

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2023



OVERVIEW

Valley Manor is located in Barry's Bay, Ontario. The history of our community in the township of Madawaska Valley starts out with the Algonquin's, who named it "Kuaenash Ne-ishing", which means "Beautiful Bay". Long before the first pioneers ever laid eyes on this bay on Kamaniskeg Lake, it was a meeting place for bands of aboriginals. In 1860 the first settlers arrived from Ireland and Poland, and today the influence of these immigrants is still present. It is fitting to acknowledge our history as our Quality Improvement initiatives continue to expand on the Mission for our home, "Empowering every person to provide compassionate Resident-Centered care in a diverse family environment". The 2023/24 Quality Improvement initiatives that the home will be focusing on embraces the home's Strategic Plan 2022-2027 and builds upon the foundation values of Integrity, Transparency, Leadership, Workplace Satisfaction, and Compassion. Valley Manor's Quality Improvement initiative continues to be developed with the voice of our residents and their family members/POA's/SDM's, and other key stake-holders in effort to attain and sustain provincial benchmarks for long-term care. On Dec. 1, 2022 our Resident Satisfaction Survey was provided to our residents and to their SDM's. At the time there were 75 residents who called Valley Manor home. Unfortunately only 7% of those completed the survey despite extending the deadline and involving volunteers to offer assistance to allow residents to voice their opinions and feelings. In an effort to improve Service Excellence the home plans to implement a change idea that involves the creation of a new survey by the fall of 2023. The Recreation department will also start surveying residents in the fall of 2023 using the newly purchased ActivityPro software that will be implemented. The purpose of these surveys are to obtain improved feedback from the residents

and their SDM's in effort to identify areas for improvement, and to obtain recognition for what we are doing well. The home also plans to create a Quality Improvement communication board for our Residents, SDM's, visitors to the home, staff, and other key stakeholders to visualize in effort to engage them in the Quality Improvement initiatives. This change idea was requested by a member of the Resident Council at a Continuous Quality Improvement meeting. The home will also introduce new change ideas and work on change ideas not fully implemented last year in effort to reduce the number of potentially avoidable ED visits. Safety for our residents will also be an area of focus as the home aims to reduce the number of residents receiving antipsychotics without a diagnosis of psychosis from 10.69 to 6.69% in effort to remain below the provincial and LHIN average.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

The Continuous Quality Improvement Team wishes to acknowledge the resiliency of the residents of the home as well as the staff. The Canadian Red Cross was obtained for Valley Manor to assist and support the home with recovery efforts after a very challenging COVID-19 outbreak that that was declared on July 18, 2022 and ended August 10, 2022. During that outbreak there were 44 residents, 15 staff and 1 student affected with COVID-19. Since the start of the COVID-19 pandemic a total of 6 residents have died attributed to COVID-19. During the outbreak residents and staff faced challenges such as staffing shortages, grief, and exhaustion. The Red Cross worked with Valley Manor staff and residents for a month after the outbreak to assist the staff and residents to recover. This recovery assistance was approved by the Minister of Long-Term Care in collaboration with Dr. Cushman, who was the Medical Officer of Health for our region at the time, and was

supported by the Valley Manor Board of Directors. The Canadian Red Cross strengthened the resilience of the residents and the staff. Valley Manor is also excited to share that we now have a newly formed Family Council. They have had several meetings so far this year and are working hard on developing their terms of reference and the structure of the meetings. The Family Council collaborate with staff in effort to maintain and enhance the quality of life for residents and to provide a voice in decisions within the home that affect them. The meetings that are held presently by Zoom provide an opportunity for networking and support and encouragement. The CEO and ICP have participated in these meetings to engage family members in IPAC updates, education, and also to share information on the redevelopment of Valley Manor. We are also very proud to share that the home has had another successful 4-year Accreditation and earned Commendation Status. Commendation status means that the organization has exceeded and surpassed the fundamental requirements of the accreditation program.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Valley Manor continues to collaborate with residents and family members in the development of the homes Quality Improvement Plan. Resident council meetings are held regularly, and meaningful input is obtained through these meetings. Multi-Disciplinary Care Conferences are scheduled regularly and time is allowed for residents and family members to express any concerns and wishes for improvements in the services provided at the time. The Resident and Family Satisfaction survey was provided to the residents and to their POA-PC on Dec. 1, 2022. Unfortunately only 7% of 75 surveys sent out were returned. Change ideas will be implemented in the 2023/24 QIP in effort to improve resident and family participation. At the Feb. 15, 2023 Continuous Quality Improvement meeting a member of the Resident Council requested the home improve their communication with the residents. It was decided with the team that a Continuous Quality Improvement board would be created in effort to meet this request.

PROVIDER EXPERIENCE

Given the challenges with an aging workforce, heavy workload, and staff leaving the health care setting, Valley Manor is diligently working to grow our leaders and inter-disciplinary teams. Our HR Manager is passionate about attracting, developing and retaining the best talent within a safe and healthy environment that encourages wellness, diversity and innovation. In addition to posting job opportunities in-house, our HR Manager is also posting applications for positions within the home on the Valley Manor website, in local newspapers, with Colleges, Base Petawawa, Rural Outreach, on Linked In, and on Indeed. The home has also engaged with Staffing Agencies in an effort to fill gaps in our schedules and

to continue to have back up staff when the need arises. Valley Manor currently uses these agencies for Registered Staff and PSW's. Valley Manor engaged a consultant to assist with the creation of a new master schedule for the PSW team, and this was implemented last fall. The home and the union agreed to work together to create a modernized schedule which addresses the reduced labour force in our remote area while trying to provide work life balance and improved outcomes for our employees. An Employee Assistance Program is available for those in need of support. Monthly staff appreciation celebrations continue for all staff on a scheduled and planned basis whereby the staff are honoured and recognized for all that they do for the residents at these recognition events. Recognition of the Valley Manor workforce is part of the homes strategic plan recognizing it as a priority, and more emphasis is being put into ensuring that the team is healthy and engaged leading to improved outcomes. Valley Manor's leadership team enrolled in a Mental Health First Aide Course with plans to educate all staff on this very important mental health crisis that no one is immune to. On-site vaccine clinics for the COVID-19 vaccine for staff and essential caregivers have been held on June 29, Sept 26 and 27, and Oct 5 and 6th, 2022. Flu clinics were also offered to our staff. Monthly departmental staff meetings are held in the home with opportunities to raise concern. The compassion, dedication and resilience of our staff and volunteers set us apart. Ethics is now on the agenda for many team meetings within the home. The Champlain region ethicist has recently joined meetings by zoom, and she has explained how ethics plays a role in long term care settings. The ethicist has also discussed moral dilemmas that staff may encounter. The ethicist reviewed how submissions can be made to the Ethics committee, and has informed staff that there is an option to reach out for advice

anonymously. The Ethics Committee will provide support to staff working their way through a dilemma.

WORKPLACE VIOLENCE PREVENTION

In Accordance with the requirements of Bill 168, Workplace Violence and Harassment, the Valley Manor Board of Directors, our CEO, & the Management Team of Valley Manor are committed to the prevention of workplace violence and is ultimately responsible for worker health and safety. Workplace Violence Prevention is part of Valley Manor's Strategic Plan for 2022-2027. Ensuring that the workforce feels safe in their work environment is a priority, and the Valley Manor plans to register a staff member to become a certified instructor for Nonviolent Crisis Prevention Intervention (CPI) this year. This staff member will then provide the much needed education to the employees of the home in effort for them to feel confident when dealing with angry, hostile, or non-compliant behavior. The home continues to partner with the Royal Ottawa Hospital and their Behavioural Therapist. The Behavioural Therapist continues to consult and provides in-services, huddles, and has created tools to assist the staff to feel more confident in dealing with residents who exhibit responsive behaviours of physical aggression. The Nursing department continues to perform the Long Term Care Violence Assessment Tool (VAT) on all residents who move into the home. The assessment is performed on admission using the InterRai that has been completed on the resident prior to their admission. The resident's care plan is then updated to reflect the residents overall score and known triggers and interventions are also added to the resident's care plan. The resident's risk rating score is available to staff on PCC and residents with a score of high or very high have a mood color chart placed outside of their room. If the resident uses a wheelchair or walker a mood color chart is

also placed on the wheelchair or walker. The purpose of the mood color chart serves as a reminder to the staff to stay alert and to be prepared to use effective therapeutic communication and to be prepared to apply behaviour management and self-protection teaching appropriate for the situation. Staff as well as the resident's SDM are instructed to observe the color the dial is pointing to prior to entering the resident's room and when interacting with the resident. BLUE=relaxed, happy, GREEN/YELLOW=excited, anxious, RED=verbally/physically responsive behavior, and PURPLE=irritable, angry. Staff are to change the dial to refer to the "mood color" the resident was in when staff or the SDM leave the room. This assists those approaching to be more prepared when approaching the resident. The VAT is also completed prior to the residents "Move In" care conference, and the resident and their SDM are informed of the assessment. The VAT is also completed annually. The CODE WHITE policy and procedure will be reviewed and revised this year with a planned drill in effort to ensure staff have the required knowledge and skill to safely respond. The monthly agenda for the nursing department includes promotion of a Just Culture and review of the whistle-blowing policy. Staff are encouraged to trust that they can and should report errors without blame. The homes Workplace Bullying and Harassment, and Violence policies has been updated within the last year with the homes Health and Safety Committee as well as at team meetings. Valley Manor is committed to providing a work environment in which all individuals are treated with respect and dignity.

PATIENT SAFETY

Valley Manor is committed to resident safety and welcomes the full involvement of all residents and families, employees, physicians, volunteers and students. The principles of resident safety guide our

employees, physicians, volunteers and students, and include:

1. Everyone shares accountability for ensuring the safest possible resident care and service is provided to each resident;
2. All staff and leaders are responsible for creating a supportive environment so that each person reports errors, near misses and adverse events, every time an event is encountered;
3. The culture of safety focuses on prevention and a non-punitive process of reporting and investigating to create a 'just culture';
4. Everyone will be held accountable for actions that are intentional or recklessly endangering;
5. Adverse events, errors, near misses (good catches) , sentinel events are seen as learning opportunities through the processes of:
6. Investigating all incidents and near misses,
7. Conducting root cause analysis for all near misses and sharing results within the home
8. Implementing solutions to minimize the risk of re-occurrence,
9. valuing the participation of all staff and care partners in the investigation of incidents and near misses,
10. Inviting the involvement of residents and families in processes for resolution and solutions when errors occur.

The Automated Medication Dispensing Cabinet (effective June 9, 2022) is now functional for emergency stock medication and the integrated medication management system is implemented. The home in collaboration with the Long Term Care Pharmacist completes the Medication Safety Self-Assessments developed by

ISMP annually to evaluate the safety of our medication system, identify vulnerabilities and opportunities for improvement, increase awareness of safe medication system characteristics, and monitor progress over time. The Long Term Care Pharmacist also provides quarterly reports and will now be participating in the Continuous Quality Improvement Meetings that are held every 2 months. The Long Term Care Pharmacist reports on Drug utilization, Chemical restraint usage – (# of injectable antipsychotics administered to restrain a resident from harming themselves or others), adverse medication reactions, medication incidents, Glucagon use and incidents of severe hypoglycemia, and quality improvement audits. This information will now be shared with a member of the Resident Council as well as a member of the Family Council at the Continuous Quality Improvement Meetings. It will also be posted on the Continuous Quality Improvement Board as part of the homes 2023/24 Quality Improvement Plan. Previously this information was shared with the Registered Staff, POA's of residents involved in incidents at the time of the incident and at the resident's Multi-disciplinary meeting, the Medical Director, the CEO, DOC, and with the Registered Staff. The process for Medication Reconciliation in partnership with the resident, family, or caregiver to communicate accurate and complete information about medications across care transitions will be reviewed. Plans to improve communication with the resident, family, or caregiver will be improved over 2023/24 as part of the medication reconciliation process and to improve resident safety. The home has been updating the Emergency Preparedness policies and procedures as required under FLTCA. A staff member has been dedicated to provide a thorough and comprehensive review alongside the CEO. The home is preparing to have a "Mock" Full Evacuation in the Fall of 2023 to review the emergency preparedness plan of the organization and evaluate

standard operating procedure. The Valley Manor website has the homes Emergency Plan Program Manual available for residents, families, and other key stake-holders to review. The Health and Safety Committee has reviewed the Pandemic Plan and all of the associated policies that were started at the beginning of the Pandemic.

HEALTH EQUITY

Valley Manor recognizes, acknowledges and values residents' diverse needs, and the homes Mission statement is proof of this. Our Mission statement, "Empowering every person to provide compassionate resident centered care in a diverse family environment", encompasses the homes commitment. When residents move into Valley Manor the resident/SDM is provided with a "Getting to Know Me" and other assessments and tools to ensure Resident's Care Planning include considerations for cultural background, values, traditions and beliefs, and their wishes which contribute to an enhanced quality of life. To create an inclusive environment where everyone feels a sense of belonging, our Activity department offers programs based on the Resident's preferences, wishes and interests, and are stimulating, meaningful and accessible. Leadership staff demonstrate and support cultural diversity and inclusiveness in their actions, daily activities and communication with residents, staff and other stakeholders. The home hosts a Feast of the Epiphany luncheon annually, and a Polish buffet is served. The home celebrates "Polish Day" and "St. Patrick's Day" as the majority of our residents are of Polish or Irish descent. Residents, staff, visitors are encouraged to participate in the programs offered within the home, and they are always well attended. The home receives applications from urban areas wanting to come to our home related to the rich Polish heritage in

our community. The Activities department features a program called Armchair Travel. The program includes a resident passport that is stamped at the beginning of the program, a video of a country that may be familiar to them or not, fun facts about the country, and the resident is served a light snack that is served in the country that they "tour". A diverse workforce will support the continuity of a caring, trusting and person-centred care leading to the well-being of Residents, and other key stakeholders. Food quality, safety, nutrition and preparation needs, are also consistent with the residents preferences and wishes. Cultural considerations for dietary practices ensure that the residents are provided with the food they enjoy, prefer, recognize and like to eat. To ensure that our residents spiritual preferences are met the Activity department offers multi-faith programs. Spirituality programs are integrated in the Resident's care plans and are provided daily, weekly, monthly and/or palliative or end of life stages as appropriate. The DOC, CEO, and Board Chair are now opening all meetings with a Land Acknowledgement. The CEO along with other members of the health circle participates on the IDEA (INCLUSION, DIVERSITY, EQUITY & ACCESS) committee. It aligns well with our strategic plan model, and the home recently acknowledged Black History Month to celebrate the many achievements and contributions of Black Canadians. Information was posted throughout the home in effort to support and recognize the Black Canadians who have done so much to make Canada the culturally diverse, compassionate, and prosperous nation it is today. The CEO continues to provide French Language reports and Indigenous reports to the Ministry.

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 23, 2023**

Kathy Marion, Board Chair / Licensee or delegate

Trisha DesLaurier, Administrator /Executive Director

Chantel Brown, Quality Committee Chair or delegate

Other leadership as appropriate
