

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 29, 2023



**Ontario  
Health**

## OVERVIEW

Lanark Lodge is a licensed 163 bed Long Term Care Facility, split into four resident care areas (Oakridge, Evergreen, Honeysuckle Haven, and Maples (Secured Unit)) neighbourhoods, that is owned and operated by Lanark County located in Perth, Ontario. We serve the elderly population in Lanark County and the surrounding Leeds & Grenville Community. We are committed to our strategic plan which includes our residents, families, and staff with goals of service excellence, safety, respect, dignity, inclusion and collaboration.

Our focus for 2023/2024 QIP are as follows:

- To address timely and efficient transition by reducing potentially avoidable emergency department visits for timely and efficient transition
- To increase safety and effective care by addressing inappropriate use of anti-psychotic
- To improve Service Excellence; through ensuring residents have a voice, and that are listened by the staff, and can speak up without fear of consequences.
- To support staff's health and wellbeing through psychological training

## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

As we transition from a heavily focused pandemic response, the home has undertaken many initiatives to improve the quality of care and services provided to the Residents of Lanark Lodge.

Throughout 2022/2023, following the QIP and ensuring resident and staff safety was at the forefront of our standard care practices. This influenced how we effectively impacted the quality care services we offer. Providing a high standard of quality are services through the delivery of safe, compassionate and resident-driven care aligns with our former Mission statement: “ We are people caring for people, with compassion and dedication to being the best”.

The importance of shared accountability though effective collaboration with our residents, families, and internal and external partners was critical in exceeding the expectations of the population we served, and upholding a resident centred care approach.

We wanted to promote and encourage residents to take an active role in their health care decisions. The team worked to meet the ongoing demands and target resident centred objectives such as: individualized care planning, utilization of our external partners i.e. Local Health Unit, Lanark County Mental Health, Behaviour Supports Ontario-SO-Mobile Response Team, Smiths Falls & Perth Hospital, and linking with Home and Community Care Support Services to enhance quality of life of our residents through partnership in applying current evidence research based information to be used to make health care decisions.

## PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Lanark Lodge has a very active Resident’s Council and Family and Friends Council. These groups are given an equal opportunity to participate in the development of our strategic planning activities and quality improvement initiatives. The 2022/ 2023 Resident Satisfaction/ Feedback survey was provided widely to all residents and to the family council to gain a better understanding on how we can improve our processes and collaboration between the residents. An individualized care plan approach to care is standard to ensure that resident/family needs are met. This engagement has led to recommendations and change ideas that support our quality care journey.

## PROVIDER EXPERIENCE

Lanark Lodge provides weekly “huddles”, regular staff meetings, communications in person, via email or through posters, and “open door” policies for staff with leaders. Staff engagement and the opportunity to voice concerns, at all levels is crucial to the success of our QI plans and to maintain a quality patient centered focus. All management team members as well as health care team members i.e. physicians/NP and pharmacist and other external health care engagement i.e. will be the key to achieve set targets and positive outcome of our QI plan. LLQIC will continue with quarterly meetings to review and evaluate the progress of our Quality Improvement Initiatives.

## WORKPLACE VIOLENCE PREVENTION

Lanark Lodge is committed to maintaining a healthy and safe work environment. The Joint Occupational Health and Safety Committee (JOHSC) is represented by staff across the Home and addresses unsafe working conditions to protect workers from workplace violence or harassment. The home has a well established Zero Tolerance Policy regarding violence or harassment, threats, intimidation with physical intent and other fear inducing behavior in our workplace. All incidents and complaints of workplace violence or harassment are dealt with in a fair and timely manner, respecting the privacy of all concerned. Incidents are properly communicated and reported through the workplace incident reporting system which is shared with our Human Resource (HR) team and reported to the JOHSC committee.

Training and resources are available to staff. Gentle Persuasive Approach training is mandatory. Surge learning components regarding workplace violence and prevention are also completed on a yearly basis. EAP resources are available to further assist staff on a 24/7 basis free to each employee.

## PATIENT SAFETY

Lanark Lodge strives to promote a healthy and safe home environment by ensuring team-based delivery of care with a staffing complement appropriate to resident care needs.

- Reporting of incidents occurs through a risk management component of Point Click Care to communicate areas to be addressed or monitored regarding a Resident's health and safety. Medication incidents are logged through our pharmacy provider, Medisystem, titled MIRS.
- Leadership reviews risk occurrences as they are logged and follow-up with staff in a timely manner. These instances are treated in a just-culture where staff are guided/coached to learn from their mistakes. If there is a safety issue to be addressed throughout the Home for staff, these topics may be brought forward in the weekly Huddle or discussed at the weekly Registered Staff Meeting. For incidents of a more serious matter, an investigation may occur, and these instances are documented appropriately.
- Residents may identify safety concerns and these can be brought forward at the Monthly Resident Council meeting
- Use of video cameras can be found across all major areas of the home to provide additional safety measure for the residents
- Entrances and exits are locked with keypad or swipe card.
- Great strides have been made in technology including upgrading communications, implementation of iPhones for direct care staff with future call bell activity.
- Purposeful rounding q1hr for all residents has now been part of our standards of care services we offer to all our residents.

## HEALTH EQUITY

Lanark Lodge recognizes the importance of diversity and equal opportunity for everyone who lives or works in our home. We are well supported by Lanark County through many programs i.e. Housing support and Training/Conference financial assistance. Our strategic plan recognizes health equity for all including addressing such areas where disparity may occur including mental health, addictions, socioeconomics, race, gender, language and other barriers. We have connections with the Canadian Mental Health Association to provide educational and supportive activities. Our Employee Assistance Program, available 24/7 free of charge to our staff and family members, offers resources with critical incidents, counselling and referrals for financial, legal, marital and family matters. Social Media is utilized as a relevant and transparent tool for our community. Methods of keeping staff informed about new arrivals to our home include “Getting to Know you”; an initiative to better understand each resident we are serving led by the Recreation Department.

## 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

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Board Chair / Licensee or delegate

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Administrator /Executive Director

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Quality Committee Chair or delegate

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Other leadership as appropriate

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