

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 29, 2024

OVERVIEW

Miramichi Lodge, located in the City of Pembroke, is a municipal (not-for-profit) long-term care home and home to 166 residents. It is owned and operated by the County of Renfrew and City of Pembroke and has earned a reputation of providing high quality care to the frail and elderly since 1969. In January 2005, residents and staff moved to our brand new, state-of-the-art facility located at 725 Pembroke Street West. Miramichi Lodge operates under the direction of the Director of Long Term Care in compliance with and the Ministry of Long-Term Care and the Fixing Long Term Care Act, 2019. Our Home governance is led by County Council with strategic and operational recommendations brought forth by the Director of Long Term Care through Health Committee. Our Management Team, led by the Director of Long Term Care provides guidance and sets the strategic vision for the Home with input from stakeholders. The Lodge is a non-smoking facility. Miramichi Lodge has an annual budget of approximately \$19M, employs approximately 255 staff and relies on over 150 active volunteers who, together with our dedicated staff, enhance the quality of life of our residents. Miramichi Lodge has remained a workplace of choice within Renfrew County.

Accreditation Canada awarded a Four Year Accreditation with Exemplary Standing Award to Miramichi Lodge in 2023. This represents the highest award granted by Accreditation Canada. The Accreditation process provides the Home with the opportunity to benchmark our programs and services to national standards and assists in our continuous quality improvements.

Miramichi Lodge utilizes an evidence-based best-practice approach with respect to service delivery. Miramichi Lodge is pleased to share our 2024/2025 Quality

Improvement Plan (QIP) with our residents, families, staff, volunteers, and community stakeholders. The annual QIP outlines the key actions we are committed to implementing to ensure continuous improvement of the care and services we deliver. As in previous years, these quality improvement initiatives are reflective of our broader organizational strategic plan, and are closely aligned with our Mission, Vision, and Values.

Mission Statement:

- With a person-centered approach, Miramichi Lodge is a safe and caring community to live and work.

Vision:

- Leading excellence in service delivery

Values:

- Honesty and Integrity
- Professionalism
- Client Service Orientation
- Focus on Results

It is important to note that this plan is only one of the many tools used by Miramichi Lodge to identify quality improvement priorities, and monitor system performance. Our commitment to the delivery of exceptional care, and enhancing quality of life for our residents is further evidenced by our ongoing quality improvement activities through our Continuous Quality Improvement (CQI) Committee. This QIP represents the top quality improvement priorities that have been committed to at all levels of the organization. The plan outlines new or revised performance targets, and new change ideas informed through reflection and evaluation of our quality improvement work in previous years.

ACCESS AND FLOW

Miramichi Lodge has a full team of professionals who collaborate to ensure best possible resident outcomes, as identified through Goals-of-Care meetings on admissions, annually, and as needed. Our team consists of medical doctors, a FT Nurse Practitioner, a FT Physiotherapist, FT Registered Dietician, and FT Social Worker. We work closely with other health care agencies to ensure the best care possible.

EQUITY AND INDIGENOUS HEALTH

Our Primary services at Miramichi Lodge are provided to residents 65 years of age or older. The residents are mainly English speaking individuals from rural living, but we also have residents who speak other dialects. Some residents also come from the Algonquin's of Pikwagnagan First Nation. Our primary residents often have multiple comorbidities and are frail, elderly, cognitively impaired, developmentally challenged from a diverse socio-economic background. To help meet these resident's needs most staff are provided with education from the home. Education may be in: Cultural Competencies and Indigenous Cultural Safety Training, Gentle Persuasive Approach (GPA), Mental Health Disorders. Inservices are provided through internal/external stakeholders such as Regional Geriatric Mental Health Team. There are also numerous mandatory annual training sessions through SURGE learning. When sociodemographic needs are identified, the Home's social worker will help individuals navigate the system for available supports. Miramichi Lodge has a high functioning Resident Council where residents are able to speak freely and identify any issues there are experiencing and ask for support. Finally, we have resident care conferences which provide a forum for the interdisciplinary team to identify and discuss any barriers residents may be facing while offering avenues of support to overcome these barriers.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Recognizing that the annual Quality Improvement Plan drives quality initiatives, the leadership team, front-line staff and support staff at Miramichi Lodge embrace a person-centered philosophy in the quality improvement process. Valuable feedback received through annual resident and family satisfaction surveys along with quarterly Resident and Family Council meetings drives both formal and informal quality improvement activities. Miramichi Lodge enjoys a productive partnership with our active and engaged Resident Council and less formally, Residents enjoy the ability to connect directly with frontline staff or managers with concerns in the moment, allowing for timely resolution and improved CQI initiatives. Resident and Family Councils are represented on the Continuous Quality Improvement (CQI) Committee, as well as active participation in a variety of formal and informal working groups.

PROVIDER EXPERIENCE

The health care provider experiences across the sector have been relatively stable at Miramichi Lodge. Recruiting new staff to meet increased direct care hours outlined in the FLTCA has posed a challenge. However, a variety of Ministry funding has been utilized to support the recruitment of a full-time social worker, a full-time physiotherapist and full-time a nurse practitioner. These recruitment efforts are also used to retain staff by improving the quality of care provided. These new employees will help to deliver care, share knowledge and encourage professional growth which will improve job satisfaction. The home has also revised schedules, reached out to internal and external stakeholders for input via rounding/unit meetings and encouraged collaboration with local unions. The Wellness Committee has also been re-established to engage employees in improving their workplace.

SAFETY

Patient Safety is paramount at Miramichi Lodge. There is an active Joint Health and Safety Committee (JOHSC) consisting of employees and management who review employee incident reports monthly and ensure corrective actions are taken to mitigate risks to residents and employees. Safety huddles take place in the moment with staff after each incident on resident home areas to ensure appropriate actions are taken. Risk Management assessments are completed and documented in Point Click Care (PCC) to ensure interventions are initiated and reviewed after an incident. Regular emergency code exercises are completed with staff which include a debrief after the code exercise. Miramichi Lodge maintained regular resident care conferences throughout the pandemic and this has been an extremely effective method of obtaining critical feedback on safety concerns as well. Miramichi Lodge conducts regular High Risk Resident Rounds with all professional staff in attendance; review of all high risk areas(e.g. Falls, Wound Management, IPAC, Responsive Behaviors)is completed at each meeting and changes made the each Resident plan of care as required. Accreditation also drives change for health and safety plans within the home ensuring best practice guidelines are reviewed an implement regularly.

POPULATION HEALTH APPROACH

Director of long Term participates as member of Ottawa Valley Ontario Health Team (OVOHTI Steering Committee. As member of the OVOHT Long Term Care Network DLTC collaborates with participating Long Term Care Homes Leadership and various enabler group toward improved care access for seniors. Home Administrator/ DOC is an active participant of Algonquin College/ University of Ottawa Health Sciences Program Advisory Committee. This provides an opportunity for curriculum content input toward health care graduates meeting population health needs.

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

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of emergency room visits for a modified list of ambulatory care-sensitive conditions per 100 long term care Residents	C	% / LTC home residents	CIHI CHRP public reporting website / Quarterly	11.11	8.00	Remain below the provincial average.	Bonnechere Manor, Pembroke Regional Hospital Inc., Medical Directors, Pharmacy

Change Ideas

Change Idea #1 Reduce the number of potentially avoidable ED visits

Methods	Process measures	Target for process measure	Comments
Admission care conferences and goals of care discussed early in transition to LTC Professional assessments completed onsite prior to considering transfer to ED	Resident Careplan will identify goals-of-care, including wishes related to transfer to acute care facility	Indicator data reviewed at Professional Advisory Committee quarterly Any unnecessary transfers will be flagged by NP for review with Nursing staff	

Change Idea #2 Palliative Care Program updated in 2023; continue to utilize initiatives.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team meets quarterly to review program.	Education will continue to be offered to staff related to Home's policy and best practice.	Assessment of palliative care program will be reviewed via palliative care surveys returned and family feedback.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period		100.00	Will begin with education for managers/supervisors in 2024.	Ottawa Valley Ontario Health Team (OVOHT)

Change Ideas

Change Idea #1 100 % Of staff will receive education

Methods	Process measures	Target for process measure	Comments
In person and through Surge Learning	Monitored through Surge Learning	100% completion	

Change Idea #2 NP will be developing 2SLGBTQI+ health equity program for Home.

Methods	Process measures	Target for process measure	Comments
Based on RNAO Best Practice Guidelines	Education will be presented to staff based on program, both in-person and through online Surge Learning platform.	100% Completion	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	16.98	16.50	Meet provincial average or better	Bonnechere Manor, Pharmacy, Medical Staff

Change Ideas

Change Idea #1 Home will monitor resident fall statistics through Point Click Care

Methods	Process measures	Target for process measure	Comments
Review data at High Risk Rounds and quarterly Professional Advisory and Continuous Quality Improvement meetings.	Nurses will review Resident careplans at High Risk Rounds to ensure that all required interventions are in place to prevent Resident falls.	Decreased Resident falls	

Change Idea #2 Physiotherapist will reestablish Interdisciplinary Falls Risk Committee and revise Home's current Falls Program.

Methods	Process measures	Target for process measure	Comments
PT will implement a falls tracking tool to look at possible trends and gaps in fall prevention.	Falls will be reviewed by Falls Committee.	Decreased Resident falls	

Change Idea #3 Falls Prevention education will be developed for families, residents, and all staff.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary falls committee to edit current program and develop education tools	Percentage of completed education will be measured.	All Registered staff to receive education in 2024. Resident and family education will be delivered during care conferences.	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	16.73	15.00	Provincial Benchmark is 19%; higher than Home's current performance as per HQO.	Bonnechere Manor, Medical Staff, Pharmacy

Change Ideas

Change Idea #1 Percentage of LTC Residents without psychosis who were given antipsychotic medications

Methods	Process measures	Target for process measure	Comments
Home's de-prescribing initiatives are well underway through focused three month medication reviews completed by Medical Doctors and Nurse Practitioner	Quarterly Drug Utilization reports and Point Click Care stats	Decrease in antipsychotic use	