# Let's Make Healthy Change Happen.



# **Quality Improvement Plan (QIP) Narrative for Health Care organizations in Ontario**



Long Term Care 6/30/2022

#### **Overview**

Albright Manor's Quality Improvement Plan (QIP) included the four priority indicators as identified by Health Quality Ontario as follows:

- 1. Percentage of potentially avoidable emergency department visits for long-term care residents.
- 2. Do residents feel they have a voice and are listened to by staff?
- 3. Do residents feel they can speak up without fear of consequences?
- 4. Percentage of long-term care home residents not living with psychosis who were given antipsychotic medications.

This QIP aligns with Albright Manor's Mission of being a long term care home which is dedicated to supporting residents to live in comfort and dignity, through the provision of services that are based on excellence, innovation, integrity and teamwork.

This QIP supports our leadership and vision of advancing best practices and safe, professional care that ensure sustainable quality outcomes, responsible management of human and material resources, and effectively meets resident care needs.

The QIP aligns with the internal Quality Committee (QC) which is part of the home's strategic and operational plans in ensuring quality outcomes of resident care, services, programs and accommodation.

This QIP aligns with the Long-Term Care Home Service Accountability Agreement (L-SAA), and with meeting the requirements of the Fixing Long Term Care Act and Regulations.

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The largest single hindrance in implementation of any QIP, and in meeting all the requirements of the Fixing Long Term Care Act and Regulations, is the critical shortage of available nursing staff in the Province, particularly PSW's and RN's. It is at a crisis level.

Recruitment and retention have taken an inordinate amount of time and resources, and requires a Province-led health Human Resources Strategy. Transportation and local affordable housing are obstacles to recruitment in our area. To that effect, we have engaged our local MPP, and continue to support the efforts of our association, AdvantAge Ontario. Ongoing efforts are being made to look at all alternatives, including revision of schedules to create more full-time positions, the use of internationally trained nurses as PSW's, job fairs, student placements, and cross-training other departmental staff to assist with resident support at meal time.

Other challenges facing homes are the restriction on how the funding for nursing care can be used, decrease of volunteers due to the pandemic and excessive regulatory requirements.

# Reflections since your last QIP submission

Our Annual Resident Satisfaction Survey had an increase in the response rate from 83 residents to 85 in total. This was facilitated with the assistance of recreation staff, who were able to assist residents in having their opinions recorded. The outcome of the survey resulted in maintaining or improving in all categories including an overall satisfaction rate of 94% which is a 3% increase from 2020. Of the surveys received, 41 contained comments, and of those, 22 comments contained positive feedback. Other comments were reviewed by the Management team to be followed up and suggestions were submitted to the Quality Improvement Committee for review.

From a capital investment perspective, and to help with resident quality of life, several repairs were made to the external structure. Repairs were made to the balcony areas to allow Residents to use all 16 balconies for their outdoor enjoyment. In addition, our front entrance visiting area was repaired to improve accessibility and ease of visitation to the home.

The Albright Foundation made available donated funds for a major renovation to the 2nd floor enclosed and secure courtyard. This allowed greater accessibility and enjoyment for residents living in the secure home areas.

We are pleased to say that the use of manual beds has been eliminated. Albright Manor now is equipped solely with electric beds. The electric beds assist with resident quality of life, falls prevention, and to reduce musculoskeletal injuries in employees.

From a health and safety and infection control perspective, the flooring in the 16 tub rooms were resurfaced, isolation caddies were purchased for every resident room, sit to stand lifts, ARJO weigh scales and a bed pan sanitizer machine were added.

#### Patient/client/resident partnering and relations

Albright Manor attempts to engage residents and their families in a number of ways.

Regular Resident Council meetings are held, and Albright Manor continues to have a participation of residents within this forum. The pandemic was an obstacle to the regular meetings; however, alternatives forms of communication were introduced to ensure residents had their concerns and voices heard during isolation periods.

Attendance at regular Family Council meetings has increased with use of Zoom meetings and varying meeting times.

Residents regularly receive a resident and family newsletter to keep them abreast of current initiatives, events, and information. Positive feedback has been received from family and residents concerning the newsletter.

Due to the COVID pandemic, Albright Manor needed to think outside of the box in order to communicate with families. Some of the initiatives undertaken were:

- 1. The establishment of an email communication system with POA's, essential caregivers and the extended family. This allowed for not only a larger distribution audience for the newsletter but also provided families with a contact person to connect with at Albright Manor with questions, concerns or comment. The email communication system was also utilized for immediate communications needed to inform families of changing directives, Public Health recommendations and Albright's customized approach to dealing with such.
- 2. Program staff implemented a virtual visit program to connect family members with residents on a weekly basis. The maturity of the program, staff facilitated up to 200 virtual visits a week. Virtual visits have been decreased due to the increase in family in-person visits.
- 3. Creation of an Albright Manor website provided an additional venue for communication.
- 4. Electronic message board at the roadside.

## **Provider experience**

We were happy that the MOLTC conducted a long term care staffing study and published those results in July 30, 2020. The document clearly addressed salary differences in the RN, RPN and PSW classifications across the hospital, long term care profit, LTC municipal and LTC not-for-profit industry sectors. It clearly identified compensation disparities amongst these industry sectors. One of our challenges was that the Protecting a Sustainable Public Sector for Future Generations Act prevented us from addressing the pay inequities highlighted in the LTC Staffing Study. Municipal and for-profit Homes have been able to offer signing bonuses, cash rewards, bonuses and many other compensation and benefit incentives that the Protecting a Sustainable Public Sector for Future Generation Act prevented not-for-profit Homes like Albright Manor from offering.

With the pandemic, making nursing resources even more scarce, the discontinuing of the Protecting a Sustainable Public Sector for Future Generations Act would have been well received by our sector but unfortunately it never came.

Furthermore, the pandemic and the Protecting a Sustainable Public Sector for Future Generations Act gave rise to the growth of agency usage within the industry. The not-for-profit LTC sector (Albright Manor), with its wage controls brought on by the Protecting a Sustainable Public Sector for Future Generations Act suffered the largest migratory movement of PSW's and RPN's to not only hospital and municipal sectors but also agencies.

We were hoping the Fixing Long Term Care Act would have anticipated a need to control wages within the agency sector. This would have helped to ensure the industry was fiscally balanced and that agency did not have the ability to dictate high and excessive wages. This was a missed opportunity that we hope is corrected in the near future.

Originally in the pandemic, the government offered a pandemic pay to all hourly paid employees equal to \$4.00 per worked hour. In our experience the pandemic pay was better received than the later programs of TWE, and TRIN which have created divisions between the different classifications of workers within the Home resulting in a loss of unity.

With the migration of health care workers (RPN's and PSW's) to agency, we have experienced, through our own use of agency, a decline in consistency of quality care of residents as agency does not allow for the maintaining of consistent staff in each Home Area. Further more this has unfortunately lowered the morale, engagement and retention of current Albright employees.

### **Resident experience**

We are going to renovate and revitalize and enclose a portion of the main floor outdoor area to allow for safe and larger gatherings outdoors.

We will be encouraging and implementing outdoor group activities including outdoor concerts, social events. These areas will also enhance the opportunity for family visits and small group gatherings while social distancing.

As group activities has been paused over the past two years, we are looking forward to opening up indoor small group activities such as horticultural therapy, indoor Home Area entertainment, group exercise, etc.

Continue to engage Resident Council on new activities as restrictions continue to ease.

# 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

Board Chair / Licensee or delegate	(signature)
Administrator /Executive Director	(signature)
Quality Committee Chair or delegate	(signature)
Other leadership as appropriate	(signature)