

Experience | Patient-centred | Priority Indicator

Indicator #1	Last Year		This Year	
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (North Renfrew LTC Services Inc.)	95	100	CB	CB

Change Idea #1 ☐ Implemented ☒ Not Implemented

North Renfrew Long Term Care and Services Inc. will demonstrate a commitment to professional development and training in the Eden Approach emotion-based model of care ensuring a positive supportive Home by communicating effectively with residents/clients/families ensuring that individual care plans reflect goals that have been resident directed.

Process measure

- 1) Strategic Plan 2023-25 will be presented and approved at the AGM in June 2023 2) Eden Membership and Training Plan will be completed by q2 3) 50% of staff will be trained/re-trained by end of year 4) All concerns/complaints will be resolved 5) All residents, clients will identify that they feel like the staff listen as evidenced by the results on the survey

Target for process measure

- 1) The Strategic Plan 2023-2025 will be approved at the AGM by June 2023 2) NRTLCC will attain the Eden Membership within the first quarter 3) Training Plan will be developed by q3 4) 50% Staff will be trained in the Eden Alternative emotion-based model of care and will demonstrate effective resident therapeutic relationships as evidenced by positive results on both the resident/client satisfactory survey

Lessons Learned

The Strategic Plan was indeed drafted and presented at the AGM. A working group was created to include Members of the Board, Executive Director, staff engagement. Resources included federal and provincial published goals and objectives with reference to the FLTCA and regs. Challenges were competing priorities with operations and IPAC management responsibilities. Community and front line staff feedback was limited due to competing time limits. The plan followed a more modern layout following expert suggested template with SMART measures aligned with priority enablers. AGM attendees accepted the final draft, approving of the goals and objectives and Mission Vision and Values of the corporation.

2) The Eden Training Plan was drafted with potential role out dates. Board approved the monetary expenses in q 2. Implementation unfortunately was not executed due monthly expenditures for operations increased in all departments and programs. A conservative pause on large Eden training roll-out was decided and the training plan was edited to support GPS training, Leadership training and internal professional development to support the resident experience and risk management became the focus efficiently utilization BSO funding as example.

3) Continued recruitment for skilled staff continued with many new staff hired. GPA training successfully certified 15 PSWs and new PSWs were identified to have completed their training within PSW Certificate.

The Eden Team was very responsive and available to provide the training deferred to 2024/25

Change Idea #2 ☒ Implemented ☐ Not implemented

Skilled Workers will be oriented to the Strat4egic Plan and use skills to support resident directed expectations with positive resident satisfaction outcomes

Process measure
• No process measure entered
Target for process measure
• No target entered

Lessons Learned

GPA Education delivered by experts/BSO.
BSO training completed by BSO lead PSW
Dementiability training completed by 2 staff

Eden Team consultation and on-going partnership

Eden Leads identified 1 RPN 1 PSW and Administrator = Leadership in Eden to support culture change according to the new updated practices.

Comment

We initiated 21 surveys and received 7 completed forms.
There have been no written complaints or concerns received.

Equity

Measure - Dimension: Equitable

Indicator #1	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	A collaborative Training Plan has been drafted and shared with OVOHT members. 3 /3 Senior Leaders will complete the training. All new staff will complete training on orientation. Goal to reach 25 % staff by end of year.	Ottawa Valley OHT

Change Ideas

Change Idea #1 All senior leaders will become familiar with the collaborative OVOHT Training Plan within the first quarter 2) On-line training modules will be identified and assigned to staff 3) Wellness Staff Survey results will be shared with Management within the first quarter 4) Wellness Coach will provide recommendations to management so to action priorities to support Staff Recognition and Wellness program by end of year

Methods	Process measures	Target for process measure	Comments
1) Senior Leaders will complete advanced in person training in collaboration with OVOHT members 2) Senior Leaders and the Recruitment Coordinator will review on-line training library to identify potential SURGE learning resources that could be assigned to staff 3) Connect with DRDH Leadership to pursue possible shared training opportunities 4) Staff Wellness Portal to be developed by end of year	1) 100% of Leadership Team will have completed advanced training in EIDA by end of year 2) 25% of front line staff will have completed EIDA Training 3) 100% of new hires will receive training and resources on orientation	1) 100% of process measures will be achieved by end of year	NRLTCC is committed to a continuous learning plan to ensure an all inclusive and welcoming work and living environment for our residents/clients, family, friends and all staff.

Change Idea #2 HR Recruitment Coordinator will update the orientation packages too include information resources to support Ontario Health's Equity, Inclusion, Diversity and antiracism Framework

Methods	Process measures	Target for process measure	Comments
HR-RC will meet with Management to review orientation packages. Resources from OVOHT will be reviewed and included in the orientation.	Orientation will include EIDA training	All Orientation will include EIDA training by end of 2024.	Collaborative partners will be consulted as an external stakeholder.

Experience

Measure - Dimension: Patient-centred

Indicator #2	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	CB	CB		

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments Other
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Measure - Dimension: Patient-centred

Indicator #3	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	CB	Presently NRLTC has demonstrated thru satisfaction survey that in fact residents are able to voice their opinions, concerns in a safe environment without fear of consequences. GPA and Eden Approach/social model of care has helped ensure staff are skilled in resident-directed care. The Centre is committed to ensuring experienced staff receive a recertification and new hires become certified in the Eden Alternative upholding the Vision and Mission as intended. The goal is to sustain satisfaction while the NRLTC embraces best practices in balance with the Eden Philosophy.	The Eden Alternative Team, Behavioral Supports Ontario/Geriatric Mental Health Team

Change Ideas

Change Idea #1 The Administrator will connect with Eden Alternative representatives. Planning will begin as a priority objective within the Operational Plan.

Methods	Process measures	Target for process measure	Comments
Administrator will request a virtual meeting with the Eden Team so to confirm Instructor availability, cost allocation and training delivery. The Eden Alternative Certification Training will be added to the Operational Education Plan for year 2024/25.	Meeting will be held within the first quarter. Operational Plan will be drafted within the first quarter.	Operational Education Plan will be completed by end of first quarter.	Recommendations will be presented to the Board seeking approval of plan and supportive monetary resources for implementation 3) An Eden Committee will be re-activated to build a training action plan to support reaching 50% staff training 4) Peer to Peer support with Trainer oversight will monitor culture change to ensure in keeping with the expected Eden approach to care 5) Complaints/Concerns will be resolved within 24hours. The staff and managers will effectively communicate and ensure care plans reflect resident choice 6) Administration will release annual satisfaction survey to residents, clients and families. Actions will be acted on if complaints or suggestions are identified. This survey will be shared through the Quality Co

Change Idea #2 Strategic/ Operational Plan to include professional growth and development will receive final Board approval

Methods	Process measures	Target for process measure	Comments
Lead Resident Advocates in all departments will be identified. Steering Eden Alternative Sub-Committee will be assembled. Total Quality Committee will review training plan. Administrator will seek Board approval for resource allocation in q3.	Administrator, RPN and PSW Leads will complete Leadership/Culture Change Training within q2. Steering Committee will edit training draft by July/24. TQM committee will recommend final approval of training plan by July/24.	Board will approve Strategic/Operational Plan by q3.	NRLTCC supports professional development and staff engagement and recognizes the importance of ensuring all staff are highly skilled to achieve sustained excellence in care and service delivery meeting the Centre's vision, mission and values.

Change Idea #3 Eden Alternative Training will be formally delivered.

Methods

Eden Instructors will deliver an on-site 2- 20 staff will attend training day training to obtain certification.

Process measures

Target for process measure

20 staff will obtain certification by end of q4.

Comments

The Resident Advocate Leads will support culture change and continue to work with the BSO team.

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 17, 2024

OVERVIEW

North Renfrew Long-Term Care Services Inc. (NRLTCSI) opened in 1994 and embraces a emotion-based model of resident directed care. We are a hub-model for seniors care, funded by the Ministries of Health and Long-term Care, we are a not-for-profit/charitable Home with programs to include: long-term care, short-stay beds, supportive care apartments, an assistive living program in the community, meals on wheels, community transportation, congregate dining programs, adult day program, a seniors drop-in centre, and more.

Mission Statement: NRLTC provides care and services to persons to live their lives fully, directed by their individual choices. We provide long-term care, assisted living, and community support services. We nurture a sense of community, where friends and family are welcomed.

Vision: NRLTC is a caring community where persons experience exceptional service and in which every person feels they matter, every day.

Values Statement:

Community

We cultivate a welcoming and trusting community that encourages involvement and volunteers, fosters partnerships and supports relationships.

Growth

We promote learning, recognize potential and are open to change.

Quality and Safety

We inspire excellence and champion safety and wellness for all persons.

Respect

We treat everyone with kindness, compassion, dignity and appreciation.

Stewardship

We demonstrate responsibility and accountability for our decisions.

North Renfrew Long-Term Care Centre has truly embraced resident directed care and continues to transition to ensure the New Fixing LTC Act (2021) is met. Residents and clients are encouraged to make their own choices and care is provided using individualized care plans. Examples of the resident-directed environment include flexible meal times, no set medication pass times, staff do not wear uniforms, residents are encouraged to decorate their rooms to reflect their personal tastes, ALL staff participate in the care and service of the residents, as well as resident care conferences, etc. The Home, embraces a lovely physical environment that welcomes pets, beautiful greenery/plants/gardens, family life and is located beside the Ottawa River.

NRLTCSI strives to achieve the above Mission Statement with an embedded philosophy of continuous quality improvement, which involves input from staff representatives from all departments, administration and the Board of Directors. Quality Committee meetings are inclusive of input from residents, clients and caregivers. The committee is in evolution aligning with

the New Quality Regulations, modernizing terminology and ensuring residents and clients are involved and valued as part of this journey.

All staff are empowered to improve the quality of life for our residents and clients on a daily basis.

The past few years have challenged our culture of emotion-based care, moving to a medical model due to the pandemic, keeping our residents, clients and staff safe. Although a very challenged time, NRLTCSI followed all Ministry Directives, Public Health Recommendations in regards to prevention, containment and developing outbreak management protocols all while ensuring our residents and clients mental health and wellbeing were fostered.

The area of focus for the NRLTCSI 2024/25 Quality Improvement Plan is the "Resident Experience", which is measured/evaluated in all Quality areas noted above. The continued goal this year will be to balance our approach to managing Infection Prevention and Control practices (medical model) to rejuvenating back to the balance of approaching care via the Eden Approach to care. Analyzing the data in this area is consistent with the NRLTCSI Mission Statement and the resident-directed philosophy. This area of focus aligns with the priority indicator: "Resident Experience", ensuring that our residents have input and satisfaction from the services that are provided. We have also collaborated with partners within the Renfrew County to draft a Equity, Inclusion, Diversity and Anti-Racism Framework. The training will be provided over 2024 recognizing the value in understanding all aspects so to ensure those who work and live at NRLTCSI feel understood, welcomed. This togetherness will lead to the teamwork required to delivery of care

and service meeting the needs of all.

On reflection, our residents and clients enjoyed recreation programming that included a beautiful out door space enjoying the New accessible garden patio and gazebos. Staff showed dedicated care and service, demonstrated enhanced IPAC knowledge and ensuring programs were inclusive and diverse. NRLTCSI has also began the planning of an HVAC Upgrade project and building design with construction to begin in June 2024. This funding has been provided by both Federal and Provincial governments.

Professional growth and development and collaborative relationships with external partners were of priority so to ensure the learned lessons found from the pandemic were indeed reflective within NRLTCSI. On-going participation and membership of the tOttawa Valley Ontario Health Team continues with enabler working groups focusing on navigation and referrals.

ACCESS AND FLOW

Optimizing system capacity, timely access to care, and patient flow ultimately improve outcomes and the experience of care for patients, clients, and residents. Health service organizations across the system, including interprofessional primary care, long-term care, and hospitals, are working in partnership and across care sectors on initiatives to avoid unnecessary hospitalizations and avoid visits to emergency departments through new models of care and by ensuring timely access to primary care providers. In this section, you are encouraged to share improvements that are supporting patient/client/resident access to care in the right place at the right time.

As a senior-hub of care and service for the communities of Deep River, Head Clara Maria and Laurentian Hills, NRLTC has started to evolve and plan for the modernization of care and service. Policy and regulation changes at the Ministry level have guided future planning and objects for the OVOHT. Locally, continued efforts have been made to strengthen relationships with the primary physicians and the discharge coordinators associated with the Home and Community Care and Support Services. Referrals are made on-line utilizing Care dove (software program) and in person care conferencing to improve timely access to Community Support Services such as Respite, Aging at Home, Going Home Program, Supportive Housing and Long term Care. GAPS/Challenges are evaluated and shared with external partners by attending meetings at both system, regional and local levels.

EQUITY AND INDIGENOUS HEALTH

NRLTC is committed to providing care and service respecting diverse populations. Commitment to continued professional development and education from Leadership to the front line is of priority. As a member of the Ottawa Valley Ontario Health Team, a collaborative goal is to expand our knowledge to ensure equity is reached. Indigenous Health has been a focus w3ithin the OVOHT. Collaborative and inclusive discussions and training have been implemented with representation and invitation to join working groups and committees within the OVOHT structure to enhance learnings.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Residents are engaged in determining their individual needs and wants on-going, following the NRLTCSI Mission Statement and the philosophy of resident-directed care.

Resident Council meetings are held every 6 weeks. There are 2 co-chairs. Assistance is provided to generate the agenda for discussion. This provides a platform for residents to formally voice their satisfaction or dissatisfactions - and voice their choices.

Management is invited on the residents request, meal planning is discussed to ensure the menu reflects their choices

Meetings with family members are held twice per year. At the present time, the family members have declined the offer to form a Family Council, citing on-going contact with the Centre and the staff; this may change when different residents and families access care at the NRLTCC in the future if so desired.

Many family members are involved in the daily care of the their loved one and have been identified as Essential Care givers.

Annual satisfactory surveys have indicated that residents are

enjoying living at NRLTC and have highlighted how wonderful the staff are supporting all their needs and working as a team. Continued priority is to ensure communication and socials are sustained as per the Eden Alternative philosophy embraces. Residents have the experience to enjoy pets including as visitors or a NRLTC live-in pet! Programming include combined children and resident programming including Christmas parties or bingo nights as an example.

Risk Analysis tools are have been implemented to help guide decisions in support of resident choice and safety across programs such as Falls Prevention and outdoor excursions as examples.

PROVIDER EXPERIENCE

Staff and volunteers have worked hard throughout the pandemic to continue to provide the care and service that each and every resident/client deserves. Creative recreation planning and delivery has maintained even during the most challenging times.

SAFETY

NRLTC has Emergency Preparedness protocols in place including a Fire Safety Plan. The Home is fully sprinklered and meets all Fire Regulations. NRLTC has also developed relations with the Fire Chief and has included Incident Command Response Framework and future Internal Operation Response training to enhance protocols.

North Renfrew Long-Term Care is committed to safety and uses a Risk Analysis approach balanced with the resident-directed plan of care. Documentation is completed on an electronic platform using the PCC software that supports point of care entries and medication delivery. A Medication Safety Program is in place that improves incident reporting, investigation and outcomes.

The Infection Prevention and Control Program supports Outbreak Management Protocols, Prevention strategies and audits to monitor success. Immunization Program is offered including the COVID 19 vaccine and Flu shots as recommended by Public Health.

Our Home is equipped with Fall prevention strategies and are offered to residents to help prevent injury if a fall occurs. Staff are skilled to assess, monitor and evaluate care needs respecting resident rights and decisions.

POPULATION HEALTH APPROACH

Aging at Home is essential as it is identified that most seniors aspire to live within their own home in the community they have familiar connections and support their individual lifestyle choices. The goal of this program is to offer care and social support, connecting with services, and supporting caregivers. This support intern decreases the need for emergency hospital assistance and helps supports healthy living.

NRLTC has collaborated with the Community Paramedic Program. Healthy Wellness Clinics are provided during diners club and social gatherings and are included in the circle of care.

CONTACT INFORMATION/DESIGNATED LEAD

Please contact the North Renfrew LTC directly and Shelley Yantha, Administrator or another staff member can assist you with answering your questions.

OTHER

As a Community Support and Service Agency, we continue to strive to meet the needs of the community and surrounding areas. We offer transportation services for essential appointments, Adult Day Service where clients can meet new friends, enjoy lunch and snacks and recreation activities. Our Aging at Home Program is accepting referrals through an intake process for those who may need minimal to moderate care to help remain in your home.

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 **April 17, 2024**

Cindy Hogue, Board Chair / Licensee or delegate

Shellley Yantha, Administrator /Executive Director

Helen Esilman, Quality Committee Chair or delegate

Other leadership as appropriate
