

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 29, 2024

OVERVIEW

Bonnechere Manor, located in the town of Renfrew, is a municipal not-for-profit, long-term care home that provides a safe and caring Home to 180 residents. It is owned and operated by the County of Renfrew and the City of Pembroke and has earned a reputation of providing high quality care to the frail and elderly since 1958. In 1995, residents and staff moved to our new facility located at 470 Albert Street, Renfrew, Ontario. Bonnechere Manor operates under the direction of the Director of Long-Term Care in compliance with the Ministry of Long-Term Care and the Fixing Long Term Care Act, 2021. 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 sets the strategic vision for the Home with input from stakeholders. The Home has an annual budget of approximately \$22M, employs approximately 250 staff and over 150 active volunteers, all who, together with our dedicated staff, enhance the quality of life of our residents. Bonnechere Manor has remained a workplace of choice within Renfrew County. Accreditation Canada has awarded a Four Year Accreditation with Exemplary Standing Award to Bonnechere Manor. This represents the highest award granted by Accreditation Canada. The Accreditation process provides the Home with the opportunity to benchmark our continuous quality improvements. Bonnechere Manor utilizes an evidence-based best-practice approach with respect to delivery of care. Bonnechere Manor is pleased to share our 2024/25 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. As in previous years, these quality improvement initiatives are

reflective of our broader organizational strategic plan, Ministry initiatives and are closely aligned with our Mission, Vision and Values.

Mission Statement: With a person-centred approach, Bonnechere Manor is a safe and caring community to live and work

Vision: Leading excellence in service delivery.

Values

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

It is important to note that this plan is only one of the many tools used by Bonnechere Manor to identify quality improvement priorities and monitor system performance. Our commitment to the delivery of exceptional care and enhancing the 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 developed through reflection and evaluation of our quality improvement work in previous years.

ACCESS AND FLOW

Bonnechere Manor has a team of dedicated physicians and a full time nurse practitioner providing care to our residents. This avoids unnecessary hospitalizations and avoids visits to emergency departments.

EQUITY AND INDIGENOUS HEALTH

Our Primary services at Bonnechere Manor 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; however, French is predominantly noted to be the second spoken language in the organization. Some residents also come from the Algonquin's of Pikwakanagan First Nation. Our primary residents often have multiple comorbidities and may be; frail, elderly, cognitively impaired, developmentally challenged and from a diverse socio-economic background. To help meet these residents' needs, staff are provided with education from the home, education may be in; Cultural Competencies and Indigenous Cultural Safety Training, Gentle Persuasive Approach (GPA), in-services are provided through internal/external stakeholders such as Geriatric Mental Health, currently a collaborative project with the Ontario CLRI (centres for learning, Research and Innovation in Long-Term Care) and there are also numerous annual training sessions through SURGE learning. Bonnechere Manor supports a Pastoral Care Committee who identify and help facilitate resident's spiritual needs. We have also recently recruited a full-time social worker to work with residents and their families. If any sociodemographic needs are identified the social worker will help individuals navigate the system for available supports. Bonnechere Manor 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 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 Bonnechere Manor embrace a resident-centered philosophy in the quality improvement process. Valuable feedback is received through annual resident and family satisfaction surveys along with quarterly Resident and Family Council meetings to drive both formal and informal quality improvement activities.

Bonnechere Manor enjoys productive partnership with our active and engaged Resident Council. 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 in our current environment is similar to that experienced across the LTC sector. Recruiting new staff to meet new direct care hours outlined in the FLTCA has posed a challenge due to lack of human resources to fill vacant positions within the organization. The home has hired 20 international workers. These international workers began to arrive in February 2024 and the final recruits are set to arrive in June 2024. 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 very active to engage employees in improving their workplace.

SAFETY

Patient Safety is paramount at Bonnechere Manor. There is an active Joint Health and Safety Committee (JHSC) consisting of employees and management who review employee incident reports monthly and ensure corrective actions are taken to mitigate risks to residents and employees. Monthly workplace inspections are also completed by the JHSC to identify any potential risks within the building. Hazard Identification Risk Analysis (HIRA) reports are completed by the JHSC and management levels. Safety huddles take place in the moment with staff after each incident on resident home units 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 code exercises are completed with staff which include a debrief after the code exercise. Accreditation also drives change for health and safety plans within the home ensuring best practice guidelines are reviewed and implemented regularly. Finally, Bonnechere Manor also have regular staff meetings as a platform for resident safety concerns.

POPULATION HEALTH APPROACH

The Director of Long Term Care participates as a member of Ottawa Valley Ontario Health Team's (OVOHT) Steering Committee. As a member of the OVOHT Long Term Care Network, the DLTC collaborates with participating Long Term Care homes Leadership and various enabler groups toward improved care access for seniors. The Home Administrator/DOC are active participants of Algonquin College/University of Ottawa Health Sciences Program Advisory Committee. This provides an opportunity for curriculum content input toward health care graduates meeting our 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



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Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	12.02	11.00	Remain below provincial average	Miramichi Lodge, Renfrew Victoria Hospital, Medical Director, Pharmacy

Change Ideas

Change Idea #1 Reduce the number of potentially avoidable ED visits thru early nursing assessment and reporting to the practitioner (NP or physician) for symptoms of treatable conditions.

Methods	Process measures	Target for process measure	Comments
1. Educate Registered staff on the completion of a head to toe (comprehensive) assessment to detect and be able to identify treatable conditions earlier. 2. Admission care conferences and goals of care are discussed early in transition to LTC.	1. Residents who have been transferred to ER should have supporting documentation that is evident of the Nursing assessment including a comprehensive head to toe assessment. 2. Resident careplan will identify goals of care, including wishes related to transfer to an acute care facility.	1. 100% of Registered staff are educated by the Resident Care Coordinators. 2. Indicator data will be reviewed at Professional Advisory Committee quarterly. Any unnecessary transfers will be flagged by NP for review with Nursing staff.	

Change Idea #2 Enhance palliative care supports within the Long Term Care home.

Methods	Process measures	Target for process measure	Comments
Continue working with the Ontario CLRI (Centres for Learning, Research and Innovation in LTC) team at Bruyere on the Collaborative Palliative Care project initiated in January.	1. Palliative care policy will be reviewed by the interdisciplinary team utilizing the expertise of the Ontario CLRI/Bruyere professional team. 2. Education to staff on a Palliative Care approach includes multidisciplinary team members. 3. Palliative Care Team Committee team members will receive another more in-depth education session on being a Champion for a palliative approach to care. 4. Registered staff will receive education on the Health Care Consent Act (HCCA) and Testing for Capacity for Treatment decisions in the HCCA.	1. Edit the Palliative Care policy as needed after review of policy and program. 2. 75% of interested staff will have an opportunity to attend the Palliative Approach to Care education sessions. 3 live sessions will take place with 2 more opportunities to attend a recorded session. 3. 90% of the Palliative Care team Committee members will attend the additional education session. 4. 80% of Registered staff members will receive the Health Care Consent Act (HCCA) training.	

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	CB	100.00	Will begin with education for managers and supervisors in 2024.	Miramichi Lodge, OVOHT

Change Ideas

Change Idea #1 Staff will receive education relevant to equity, diversity, inclusion, and anti-racism training.

Methods	Process measures	Target for process measure	Comments
In-person and through Surge Learning.	Monitored through Surge Learning.	100% of managers and supervisors to be completed in 2024.	

Change Idea #2 Nurse Practitioner (NP) will collaborate with NP from Miramichi Lodge to develop a 2SLGBTQI+ health equity program for the home.

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

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-Sept 2023 (Q2 2023/24), with rolling 4-Quarter average	17.51	16.50	Meet provincial average or better	Miramichi Lodge, Pharmacy

Change Ideas

Change Idea #1 The Resident Care coordinator (RCC) or designate (Lead falls champion) will educate families, residents and staff on fall reduction strategies.

Methods	Process measures	Target for process measure	Comments
<p>1. The Resident Care Coordinator (Lead for Falls) or designate will educate all registered staff regarding the process for management of falls, importance of safety huddles, medication reviews for frequent falls, review of interventions and their effectiveness, and individualized care plans. 2. RCC will continue to provide quarterly "Falls" newsletters to resident council, staff and POAs (via email list). 3. RCC will provide residents with falls education during residents council meetings as permitted. 4. RCC will provide family education sessions quarterly. RCC will setup a survey to identify topics of interest to families and tailor sessions to meet needs of the families as well as the home.</p>	<p>Percentage of completed education sessions.</p>	<p>1. 100 % of current Registered staff and PSWs will receive falls education. 2. Quarterly newsletter sent out. 3. Resident receive 1-2 education sessions related to falls throughout the year. 4. Families receive the opportunity for quarterly education sessions.</p>	

Change Idea #2 Bonnechere Manor will monitor resident fall statistics through Point Click Care Documentation.

Methods	Process measures	Target for process measure	Comments
Review data at High Risk Rounds, quarterly at the Professional Advisory and Continuous Quality Improvement Committee Meetings.	Nursing staff will review Resident care plans at high risk rounds to ensure that all required interventions are in place to prevent resident falls.	Will see evidence of decrease resident falls.	

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	22.94	21.20	Meet provincial average or better.	Miramichi Lodge, Pharmacy, Geriatric Mental Health (GMH)

Change Ideas

Change Idea #1 BSO Champion RPN and NP will work together to ensure that an antipsychotic medication review is conducted for all residents who are prescribed antipsychotics. Further interventions as needed to decrease use of antipsychotics will be initiated (i.e. DOS mapping, GMH consultations) and follow up with the residents physicians.

Methods	Process measures	Target for process measure	Comments
BSO and NP will audit residents charts to ensure that an antipsychotic medication review has been completed in each quarter.	Number of antipsychotic medication reviews completed by the BSO champion and NP.	100 % of residents receiving antipsychotics will have an antipsychotic medication review completed in each quarter.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI CCRS / Quarterly	5.10	2.40	Meet provincial average	Miramichi Lodge, Wound Care Consultant

Change Ideas

Change Idea #1 A reduction in pressure wounds will be evidenced quarterly.

Methods	Process measures	Target for process measure	Comments
1. Registered staff will photograph any wounds and utilize the measuring tool when taking the photo. The photo will be uploaded to the residents chart and assessed regularly. 2. Education will be provided to Registered staff on wound staging, and appropriate wound dressings for each type of wound. 3. Education will be provided to PSWs related to using appropriate products and preventative skin care to avoid skin integrity issues.	1. Registered staff will be able to assess and provide treatment to all wounds. 2. PSW staff will utilize the proper product for preventative skin care measures.	1. 90 % of registered staff will receive education to assess wounds. 2. 75 % of PSWs will receive education on preventative skin care measures.	