home staff however the financial cost has a negative impact on the overall budget where an agency rate is double the cost of a Spruce Lodge Employee. Spruce Lodge has also experienced changes to the leadership team in 2022. The home has welcomed our DOC in January, our ADOC in

October and our Nutritional Services Manager in July 2022. The home's Medical Director retired after 27 years of service to the residents and we welcomed a new Medical Director who will share the responsibility for medical care with a new primary attending physician. These changes in key personal afford an opportunity for the team to re-evaluate roles, areas of risk, and identify quality priorities.

Staff were asked if they are aware of the home's EAP program in the 2022 staff survey and 98% of the respondents answered yes, they were aware. EAP is offered by the leadership team as well when it is identified that a staff member may be struggling. Posters and signage throughout the home remind staff of the importance of caring for themselves. As the pandemic continues, mental health supports for the staff continue to be a focus.

WORKPLACE VIOLENCE PREVENTION

Spruce Lodge is a "People First" organization who promotes the values of respect, teamwork and responsibility, which are the cornerstone to promoting staff safety and preventing workplace violence within the home. As we provide care and services to vulnerable individuals who are living with dementia, in addition to other chronic medical conditions that have responsive behaviours associated with them; we encourage all staff to report all incidents of workplace violence so that potential triggers are identified, and plan of care can be updated. In both 2021 and 2022, 9 resident to staff interactions were reported via Health and Safety Incident reports. These numbers indicate that staff underreport incidents. Two of the three Cottages have a code to enter or exit and provide residents at risk to wander or with increased behaviours a space to explore, to

engage in activities, enjoy meals, etc right in these living areas. Staff have accepted that resident to staff aggression occurs and tend to underreport unless incident resulted in injury, including scratch, bruise, etc. Through staff education, the importance of reporting all resident to staff incidents will be stressed as part of the IRS system through the Occupation Health and Safety Act. The priority of reporting incidents is so debriefing of the event can occur to be able to evaluate the plan of care, try to identify potential triggers for the resident and limit risk of injury if another event were to happen. This will be a focus for 2023.

Staff continue to receive GPA training and 22 staff were trained in 2022 with 33 staff trained at the beginning of 2023. Additional sessions to be booked throughout 2023. Our Behavioural Support embedded team works closely with residents who display responsive behaviours as well experience mental health issues. They use tools such as the DOS, CAM, Agitation Inventory, and PIECES to develop strategies for staff to implement when providing care to limit behaviours. They are also a conduit to providing updated information to the Seniors Mental Health team supports. The home has also accessed the expertise of a local Geriatrician for providing advanced assessment for higher needs residents. Our BSO team uses a Bee logo as an identifier for staff of which residents are actively supported by the team as well as posting an individualized plan of care for staff to follow related to BSO.

The home has utilized 1:1 staffing to assist a resident through a period of heightened behaviour however, to date, has not accessed high needs funding for this care.

New resident applications are reviewed to identify potential risks and conversations with family, current care providers as well as the care coordinators from the SWHCC to ensure a safe transition to the home and unit occur. At times, an admission may need to be postponed due to the dynamics currently on the unit, or an alternative room may need to be used to decrease risk of responsive behaviours.

Health & Safety training is completed upon hire and reviewed annually with all staff. In 2022, additional training occurred for staff related to workplace harassment. This session was well received and in the 2022 staff survey, 98% of staff responded that they are aware of the home's Workplace violence and harassment policy.

JHSC participate in Employee Incident Report review and assessment for solution finding and risk prevention to employees. Tracking and trending of all employee incident reports is compiled by The home's Health and Safety Resource and reported back to the home's interdisciplinary team for corrective action and awareness building.

PATIENT SAFETY

The interdisciplinary team including our Consultant Pharmacist, physicians continue to monitor the use of antipsychotic medication with the goal of reducing or eliminating this category of medication whenever possible. Over the past two years, we have seen an increase in the use of antipsychotic medications and this may be due to the number of admissions being admitted to the home in the crisis category from both home and acute care. The resident mood, engagement with others is monitored during the transition period to the home with the assistance of the BSO team to determine if

other interventions are effective in managing behaviours versus using medications. We do identify that at times, medications are required to reduce risk related to behaviour and to maintain dignity for the resident.

The home remains higher than provincial average for number of residents who fall. Spruce Lodge promotes independence, allows residents to live with risk as well as promotes a minimal restraint philosophy. Monthly unit meetings have been implemented with the interdisciplinary team to review the falls that have occurred, any triggers, what changes have been implemented to prevent further falls and the impact of continence, pain, food and fluid and mood as potential other risk items that may have led to the falls. The priority of a post falls huddle will be a focus for 2023 to identify if there are system issues that need to be improved to decrease the number of falls. Time of falls on each unit as well as day of week is tracked to look at trends related to staff routines so this data can be used when evaluating the staff plan and shift routines.

Daily Huddles with members of the Leadership team and registered staff have been implemented to share the good, the bad and the ugly- what is working, any areas of risk- resident, staff, environment, update of any meetings, education sessions, and any supply concerns. The process is new to the home but has fostered critical thinking between the team to address issues before they are escalated.

Incidents, analysis of incident and action plans for improvement are reviewed at Quality Circle which includes residents, front line staff and interdisciplinary team. Action plans and changes in process are also reviewed at staff meetings as well as presented at Resident

Council if process affects resident lives.

HEALTH EQUITY

Spruce Lodge is implementing a new web based program- Welbi. This program will enable the gathering of resident background information, including sociodemographic and race-based data to be used in an all about me page that can be posted at the resident bedside. As the home also implements the Nursing Advantage Clinical Pathways through RNAO, a focus on resident admission and information gathered at this time as well as a focus on Person Centred Language will be implemented as strategies that will focus on knowing the resident's personhood and being able to share this information with the circle of care.

Spruce Lodge lives their mission of People First by identifying resident personal needs and preferences related to race and culture. Special meals to celebrate a resident's background occur. Staff work to identify common words for residents where English is not the first language and make a list or access programs such as "Google Translate" to be able to effectively communicate with residents. The use of pictures that a resident can point to also identify requests are used.

Another strategic plan initiative for this year includes the adoption of a land acknowledgment to be used prior to meetings and to continue to focus on cultural celebrations that are important to our residents and staff, including PRIDE celebrations that were initiated in 2022.


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


Board Chair Licensee or delegate


Administrator /Executive Director


Quality Committee Chair or delegate

Other leadership as appropriate