

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 26, 2024



OVERVIEW

Lanark Lodge is a 163-bed municipally run, not for profit, rural long-term care home located in Perth, Ontario. The home has four Resident care areas, called neighbourhoods - Oakridge, Evergreens, Honeysuckle Haven, and Maples (secure unit) and includes one respite bed. The home is owned and operated by Lanark County, serving those in the community as well as welcoming people from afar.

In 2023, Lanark Lodge's Strategic Plan was updated to be responsive to the changing landscape in long-term care and how care and services will evolve to meet those in need. We are committed to our 2023-2028 Strategic Plan which has three key priorities:

1. Be a Centre of Excellence: By providing exemplary care in a safe, quality focused environment.
2. Inclusion and Belonging: Ensuring individuality is respected and all voices are heard and valued.
3. Working Better Together: Collaborating and partnering for the wellbeing of Residents, Employees and the Long-Term Care sector.

Lanark Lodge's 2024-25 Quality Improvement Plan (QIP) is aligned with Ontario Health's priority issues. The priority issues and indicators for 2024-25 include:

1. Access and Flow - reducing potentially avoidable emergency department visits for our residents
2. Equity - working together to ensure our home prioritizes equity, diversity, and inclusion
3. Experience - improving service excellence by ensuring residents have a voice, that they are listened to by team members and can speak up without the fear of consequence.
4. Safety - increasing safe and effective care by addressing

appropriate use of antipsychotic medications and reducing the risk of falls.

This QIP also aligns with the Long-Term Care Home Service Accountability Agreement (LSSA) and meeting the requirements of the Fixing Long Term Care Act and its regulations.

This QIP supports Lanark Lodge's Mission where we are people caring for people and are committed to providing safe, resident-driven, quality-based care and services in a home-like environment. Lanark Lodge is actively engaging in a number of initiatives to further enhance the quality of care and services provided to those entrusted in our care with the support of our Residents, Team Members, Volunteers, Family Members, Friends, and Partners.

ACCESS AND FLOW

Over the last few years, the pandemic has shone a light on the issues within the healthcare sector, specifically, the significant gap between the demand for healthcare services exceeding the supply. The reasons for this are many and include a rapidly aging population, unprecedented healthcare worker shortages, and hospitals and emergency rooms operating beyond capacity.

Lanark Lodge strives to support the needs of our community and be a partner within the larger healthcare sector to alleviate some of the pressures. As such, one of the key priority issues for our 2024-25 QIP will be to keep residents at Lanark Lodge whenever possible and safe to do so, including by reducing Emergency Department visits. Our plan outlines several initiatives to do so including working closely with our in-house physicians and Nurse Practitioner to manage acute issues in the home and to leverage new diagnostic equipment recently made available by the Ontario Health Diagnostics and Local Priorities funding.

Lanark Lodge continues to strive to grow our team and to achieve the four hours of direct care per resident by 2025. While we are making gains with our recruitment and retention plan, the health human resource shortage continues to be a barrier, especially in a rural area. Currently, the home sits above the provincial average for PSW, RN, and RPN staffing.

EQUITY AND INDIGENOUS HEALTH

Lanark Lodge recognizes and values the role of equity and indigenous health and the vital importance these play in our evolving landscape. Our 2023-2028 Strategic Plan has outlined inclusion and belonging: ensuring individuality is respected and all voices are heard and valued as a key priority; one where individuality is respected and honoured.

Lanark Lodge has identified equity, inclusion, and diversity as a priority issue for 2024-25 and we are working alongside Lanark County in the development and implementation of our EDI plan. This becomes increasingly important as we welcome all people from across the nation and world into our home, residents, staff, and visitors.

In December 2023, Lanark County Council passed a motion acknowledging that Lanark County has experienced unprecedented labour market shortages across all sectors but particularly healthcare and recognizes the value that immigration brings to the cultural and economic fabric of our communities and as such, Lanark County declared its support for newcomers to the County (Motion#ED-2023-103).

This year, Lanark County will embark on a comprehensive EDI plan and with Council approval, establish a core working group to drive initiatives within the County's departments, including Lanark Lodge.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Providing exemplary care and services for Residents who call Lanark Lodge home is a priority and ensuring Residents and their loved ones have a voice is key to ensuring we are achieving that goal and identifying opportunities to do even better.

Lanark Lodge engages Residents, Staff, Families, and Visitors through a variety of mechanisms including:

- Resident Council
- Council of Family and Friends
- Annual Satisfaction Surveys for Residents and loved ones
- Bi-annual Staff Satisfaction Surveys
- Interdisciplinary Care Conferences 6 weeks after admission and annually
- Food Committee Meetings
- Quality Improvement Committee meetings and various other sub-committees
- Policy and procedure review and development

All of these initiatives provide an opportunity for timely discussions with residents and loved ones as well as an opportunity to provide feedback to the team at Lanark Lodge, ensuring we have the opportunity to meet and exceed the Resident experience. Feedback received is incorporated into both the QIP plan and other initiatives moving forward.

PROVIDER EXPERIENCE

Over the last four years, the healthcare sector and especially the long-term care sector has experienced significant disruption as a result of the COVID-19 pandemic and this, coupled with the health human resource shortage has contributed to burnout and

exhaustion, increasing sick time and leaves of absence. In 2023, Lanark Lodge embarked on initiatives aimed at psychological safety, health and wellness in the home, working closely with partners from the Canadian Mental Health Association to provide staff supportive education and resources.

To continue the important work started last year, the home established a committee called the Renew Committee. The Renew Committee stands for tRansition, culturE, eNgage, Empower, groW and consists of a group of colleagues from

across departments who are committed supporting the Home's vision, mission, values, and employee quality of work life, by:

- Promoting respect, passion, teamwork, collaboration, good communication, responsibility, and growth in the workplace between and amongst all staff and departments at the Lodge
- Incorporating our Vision, Mission, and Values to understand, assess, and implement strategies to enrich time spent at work and allow for work activities to be more rewarding
- Encouraging collaboration by ensuring everyone is provided with an opportunity to provide input into recommendations, proposed changes, plans, and provide feedback after change has occurred
- Review suggestions from employees as it relates to working conditions and services.
- Improve the workplace environment by providing a forum to discuss issues/needs and make recommendations for addressing concerns

Our Renew Committee is comprised of a highly enthusiastic group of team members who coordinate thoughtful and fun initiatives to support positivity and recognition in the home. This includes our

staff recognition program whereby team members acknowledge each other when team members go above and beyond.

Communication continues to be a priority across the home and our weekly staff huddles are an opportunity for team members to come together to receive updates, important information, and provide feedback. The Leadership Team has also embraced an open door policy to support team members.

Collaboration and partnership with all stakeholders, both internal and external continues to be a priority as we navigate this ever-changing landscape.

SAFETY

The safety and well-being of our Residents and Staff continue to be one of Lanark Lodge's top priorities and is entrenched in our mission of being committed to providing safe, resident-driven, quality-based care and services in a home like environment.

2023 saw the completion of several major projects aimed at improving the safety and operation of the home including the HVAC system installation which ensures there is air conditioning available in all resident rooms and common areas, emergency lighting installed in stairwells and the basement, and replacement of sidewalks at the front entrance to ensure access for all. Great strides continue to be made in technology including implementation of hand-held devices for direct care staff, and this year the call bells will be moved to the devices to reduce the noise and associated impact for residents well-being.

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. This includes actively recruiting direct-care team members to achieve the target of four hours of care per resident each day by 2025. The home is well on it's way however with the health human resources issues, this has been a challenge.

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. The Lanark Lodge Leadership Team meets regularly during the workweek to review the previous 24 hours to address any high risk areas. These instances are treated in a just culture where staff are guided and coached to learn from their mistakes. We continue to strive to create an environment where all team members, residents and their families can report issues and concerns and feel heard. When serious issues and concerns are brought forward, there is a formal process to address the concerns, apply lessons learned, and we work with team members, residents and their families to prevent them reoccurring. Weekly huddles take place with team members across all neighbourhoods to engage the team in discussions which include safety.

The Joint Occupational Health and Safety Committee (JOHS) is represented by staff across the home and addresses any concerning working conditions. The home has a well established zero tolerance policy for violence or harassment, threats, intimidation and other fear inducing behaviour in our workplace. Training and resources are available to staff including Gentle Persuasive Approach. SURGE learning components regarding workplace violence and prevention

are completed on a yearly basis by all team members. EAP resources are available to further assist team members on a 24/7 basis and are free services for each employee.

POPULATION HEALTH APPROACH

Care of seniors and those requiring long-term care cannot be done in isolation. It requires collaboration with multiple stakeholders and the team at Lanark Lodge are committed to working alongside organizations like the Ministry of Long-Term Care, Ministry of Labour, Ontario Health, Public Health, our local hospitals, medical professionals, MRT-BSO and other key partners.

CONTACT INFORMATION/DESIGNATED LEAD

Shawna Stone, Interim Director of Long-Term Care
Lanark Lodge
115 Christie Lake Road
Perth, ON K7H 3C6

Phone: (613) 267-4225 ext. 7101
Email: sstone@lanarkcounty.ca

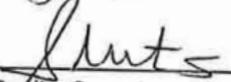
SIGN-OFF

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 28, 2024

X 
Board Chair / Licensee or delegate Steve Fournier


Administrator / Executive Director Shawna Stone


Quality Committee Chair or delegate Susan Roberts


Other leadership as appropriate Kurt Greaves

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	11.16	10.00	Decrease in ED visits with additional equipment and training is anticipated however the complexity of resident needs and conditions is increasing.	

Change Ideas

Change Idea #1 To reduce the number of potentially avoidable ED visits through collaboration and exploration of alternative interventions between Registered Nursing Staff, Nurse Practitioner, and Medical Team where appropriate.

Methods	Process measures	Target for process measure	Comments
<p>1. DOC/ADOCs/Registered Staff to work with NP/physicians to review ED transfers for possible alternate interventions where appropriate. 2. DOC/ADOCs to track and review ED transfers quarterly; assessing supporting documentation and assessing appropriateness of transfer and if other interventions were available in the home. 3. NP/Physicians to continue to respond to acute changes in condition to support early diagnosis and treatment. 4. Build knowledge and skill development of Registered Staff. Implement new diagnostics equipment and other equipment to provide additional care in the home including hand-help ultrasound, IV.</p>	<p>1. Number of Residents assessed and treated in the home, potentially avoiding ED transfer. 2. Nursing assessment, NP/physician collaboration supporting documentation will be completed for residents who have been transferred to the ED. 3. All designated Registered Staff will complete education and training by the end of Q2 and implementation of new equipment by Q3.</p>	<p>Decrease avoidable ED transfers by 10% by end of Q4.</p>	

Change Idea #2 On-going collaboration with key external partners including the local health unit, external MRT-BSO, LCMH psychogeriatric team for support for residents and education and training to better support clinical guidance on early recognition and management.

Methods	Process measures	Target for process measure	Comments
<p>Registered Staff/DOC/ADOCs to continue to lead collaboration with existing external partners to explore opportunities to enhance delivery of care and services to our residents in a safe and timely manner.</p>	<p>1. Number of referrals to external partners early to support the assessment and management of resident needs. 2. Number of meetings with external partners 3. Percentage of staff engaged in learning and development.</p>	<p>Partners will be actively engaged in 100% identified cases.</p>	

Change Idea #3 Educate Residents and Families about the benefits and approached to preventing ED visits where appropriate.

Methods	Process measures	Target for process measure	Comments
Identify opportunities within our new admission process to discuss the homes capacity to support residents with care and services in the home and the on-going quality and training initiatives to prevent ED visits where appropriate.	All Residents and Families will be engaged in a discussion about care and services provided by the team at Lanark Lodge on admission and as needed throughout their stay.	100% will receive information on care and services provided by Lanark Lodge on admission and throughout their stay as needed.	

Change Idea #4 To establish consistency in standardization of resources. i.e. diagnostic imaging, lab services, access to appropriate equipment to support treatment of acute conditions.

Methods	Process measures	Target for process measure	Comments
DLTC/Registered Staff/DOC/ADOCs will continue to work with the home to ensure readily available resources and equipment for health care practitioners in order to provide excellence in care services including timely diagnostic imaging and lab services. Current expectation is lab services at least weekly and diagnostic services every 1-2 weeks. New in house equipment including hand held ultrasound machine and IV equipment to support efforts.	1. Number of on-time lab completion 2. Number of on-time diagnostic completion 3. Number of ER visits 4. 100% designated Registered Staff trained and educated on new equipment	90% on-time lab and diagnostic services will be provided to support delivery of care services by the end of Q4.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	EDI and anti-racism is a key strategic priority for Lanark Lodge.	

Change Ideas

Change Idea #1 All Lanark Lodge Team Members will be aware of the importance of Equity, Diversity, Inclusion, and anti-racism in the workplace through education and training.

Methods	Process measures	Target for process measure	Comments
<p>1. All team members will be required to complete education on EDI and anti-racism as part of the annual learning requirements through SURGE learning.</p> <p>2. In-house training on EDI and anti-racism will be completed in Q2-3 2024.</p> <p>3. Establish Lanark Lodge EDI plan by end of Q1 2024 with roll-out Q2-4 2024. 4. Creation and implementation of Code of Civility and Respect by the end of Q3 2024.</p>	<p>Number of team members who have completed SURGE EDI training. Number of team members who have completed in-house EDI training Lanark Lodge EDI plan will be completed by end of Q1 2024.</p>	<p>100% of all Lanark Lodge team members will complete EDI training in 2024.</p>	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	77.78	90.00	A number of respondents in 2023 indicated neither agree nor disagree, potentially impacting results. Results are 97% without this category vs. 94.4% previous year. 90-95% target for 2024 is goal.	

Change Ideas

Change Idea #1 Gather feedback from Residents and Families to ensure Residents feel heard.

Methods	Process measures	Target for process measure	Comments
Collect data related to Residents feeling heard on annual Resident and Family satisfaction survey. Share results with Residents/Families, seek feedback on how to improve and implement strategies accordingly. Residents/families also invited to speak with a member of the Registered Staff or Leadership team at any time. Explore other options to have higher number of residents and families complete survey.	Annual and in time feedback from Residents/Families.	Improve resident/family score by 13% in 2024/25. Achieve score of 90% or above on question in annual Resident satisfaction survey.	Total Surveys Initiated: 163 Total LTCH Beds: 163

Change Idea #2 Ensure the Resident Bill of Rights and the Home's Mission, Vision, and Values are integrated in all activities and actions.

Methods	Process measures	Target for process measure	Comments
Add new mission, vision, and values signage throughout the home. Incorporate the Resident Bill of Rights into all new hire training, annual training for staff and into weekly huddles where there can be an opportunity to discuss 'what does this mean to and for our residents'.	Signage and Bill of Rights posted throughout the home. Number of education opportunities for staff that incorporate this information and number of staff who have attended.	100% of all team members will have participated in training and education on the Resident Bill of Rights through SURGE learning.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	90.00	2023 Annual Satisfaction survey identified 86% of Residents/Families felt they could be listened to without fear of consequence. Target for 2024 will be 90% or higher.	

Change Ideas

Change Idea #1 Seek feedback from Residents and Families to ensure Residents are comfortable in expressing their opinion(s) without fear of consequence.

Methods	Process measures	Target for process measure	Comments
Engage with Council of Family and Friends and Residents Council to encourage and support Residents/Families in knowing who they can speak with and how to contact. Create new pamphlet that addresses the same. Provide opportunity for education sessions for Residents with Social Worker/Social Services Worker on empowering Residents to interact with staff to meet needs. Engage team members in Gentle Persuasive Approach training and Resident Bill of Rights through education sessions and staff huddles. Ensure MLTC and Ombudsmen information is posted in the home and available for all Residents. Formal complaint/concern process and policy is in place in the home and all Residents are encouraged to bring concerns or issues forward through Resident Council.	Percentage of Residents who acknowledge they can express their opinion without fear of consequence on annual satisfaction survey.. Number of team members who have completed GPA training. Monthly Resident Council meetings .	Achieve score of 90% or higher on this standard.	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	13.31	12.00		

Change Ideas

Change Idea #1 Continue the Interdisciplinary Falls Risk Committee and continue collaborations amongst interdisciplinary team to implement interventions to reduce the risk of falls.

Methods	Process measures	Target for process measure	Comments
Planned monthly meetings to IFRC to review falls and opportunities for further reduce risk. Establish interventions and communication to larger interdisciplinary team. All residents will be assessed by physiotherapy on admission and by referral. A minimum of 40% of Residents to be actively participating in physiotherapy program at any given time (current 44%). All Residents who experience 2 or more falls in a 72 hour period will have an interdisciplinary review and resident specific interventions established. All team members will complete falls prevention training as part of the annual learning program and additional educational opportunities will be implemented as required (i.e. weekly staff huddles).	100% monthly IFRC meetings completed. 100% residents assessed by physiotherapy on admission. Minimum 40% residents actively participating in physiotherapy program	Reduce the risk of falls to the provincial benchmark or lower.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	19.03	19.00	Goal is to achieve provincial levels or lower. New admissions have a higher rate of antipsychotic use esp. those coming from hospital. Medication management and engagement of BSO team prior to admission is encouraged.	

Change Ideas

Change Idea #1 Continue sub-committee for antipsychotic medication use.

Methods	Process measures	Target for process measure	Comments
The DOC/ADOCs will continue to lead the psychotropic use sub-committee and will report the progress during quarterly meetings, establishing guidelines and parameter on the appropriate use of psychotropic medications. The sub-committee will engage the Registered Staff, Physicians/NP, pharmacist and geriatric psychiatry to review data from pharmacy provider and identify opportunities for appropriate prescribing, managing resident needs. Each Resident on psychotropic meds to be assessed on admission and quarterly thereafter. Alternative strategies to be explored and engage with internal and external partners as required.	Quarterly drug utilization reports.	Goal is 19%. Achieve provincial average or lower by the end of Q4 2024.	

Change Idea #2 Engage the internal and external BSO team and ensure additional training opportunities for team members.

Methods	Process measures	Target for process measure	Comments
Engage internal BSO team for all identified residents to support with transitions during admission and as needed throughout a resident's time at the home. BSO to support team members with educational opportunities and interventions to identify potential triggers of resident responsive behaviours. Identify and engage external MRT-BSO team on identified opportunities. All team members to complete annual education on supporting residents with responsive behaviours and Gentle Persuasive Approach initial or refresher training as per the home's schedule.	Number of team members completing education and training. Number of residents engaged in BSO program and supports.	100% of team members to complete annual training by end of December 2024.	