



Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

June 21, 2022



## OVERVIEW

Stirling Manor Nursing Home is 75-bed LTC facility in the township of Stirling-Rawdon. Our building is older, has 3 floors and one elevator that we use for transporting residents and meal service to the floors. We have applied several times to rebuild and we have finally been selected and approved to have a 96-bed facility. Stirling Manor's mission is to provide seamless care and services in a safe and secure environment within a culture of continuous improvement. This service will be provided for our residents, their families, staff and community partners. Our vision is innovating excellence in resident centered care by celebrating and supporting residents, family, friendship and love. Our Values are safety, respect and dignity. Caring, understanding and supporting. A wellness Philosophy and homey lifestyle.

Over the past two years during the COVID-19 pandemic, we have focused on Infection Prevention and Control. We were required to follow all mandates set by the MOH LTC and Public Health. Our main goal was to maintain a safe environment for the residents and staff. The mandates restricted all visitors in the beginning to prevent Covid from entering the home and this was hard on our residents because some had difficulty understanding why their "loved one" wasn't coming in anymore to visit. Some families were also frustrated because they wanted to come in and make sure their "loved one" was okay. The MOH decided that 3 and 4-bed wards could no longer have more than 2 residents in the rooms. This brought our bed count down to 56-beds. We currently have 1 isolation bed per floor, which leaves us with 53-beds occupied. Staff were concerned that they may bring Covid into the home and

potentially put our residents at risk, and there came a time when staff were "burnt out", which lead to some staff members quitting. Hiring new staff is challenging because the media has not made LTC inviting so we continue to struggle with HR issues. The HR issues are not "new" and was a concern for all LTC Homes in the province PRIOR to Covid-19. We may not be in this crisis if ministry and governing bodies had dealt with this issue years ago.

The mandate for vaccines for staff in LTC was a difficult journey. We had staff that felt their "human rights" were being violated. This created a divide at times between staff. We did have 5 staff who would not get vaccinated, so in November 2022 they went on unpaid leave. To date I still have 3 employees on unpaid leave, as we aren't certain at this time whether to terminate or not.

We are now at a place where emergency orders have been lifted and mask wearing in the community has lifted. Homes individually have the choice to make their own decisions on what "vaccinated" means. At this time we have chosen that all staff and new hires must have 3 vaccines.

We are now moving forward but still living with Covid-19, but more of a prevention mode. We chose to go above the testing mandates and rapid test staff, caregivers and visitors daily. We have been fortunate and to date have NOT had Covid-19 in the building. We commend our staff, families and visitors for supporting us in this decision. Our goal is to focus on IPAC, QI and create a team focused environment that includes residents, families, staff and community partners.

## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Our home has been involved in Quality Improvement for more than 18 years. We have a quality improvement committee already in place that is multi-disciplinary and we discuss all residents at this committee. We realize that this committee needs to expand to include residents, staff, families, Physician and Pharmacist to ensure their voices are heard. We are in the beginning stages of this change. We will continue to work at this by being involved with Accreditation Canada, Best Practice Guidelines, and IPAC to address and educate staff, residents and families.

Although the past 2yrs has had it's "ups and downs", I believe we have grown as a family. The pandemic forced us to connect with all stakeholders more than we ever did before Covid-19. We sent out weekly bulletins to staff, residents and families in the beginning to keep everyone updated and to ensure they understood the MOH directions/mandates, as these decisions changed frequently. Sometimes these changes were communicated to the media first, which left us with family members contacting the home asking how we were going to change our practices. This was frustrating for us because sometimes we didn't have the answers.

We have remained Covid-19 free and this is a great accomplishment as we are an older home, meaning we have a higher risk for infection. We will continue to focus on IPAC along with safety, which we will include in our QI Plan. We are in the early stages on creating the plan, starting with selecting residents and families who wish to be a member of our team. We want all

departments in the home to develop their own QI plan, which will be discussed/added to the greater QIP of the home.

## **PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS**

Prior to Covid-19 I provided a quarterly quality report to the residents' council members to allow them input to quality improvement planning and implementation. Annual family/resident information session allowed the family/resident opportunity to ask questions, provide input and feedback on quality improvement initiatives and operations of the home. Annual satisfaction survey is reviewed with Resident's Council for them to approve the questions prior to completion by resident or POA. Once completed the information is reviewed and shared with Residents, families, staff and all managers. Managers use the survey results to make improvements within their department. This information is then benchmarked with 8 other LTC homes in the area. We have started getting back to these practices, to try and return to "normal".

When we have established our Quality Improvement committee, which consists of both management and union employees, residents, family members and community partners, we will begin planning our initiatives, setting our priorities and then implement the plan. We will include a "future" portion to our plan as we move forward with a new build. It will be important to receive input from everyone on what they feel should be included in the future home. We want their voices heard. The Township of Stirling/Rawdon has been a great support for our home over the years and they are excited about the future of Stirling with a new LTC Home.

## **PROVIDER EXPERIENCE**

I believe not only our home but most LTC homes, the staff are concerned about the shortage of healthcare workers in our province. Covid amplified this greatly. We used to be able to hire someone and know that if they were a good fit with our home, they were with us for the future. Now, staff turnover is increasing and work ethic has also changed. Sometimes we are setting up interviews with potential employees and they don't even show up for the interview, and don't even call to let us know they won't be coming. If they do start with us, they usually only stay a short amount of time because they are looking at other opportunities, in case they feel it's better somewhere else.

Sick time has increased and staff accepting call in shifts for sick staff has decreased. We have noticed that our senior employees are the ones working doubles, accepting call in shifts and staying late. Prior to Covid we did staff appreciation days but now more than ever I find we are going out of our way to make sure staff know how much we appreciate them. We have had an increase in retirement the past 2yrs, and those that retired stated Covid-19 was the primary reason. Some who had a retirement date in mind, moved that date sooner or it made their decision. We are currently surveying the PSW's to see if a 10-hr shift rotation would give them a better worklife balance. This schedule would have to be a combination of 8s and 10s to meet the needs of those staff who don't feel a 10hr shift will work for them.

During the pandemic the staff have been kept informed of all requirements through email, Facebook and general communication within the home. We will continue to work together and listen to

the direct care staff, residents and families to hear their valuable input.

## RESIDENT EXPERIENCE

The pandemic created challenges to our residents social interactions. They had limited interactions with other residents and family. In the beginning we had to think of some strategies that we could do so that residents could have visits with outside friends and family. Covid started in the spring so we encouraged window visits. With the structure of our building, we were able to have 3 window visits occurring at the same time, if we had staff availability. We also had outside visits on our covered patio which worked very well as we could still schedule visits when it was raining. We did do virtual visits as well for those residents that could tolerate the visit. Residents had difficulty hearing and often fell asleep in the middle of their visit.

This experience has made us look at our practices around social distancing and to think about other ways that we could maintain visits for residents moving forward. It was clear through this process that regular visits for residents was needed for both our residents and their families.

## CONTACT INFORMATION

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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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