



Golden Plough Lodge Continuous Quality Improvement – Interim Report

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Golden Plough Lodge has developed Quality Improvement Plans (QIPs) as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQO) each year. For the past two years, QIP submissions have been on pause while organizations did the necessary work to manage the COVID-19 pandemic.

QIP Planning Cycle and Priority Setting Process for 2023/24

Golden Plough Lodge's Quality Improvement Plans and our ongoing commitment to quality resident care are constructed supporting the Eden Philosophy of Care and our Mission, Vision, and Values.

Mission

We are committed to supporting the individual in maintaining a life with purpose, choice dignity and respect

Vision

We Strive to establish close, continuous, and meaningful relationships among our residents, families and members of the community

Values

Accountability, Ethical Behaviour, Professional Integrity, Compassion and Companionship, Mutual Trust, and Confidence.

Golden Plough Lodge's QIP planning for 2023/24 will resume with our Quality Improvement Committee meetings this September. It will include an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required

- resident, family and staff experience survey results
- emergent issues identified internally (trends in critical incidents) and/or externally
- input from residents, families, staff, leaders and external partners, including the MOLTC.
- mandated provincial improvement priorities (e.g., HQO)

The Quality Improvement Committee is comprised of the Senior Leadership Team, Medical Directors, RN, RPN and PSW staff, residents, and family council. Preliminary priorities will be presented and discussed to establish multidisciplinary priorities to enhance resident care. This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP targets are identified and confirmed.

Golden Plough Lodge's 2023/24 QIP will be aligned with our Quality Framework, based on the Quadruple Aim framework adopted by Ontario Health. The high-level priorities for the 2023/24 QIP will be informed by the quality and safety aims under the various pillars of the framework, as determined by Golden Plough Lodge's Continuous Quality Improvement Committee.

Quality Improvement Initiatives Completed in 2020/2021

As QIP submissions were suspended the past 2 years, we would like to share the many quality improvements we have made at GPL to enhance resident care.

Nursing Program

- Enhanced recruitment practices to improve staffing levels
- Utilization of Enhanced Funding from the Ministry of Long-Term Care to create new direct care positions across the Nursing team (RN, RPN and PSW positions)
- Utilization of Enhanced Funding from the Ministry of Long-Term Care to create a FT Physiotherapist and additional Physiotherapy Assistants
- New Program in our online charting system was implemented, the Risk Management platform, enabling consistent reporting, tracking, and analyzing of data for mitigation of resident risk
- Daily morning report with ADOC/DOC, NP, RAI, RN Supervisors to enhance communication of pressing resident concerns
- New Shift Reporting Tool to ensure accurate and timely communication
- Established a new checks and balances system for Critical Incident reporting to the Ministry of Long-Term Care
- Orientation booklets and accountability sign off for all new staff
- Auditing program initiated for Resident Care Plan reviews
- Creation of Essential Caregiver Package
- Mass communication system developed to reach all staff simultaneously via SMS

IPAC Program

- Full-time IPAC Coordinator position was created to meet Ministry of Long-Term Care requirements, effective November 2021
- IPAC program development in progress (Policy update)
- initiated IPAC assessments, by an external IPAC partner, were completed and will remain ongoing (IPAC Hub, NHH)
- Initiated ongoing IPAC assessments, internally, biweekly
- Internal IPAC precaution signage was updated, and education provided on same, to staff and visitors
- Initiated hand hygiene and PPE donning/doffing audits conducted daily
- Onsite N95 mask fit testing completed with all staff and ongoing N95 fit testing now part of IPAC program
- Updated Orientation IPAC education materials for both new hires and volunteers
- IPAC Education package created for Caregivers and Visitors
- IPAC monthly meeting reinitiated
- Held staff communication sessions to support mental health during the pandemic

Resident and Family Services Program

- Addition of Social Worker position at GPL, to assist with Resident and Family support
- Programming fully resumed, including BBQ's, social hours, day trips, live entertainment
- Tuck Shop reopening
- Pet Therapy
- Spiritual Care programming
- Resident and Family Council Meetings have resumed

Environmental Service Program

- Replaced chemical delivery system in Laundry to help with making whites bright and fresh.
- Replaced primary boiler which produces heat for the McMillan area
- Added additional cleaning for high touch areas in the GPL
- Installed 3 speed fans in the auditorium for resident comfort
- Purchased an additional 2 lifts for Blacklock and Symon House areas
- Purchased 5 new resident beds including a special low height bed
- Implemented a new system for new resident clothing system to better track clothing when a new resident is introduced to the GPL
- Installed new water heaters for laundry with a quicker return rate for hot water
- Crated a new tracking system within Maintenance Care to make sure repairs are completed in a timely manner
- Increased Housekeeping audits for monthly cleaning and room audit for repairs when rooms become available

- Purchased new maintenance carts to allow more repairs to be completed on the floor
- Designed a better system for tracking lost and found items for residents clothing

Dietary Services Program

- Introduced a four-week menu cycle for greater choice and less repetition.
- Added more choices to the nourishment carts for snacks, including healthier treats
- Updated dining room and servery audit schedule
- Streamlined spread and temperature sheets for dietary staff to make it easier to find portion size/therapeutic diets
- Introduced an electronic dining solution system for order taking production and cost-effectiveness
- Installed tabletop watercoolers in all dining areas
- Provided air coolers to dining rooms and serveries for added comfort
- Updated all artwork in dining rooms
- Increased emergency supply holdings and purchased extra equipment to ensure improved/consistent tray service in event of outbreak

Conclusion

Golden Plough Lodge will continue to plan continuous quality improvement strategies utilizing our four strategic pillars; Provide Excellence In Care, Actively Support and Develop GPL Staff, Work Within a Community of Partnerships, and Modernize Our Infrastructure and Facilities.

Golden Plough Lodge continues to engage in collaborative practice and consultation with our Community Partners including the Ministry of Health and Long-Term Care, Haliburton Kawartha Pine Ridge District Public Health Unit, Northumberland Hills Hospital, the LHIN, as well as Northumberland County.