

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 20, 2024



OVERVIEW

Saint Luke's Place is a charitable, not-for-profit organization that has served the senior's community in Cambridge for 48 years (1976). Saint Luke's Place long term care is a 114-bed home that is accredited with CARF Canada-International. The long-term care home has residents living in four home areas which include basic, semiprivate, and private accommodations. One of the resident home areas is a secure environment with an enclosed outdoor space that accommodates 19 residents living with various types of dementia who may wander and need a safe place to do so. The Long-Term Care Home is part of a Campus of Care, which includes Independent Living and a Seniors Active Living Centre.

Our Mission is:

Enriching lives in our vibrant senior community through excellent service and care

Our Vision is:

Visionary leaders in senior's health and wellness

Our Values are:

Dignity and Respect | Innovation and Quality | Community and Service | Trust and Integrity | Accountability and Transparency

Saint Luke's Place has developed Strategic and Operational objectives and Initiatives for 2022-2025 that enable us to be as adaptable and innovative as possible to respond to the uncertainty and transformative times throughout and post pandemic while looking forward to our future redevelopment of our long-term care home. The plan is also designed to continuously improve Saint

Luke's Place's high standard of care and services to seniors, financial stability, and community partnerships. We plan to continue to grow our extensiveness of our relationships with the City of Cambridge, as well as other key community partners, and continue to be a major resource in the delivery of healthcare services in long term care and independent senior living.

Our Strategic Directions:

1. Redevelopment- Expand and strengthen our long-term care home
2. Talent management- Acquisition, Training, Retention, Accountability, Culture
3. Innovation- Technology, Process Improvements, Benchmarking, Quality Control, Performance Management
4. Financial- Strengthen processes for well-being and stability

Saint Luke's Place was an early adopter of the annual Quality Improvement Plan (QIP) process in 2014-15 followed by annual mandatory QIP submissions thereafter. For 2024-25 our QIP takes a focus approach, addressing quality improvement strategies in the areas of: Access and Flow, Equity, Experience and Safety.

Despite the trials the pandemic presented, our annual Resident/Family Satisfaction Survey was conducted yearly as planned and all organizational practices were met to align with the 3-year CARF Canada-International Accreditation awarded in November 2022. Saint Luke's Place was able to maintain its commitment to quality improvement by revolving the quality plan to focus on compliance with infection prevention and control directives; communication with community stakeholders; and

maintaining/ redeploying human resources to ensure resident care and serviced were supported through the global crises.

The quality improvement plan aligns with the renewed focus on quality in the enacted Fixing Long Term Care Act and Regulations, and our progress regarding this QIP will be reported at our Quality Improvement Committee, Resident Care Committee and Board of Directors meetings. Our home is committed to ensuring we are following best practice guidelines in senior care. We are continually reviewing our practices and performance against other home in the HCCSS, in the province and nationally to improve the quality of life of the residents we serve.

This year, our quality improvement plan (QIP) will reflect on our experience over the past 3 years; set goals for transitioning to a post-pandemic period; strengthening our connection with Cambridge- North Dumfries Health Team and contribute to the Health Quality Ontario 2024-25 priority issues narrative. Our quality improvement workplan will include and focus on the four Health Quality Ontario priority issues. Although not within the scope of our QIP submission this year, sustaining and/or improving our performance and experience in areas such as skin and wound care, continence and bowel management, infection prevention and control, responsive behaviours, restraints, falls prevention and resident satisfaction will continue to receive specific focus throughout our overall quality improvement program.



ACCESS AND FLOW

In 2019 Saint Luke's Place partnered with Grand River Hospital and Cambridge Memorial Hospital to eliminate "Hallway Medicine" and embarked in alternate level of care- with our Transition Wing.

We have been successfully offering a broad range of services and provided a safe environments that promotes the safe and timely passage between levels of health care and across care settings. This high-quality alternate level of care is especially important for older adults with multiple chronic conditions and complex therapeutic regimens, as well as for their family caregivers and has reduced the strain on hospitals.

EQUITY AND INDIGENOUS HEALTH

At Saint Luke's Place, as a charitable, non-profit, non-

denominational organization, we create an environment which recognizes and celebrates all dimensions of diversity and inclusion. We welcome everyone. We celebrate diversity, promote inclusion, and have zero tolerance for any form of physical, emotional or verbal abuse behaviour. To that end, we have put in place several practices which enable and support health equity. Through these practices, we take a very intentional approach to communicating our commitment to equity. We continue to highlight equity, diversity, and inclusion in our communications materials within the Home. It is an ongoing organizational priority to continue developing opportunities to implement or improve equity for residents and potential residents in our Long-Term Care Home.

Our focus on quality improvement engagement, through communication, education and training includes all staff, all departments. Specific focus on clinical care improvements is addressed with personal support workers, registered nursing staff, Medical Director, Home Physicians, program life enrichment and recreation staff, registered dietitian, social services consultant, infection control practitioner, as well management and leadership including our Board of Directors. We are also engaged with health care system partners on quality initiatives, including our HCCSS, peer Long-Term Care Homes, the Nurse Led Outreach Team (NLOT), our local hospitals, Pharmacy Consultant, Physiotherapy Provider, Behavioral Support Ontario (BSO) resources, and community Public Health to name a few.

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 ensure alignment of our quality improvement program with system-wide priority areas as communicated by our HCCSS, Health Quality Ontario, and the Ministry of Health and Long-Term Care.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Residents (via care conferences, residents' council, and one-on-one as applicable) and families (via care conferences, family council, and one-on-one as applicable) are engaged regarding strategies, alternatives and options available for their care regarding the quality improvement plan initiatives. With our continuing commitment to resident-centered care, residents and their families and/or substitute decision makers will continue to have input into all care decisions.

Care Conferences will be the primary forum for discussion and information-sharing. Assessments will directly involve residents. Residents' Council and Family Council will also continue to be kept up-to-date about our Quality Improvement Plan focus, progress and outcomes as part of the periodic updates received from resources such as the Quality Improvement Committee, the Best Practice Lead, and our QIP bulletin boards.

For every program (including responsive behaviors, infection control, falls prevention, pain/palliative, skin and wound and continence) an interdisciplinary team contributes to the quality improvement strategies, through information-sharing and considering change ideas. Through various forums (newsletters, QIP bulletin boards, resident/family council minutes) we celebrate positive outcomes throughout the year.

We yield many benefits of an integrated long-term care sector

community through our active participation and membership in AdvantAge Ontario. Through this provincial association, we are connected with various sector communities of practice, and we benefit from access to relevant and timely education, training, and other sector resources with an overall focus on all aspects of resident-centered care.

Participation and representation in several peer sector networks locally and provincially, including but not limited to:

- AdvantAge Ontario Region 3;
- LTC Network, through our HCCSS;
- Cambridge Collaborative Care Committee;
- Ontario Health Team for Cambridge and North Dumfries

Saint Luke's Place also refers to the RNAO Best Practice Initiatives to support the practices of our core clinical programs. Finally, we also host monthly a Resident Care Committee which includes representation from Nursing, Infection Control, Physiotherapy, Registered Dietitian, Best Practice coordinator, Social Worker, RAI coordinator, Recreation, BSO Team, Resident, Family Member, Pharmacy and Medical Director. This committee brings together healthcare professionals, both internal and external, to share, discuss and analyze outcomes, benchmarks and best practices, act in an oversight capacity for all clinical matters.

PROVIDER EXPERIENCE

Saint Luke's Place tag line "when you're here, you're home" sets the groundwork of the community we are serving on a day-to-day basis. Our campus consists of our vulnerable seniors that resident in the Long-Term Care Home, independent senior tenants in our apartment units, alternate level of care (ALC) patients in our

transition wing, our families, stakeholders, and our dedicated staff that help us fulfill our mission.

Saint Luke's Place believes that the organizational health and wellness are important to each individual employee. Individual health may affect the ability of employee's contribution to meet the mission and values of Saint Luke's Place. To promote a positive and healthy culture in the workplace. Saint Luke's Place has organized a dedicated Wellness Committee. This committee and as well all managers plan and implement social events to help Saint Luke's Place promote a culture of engagement, belonging and fun among all Saint Luke's Place employees.

Saint Luke's Place partners with Homewood Health and provides an Employee and Family Assistance Program (EFAP) that offers external services such as Life Smart Coaching which may include health, life balance, and career, Counselling for all life challenges and various online resources.

Ongoing education and development opportunities are available for all employees through our online learning portal and various educational sessions held throughout the year to enhance their qualifications, job skills and gain motivation to pursue additional opportunities. Staff are encouraged to sign up for relevant courses, apply for related positions, and establish goals and improvement opportunities during annual performance appraisals.

We value the opinions and suggestions of staff for improving the work environment while enhancing resident care at Saint Luke's Place. In addition to the Wellness Committee, Saint Luke's Place invites all staff to be a voluntary members in additional committees that steer the organization's goals and objectives to enhance the

quality of care we provide to enhance the resident experience. We believe that including staff members as members of these committees brings an important perspective, allowing their voice to be heard, as key members of the SLP family.



SAFETY

Saint Luke's Place is committed to taking every precaution reasonable in the circumstances to ensure the workplace is free from Workplace Violence and Harassment and will make every effort to promote the dignity, self-worth and human rights of every employee, Board/Committee member and volunteer.

Saint Luke's Place uses a process to manage health and safety:

- 1) Written Standards
- 2) Communication
- 3) Training

- 4) Evaluation
- 5) Quality Improvements

Specifically:

- 1) We have written standards on Occupational Health and Safety that are reviewed and revised as necessary with a focus on Staff and Resident safety. We work in tandem with our BSO team to identify risk factors that can be resolved or mitigated prior to a new resident admission. Residents with known aggressive or violent behaviours are identified, documented and care plans developed to keep everyone safe.
- 2) Safety is communicated to staff on a regular basis through annual education, weekly huddles and suggestion / comment box
- 3) Training is provided annually for all the Codes and for behavioral management tools, especially in de-escalation and dementia training. We also have in-house certified trainer in Gentle Persuasive Approach available for all staff and PIECES training for registered staff. Occupational Health and Safety Certificates Parts 1 and 2 are also provided to anyone wishing to be part of the Joint Health and Safety Committee.
- 4) All staff injuries and near misses are reviewed by an active Joint Health and Safety Committee and a reporting system has been developed and available on a shared directory to track and trend any concerns.
- 5) We review all through Quality Improvement Committee and Resident Care Committee to improve reliability, streamline processes and capture and improve our safety culture at Saint Luke's Place, all outcomes are measured to continually analyzed for trends and risks to improve our operations.

POPULATION HEALTH APPROACH

Saint Luke's Place is one the core partners in the Cambridge-North Dumfries Ontario Health Team that have come together to transform our local health system that meets the needs of our residents now and in the future. A foundational expectation and purpose of this system transformation is to develop a health care system that attracts and retains staff who not only have a good experience but find pride in the work they do. This is crucial for Long-Term Care organizations like us who are faced with the task of finding great staff who are passionate about care of the older adult.

Partnering with other organizations to solve this challenge together will be fundamental to the success of this transformation. We will be required to do business differently and this immense task has been embraced by the leaders and organizations they represent. Trusting relationships and Board guidance has ensured us that we are doing the "right thing" for the "right reasons" as we forge ahead in developing a new way of organizing and delivering care. While our long-term care home continues to feel the pressure of increasing resident acuity, we will continue to collaborate with our partners to develop and implement new models of care to better support our residents and their families. The Ontario Health Team is a unique opportunity to work with our community partners to develop a local system that is responsible to the needs of our residents of our community to ensure they receive the care they need when they need it. As a partner in the Ontario Health Team, we know that together, we will be able to achieve much more that we could on our own.

CONTACT INFORMATION/DESIGNATED LEAD

David Bakker, Chief Executive Officer

Maureen Toth, Long Term Care Administrator

Mirielle Tessier, Director of Nursing and Personal Care

Jenn Coburn, Director of Infection Prevention and Control

Sarah McArthur, Director of Human Resources

SIGN-OFF

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

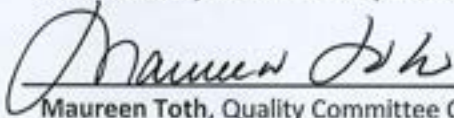
I have reviewed and approved our organization's Quality Improvement Plan on **March 20, 2024**



Margot Kummer, Board Chair / Licensee or delegate



David Bakker, Administrator / Executive Director



Maureen Toth, Quality Committee Chair or delegate



Mirielle Tessier, Other leadership as appropriate

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)	9.03	8.00	A multiyear strategy will be utilized to reduce rate closer or better than the current provincial average	

Change Ideas

Change Idea #1 Registered staff to discuss goals of care with residents/SDM on re-admission from hospital

Methods	Process measures	Target for process measure	Comments
An email through the re-admission distribution list will trigger a goals of care discussion with a registered staff upon discharge from hospital. Documentation of the conversation once it occurs.	# of goals discussion over # of resident re-admitted from hospital	We aim to have 100% of residents who are re-admitted from hospital to have a goals of care discussion with a registered staff within 2 weeks.	Re-admission from hospital is a good time to re-establish goals of care with residents and families. Clear understanding of goals contributes to reducing avoidable hospital transfers.

Change Idea #2 Increase nursing staff attendance for advance care planning and palliative care approach to care education sessions

Methods	Process measures	Target for process measure	Comments
Track frequency of education sessions and attendance of nursing staff	Number of nursing staff attending education sessions per month	We aim to have 5 education sessions throughout the year and 50% of nursing staff attending 1 or more sessions	Through education, we aim to build confidence in nursing staff to have advance care planning conversations with residents and their families and increase understanding of the palliative approach to care.

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	CB	All active employees shall complete education/ training on equity, diversity, inclusion and anti-racism yearly.	

Change Ideas

Change Idea #1 All active employees will participate in education relating to equity, diversity, inclusion and anti-racism as part of general orientation and the mandatory education that is held yearly.

Methods	Process measures	Target for process measure	Comments
Track employee participation in general orientation and mandatory annual education/ training	Number of active employees will have demonstrated uptake of education annually.	We aim to have 100% of active employees complete education and training EDI and anti-racism by the end of each year	Employees are required to complete annual/mandatory education yearly specific to LTC Act and Regulations. EDI and anti-racism will be included in the overall annual training requirements.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	CB	All residents at Saint Luke's Place have a right to express themselves and be heard, as per the Resident Bill of Rights. We aim for all residents to have a platform to speak and to feel safe to do so.	

Change Ideas

Change Idea #1 Hold education sessions for all active employees relating to resident centre care

Methods	Process measures	Target for process measure	Comments
Track frequency of education sessions and attendance of all active employees	Number of staff attending 1 or more sessions quarterly	We aim to have 4 different education sessions throughout the year and 50% of staff attending 1 or more sessions	Through education, we aim to support understanding of resident-centred care approach so that staff can lead by example throughout their daily care.

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	CB	This indicator supports the Health Quality Ontario priority area of resident experience. Saint Luke's Place has developed a resident/family satisfaction survey and do not utilize the InterRai QOL survey or the NHCAPHS long stay resident survey.	

Change Ideas

Change Idea #1 Holding nursing staff education for resident centered care

Methods	Process measures	Target for process measure	Comments
Track frequency of education sessions and attendance of nursing staff	# of resident centered care education over # of nursing staff attending	We aim to have 4 different education sessions throughout the year and 50% of nursing staff attend 1 or more sessions	We aim to build capacity within the nursing staff to maintain a resident-centered care approach throughout their daily care

Change Idea #2 Hold registered staff education sessions for resident-centered care

Methods	Process measures	Target for process measure	Comments
Track frequency of education sessions and attendance of registered staff	# of resident centered care education sessions held over # of registered staff attending	We aim to have 4 different education sessions throughout the year and 50% of registered staff attending 1 or more sessions	Through education, we aim to support understanding of resident-centered care approach so registered staff can lead by example throughout their daily care

Safety

Measure - Dimension: Safe

Indicator #5	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	6.78	6.78	Target reflect local LHIN data and is the lowest rate when comparing to local LHIN with province of Ontario and Canadian average.	

Change Ideas

Change Idea #1 Saint Luke's Place has consistently performed well-below the regional, provincial, and Canadian averages. This is a positive result and indicates the programs in place are effective to manage potentially inappropriate use of anti-psychotic medication. Data will continue to be tracked as per the Ontario Health priority area; however, no change ideas will be implemented as performance as exceeded expectations for more than 5 years.

Methods	Process measures	Target for process measure	Comments
This indicator measures the percentage of residents without psychosis who were given antipsychotic medication in the seven days preceding an assessment.	Numerator: Number of LTC Residents who meet the inclusion criteria in each quarter or reporting period Denominator: Sum of the number of residents who meet exclusion criteria in each quarter of reporting period.	Target reflects local LHIN data and is the lowest rate when comparing local LHIN with province of Ontario (19.3%) and Canadian average (22%)	Inclusion and exclusion criteria set as per Ontario Health, based on RAI-MDS assessment information.