

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2024



OVERVIEW

Stirling Manor Nursing Home is now officially a 56-bed LTC facility in the township of Stirling-Rawdon as of April 1, 2023. This direction from the Ministry is due to Covid-19 and not placing more than 2 residents in any room. Our building is older, has 3 floors and one elevator that we use for transporting residents and meal service to the floors. We have been approved to re-build to a 96-bed home, which will remain in Stirling-Rawdon and we have full support of our township.

We have received Accreditation with Commendation from Accreditation Canada in 2023.

Our Mission is to enrich lives and offer new beginnings. That begins with every life we encounter; our employees, our residents and those who love and care for them, the community in which we operate, our stakeholders and those who are yet to become our residents.

Our Vision is “Each day we will strive to make a positive difference in the lives of others by forming meaningful partnerships”.

Our Values Statement

We are:

People who value and demonstrate integrity, respect, collaboration, and inclusiveness

People with energy, enthusiasm, and the courage to lead while embracing challenges

People who build relationships based on doing the right thing

We have been successful in hiring an IPAC Lead for our home and

this has been an enormous benefit for residents, staff and families as she has knowledge that is over and above others in the home. She works collaboratively with the Southeast IPAC Hub plus every 2 weeks meets with other colleagues in the area. In the 4 years since Covid was declared, we have only had 2 Covid outbreaks.

We have made some progress with hiring registered staff and only have a couple of positions unfilled. Hiring of PSWs is ongoing as this particular workforce doesn't seem to stay in on place of employment for very long. We are noticing an HR issue within our dietary/services department and advertising doesn't seem to assist with getting applicants.

The cost of using agency staff over the past few years has put strains on our budget, hopefully this will not be the case for 2024/25 with the hiring of our own registered staff. Agency costs is a systemic issue that needs to be addressed, but not sure how.

ACCESS AND FLOW

We are in the process of bringing on an NP for our home in hopes this will decrease transfers to our emergency departments in our area. We believe this will also provide better immediate care for our residents and the NP will be able to provide education to our staff on site at the point in time.

Administrator has been selected to be on the local Physician Board committee. The goal is to bring more physicians and NPs to our growing community. We are in the process of rebuilding our home so hopefully this will also help unite our LTC home with new local physicians/NPs.

EQUITY AND INDIGENOUS HEALTH

Over the past year we have grown tremendously with DEI at Stirling Manor. A policy has been created with input from employees and residents of Stirling Manor. Education on this policy has been provided to all and will continue on an annual basis. Currently finalizing the framework and once completed, report will be shared with OH-EAST as part of our LSAA obligations.

Both Collective agreements have been altered to reflect DEI friendly language while our policy are continuously being updated to reflect this as well. We have had an increase in different nationalities entering our home to work through agency companies. They are welcomed by staff, residents and families. We have accommodated a contracted employee so that she could pray at certain times of the day during her shift.

Administrator is on the Ontario Health Equity Community of Practice Committee. Meetings occur every other month and topics range from DEI to anti racism, black history and indigenous health. Education is provided at times, discussions on what employers are experiencing and interventions that work. When appropriate, this information is shared with management and staff.

The community we serve does not have indigenous people but we do acknowledge the land that we are on. This is incorporated into our DEI policy and can be shared with anyone that requests this information.

PATIENT/CLIENT/RESIDENT EXPERIENCE

A quarterly quality report is provided by the Administrator to the residents' council members to allow them input to quality

improvement planning and implementation. Prior to Covid-19 we would have an annual family/resident information session allowing the family/resident opportunity to ask questions, provide input and feedback on quality improvement initiatives and operations of the home. In 2023, we were able to hold a family information session to deliver that information. This was very well attended and we also received positive feedback from families in attendance.

We maintain important information sharing to families, through email communication. This includes infection control practices, ministry directives, general policy changes within the home and resident programming.

In 2023, sample colour options were taken to residents council for improvements to our flooring and furniture replacements in the home. Since decision was finalized, residents are now able to enjoy their choices in their home.

With the addition of a Quality Improvement committee that includes a resident, the management and staff of the home are able to gain a valuable insight into resident life at Stirling Manor.

We have been successful in hiring an IPAC Lead mid-way through 2023 and this has helped during a Covid outbreak, providing real-time education to staff and having the one specific point person who connects with our local Public Health Unit.

We have been able to increase our staffing with the added funds from the government to meet the 4hrs of care by March 31, 2025. This has provided more hands on care for our residents. With these funds we have been able to create a PSW Lead role that is direct

communication between PSWs and DON/ADON/RAI.

PROVIDER EXPERIENCE

Management, staff and families continue to be concerned about the shortage of healthcare workers in our province. Staff turnover is high as potential employees can go anywhere at any time so there isn't the commitment to an Employer like there was prior to Covid. There is continuous struggle with 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. Some of the younger workforce don't want to work nights, weekends or holidays so that makes it challenging.

We have changed our RPNs to 12-hour shifts because we have difficulty getting this classification. This gives us more coverage of a registered personnel and does assist if we are short staffed on the evening or night shift. We still have one full-time night RPN line available so we are using agency to fill this line. We have been successful at hiring more RNs which not only helps the employer but gives our current RNs peace of mind that they can take time off when wanted/needed.

Some of our senior employees have dropped down to part-time as they prepare for retirement. This has helped with giving younger/newer employees a full-time position which increases staff satisfaction. We continue with staff appreciation days approximately every month that is mostly well received. In 2023, we offered an incentive that if employees did not call in for a 5-month consecutive period they would be placed in a draw for a trip for 2 down south or they could take the cash value. 8 employees qualified for the draw and the employee that one opted to take the

cash value.

We continue to keep staff, residents, caregivers and visitors informed through email and general communication within the home. Late 2023 we moved to online learning platform for staff (Surge Learning), this gives staff the opportunity to do their required learning under FLTCA at their own pace. It has also helped with educating new hires as they complete all the required education prior to starting their orientation on the floor. There has been positive reviews about this style of learning.

SAFETY

We believe being able to hire an IPAC Lead has helped with educating staff and residents on IFC. The lead has been able to answer "real time" questions from staff. Responsible for maintaining infection surveillance for the home and reports to our PAC and H&S committees. When we are in an active outbreak, the lead is the direct contact with Public Health. Staff have reported that they receive excellent answers from our lead and also feel the role is a benefit to the home.

We have program in place for monitoring residents with high risk behaviours. Assessments are completed on all residents on admission, quarterly or as needed. Once the resident receives a "score", this determines personalized interventions for the resident to reduce the risk to staff, resident, and other residents. This information is brought forward to our QI team and Resident Care Team (RCT) for regular monitoring.

We have a Collaborative Care Team that has been able to start meeting monthly again as we did have a period of not being able to

meet regularly due to staffing. This committee reviews/supports residents that have required needs. This is a collaborative approach with outside team members.

With the increase in community Fentanyl misuse, we had conversations at our PAC committee that included our Medical Director and pharmacy about eliminating the use of Fentanyl patches in the home. Through the discussion the team collaborated on which different medications could be used in place of Fentanyl but would still provide effective pain relief for this resident. Our Medical Director no longer prescribes Fentanyl and it has been removed from our STAT box. Disclosure to residents POA about reasons for removal and alternative medications that would be added. POA was supportive of this change.

POPULATION HEALTH APPROACH

We have collaborative rounds monthly with assistance from outside resources. They come to our home and we review residents that have behaviours requiring further interventions and receive recommendations on medications that could alleviate the behaviours.

Seniors mental health is a resource for us when we have a resident whose diagnosis is not familiar to us. They will provide education to our staff on site or suggest education that is available online. They assist us with keeping the resident in our home so they aren't transferred out to a specialized hospital by providing treatment recommendations, care planning, and in home support with their staff.

Administrator has been on the Hastings-Prince Edward Alzheimer's Board for several years. With this connection, she attends community events to support Alzheimer's and Dementia awareness. Able to connect with the education and support team at the Alzheimer's Society support our staff and families of newly admitted residents.

There is a need for physicians in our community so our LTC home is working with Stirling-Rawdon Township by having the Administrator on the Physician Recruitment Board to improve services to our local area and hopefully encourage physicians who come to the community to take an interest in working with LTC residents.

CONTACT INFORMATION/DESIGNATED LEAD

Charmaine Jordan - Administrator - cjordan@stirlingmanor.com

Melanie Cannons - QI Lead - mcannons@stirlingmanor.com

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**

Manny Simon, Board Chair / Licensee or delegate

Charmaine Jordan, Administrator /Executive Director

Melanie Cannons, Quality Committee Chair or delegate

Ginny Nault, Other leadership as appropriate
