

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 19, 2024



OVERVIEW

Clarion is a family owned and operated LTC Home established in 1960 and has served the Stoney Creek and East Hamilton Communities since 1983. Clarion is the home to 78 residents with an average age of 84 (presently the youngest resident is 54 years old and the oldest is 106 years old). Clarion serves approximately 100 residents per year with a prevalent diagnosis of Alzheimer's or other types of Dementia, Diabetes and Hypertension. Clarion is classified as a "C" Home.

As of May 1, 2024 The Clarion Nursing Home's license will be officially transferred and the Home will then be known as "Madison Village". For the purposes of this document, "Clarion" will be used when referring to this Home.

Due to Covid -19 Ministry of Health and Public Health Regulations, all the basic 4-bed rooms were converted into 2-bed rooms. We continue to provide basic (2 beds in the room), semiprivate and private accommodations.

Clarion is located in the center of Stoney Creek, an area of great multicultural and ethnic diversity. The vast majority of the seniors in the Stoney Creek and East Hamilton population are of European origin often with limited or no ability to communicate in English. Clarion attracts a lot of clients (evident by Home and Community Care Support Services (HCCSS) applications and Clarion's current population) of European origin, especially Serbian, Croatian, Italian and Polish.

One of the contributing factors of why clients of European origin choose Clarion is the fact that Clarion's staff is able to provide a

variety of services in the residents' native languages supporting cultural, linguistic and religious needs, not only to the residents but also to their families.

Clarion has developed a Quality Improvement Plan (QIP) which represents the home's directions and priorities for the upcoming year 2024-2025. In preparation for this QIP, Clarion undertook a strategic planning process to identify those key directives which will improve the overall quality of care provided.

Here at Clarion, we would like to think that we are a true Home to our residents, therefore our QIP was designed around improving our resident's experience and based on our resident's needs.

The goal of our QIP is to establish priorities, that align organizational, regional and system priorities, to be aware of our performance data and understand how to use this data to drive measurable improvement and to build capacity in our Home. Recognizing that our Home is a part of a broader health care system, our QIP is aligned with regional and system level priorities to facilitate integration and care coordination across Ontario.

Our QIP addresses priority indicators as set out by Health Quality Ontario, such as:

- Rate of potentially avoidable ED visits for long-term care residents
- % of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education

- Do residents feel they can speak up without fear of consequences?

- Do residents feel they have a voice and are listened to by staff?

- % of long-term care residents not living with psychosis who were given antipsychotic medication

- % of long-term care residents who fell in the last 30 days

Clarion strongly supports a "Client centered" model of care. We are endorsing the change in culture focused on creating flexible routines and decision making with residents and not for residents.

We advocate a care model where staff listen to residents, promote resident empowerment, voice self determination and participation in decision making.

Clarion encourages all residents and their families to communicate their concerns and suggestions, and to participate in our QIP development. The expressed needs of our residents are our priority.

We believe that resident/family participation in the QIP development will ensure development of resident driven care.

ACCESS AND FLOW

Clarion has collaborated with various insitutions to manage the various aspects of resident needs within our Home.

When guidelines were introduced regarding the use of Paxlovid and

Remdesivir, Clarion reached out to its pharmacy (CareRX) to consult, develop, and implement procedures related to the provision of these medications to be administered at Clarion, and subsequently preventing avoidable transfer to ED.

Clarion reached out to the Hamilton Community Paramedic Program which provides home visits with the goal of reducing avoidable transfers to the emergency department or avoidable admission to the hospital. Some of the services provided through this program include IV initiation and IV medication administration.

Dr. Luthra is currently following a number of residents who receive anti-psychotic medication and/or experience responsive behaviour, and provides in-person visits every 6 weeks.

Clarion has utilized the High Intensity Needs Fund to facilitate the provision of care for resident who require private accommodation due to their medical status, enabling the facilitation of the care for these residents otherwise not possible in the nursing home setting.

Clarion had utilized the Nurse Practitioner-Led Outreach Team (NLOT) in the past. However, the region that Clarion resides in does not currently have enough Nurse Practitioners to meet the needs of the area. Once the service is available, Clarion will consider utilizing Nurse Practitioner services.

Clarion is participating in Project AMPLIFI which allows care settings to communicate and share information when a resident is transferred from one setting to another. When a Resident returns from a hospital who is part of Project AMPLIFI, the Home has access to an electronic summary of the resident's care during the hospital

stay. This information can be used to improve resident outcomes and experience in terms of the proper care provision.

EQUITY AND INDIGENOUS HEALTH

Clarion recognizes the dignity and worth of each person and endeavours to provide for equal rights and opportunities without discrimination.

We believe that diversity is all about the individual, the unique dimensions, qualities and characteristics that we all possess. Inclusion is about all of us collectively, and how we strive for equity by respecting and accepting differences in values. Diversity and inclusion is about creating an environment that values and respects each individual for their unique talents, skills and abilities for the benefit of the collective.

Clarion welcomes all diverse populations including Indigenous, Black, racialized and 2SLGBTQIA+ communities. 2SLGBTQIA+ is an acronym that describes a variety of sexually and gender diverse people, including those who identify as lesbian, gay, bisexual, trans, queer, intersex, and Two-Spirit.

Members of sexually and gender diverse communities experience stigma and discrimination that contributes to poor health and well being. Clarion does not support or condone any kind of stigmatization, discrimination and social exclusion based on sexual orientation, gender identity, gender expression, creed, race, culture and religion.

We believe that each individual should be provided with safe and inclusive care:

- asking for names and pronouns

- being open minded and non-judgmental
- keep the health information safe
- being informed on 2SLGBTQIA+ health through ongoing education
- being informed on other diverse populations through ongoing education
- becoming knowledgeable with regards to different cultures and beliefs.
- including the person and cultural practices in their plan of care.

Clarion is located in the center of Stoney Creek, an area of great multicultural and ethnic diversity. The vast majority of the seniors of the Stoney Creek and East Hamilton population are of European origin often with limited or no ability to communicate in English. Clarion attracts a lot of clients of European origin, especially Serbian, Croatian, Italian and Polish.

Clarion acknowledges that although these are the most prevalent ethnic backgrounds and cultures, there is the potential of admitting residents from other diverse backgrounds. As such, Clarion endeavors to provide up to date education and information to all staff so they may be aware of how to provide care to residents of different cultures. This education includes topics related to diversity, equity and inclusion, challenging assumptions, racism, and human rights.

Our focus has been to provide education relevant to equity, diversity, inclusion, and anti-racism to all staff.

PATIENT/CLIENT/RESIDENT EXPERIENCE

We believe that the best source of information are our residents and families. We ask our residents on a monthly basis, during the

Resident/Family Council meetings, if there is any area of the care that they would like to improve.

The involvement of our residents and their families is essential for ensuring that the Home's provision of care reflects the needs of the residents. Clarion promotes an ongoing open communication with our residents and their families, and encourages their participation in decision making in terms of identifying areas for improvement.

1. Resident Council -the voice of residents. Resident Council contributes to the satisfaction surveys development.
2. Family Council - as the voice of families and residents, Family Council provides input into the development of the quality indicators, feedback on the services provided and ideas for quality improvement. Family Council contribute to the satisfaction survey's development.

3. Satisfaction Surveys

Feedback received from our residents and the families contributes to the identification of the areas that need to be improved, subsequently leading to change that improves Resident satisfaction and quality of life.

For example, Resident Council proposed a revision to the Resident Satisfaction Survey questions for the next year.

The revised questions will be included in next year's Resident Satisfaction Survey.

4. Trends in complaint/concerns voiced by residents or the family

members.

5. Open door policy - allows resident/family to voice their concerns and subsequently highlight the areas that require improvement.
6. The results of annual resident Quality Inspection.
7. The investigation of Critical Incident Reports.
8. Comparative reports that show the Home's performance relative to other organizations.
9. Areas for improvement related to accountability agreement, targets, and indicators.
10. Our multidisciplinary Medical Advisory and Quality Improvement (QI) meetings are conducted on a quarterly basis and facilitate a platform to voice any concerns regarding areas for improvement and the need for change regarding the practices, procedures or policies, coming from a multidisciplinary team, Resident and Family Council representation.

PROVIDER EXPERIENCE

1. Shortage of staff.

Clarion is dealing with a shortage of staff across the board, but particularly personal support workers Registered Practical Nurses and Registered Nurses. The Home has resorted to using agency staff to fill vacant shifts, when shifts are not able to be filled by Clarion's staff. On occasion the staff (PSW) are working short.

Despite its best efforts, Clarion is still subject to chronic understaffing and/or working with agency staff. This is a result of turnover of staff, shortage of staff generally, and staff calling in for shifts. Due to staff shortages, staff have indicated that they routinely do not have enough time to complete basic tasks for residents. This pressure and stress takes the enjoyment out of their work, and makes staff feel that they have to work in a rushed manner in order to be able to finish tasks. As such, staff cannot complete tasks requiring more time and care such as walking with residents, socializing, etc. The work is reduced to the most basic and necessary tasks, and when staff cannot complete even these tasks, the work related stress and burnout increases. This also affects staff morale.

Turnover and short staffing have been found to have many negative consequences, including reduced employee efficiency, issues with attendance, burnout and lower morale among employees who stay on the job.

Shortage of staff mitigation strategies:

- using agency staffing
- distributing the vacant assignments between staff equally when staff is working short
- involving other disciplines to assist - example- to provide assistance in the dining room
- alliance with training Institutions - Mohawk College and other institutions - accepting PSW and RPN students for clinical placement

- posting job vacancies on Indeed
- allowing staff to shift change/ shift give-away
- paying overtime for staff

Staff experience improvement strategies:

- staff working short is paid an hourly premium in addition to their wages
- providing incentives to staff
- advancement opportunities
- paid staff education
- offering permanent lines

2. Agency Use

Staff have reported that it would be easier to work short at times, than with the agency staff who need to be supervised and supported for the most part.

- Agency staff are not as familiar with the Residents' needs, routine of the unit, and policies and procedures.
- It discourages the Home's staff when they hear that the agency staff who needs their support while working at Clarion, are paid more than they are.
- Our staff have to provide constant reminders to Agency staff re routine and resident needs.
- A number of the Agency staff was relieved of duties from Clarion due to poor performance.

Improvement strategies:

- Agencies were asked by Clarion to provide consistent staff; no Agency staff who have not completed full day of orientation and mandatory training will be accepted to report for the shift
- full day training (shadowing one of our PSW) is provided to each Agency Staff
- Mandatory education is provided and must be completed by all Agency staff
- Clarion's staff/resident/family feedback is considered to determine agency staff work placement

3. Quality and Quantity of New Applicants

Clarion has faced a number of challenges when it comes to the hiring process for PSW, RPN, and RN positions:

- Lack of qualifications of some of the applicants
- Many applicants will list phone and e-mail, but do not respond to either.
- some applicants do not show up to mutually agreed interviews/hiring date.
- Most of the applicants have at least one job, their availability is very limited, and on sporadic days only.
- Many applicants are not able to commit to part time lines, and only want to work on a casual basis.

Improvement strategies:

- alliance with training Institutions - Mohawk College and other

institutions - accepting PSW and RPN students for
 clinical placement - possibility of retaining students
 - posting job vacancies on Indeed
 - word of mouth

4. Supporting Staff attending educational institutions.

Clarion has always been supportive of the staff who endeavor to further their education. However, it is an ongoing challenge to accommodate staff availability (especially RPN positions) when the Home already experiences shortage of RPNs.

Improvement strategies:

- offering flexible schedules for all staff
- offering OT
- alliance with training Institutions - Mohawk College and other institutions -accepting RPN students for
 clinical placement - possibility of retaining students
- posting job vacancies on Indeed

5. Resident Acuity

It has been noted that the residents who are being admitted to the Home require more acute care than previously. As such, the staff need to spend more time providing the care to manage more complex comorbidities and chronic care needs for multiple residents.

Improvement strategies:

- hiring more staff - challenges as listed above

6. Meeting the minimum staffing requirement of 3 hours 42 min. per resident per day as of March 31, 2024

Clarion has been working to restructure the Nursing department which includes adding PSW and RPN lines, and providing more structure to the RN lines. The new schedules supporting the minimum staffing requirement have been developed. As a result, there is a number of vacant lines that need to be filled. An intense effort is given to the process of hiring PSWs, RPNs and RNs.

SAFETY

The process of following up on the safety incidents involving residents.

1. Resident assessment.

Resident safety is always our top priority. Depending on the type of incident, a proper assessment is conducted by Registered Staff to determine the resident's condition and the need for further interventions, for example: transfer to the hospital vs treatment at Home.

2. Investigation to determine the root cause of the incident.

All incidents are investigated to determine the reason. The investigation is conducted at the time of the incident by the Nurse

in Charge, and post incident by the Nurse Manager/RDOC/DOC. SDM is notified initially and upon investigation completion. CI report to MOH may be submitted if appropriate.

3. All incidents are reported/investigated as part of the Risk Management follow-up.
4. Once the investigation is completed, all incidents are signed off by DOC/RDOC and then by the Home Administrator.
5. All safety incidents (CIS) are reviewed at the quarterly Medical Advisory and QI meetings.
6. Additional education, depending on the type of the incident may be provided.

To be able to prevent safety incidents from occurring/re-occurring, it is important to know the root cause of each incident. The cause/possible cause of each incident is evaluated and corrected at the time of the incident and/or post incident. Appropriate actions are taken to prevent occurrence/re-occurrence, including staff education, changes to the policies and procedures, and the disciplinary actions in case of staff noncompliance.

POPULATION HEALTH APPROACH

Clarion is being proactive in meeting the needs of an entire population to promote health, prevent disease and help people live well by working in partnership with other health system providers.

- Project AMPLIFI - allows care settings to communicate and share information when a resident is transferred from one setting to another - partnering with local health care settings.
- Education relevant to equity, diversity, inclusion, and anti-racism, partnering with RNAO
- Various on site clinics: Hearing Clinic (Hear Right Canada); Eye Clinic (On-Site Specialists); Spasticity clinic (Merz Therapeutics); Dental Clinic (Golden Care)

- Vaccination Clinic

- HNHB IPAC Hub

CONTACT INFORMATION/DESIGNATED LEAD

Contact information:

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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 **March 19, 2024**

Mike Janjic, Board Chair / Licensee or delegate

Mike Janjic, Administrator /Executive Director

Barb Szeremeta, Quality Committee Chair or delegate

Other leadership as appropriate
