

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2024

OVERVIEW

Craigwiell Gardens is a 70-bed “C” long-term care home. We are a not for profit, charitable organization located in Ailsa Craig, Ontario. The Home opened 47 years ago (1977) and offers private and semi-private accommodations. The long-term care home is integrated into a campus, including Independent Living Seniors Apartments, Day Programs and Community Services to meet the needs of Seniors of North Middlesex and area. The organization embraces people of all faiths, beliefs and backgrounds.

Founded by the Nairn Mennonite Church to demonstrate Christian values in action. These values are expressed through our mission and philosophy, Culture of Kindness, human resources policies, as well as internal and community relationships.

Our Mission “We are a Community committed to providing residential and community services that enhance the lives and potential of each person we engage” can be broken into three components:

“We are a Community” - Craigwiell Gardens is a unique community of people, all who are stakeholders in achieving its mission and desired outcomes. Craigwiell Gardens is also part of the larger community within mutually supportive relationships and synergies that collectively enhance the quality of life of the people served.

“Committed to providing residential and community services” - identifies the primary services that Craigwiell Gardens delivers, being residential services for long-term care and apartment living as well as recreational, professional and other services available for both residents and community members. It is through this range of

services and activities that Craigwiel Gardens delivers its mission each day.

“That enhance the lives and potential of each person we engage” - Craigwiel Gardens believes every person has potential. It is through working with each individual served the organization is able to enhance quality of life and deliver services that are valued and supportive to community members.

Craigwiel actively works through engagement and partnerships to develop and provide innovative, quality health services. The commitment to excellence is exemplified through the positive outcomes for all people serviced.

ACCESS AND FLOW

Craigwiel Gardens recognizes unnecessary hospitalizations are difficult for the residents, families and the health care system. The Home continues to make improvements to the turnover time for admitting a new resident when a bed in our long-term care home becomes available. This goal is achieved by training and educating registered staff on the admission process to have several staff available to process and admit. The housekeeping department works to ensure rooms are ready and available for new residents within 48 to 72 hours of becoming vacant. As the majority of admissions come from the hospital, this impacts hospital capacity and the timeframe to bring residents to their new home.

The Falls Committee has been more active since the end of the pandemic, allowing enhanced tracking and monitoring to prevent falls potentially leading to emergency visits. This has resulted increased safety measures, routine checks and toileting plans for

residents at high risk. These measures prevent and protect residents from injury and potential emergency visits.

To enhance resident safety, the Home has invested in new and advanced vital machines which provide real-time monitoring and early detection of health issues. The Home is working to integrate this information into the PointClickCare platform, complimenting the customized task library in POC (available through partnership with Fairview Mennonite Homes) that align with tailored care plan, assessments and newly adopted policies and procedures. This holistic approach fosters a safer environment while optimizing the quality of care provided.

The Home has two certified GPA team members. This training is valuable to understanding resident behaviours and how to properly handle situations that arise in long-term care. We continue to train staff with a goal of having a large number of staff trained by the end of the 2024/25 fiscal year.

EQUITY AND INDIGENOUS HEALTH

Craigwiel Gardens continues to promote equity, inclusion, diversity and antiracism through the introduction of the organizational 'Culture of Kindness' initiative. In 2023, team members participated in the Kindness Engagement Index survey through the Kindness Speaks Organization to establish a baseline. Results of the survey have been shared with all team members through a general staff meeting and departmental meetings. A Kindness Committee, made up of front-line team members and leadership, has been launched and the committee is using the survey results to develop initiatives with the goal of 'belonging' including monthly meetings and quarterly events.

The home continues to focus on expanding meal/dining options, programs and spiritual care to support the cultural diversity of residents. Understanding resident preferences is achieved through the Resident Quality of Life Survey, Family Quality of Life Survey, councils, committees, assessments and one-on-one conversations. This allows the Home's quality improvement initiatives related to dining, recreation and spiritual programs to be informed by direct resident feedback.

To support an inclusive environment for residents, families, volunteers, visitors and team members all staff complete diversity, equity, inclusion and anti-racism education annually as a part of mandatory education. The Leadership Team is participating in enhanced education. The 2024/25 Operational Plan will have a special focus on inclusion, friendship and trust using the 'Culture of Kindness' as the foundation.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Craigwiel Gardens strongly supports and encourages resident and family contributions to the improvement of the resident experience. In 2023, the Home launched the Resident Quality of Life Survey and Quality of Life Family Survey. The survey touches upon the main areas of the resident everyday life including privacy; food and meals: safety and security; comfort; daily decision making; respect; responsiveness of staff; activities; and personal relationships.

Starting 2024, the Resident Quality of Life survey will be completed three months after admission, as well as annually. This will allow the Home to gage the successful transition into long-term care and identify potential areas of improvement.

The Quality of Life survey informs quality improvement initiatives. The results of the survey are shared with Residents' Council, Family Council and the Quality Committee. Each review the results and makes recommendations.

Furthermore, the Home works with our dedicated community and service partners to support the quality improvement initiatives.

PROVIDER EXPERIENCE

Craigwiel Gardens embraces engagement with schools, local community, regional and provincial partners. Strong relationships allow for continued expansion to support the Home.

In 2023, Craigwiel Gardens entered into a Shared Services Agreement with Fairview Mennonite Homes in Cambridge to bring policies, procedures and additional supports to the Home. Supports include leadership, financial, building, clinical and administrative.

The Home continues to champion student placements throughout all departments. Student placements allow potential team members to experience long-term care in a rural community. The Home also takes advantage of opportunities such as the PREP LTC. These strategies have proven beneficial for recruitment and retention.

The Talent Specialist, through Fairview Mennonite Homes, is working towards to customer service education “Kindness Speaks” based on the values and the ‘Culture of Kindness’. This program will be rolled out to all team members in 2024 and new team members moving forward.

SAFETY

Craigwiel Gardens uses standardized policies, procedures and assessments. Standardized processes allow for consistent tracking. Active committees are in place to audit, monitor and analyze occurrences and identify trends. These inform decisions related to providing quality resident care and services.

The end of pandemic has provided the opportunity for renewed

commitment to clinical programs, including enhanced committee membership. This is being supported through scheduling committees with the availability of front-line team members at the forefront. As a result, there is strong member participation leading to increased output, such as audits and analysis.

Craigwiel Gardens recognizes staff growth and educational opportunities play an important role in resident and team member experience and continues to be a priority. We are pleased to share the Home’s IPAC Lead has been certified by the Board of Infection Control and Epidemiology and one Manager received Health and Safety certification, and others are working towards this.

The Home maintains strong relationships with the Medical Director, physicians, pharmacy, community and service partners to ensure residents have access to services both inside and outside the Home. Community and service partners also provide large group education for front-line team members and specialized orientation for new leaders.

Through the Shared Services Agreement, several PointClickCare changes are being introduced including a new task library and assessments. This new partnership will further strengthen Craigwiel Garden’s commitment to quality resident care and services.

POPULATION HEALTH APPROACH

Craigwiel Gardens works with community and system partners, such as the Specialized Geriatric Resource Nurse, Public Health, hospitals, pharmacy, association (AdvantAge Ontario) and community and service partners.

The team has worked with community and service partners to enhance program specific education, such as skin & wound, falls prevention and infection prevention and control. These education programs contribute to quality improvement initiatives for clinical programs, improving resident and family awareness and understanding (supporting decisions around health care).

The home continues to implement changes to the Fixing Long-Term Care Act as per the Ministry directives.

Through the independent apartment building, Craigwiel Gardens has the unique ability to support spousal reunification. When a resident is admitted into the long-term care home, the organization is able to place their spouse at the top of the list (to support spousal reunification). As the buildings are connected, this provides a safe environment to support married couples.

The Adult Day and Alzheimer's Special Needs Programs provide valuable services to the Ailsa Craig and area community. These programs remain popular and provide needed services to the older adult community and caregivers. Services include social, recreational and therapeutic activities, such as foot care, bathing, transportation, and specialized services for clients experiencing Alzheimer's Disease / dementia.

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 27, 2024**

Jennifer Gillies, Board Chair / Licensee or delegate

Sarah Campbell, Administrator /Executive Director

Cindy Pedro, Quality Committee Chair or delegate

Elaine Shantz, 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.	C	% / Residents	CIHI CCRS, CIHI NACRS / 2024/2025	24.47	22.00	We believe through our change ideas we can reduce the number of residents and family members wanting or needing to go to hospital.	

Change Ideas

Change Idea #1 Aim to reduce number of ED visits related to falls.

Methods	Process measures	Target for process measure	Comments
Increased Rounding, Audits of POC Charting, Safety Checks, Toileting Plans, Education	Percentage of ED visits related to falls	Reduce number of ED visits from 24.47 to 22.	

Change Idea #2 Registered Staff and Nursing Leadership Team will discuss and provide ongoing education to the registered staff so that they can support families and residents regarding goals of care upon admission and prior to ED transfers (as appropriate).

Methods	Process measures	Target for process measure	Comments
In services, memos, 1 to 1 education and communication with family around sending residents to the ED, improving assessment skills, education around when it is appropriate to send someone to the ED, goals of care discussion on admission.	Percentage of ED visits.	Reduce number of ED visits from 24.47 to 22.	

Change Idea #3 Have an in depth analysis of all ED transfers at monthly nursing meetings for a more detailed discussion, if there could have been earlier interventions

Methods	Process measures	Target for process measure	Comments
Track ED visits at monthly nursing quality meetings and have a more in depth analysis of ED visits. Could anything have been done to avoid ED visits. To have a summary of the analysis and look for trends and analysis. Summary of analysis will be reported to the Quarterly Quality meeting and shared with resident and family councils	Use standardized tracking tool, all ED visits will be tracked with this tool	100% of all ED visits will be reviewed	

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	Mandatory training implemented in 2024 for all staff and enhanced equity, diversity, inclusion and anti-racism education for all leadership staff in 2024	

Change Ideas

Change Idea #1 All staff from all departments will receive equity, diversity, inclusion and anti-racism education annually and on hire.

Methods	Process measures	Target for process measure	Comments
Education on equity, diversity, inclusion and anti-racism will be assigned annually through surge learning	Education is assigned annually with deadline , and for orientation education on hire	The education assigned is mandatory and 100% of all staff to complete by deadline.	

Change Idea #2 Leadership will have enhanced education on equity, diversity, inclusion and anti-racism

Methods	Process measures	Target for process measure	Comments
Policy has been developed and implemented on equity, diversity, inclusion and anti-racism, and is available for all staff to reference on policy manager.	During a leadership meeting enhanced education will be given to help support leadership on equity, diversity, inclusion, and anti-racism. Policy will be referenced as well as educational resources.	All leadership will receive the education @ 100%	

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To Embrace the Kindness Way (of kindness to one self and others), to enhance our home's inclusivity of belonging within our home. We have established a kindness committee and would look to further develop the culture of kindness in our home	C	Number / Other	In house data collection / 2024/2025	0.00	4.00	New committee starting in 2024. Will promote the committee and encourage participation.	

Change Ideas

Change Idea #1 The level of kindness, inclusivity, and sense of belonging within our home, particularly focusing on fostering kindness towards both oneself and others. It assesses the homes efforts in promoting inclusivity, diversity, and a supportive environment, especially within a small, rural community cont

Methods	Process measures	Target for process measure	Comments
Monthly meetings, quarterly events, incorporation of kindness survey results from survey conducted in 2023, introduction of the hub for communication of upcoming events.	Number of events in 2024/2025	4 events during 2024/2025	

Change Idea #2 Introduce the kindness education program across the home and develop kindness mentors

Methods	Process measures	Target for process measure	Comments
Monthly meetings, communication through HUB. Review of kindness surveys	# of members involved in the kindness committee and # of kindness mentors.	# of staff participating in the education, tracked through sign in sheets.	

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increased number of small group programs (5 or less residents) offered each month.	C	Other / Residents	Other / 2024/2025	34.00	44.00	To have increased number of small group programs offered for residents each month.	

Change Ideas

Change Idea #1 Adjust current recreation calendar to incorporate increased number of small group programs offered.

Methods	Process measures	Target for process measure	Comments
Increase number of small group programs on the recreation calendar, removed a program with low participation and replaced with a small group program, collaboration with recreation staff to get feedback on which programs residents enjoy, staff will audit 1 new program a month to see how many residents are participating, level of satisfaction with the group program and assess for changes or modifications required.	Number of small group programs through Welbi.	Increased number of small group programs offered by 10 per month.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To maintain accurate temperatures to ensure safety of residents and following safe food handling procedures.	C	% / Residents	In-home audit / 2024/2025	CB	100.00	Enhancing our process to measure temperatures to enhance safety to residents including before and after meal service. Goal 100% of temperature audits to be recorded outside of the danger zone.	

Change Ideas

Change Idea #1 Add after service temperature checks to production sheets and staff to take action when residents food is in the danger zone.

Methods	Process measures	Target for process measure	Comments
Edit production sheets to include new column for recording after service temperatures, ongoing staff education around importance of checking temperatures before and after meal service, appropriate action to be taken when temperature is in the danger zone, manager to audit production sheets weekly to ensure compliance and provide education as needed.	Number of temperatures recorded.	100% of temperatures recorded accurately.	

Safety

Measure - Dimension: Safe

Indicator #6	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	12.14	11.00	- 75% of staff GPA Trained - Monitoring through tracking KPIs - Application of non-pharmalogical interventions	

Change Ideas

Change Idea #1 To increase the number of our staff members who are trained in a gentle approach to care, which will enhance their skills in the handling of residents with responsive behaviours.

Methods	Process measures	Target for process measure	Comments
Training staff through 8 hours of in class education in groups of 10.	38.9% of staff trained by April 1st, 2024	75% of staff trained in 2024	

Change Idea #2 BSO Lead team members to complete antipsychotic assessment tool each quarter, and review with attending physician and review if there is recommendations to increase, decrease or keep at current levels.

Methods	Process measures	Target for process measure	Comments
1. KPI Tracking, Pharmacy Audits, Collaboration with physicians for appropriate diagnosis. Tracking of discontinued and re-ordered antipsychotics, new implementation of antipsychotic assessment from Fairview Parkwood with PCC merge, recommendations around reductions between Nursing, BSO, and Physician. 2. BSO staff to review behaviours , current antipsychotic medication in the home and prn usage of antipsychotics for residents. 3. BSO to make recommendations to attending physician quarterly with medication review cycle, and to track # of changes, increases , decreases , how many antipsychotic medications discontinued and how many were re-started.	12.14% currently	11.0% new goal for 2024/2025	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To increase Medication incident follow up, with reflective practice and education, and encourage reporting of medication incidents through a Just culture approach to reporting of Medication incidents	C	% / Staff	In house data collection / 2024/2025	CB	100.00	Use of registered staff involved in medication incident to complete a reflection of medication incident and submit to Nursing leadership for follow up	

Change Ideas

Change Idea #1 Promotion and support of a Just Culture of reporting medication incidents to embrace the learning opportunity to make medication administration safer. A Just culture approach is an important part of a safety culture and it is founded on the assumption that all human beings make mistakes and that those mistakes give us insight in to how to avoid repeating them in the future. We venture to foster an environment of prompt reporting with analysis of root causes and contributing factors to build on quality improvement.

Methods	Process measures	Target for process measure	Comments
Medication incidents will be reviewed in interdisciplinary team approach monthly by nursing leadership and Quarterly Medication safety meetings with home team, pharmacist, and physician. During the meeting, trends will be identified and analysis completed. Registered staff education, and reflections, will be tracked on Medication safety tracking sheet.	Percentage of medication incident reflection forms completed.	100% of medication incident reflection forms completed, with registered staff advising of their learnings and reflection into how the incident occurred.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Adoption of new policies and procedures from Fairview Parkwood, and to adopt Pointclick care platform with new assessments, care plan library, POC task library and new progress notes.	C	% / Staff	Other / 2024/2025	CB	100.00	All staff are required to complete Surge Learning Education on Policy Manager and the implementation of new policies.	

Change Ideas

Change Idea #1 Access and education about new policies, procedures, and ability to access and utilize new policies.

Methods	Process measures	Target for process measure	Comments
All staff to complete full day of education around policy manager and implementation of new processes, tech support to upload access to all devices, Surge Learning	Percentage of staff to complete Surge Learning and Education day	100% of staff to complete Surge Learning and Education day	

Change Idea #2 Education and updating of policies and procedures through Policy Manager.

Methods	Process measures	Target for process measure	Comments
Team meetings, in services, virtual learning, Staff Meetings, Surge Learning.	Percentage of staff to complete Surge Learning and Education day	100% of staff to complete Surge Learning and Education day	