

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 25, 2024



OVERVIEW

Spruce Lodge, home to 128 residents, has been serving Stratford and area for over 125 years.

Our MISSION is to “strive for excellence in accommodation and services for seniors and the physically and mentally challenged in a pleasant, caring, homelike environment ensuring dignity and quality of life.”

In the past year, Spruce Lodge was awarded a three year CARF accreditation award.

Quality is the foundation of everything we do. Over the past year, we have focused on Person-Centred Care, which aligns with the homes vision of People First. The Spruce Lodge corporate logo of a geometric spruce tree, depicts a diamond at the top, a heart in the middle and two pyramids at the base. The diamond symbolizes residents as our top priority; the heart in the middle symbolizes our staff, family/visitors and volunteers as the heart and soul; the pyramids at the base symbolize our partners and governors as foundations of support.

Our vision is to strive in all things to put the needs and best interests of People First, by involving them in decisions that affect their experiences here at the Lodge and by continuously striving to improve these experiences.

A priority for 2024 is to complete strategic planning. Our home's population, care needs and health resource challenges drive the need to reevaluate the priority focuses for our home and the direction we want to take for the next 3-5 years. As with our quality journey, we will seek input from our person's served- our residents, families, team members and external supports.

As we work through this process, we will be guided by our quality plans which include our Risk Management Plan, Information Technology, Cultural, Diversity and Inclusion Plan and our Accessibility Plan.

ACCESS AND FLOW

Over the past year, Spruce Lodge focused on our Palliative approach to care which focused on getting to know the residents' goals of care and their values that were incorporated into their plan of care. The input from resident and family was shared with the interdisciplinary team. This approach was enhanced through the Clinical Pathways project that the home has undertaken in partnership with RNAO as well as the MOLTC. End of Life medication directives as well as tools to support resident, family and staff have been implemented to promote the right care at the right time in the right place. Our primary care physicians have been key in supporting our residents and families as well as the interdisciplinary team. End of Life Survey comments received have been positive related to the care received at time of end of life. We will continue to grow this program in 2024. We will be offering an education session for residents and family in early April. Following this session, we will be implementing our revised Goals of Care and removing our current Level of Intervention forms.

The number of residents who have fallen in the last 30 days continues to be higher than the provincial average. Over 2023, our team focused on identifying the trigger for the fall as well as time of day for falls to evaluate what changes are required related to interventions to prevent injury related to fall. Enhancements to our assessment tools as well as education with the interdisciplinary team related to resident specific falls continues to occur. The home

will be implementing the RNAO Clinical Pathway related to falls. This project has been shared with our resident council, family council as well as the team.

Quality Indicators are shared monthly at our Circle of Care meetings in the resident living areas as well as quarterly through Quality Circle where resident, family members and the care team meet to review action plans. Allowing residents to live with risk if this is their goal of care, is our focus, knowing that this may increase our avoidable transfer to ER as well as falls rate. We will continue to focus on Falls as a key indicator for our quality journey this year.

EQUITY AND INDIGENOUS HEALTH

While preparing for CARF accreditation, Spruce Lodge was encouraged to evaluate our practices in the home. An Equity, Inclusion and Diversity plan was implemented and this will be part of our strategic planning for this year. One area of focus included our chapel space at the Lodge, now called our spiritual space- this area is not only used for weekly religious services but also exercise groups, music therapy, a quiet place to visit, etc. This resident space has been enhanced to be more inclusive and has sparked conversations that promote inclusivity.

Our resident, family and team members engagement surveys sought their input related to the home meeting cultural values. 90% of our residents responded that the home supported in celebrating the resident's culture and 88% of families responded the home respects the resident's culture. 74% of staff answered that the home is sensitive to their diverse needs and values with 20% answering neither yes or no. This information will be used to continue to build the homes Equity, Diversity and Inclusivity plan.

Our Activity team implemented the use of the Diversity calendar through CLRI. This resource has increased awareness of events and is a learning tool for all.

Our resident and family centred pathway as well as the implementation of Wellbi-a program to track resident engagement in activities throughout the home, have been implemented over the past year. These programs capture the life stories of the resident as well as values of care. Our goal to implement life stories was delayed as we plan for what process to use to complete. Goal will be to continue to move forward this project in 2024.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The Spruce Lodge team is dedicated to improving the care for all our residents, following the People First Values.

Residents provide feedback through the annual engagement survey that the residents approve prior to initiating throughout the home. A key group of staff not involved in direct care meet with residents on a 1:1 basis to gather feedback from residents. The information is then gathered and reported back to residents via resident council for their input into the action plan.

Family engagement survey is completed online with paper copies available for those more comfortable to complete in this format. The survey was developed by the Spruce Lodge Leadership team prior to the formation of a Family Council at the home. The results of the survey will be shared with this group with feedback to be gathered regarding the implementation of an action plan.

Both residents and families identified common themes related to

asking for education regarding dementia, knowing who to talk to when they have a concern, the overall appearance of the home and supporting new team members. All items had also been identified by the team at Spruce Lodge and with input from the councils, action plans to be developed.

We have an active Resident Council who meet monthly. Resident Bill of Rights are a standing agenda item where the rights are reviewed over the course of a years meetings. We provide examples through policies and daily practices of how our efforts are bringing the Bill of Rights to life. Representatives of the Leadership team are invited to attend the meetings to share organization and quality improvement goals, as well as any updates on the care and services provided. Residents are encouraged to voice concerns or pose questions at any time, and Resident Council affords another forum that they can do this as well.

Two representatives from our resident population also participate on our Quality Circle team where quality plans, survey results and updates on the home are shared and reviewed. We look forward to having a member of Family Council join this committee at our next meeting in April 2024.

Our residents also attend Food Committee meetings every other month. This forum provides the resident the opportunity to review any meal concerns with the Nutritional department, such as quality of the food, temperature, size of portions, etc. It also is an opportunity to plan for special event meals, requests for menu items, etc.

A family council formed in December 2023. The home looks forward to working with this group to continue to improve our

resident centred care.

We support each resident with an individualized plan of care. Residents and family are encouraged to share their priorities at care conferences or when changes are needed to the plan of care to ensure it matches the resident values of care. We listen to resident and family concerns and address them in a timely manner to enhance the resident's experience at Spruce Lodge. Through compliments and complaints, we continue to grow and learn from each experience, guiding our process to improve the quality of care we provide.

PROVIDER EXPERIENCE

Our team continues to heal and grow post pandemic. The focus of this past year was to recruit and retain qualified, committed team members. The home is currently participating in the third group of PSW students who are completing their PSW certification through the living classroom setting at the home. Not only do these students provide the residents with additional 1:1 care, the home is able to recruit some of these students to join our team. We also continue to support PTA and OTA students as well as music therapy students with their placements.

We have partnered with Perth County for HR support which has helped with recruitment and screening of potential applicants. Team members also participate in job fairs which is a great opportunity to share with potential applicants the benefits to working in LTC. Our Nutrition Manager has been working with local colleges to offer placements for chef students as this would also fill a gap with qualified food service workers. Our onboarding program has been updated to not only meet the

Fixing Long Term Care Act but also CARF Standards and best practice- this was from feedback through resident and family surveys, care conferences, as well as feedback at Resident Council. The new program will roll out in April of 2024 and we are in the process of updating orientation check lists for each employee classification.

A referral bonus was implemented over the past year for the Spruce Lodge team member to receive a monetary bonus for referring a new team member who successfully joins the team. Our employee engagement survey was completed in the fall of 2023 with results to be shared at a staff meeting in April. Staff will be involved in developing an action plan for implementation to continue to move the home forward.

In person mandatory training was completed in the fall of 2023 which was well received by the team. Our goal is to enhance this process in 2024. Mindfulness education was included as a part of that session and was greatly appreciated by most team members who continue to recover from the effects of the pandemic, increase in resident acuity as well as increasing personal stresses. A survey was then completed by the team and a weekly mindfulness program has been developed based on the feedback provided. This will be a 6-8 week program that staff can participate in.

Feedback from the engagement survey and staff training identified a need for more mental health training- disease specific, not just dementia training but also additional supports for personal mental health. All staff have access to the home's EAP program. In-person GPA training occurred in 2023 with the goal to continue to move forward with ensuring all staff have access to this training. Four

team members participated in Mental Health First Aid for Seniors and the plan is to have more team members complete this training. Our BSO PSW completed Dementiability training and is also a GPA certified trainer. She is a great resource for supporting staff in the moment with teachable moments, including focusing on our bathing program for residents with expressive behaviours. We celebrated staff through having food trucks at the home, special treats, meals and a special event at the Stratford-Perth County Museum, where a photo of the team is posted in honour of the commitment to the home and residents during the pandemic.

This year we will continue to focus on staff wellness as well as planning for our staff recognition week where all team members will be recognized through special events that will be celebrated in May of 2024.

SAFETY

Person centred care and our journey to ensure resident and family feedback is included in the plan of care process changes the way our home approaches safety. The natural instinct to protect our residents from injury by doing for them decreases their quality of life as well as decreasing their satisfaction with our home.

The implementation of our admission clinical pathway, the resident and family centred care pathway as well as our palliative goals of care assessment provide insight into what is important to the resident and how can this be incorporated into the plan of care. Our staff will be participating in education on Goals of Care and how to have what can be difficult conversations with residents and the persons that are important to them, to ensure we are capturing their values and that this what is driving their care.

We are people caring for people and are focused on helping the residents and seeing them enjoy each day here at the Lodge. Despite best intentions, process and policies, adverse events occur. We assess the resident in the moment, document, revise plan of care and notify those involved in the resident's care.

Incident/Near misses are tracked and reviewed for system trends and to be able to plan for improvements to processes. This promotes reporting events so that we can learn from these events and minimize the risk of them reoccurring. Incidents may be debriefed by the team individually to be able to address the factors that played a role in the event. Incidents are also reviewed through daily huddle, monthly circle of care meeting, reviewed through Risk Management at Leadership as well as shared at quarterly Quality Circle Meetings.

Currently the number of residents who had a fall in the last 30 days is over the provincial average and this will be a priority indicator for our home for the 2024-2025 QIP. Education on the completion of purposeful rounding as well as universal falls interventions will be a focus. Resident and family council have both provided input into this focus.

We also continue to use our external stakeholder reports, audit reports, medication incident tracking, results of MSSA, resident incidents other than falls, emergency code activation and antipsychotic medication usage as other indicators that are analyzed to identify risk/ system failure and implement strategies to remedy with team member, resident and family input.

POPULATION HEALTH APPROACH

As we prepare for our strategic planning exercise, we are aware that within the next five years, there are plans for over 200 long term care living spaces will be added to our area. As we analyze demographic information provided through the most recent Stats Canada survey as well as reviewing trends in the home related to median age of our residents, the amount of time a resident stays at the Lodge and trends related to diagnosis, we are investigating adopting an emotional based care approach. Currently, 68% of our residents have a diagnosis of Alzheimer's, other dementia or a mental health diagnosis. Our female population is 50% higher than our male population. Currently, 18% of our residents are between the ages of 50-70, 31% are between the ages of 71-80 and 81-90 with 20% of our residents between 90-100+ years old.

Over 2023, we had 39 residents discharge from the home with their average length of stay being 1043 days, in 2022, 41 residents left the home with an average stay being 1475 days. We anticipate the average length of stay to continue to decrease as residents are supported longer in their own homes or other community settings and are coming to LTC frailer. This puts additional pressure on the team to get to know the resident quicker and learn their values so that we are providing the best care possible for the time that they are in the home.

We continue to work collaboratively with our physicians and have welcomed a third physician, Dr. Chun, who will be working alongside Dr. Cowing and Dr. Martin. They continue to support the direct care team as well as the leadership team in our journey to enhance the clinical skills of the staff while moving to best practice processes.

We work alongside our OHT care partners including Mental Health supports, Psychogeriatric resources, Alzheimer's society and Hospice to support both residents and family. We also have utilized supports through Choices for Change to support staff in caring for residents with addictions. Our IPAC lead is involved in the IPAC Leads Community of Practice which supports IPAC initiatives in LTC.

As the acuity level of our residents continues to change, working alongside our other health system providers will continue to be a priority.

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

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

