

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

September 13, 2023

OVERVIEW

As part of Revera LTC, we are guided by our mission to enhance lives with choices in community living, warm hospitality and compassionate care. We are committed to our vision of celebrating the ageless spirit of people through service and innovation.

Quality is the foundation of everything we do, aligned with our enterprise-wide strategic quality priorities: safety, resident centredness and efficiency. Revera has a comprehensive Quality Program which includes the interconnected activities of quality planning, quality assurance, and quality improvement. Revera's Quality Program is practiced by all levels of the organization from the Board to the front-line staff. Quality practices are embedded in all processes, from strategic planning to the day-to-day operations. Quality practices are promoted and supported by the management team.

In keeping with the CARF Accreditation standards, we continuously enhance and refine our quality program that includes risk management, cultural diversity, accessibility, IT and strategic plans. These plans are developed and shared with residents, families, staff, and external partners to support our priorities, targets and activities with outcomes being reviewed quarterly at our Quality Councils. Our quality framework includes Quality Planning, Quality Improvement and Quality Assurance.

Annually, in collaboration with key stakeholders, a Quality Plan is developed using a balanced scorecard approach with four pillars of quality, which aligns with the QIP:

1. Quality/Risk/Safety;
2. Employee Engagement;

3. Resident /Family Satisfaction; and
4. Financial Management

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Although our home has always had active CQI Committee/Quality Council, led by our Executive Director, changes have been made to integrate the requirements of the Fixing Long Term Care Act in the committee's quality mandate. A CQI Framework is to identify the home's priority areas for quality improvement; make recommendations; monitor and measure progress, identify and implement adjustments, and communicate improvement outcomes for the current & next year. In 2023, we are recommitting to ensuring continuously quality improvement is embedded in our day-to-day operations. There is a larger collaborative role with our Medical Director, Residents Council and Family Council

Our 2021/2022 Quality Improvement Initiatives were focused on continuing to improve our Infection Prevention and Control (IPAC) protocols throughout the year. Many of our quality indicators have remained stable and some have even seen slight improvements despite the heightened focus on IPAC. Additional Quality Improvements for 2022 are noted further in this document.

We have continued our Resident and Family Satisfaction Surveys throughout the pandemic. Our corporate "Overall Satisfaction with Experience" for 2022 was 79%, 4% above national target. The key metric requiring improvement was "Mealtimes are an Enjoyable Experience". The quality improvement action plan will be to provide further education to staff on Person Centred care/ listening skills and a review of customer service training. More detail can be found in our 2023/2024 QIP Workplan.

Additionally, we enhanced our surveys by adding some questions to reflect the resident and family satisfaction level related to our ability to respond to the pandemic. Our Residents' Council continues to meet, and it was sustained during the pandemic by means of virtual technology when members were not able to meet physically. Our communication to family members and residents was enhanced as a result of weekly email and printed updates. Additionally, town halls were held weekly during outbreaks to provide families with updates on the status of the outbreak and answer questions. Residents continued to stay connected with loved one throughout the pandemic through the use of virtual technology and window visits. With the designation of essential caregivers, residents are now able to continue to have that emotional social support even during outbreaks. Recreational program was also adjusted to meet the needs of residents who were isolated to their rooms or were required to remain cohorted on their units. General exercise classes were adjusted to one to ones during isolation periods to reduce risk of deconditioning due to inactivity.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Resident and Family engagement continues to be a priority of Revera. We work closely with our community partners, Home & Community Care Program, hospitals and business partners to ensure safe and effective care of residents. Ongoing relationship building and partnerships with health system partners such as local long term homes, hospitals, home and community care, regional IPAC hubs, Ontario Health teams and various regulatory authorities

Where there is opportunity, the organization will partner with community outreach programs to provide care and services at the right place and right time to reduce stress and strain on the system.

Some examples would include:

- working with the BSO program resources to find the right balance of staff/resident/family support and education required to safely care for this vulnerable population.
- Partnered & Collaborated with the newly developed IPAC hubs

Our HQO QIP and our Home Quality Plan is shared with our residents, families and staff at their respective council meetings for input and revised as needed. The outcomes are then regularly reviewed during council meetings. This document is posted on our Quality Board within the home alongside our Home Quality Plan. Enhanced communication strategies that came out of pandemic was having those regular townhall meetings during outbreaks to ensure families were well informed and were able to provide feedback. Resident council continue to meet utilizing virtual technology when required to provide feedback and updates. Pandemic taught us to have systematic consistent communication protocols in place during regular outbreaks. These protocols have been adopted as best practice across all our homes.

Site specific initiatives to enhance resident activities during the pandemic include 1:1 visits; individual kits developed based specific needs and preferences to provide purposeful engagement during periods of isolation.

Increased use of technology to provide opportunity of social engagement as well as virtual medical appointments to support care interventions.

PROVIDER EXPERIENCE

Our residents and their loved ones had many questions and there were many changes in requirements throughout the pandemic. Our COVID Business Continuity Team at our Support Office, including the Chief Medical Officer, was invaluable to provide consistent direction to the Revera homes throughout the pandemic. A strong communication plan was put in place with weekly emails, updates, touchpoints with Residents, families and staff. This plan has continued to be a part of our day-to-day operations. Although there were many rapid changes and many demands; they were very supportive and provided us with the direction that aligned with the public health and Ministry directives. Our Support Office HR provided a centralized recruitment team that helped us to maintain and increase our staffing as needed. Staffing continues to be a challenge, but we have good recruitment strategies and contingency plans in place.

The pandemic has been challenging for our front-line workers. To provide a diverse support system, a number of strategies were implemented.

- Staff had access to an Employee Assistance Program and counseling as needed.

- Employees are also provided with wellness resources that address a variety of topic such as grief and depression, healthy lifestyle and eating, relaxation tips, etc.

- The home also recognized staff through ongoing support by the management team and corporate, staff appreciation events, treat days, and other activities to show appreciation for their hard work

and dedication.

-We had access to a “Grief Doula” who was able to support our teams navigating the effects that pandemic has had on us personally and professionally. Sessions were provided in group settings or individually, remotely and in person, accommodated for French language needs, to ensure support our teams. Any high-risk issues were quickly escalated through our Employee Assistance Program. Our Grief Doula was also instrumental in supporting the development and education on “ceremony rituals” which are not part of our regular programs to provide residents and staff the opportunity to honour life throughout the year.

-We partnered with the indigenous community to provide opportunities for “Healing Circles”.

- Revera operates with guiding principles that direct behavior and approach to our resident, family, and staff experience. In recognition of the impact pandemic had, a 4th guiding principle was developed to ensure empathy is foremost in our workplace culture.

- Dr Dayna Lee Bagley also offered support and education on “moral injury”

The 2022 Your Voice employee engagement survey was reviewed and Key areas were identified including employee recognition, this was brought to each departmental manager who reviewed with their team and asked for suggestion input and action plan developed

WORKPLACE VIOLENCE PREVENTION

Revera is committed to providing a safe and healthy work environment in which all workers and other individuals are treated with respect and dignity, free of workplace harassment, violence or discrimination. Revera’s Workplace of Respect, and Violence Prevention policies and procedures, in compliance with legislative requirements, provide the standards for the prevention of violence in the workplace. The standards include and define violence, assessment protocols, as well as support the identification, control and communication of workplace violence risks. Additionally, violence prevention training, inspections, reporting procedures, integration into the provisions of care, as well as code white response and support plans are included in Revera’s violence prevention standards. Incident information is shared and analyzed with the Joint Health and Safety Committee and Senior Leaders to ensure strategic continuous program quality improvement.

PATIENT SAFETY

In general, people work with seniors because they have a genuine desire to help residents and their families. However, despite all the best people, policies and procedures and processes being in place, adverse events sometimes happen. We document, track and trend resident Adverse Events so that we can apply lessons learned from these events and minimize the risk of them happening again. One of the most important aspects of good event management is creating a work environment where all employees, residents and their families feel they can speak up and report issues, concerns and even mistakes. Revera is committed to creating a “just” organization culture. A culture that:

- Encourages openness and frankness in identifying and reporting Adverse Events
- Focuses on interdisciplinary learning and an organizational commitment to applying lessons learned
- Fosters an environment that promotes safe behaviour choices
- Supports disclosure where appropriate

Incidents and/or near misses are shared with team members through town halls, daily huddles and regular meetings/committees to increase awareness and seek feedback to understand root cause so that strategies put in place are effective. Additionally Support Office also trends and analyzes incidents across the organization and shares the outcomes with Senior Leadership Team and Regional Directors, who then in turn share this with each home. Quality Risk Alerts are sent out by the Chief Medical Officer to all homes following a serious incident or near miss to ensure awareness and review of process.

HEALTH EQUITY

As an organization we serve a large number of individuals who are living with dementia. Each home develops a cultural competency and diversity plan that addresses how it will respond to the diversity of its stakeholders as well as how the knowledge, skills, and behaviors will enable personnel to work effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures. For example we have many homes with strong French, Chinese, East Asian and Italian communities.

In developing a cultural competency and diversity plan, our organization looks at the diversity of its community, internal and external stakeholders and potential changes in demographics to be proactive in education, training and service delivery. As referenced above, partnership with the indigenous community to provide opportunities for “Healing Circles”.

CONTACT INFORMATION/DESIGNATED LEAD

Gwen Daly Executive Director

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 29, 2023**

Wendy Gilmour, Board Chair / Licensee or delegate

Gwen Daly, Administrator /Executive Director

Mary Brazier, Quality Committee Chair or delegate

Other leadership as appropriate

Created by Kim Penner, National Director Quality and Learning Excellence in collaboration with Blenheim Quality Committee