

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2024



OVERVIEW

The 2024/25 Quality Improvement initiatives that the home will be focusing on continue to embrace the home's Strategic Plan 2022-2027 and build upon the foundation values of Integrity, Transparency, Leadership, Workplace Satisfaction, and Compassion. Valley Manor's Quality Improvement initiatives continue to be developed with the voice of our residents and their family members/POA's/SDM's, the Continuous Quality Improvement Committee, the Board of Directors, the staff, and other key stakeholders in effort to attain and sustain provincial benchmarks for long-term care and to improve the experience of the resident. Valley Manor has chosen to continue to focus on Access and Flow acknowledging the rapidly increasing complexity, acuity, and unpredictability of our resident's health. At present our homes performance is 27.36% which is above the provincial average of 21%. From October 1, 2022 to September 30, 2023 (Q3 to the end of the following Q2), 39 transfers from the home to the Emergency Department occurred. Of these 39 transfers to the Emergency Department, repeated visits from some of the residents highlights the complexity of caring for our resident population. 8 residents had 2 or more visits to the Emergency Department during this time frame. Valley Manor will implement change ideas in effort to reduce the Emergency Department visits. Change ideas include the creation and implementation of an SBAR transfer checklist for Registered Nurses, Active collaboration with the Medical Director, CEO, DOC, and Lead of the Continuous Quality Improvement Committee, and improved awareness to residents and their SDM's on treatments that can be provided within the home. Valley Manor will also implement change ideas to improve the residents experience and the home acknowledges that residents who have positive experiences often have better health outcomes. With the

implementation of an online resident and family satisfaction survey the home received feedback from 48% of the resident population compared to 7% last year leading to measurable improvement. The home plans to build on this invaluable tool for positive change within the home and ongoing improved outcomes by implementing change ideas that ensure the voice of the residents are heard. Actions plans have been created based on the results of the survey for improvement in services. These actions plans have been provided to the Residents and Family Councils and posted in the home to address areas that fell short of 75%. This year Valley Manor will also be focusing on the homes Vision statement, "Cultivating a diverse home where all are welcome and respected", by implementing change ideas that support equity, diversity, inclusion, and anti-racism. Valley Manor is also choosing to focus on resident safety and will be implementing change ideas to improve our current performance for the % of LTC home residents who fell in the 30 days leading up to their assessment. The home recognizes that falls can be life-changing for our residents, and can also lead to death. Falls prevention is a priority indicator for our home to ensure that the resident experience is positive and that strategies to reduce or mitigate falls are in place.



STRATEGIC PLAN 2022-2027



ACCESS AND FLOW

Valley Manor recognizes the rapidly increasing complexity, acuity, and unpredictability of our resident's health. Many of our residents who move in suffer with life limiting illnesses such as chronic lung disease, chronic heart disease, chronic kidney disease, and/or dementia. Residents and their SDM are actively engaged in managing their health conditions, expecting the right care at the right time, and in the right place. Valley Manor has been embracing our palliative and end-of-life program in the home. When the resident moves in the Charge Nurse introduces our palliative and end-of-life program. Then at the resident's "Move In" or annual multi-disciplinary care conference meeting the resident and/or their SDM are further engaged in conversations on palliative and end-of-life care. The resident and their SDM are informed of the results of palliative performance scale and are involved in the Palliative and End-of-Life Clinical Support Tool assessment. This is a resident-centred approach to palliative care, and it facilitates early identification of goals for care acknowledging the residents wishes, values, and beliefs, and informs the plan of care. The homes QIP 2024/25 will be implementing change ideas that include improving awareness to residents and their SDM's on treatments that can be provided in the home. Residents and their SDM's will also be informed that transfers to the Emergency Department can pose significant health risks and make for an uncomfortable experience. Transitions expose residents to an unfamiliar place and staff who lack awareness of their health situation, making them particularly vulnerable. The resident and the SDM will also be reminded that staff have developed a relationship with the resident and are confident they can provide effective care without causing the anxiety and stress that can result from an Emergency Department transfer.

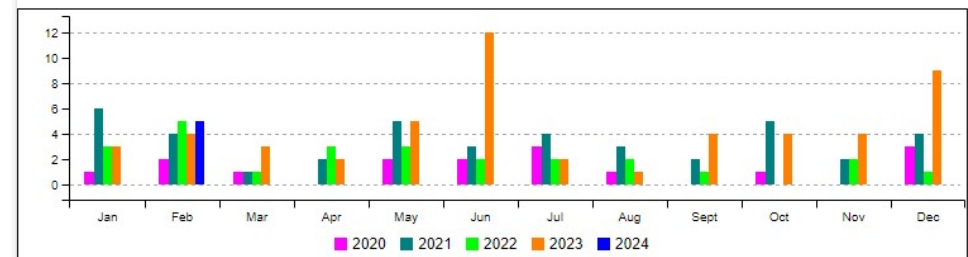
Valley Manor Inc.

Yearly Comparison

Indicator: # of transfers to the Emergency Department
 Category: Nursing / Emergency Department Transfers
 Start Date: 1/1/2014
 Priority:
 PI Net ID:

Next Review Date: 1/1/2015
 Indicator Type: Rate Based
 Org. Code:
 Function Indicator: No

Year	JAN	FEB	MARCH	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Avg	Min	Max	Total
2020	1.0	2.0	1.0	0.0	2.0	2.0	3.0	1.0	0.0	1.0	0.0	3.0	1.33	0.0	3.0	16.0
2021	6.0	4.0	1.0	2.0	5.0	3.0	4.0	3.0	2.0	5.0	2.0	4.0	3.42	1.0	6.0	41.0
2022	3.0	5.0	1.0	3.0	3.0	2.0	2.0	1.0	0.0	2.0	1.0	2.0	2.08	0.0	5.0	25.0
2023	3.0	4.0	3.0	2.0	5.0	12.0	2.0	1.0	4.0	4.0	4.0	9.0	4.42	1.0	12.0	53.0
2024	0.0	5.0	---	---	---	---	---	---	---	---	---	---	2.5	0.0	5.0	5.0



EQUITY AND INDIGENOUS HEALTH

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 and person-centered care plans. 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 individuals residing in urban areas wanting to come to call Valley Manor their home related to the rich Polish heritage in our community. The Activities department features a program called Armchair Travel on a monthly basis. 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 supports the continuity of caring, trusting and person-centred care leading to a positive experience for the 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 at end of life as appropriate. The CEO, DOC, and the Board Chair open all meetings with a Land Acknowledgement recognizing the traditional ancestral homelands of the Algonquin and Anishinabe people. Annual Indigenous education is provided to all staff at the homes "Step Ahead" days that are held monthly. The

CEO along with other members of the Circle of Health participate on the IDEA (INCLUSION, DIVERSITY, EQUITY & ACCESS) committee. It aligns well with our strategic plan model. The CEO continues to provide French Language reports and Indigenous reports to the Ministry. The CEO who is also an active member on the Ottawa Valley OHT is pleased to report that the Ottawa Valley Ontario Health Team and the Health Services Department of the Algonquins of Pikwàkanagàn First Nation will partner in an initiative aimed at enhancing the health status of Indigenous Peoples across our region. They will strengthen their partnership by meeting at the Makwa Community Centre in Q1.





PATIENT/CLIENT/RESIDENT EXPERIENCE

Valley Manor continues to collaborate with residents and family members in the development of the homes Quality Improvement initiatives. Residents' Council meetings are held regularly, and meaningful input is obtained through these meetings. The home has implemented the Ontario Association of Residents' Councils (OARC) meeting minutes template to ensure that the home is in compliance with the FLTCA, 2021. Residents' Council concerns are well documented with actions taken to resolve concerns and whether or not the concern has been resolved. The Residents' Bill of Rights is reviewed with examples presented and residents are provided with an opportunity to express any concerns. Home area updates are now regularly being provided to the Residents' Council that include nursing and personal care, restorative care, administration, religious and spiritual care, environmental services, and volunteer's recreations and social activities, food and support services, and other medical and staffing updates. Multi-Disciplinary Care Conferences are also an opportunity for residents and their SDM's to share their experiences and extra time is allowed for residents and family members to express any concerns and wishes for improvements in the services provided. The home tracks concerns voiced and concerns resolved from residents and their SDM's at the "Move In" and annual Multi-disciplinary Care Conferences. This information is then shared by the Nursing Coordinator, Manager of Support Services, and Manager of Recreation & Volunteers at the Continuous Quality Improvement Committee meetings that are held every 2 months. Residents and family members can be reassured knowing that our staff receive education on the Residents' Bill of Rights at the Step Ahead education that is currently being provided. The Residents' Bill of Rights is also a standing item on the agenda for the monthly nursing

meetings.



PROVIDER EXPERIENCE

Given the challenges with an aging workforce, heavy workload, and staff leaving the health care setting, Valley Manor continues to diligently work 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. Monthly staff appreciation celebrations continue for all staff on a scheduled 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 has always been a priority and more emphasis is being put into ensuring that the team is healthy and engaged leading to improved job satisfaction. Valley Manor has recently created recruitment and referral bonuses in effort to attract and retain employees. Valley Manor renegotiated both the ONA and USW Collective Agreements in 2023. Both unions received reasonable increases due to inflation and the desire to attract and retain the current and new quality healthcare workers. The Champlain regional ethicist has joined meetings at Valley Manor, and has explained how ethics play a role in long term care settings. The ethicist has also discussed moral dilemmas that staff may encounter and reviewed how submissions can be made to the Ethics Committee. The Ethics Committee will provide support to staff

working their way through a dilemma.

SAFETY

Members of the Continuous Quality Improvement Committee in collaboration with the Long Term Care Pharmacist complete the Medication Safety Self-Assessment 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. This was completed in July 2023, with an improvement in scoring from 89% in 2022 to 91% in 2023. The Long Term Care Pharmacist is a member of the Continuous Quality Improvement Committee and provides reports at the meetings that are held every 2 months. The Long Term Care Pharmacist presents reports on reviewing drug utilization trends and drug utilization patterns in the home, including the use of any drug or combination of drugs, including psychotropic drugs, that could potentially place residents at risk. The Long Term Care Pharmacist also reports on all medication incidents and adverse drug reactions, and all instances of the restraining of residents by the administration of a drug when immediate action is necessary to prevent serious bodily harm to a resident or to others pursuant to the common law duty. The Long Term Care Pharmacist in collaboration with other members of the Continuous Quality Improvement Committee identifies changes to improve the medication system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. The home has finalized the Emergency Preparedness policies and procedures as required under the FLTCA, 2021. A staff member was dedicated to provide a thorough and comprehensive review alongside the CEO. The home is preparing to have a "Mock" Full Evacuation to review the emergency preparedness plan of the

organization and to evaluate Valley Manor Nursing Home standard operating procedure. The Valley Manor website displays the Emergency Plan Program Manual available for residents, families, and other key stake-holders to review.

POPULATION HEALTH APPROACH

The CEO and other members of the Senior Leadership team continue to be active members of the Ottawa Valley Ontario Health Team (OVOHT). They are active members who are forming system partnerships within the Ottawa Valley Ontario Health Team to enable countless opportunities to improve healthcare in Barry's Bay and the surrounding area. The OVOHT is made up of more than 50 local health professionals, health care providers, organizations, and community members who are working together to improve our health system and connect patients to the services they need in a more consistent and timely way. The CEO and the Director of HR & Finance continue to participate in the Capital Development Advisory Group for Advantage Ontario which is an advocacy group for not-for-profit long term care homes. Most recently advocating for increased funding for rural, not for profit homes and a decreased community fundraising component for small rural communities such as Valley Manor. The CEO, and the Director of HR & Finance actively participate in many of the Ottawa Valley Ontario Health Team tables which include Communications, Finance and Stability, Governance, Health & Human Resources. Valley Manor continues to ensure that long term care is well represented at the OVOHT table. The Director of HR chaired the Madawaska Communities Circle of Health HR team in addition to participating on the OVOHT Health and Human Resources Enabler group over the past year. The Infection Control Practitioner at the Valley Manor is diligently working to promote health, prevent disease, and help our residents

and their visitors to live well. The Infection Control Practitioner provides education and training to all staff and visitors about physical distancing, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE to ensure the safety of residents, staff, and visitors. The Infection Control Practitioner also attends Residents' Council meetings and staff meetings on a monthly basis to provide IPAC updates and to answer any questions residents or staff have. The home is also partnering with the Regional Palliative Consultation Team in effort to help our Palliative Care Team ensure that our residents with a life-limiting illness live well day to day.

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 22, 2024**

Bill Rodnick, Board Chair / Licensee or delegate

Trisha DesLaurier, Administrator /Executive Director

Chantel Brown, Quality Committee Chair or delegate

Other leadership as appropriate
