

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 7, 2025

OVERVIEW

AgeCare Elmira is a 36-bed long-term care home located in Elmira. Elmira is part of Woolwich county which is located on/in the traditional territory of Anishinaabeg, Haudenosaunee, Attiwonderonk and Mississauga's of the Credit First Nation and Mississauga peoples. This territory is covered by the Haldimand Treaty and Treaty 3, 1972.

Our AgeCare mission is to “Create a home where residents are honored as individuals and where we provide the best quality of life experience with the support of team members and families.” Our vision is to “Transform and lead quality, services, and innovation in the publicly funded long-term care sector in Canada.” Our values and guiding principles focus on trust, respect, quality and teamwork.

Our Continuous Quality Improvement Committee oversees the quality programs in our home and is led by the Executive Director. The interdisciplinary team consists of the home’s leadership team, a resident and family representative, front-line team members, and external partners that support our home such as our Medical Director, Dietitian, Pharmacy Consultant and other allied health professionals. This team meets quarterly to review survey results, data and input received from our Resident and Family Councils, team members, external partners and our other quality sub-committees.

After analyzing and trending home results, our CQI committee determines the prioritization of improvement initiatives and is responsible for developing action plans, monitoring the plan, providing updates to key-stakeholders and adjusting the plan. The

CQI plans, actions and evaluation of the plan is shared at Resident and Family Council meetings, Team-Up meetings with staff members. town hall forums and posted on our home website.

In 2024, our home was focused on three key areas:

- (i) Diversity and Inclusion awareness
- (ii) Improving Resident Satisfaction in the area relating to pleasurable dining
- (iii) Reducing Antipsychotic Drug usage

These areas were a success in 2024 with 100 % of our employees completed the Diversity and Inclusion training, Resident Satisfaction survey relating to pleasurable dining increased by 10% and Reducing Antipsychotic drug use was met with raw data.

For 2025, the home will be focused on 1. Increased positive response by residents to the question "How well do staff listen to you". 2. Reducing resident falls. 3. Reducing residents receiving antipsychotics without a supporting diagnosis.

ACCESS AND FLOW

Optimizing system capacity with timely access to care, and the experience of care for residents is important to us. Elmira Agecare is working in partnership and across care sectors to ensure timely admissions and avoid unnecessary hospitalizations and emergency room visits whenever possible, to promote seamless transitions of care.

We continue to partner with the Nurse-Led Outreach Program in our region for Nurse Practitioner support during our recruitment phase and with ongoing support with acute illness education. We

have added additional Social Service Worker services to support residents with transfers and transitioning within our home. With the additional Ministry funding for 4 hours of care, our home was able to enhance our PSW and Registered Staff complement.

Our internal BSO team continues to partner with the the Regional Geriatric Mental Health Outreach Team to support our residents living with mental health and dementia. We have 19 staff who completed the AgeCare IMAGINE program which focuses on supporting residents living with dementia, making meaningful relationships with families and providing front-line team members with leadership skills. Our home has an Infection Prevention and Control Lead that has advanced education in IPAC and collaborates closely with the regional IPAC Hub and Agecare corporate IPAC consultants.

We have also implemented the use of technology to improve resident care. Our home continues to utilize Clinical Connect to obtain valuable information about our residents' health history to support their plan of care. We also utilize additional technology to support resident care and services with external partners such as LifeLab Portal, CareRX Portal, STL Imaging portal, Vitalaire website, and others.

Our clinical team, work collaboratively with Ontario Health at Home to determine appropriate placement or residents to our home. We also partner with the hospital discharge planner during the move-in process or readmission back to the home after a hospital staff to provide seamless care and service provision. Our home utilizes an admission nurse to support residents and loved ones as they move in and transition to our long term care home.

EQUITY AND INDIGENOUS HEALTH

As part of our Local Service Accountability Agreement with the province, our home has ensured that all our managers and front-line team members have completed training related to Equity, Inclusion, Diversity and Anti-Racism and additional training on Indigenous Cultural Safety and Awareness.

Our home has developed a 3-year Cultural and Diversity strategic plan. Our plan includes a focus on education and awareness for our team members and residents. Our goal for 2025 is to use this knowledge to enhance programs and services offered to our residents that respect their individuality.

We are fortunate to employ several internationally trained nurses who support with cultural events such as the Diwali and Festival of India. Our Mennonite employees support our Easter and Christmas celebrations and community based events for both residents and staff.

To support awareness, our home will continue to host social events that include resident/staff themed meals to incorporate cultural traditions, host special team and resident events that recognize various cultures, religious practices and diversity. Our home also supports and respects the traditions and wishes of our resident population and will make community connections where able.

PATIENT/CLIENT/RESIDENT EXPERIENCE

We are committed to resident-centered care and optimizing care and services for our residents. We engage our residents and families by gathering their feedback and getting input into quality initiatives within our home. We have an active Resident Council,

Family Council, and Resident Food Committee and we have a resident and family representative on our CQI Committee. We gather feedback from residents and families through these committees but also through open communication, auditing, concerns and compliments, and surveys. We also work with external partners and align with provincial objectives.

Our 2024 resident/family survey was completed August 6th to 23rd. Residents who required assistance with survey completion were supported by volunteers or a family member. Our survey focuses on 6 key areas: Residence Management, Home Staff, Nursing, Programs and Activities, Dining Services and Environment. Residents are asked to rate their satisfaction as Strongly Agree, Agree, Mixed, Disagree or Strongly Disagree. As an organization, our goal is to have residents rate their satisfaction as “strongly agree”.

We received our results in December of 2024 and shared the results and action plan with our Resident Council at their council meeting held in January 2025 and our Family Council meeting held December 2024. Our team members were updated on the results and action plan during the daily Team-Ups the week of December 16th 2024 and January 6th 2025. We will continue to review the action plan to assess how we are doing and make changes as necessary based on feedback received throughout 2025. Our goal is to improve on the overall satisfaction score of 67%.

Our resident overall satisfaction was 67% Strongly Agree plus Agree to the two questions “I am satisfied with my residence as a place to live” and “I would recommend my residence as a place to live”. Satisfaction by Domain was:

- Nursing – 86%
- Environment – 89%
- AgeCare Staff – 85%
- Programs and Activities – 76%
- Residence Management – 83%
- Dining Services – 82%

With input from the residents and families, our CQI Committee has determined that Communication will be a focus in 2025 with action plans aimed at improving positive response to the question "How well staff listen to you". The other focuses for our 2025 CQI plan will align with the provincial focus on reducing falls and reducing Antipsychotic Usage without a Diagnosis of Psychosis.

The 2024 CQI plan outcomes and the 2025 CQI objectives and action plan will be shared with the Resident Council and the Family Council at the next scheduled meeting. It is also posted on our Resident/Family Communication Board and will be posted on our home's website. Our CQI Committee continues to monitor the plan and will make adjustments to the plan based on outcomes.

PROVIDER EXPERIENCE

Each year, our organization distributes an Employee Engagement Survey to our staff to obtain a pulse check on their satisfaction with own organization, their employment satisfaction and the work environment. As with our Resident Satisfaction Survey, we measure the percentage of individuals who "Strongly Agree" and "Agree" with the satisfaction survey questions. Our 2024 survey was distributed through an online portal from July 2nd to July 26th. Our employee overall employee engagement score was 66% in response to the following 3 questions: "I am satisfied with my

organization as a place to work", "I would gladly recommend my organization as place to work" and "It rarely crosses my mind to leave my organization and work somewhere else". These are important indicators when looking at retention and recruitment.

The strongest indicators focused on job contribution, job performance, and training support. Our areas of opportunity include workload, opportunity for growth, and recognition. Our home shared the results of the Employment Engagement survey with our staff during Team-Ups in December and asked for input and ideas to address some of the opportunities listed.

To address some of the human resource challenges, our home continues to partner with various colleges and universities for student placements, we have hosted Internationally Educated Nurses through the SPEG program, and we have hosted PSW students through the Ontario Health PSW initiative. Our corporate organization has a referral program and a dedicated recruitment team to assist our home in our recruitment efforts.

We recognize the need to support our team members as a retention strategy. Some of the ways we support our team would be through our recognition program and events, daily Team-Ups where two-way conversation is encouraged, and having an Employee Family Assistant Program available when needed. We have also added a Leadership component as part of the IMAGINE program. In late 2024, we reintroduced our WOW recognition program where individuals in the home are recognized by their peers and have the opportunity to be entered into a corporate recognition program. All our meetings have a focus on WOW and Gratitude recognitions of our team members.

SAFETY

The safety and security of our residents is paramount. Residents strongly agreeing to feeling safe scored 88% in our resident survey. Our home has a robust process for responding to resident safety events which includes incident reporting, analyzing safety events and developing individualized safety plans. We also track and trend safety events with the use of Point Click Care, Workbooks, and Emerging Issue Reporting. Our in-house quality teams and our corporation analyze our data and look for opportunities to improve practices or implement changes to prevent future safety events.

Our home has been able to purchase additional equipment and technology with Ministry funding initiatives. We have increased our Falls Prevention resources by purchasing additional motion detected video monitoring, motion detected fall prevention alarms, fall mattresses, hip protectors, and wedge surfaces. We have a fully functioning Automatic Drug Dispensing Cabinet for Emergency Drugs, we have upgraded our electronic medication management program to enable further enhancements to medication safety and we complete the ISMP Medication System Safety Assessment annually with our Pharmacy partner to identify further opportunities. We partner with pharmacy with electronic medication incident reporting which increases our ability to trend medication incidents and look at root causes with more advanced reports. We have also taken advantage of educational opportunities for our team members such as Infection Prevention and Control credentialing for our IPAC Lead, Advanced Wound Care Training for our Skin and Wound Leads and IMAGINE training for leadership and front-line team members. Recently all registered staff and managers in the home completed the Improving Fire Safety for Vulnerable Ontarians certification.

Our corporation provides Safety Alerts/Notifications in response to a safety event in one home that has the potential to affect another home. We use these notices to look at our own processes and to educate our team members on risk and prevention.

In 2024, our organization initiated the Health Connex IPAC and Quality Application. This will enhance our ability to track and trend KPIs based on internal audits. The Health Connex application will be furthered enhanced in 2025 with additional audit tools that focus on clinical programs, occupational health and safety and IPAC.

PALLIATIVE CARE

With the introduction of the Fixing Long Term Care Act in 2021, our organization revisited the Palliative Care Program. The organization partnered with CLRI to look at the gaps and areas of focus which might enhance our program.

Goals of Care discussions are a focus when residents move-in and are revisited with significant changes to health and annually. The Goals of Care discussions outline residents wishes related to their care and treatment goals. In 2025, the Goals of Care template will be simplified and more aligned with some of the concepts that are being supported through the PoET initiative.

Our home has a robust interdisciplinary palliative care team. The team focuses on all domains associated with a palliative approach to care. Our home has a chaplain who supports the spiritual needs of our residents or connects them with external partners where needed. The entire team (clinical, dietary, programs and environmental) is educated on the palliative approach to care

through our Surge Learning platform. Our palliative program includes the use of palliative care carts, family and caregiver accommodation at end-of-life, pain and symptom management, education for families and residents around goals of care, end-of-life and bereavement, and emotional support for residents, families, and staff. Our residents have the opportunity to participate in our Legacy Program. This program allows the resident to choose a craft project such as hand mold, art pillow or painting to name a few. Once complete they can present to their loved ones or have the team present the gift upon their passing. It has been very well received in the home.

We continue to partner with external organizations with expertise in palliative care and end-of-life programs such as the Palliative Care Network, Palliative Pain and Symptom Management Consultants, and CLRI. We also have staff who have taken the Fundamentals of Palliative Care, the LEAP program, and other Palliative Care education through colleges and universities.

All staff support residents throughout their journey and at end-of-life. We honor and respect our residents. A butterfly is placed at the door of our residents who are passing so that residents and staff are aware and have the opportunity to visit. Once our residents pass, our team holds an honor guard as each resident is leaves the home, we present the family with a card, place a memorial picture and flower at the front entry for friends and co-residents to see and allow for residents to attend this event as well.

POPULATION HEALTH MANAGEMENT

Our organization is not part of an Ontario Health Team but we work very closely with our external partners on proactive approaches to meeting the needs of our population.

Our home partners with the Ontario Health at Home to review applications for appropriate placement. Our home has been able to support moderately complex care needs with the support of additional funding for equipment, technology and staffing. In 2025 Agecare is working with Conestoga College for additional training opportunities to support management of IV therapy such as PICC and central lines.

We also have several internal programs that are supported by allied health care professionals that aim to promote health for our residents. Some of our partners include Physiotherapy, Occupational Therapy, Registered Dietitians, Pharmacy Consultants, Social Work and others. Each allied health team member brings expertise and suggestions on how to support our LTC population.

Our home has several external partnerships which support the complex care needs of our residents. We work closely with our local Public Health team and the IPAC Hub in partnership to support the home with Outbreak and Case Management. We also partner with the Geriatric Mental Health Outreach Team through Ontario Shores to support residents with reactive personal expressions. We have access to pain and palliative care specialists, nurses with advanced wound care training and other specialists. We also have access to virtual care platforms for advice or consultations.

CONTACT INFORMATION/DESIGNATED LEAD

Tammy Deutsch - Executive Director

Email: Tammy.Deutsch@AgeCare.ca

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 7, 2025**

Lisa Smith - Director Regional Operations, Board Chair / Licensee or delegate

Tammy Deutsch, Administrator /Executive Director

Barbara Murphy - Director Quality AgeCare, Quality Committee Chair or delegate

Holly Wood - DOC, Other leadership as appropriate
