

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



SOUTHBRIDGE[®]
— HEALTH CARE LP —

3/1/2025

Overview

In our continued efforts to facilitate the Southbridge vision to bring lives together with meaning and purpose, Southbridge Cornwall will be continuing to focus on four areas of quality in this 2025/2026 QIP plan; namely Operational Excellence, Risk Reduction, Resident-Focus and building on our Safety Culture. This Quality Improvement Plan (QIP) aligns with the requirements of the Fixing Long-Term Care Act, Ontario Health Quality Standards, and other applicable legislation to enhance the quality of life, safety, and care for our residents.

OPERATIONAL EXCELLENCE:

We continue to strive for operational excellence by implementing evidence-based practices, continuous process improvements, and technology integration to ensure timely, accurate, and cost-effective service delivery. Our goals include optimizing resource allocation, enhancing workflow efficiencies, and achieving high satisfaction among residents, families, and stakeholders.

RISK REDUCTION:

Risk reduction is paramount in our approach to care and services. We utilize validated risk assessment tools, implement proactive interventions, and maintain compliance with safety standards to minimize hazards. Our multidisciplinary teams engage in regular reviews of incident reports and safety audits to identify trends and implement corrective actions promptly.

RESIDENT FOCUS:

Our philosophy of care places residents at the center of every decision. We ensure individualized care plans that respect each resident's preferences, cultural values, and life-long habits. We actively involve residents and their families in care planning and decision-making to enhance the quality of life and satisfaction.

SAFETY CULTURE:

Our commitment to safety culture is unwavering. We maintain transparent communication, provide ongoing education on safety practices, and encourage staff and residents to voice safety concerns without fear of retaliation. Regular safety drills, emergency preparedness training, and safety-focused performance evaluations ensure a safe living and working environment.

In 2024 we had many quality improvement achievements and successes to celebrate. These successes can be attributed to the hard work and dedication of our multidisciplinary team, the collaboration with our residents, families, and stakeholders as we all share the common goal of improving the care, service, experience and life for all that live, visit and work at Southbridge Cornwall.

Here are just some of the highlights from last year that we are proud to announce:

- ✓ Decreased usage of agency dietitians.
- ✓ Implemented our own corporate menus.
- ✓ Recruitment of internationally trained nurses enhancing the home's commitment to diversity, equity and inclusion and allowing us to provide care to our residents in many different languages
- ✓ Implemented measures and processes to mitigate actual and potential risk, as listed below:
 - Quality Forums are held monthly to review key performance indicators and rate them against corporate benchmarks. These quality forums are an opportunity for our homes to review key performance indicators, such as potentially avoidable emergency department visits, and discuss, implement and measure various interventions to ensure that all negative trends are addressed and action plans for improvement implemented.

- Ensured our Medical Director has achieved the required Ministry certification
- ✓ Developed new home scorecards and HOOPS.
- ✓ Implemented the following improvement initiatives in collaboration with our Pharmacy provider and our interdisciplinary teams:
 - Integrated Medication Management program;
 - Spasticity program - a program that helps improve mobility and quality of life for seniors with spasticity. The program includes assessments, injections, and ongoing support.
 - Scanning technology to improve the accuracy of medication order communication between the home and the pharmacy. This technology replaced the digital pen to further enhance the safe and secure transmission of Prescribers' orders including improvement in staff workflow.
- ✓ Developed standardized Terms of Reference and agenda templates for all committees with a focus on best practice implementation and risk mitigation
- ✓ Created new program checklists and tracking logs to enhance regulatory compliance and best practice implementation including a PRN pain tracking among others.
- ✓ Developed and implemented a Proactive Inspection Guide to ensure quality of care for our residents and regulatory compliance
- ✓ Developed and implemented new PointClickCare Assessments and Care plan library to align with best practice
- ✓ Successfully launched Project Amplifi to ensure timely, efficient and secure communication of critical health information between our home and our local hospitals
- ✓ RIncreased the availability of Social Service/Social Worker, BSO, Nurse Practitioner and ET Wound Nurse support in our home
- ✓ Implemented a Pain and Palliative Care monthly meeting to continually monitor and measure the effectiveness of our program and develop action plans to address all opportunities for improvement
- ✓ Implemented new Resident Focused policies and procedures aimed at enhancing quality, compliance and implementation of evidence-based best practice throughout all departments in the home
- ✓ Implemented our new Emergency Preparedness program to ensure all staff, residents, volunteers, and students are educated on how to respond in an emergency situation.

Access and Flow

Our home is committed to optimizing system capacity, timely access to care, and enhancing patient flow to improve outcomes and quality of care for patients, clients, and residents. As part of this important initiative, we work in partnership with our community partners, including Behaviour Supports Ontario and the Regional Psychogeriatric Consultants, among others, on implementing strategies and treatment plans to avoid unnecessary visits to emergency departments through new models of care and by ensuring timely access to primary care providers. We place a strong emphasis on understanding each resident's goals of care and supporting those goals to the fullest extent possible in our home through proactive identification and management of resident's health issues and maximizing the scope of practice of our Nurse Practitioners and clinical staff to manage health challenges on-site as much as possible. In addition, our home has been actively involved with the Ministry of Long-Term Care and Point Click Care and has successfully implemented Project AMPLIFI, aimed at Improving the continuity of care for Ontario Long-Term Care residents by streamlining transitions between care institutions, leading to safer care for patients, and more efficient workflows for providers.

Equity and Indigenous Health

Our home promotes equity, diversity and inclusion for all our residents and staff and has implemented our new Workforce Equity, Diversity and Inclusion and Equal Opportunity Employment policies in 2024. As part of the implementation of these policies, Southbridge continues to actively recruit internationally trained nurses and staff from a wide range of ethnic, religious and cultural backgrounds and our staff speak many different languages. We strongly value this diversity and believe that this enhances the care provided to our residents as we strive to provide care to our residents in their native language whenever possible. All staff receive annual mandatory education on cultural competency, Indigenous Cultural Safety, as well as the Standards of Employee Conduct which clearly outlines our priorities around non-discrimination, zero tolerance for abuse, neglect and unlawful conduct, ethics, professionalism and the promotion of caring and compassion in all we do. All staff receive training on Accessibility for Ontarians with Disabilities Act requirements, as well as education on how to provide excellent customer service to those with various disabilities.

Patient/client/resident experience

Performance monitoring is a key part of assessing our resident’s experience and driving our performance and includes, but is not limited to, the following:

- Monitoring key quality indicators
- Internal audits
- External audits
- Program evaluations
- Resident satisfaction surveys

Southbridge Care Homes measures and monitors quality initiatives by ensuring effective data collection and accuracy, extensive auditing initiatives and quality indicator score cards. Our home collects, monitors and analyzes all the data we collect to continually improve the care and services we provide for our residents.

With this in mind, we put considerable effort into regularly and actively engaging residents and families for their insights and feedback, provide channels for open dialogue, and share ongoing progress through regular updates, collaborative face-to-face meetings, townhall sessions and experience surveys. Our ongoing goal is to continue to build on our existing approaches to resident and family engagement and continue to evolve our approaches to resident and family Partnership.

Resident and Family Satisfaction surveys were conducted in October 2024 and largely reflected both resident and family overall satisfaction with the care and services provided by our home, as illustrated below:

Overall Southbridge Satisfaction	2023	2024
Residents	82.63%	85.36%
Family	80.50%	83.73%

Based on these results, the top five (5) opportunities for improvement were identified as:

Improvement Opportunity: Resident Satisfaction Question and Rating:	Change Ideas:	Person Responsible:	Target Date:
Continence care products are	Improve Communication	Director of Clinical Services/Educator	February 2025

<p>comfortable was rated at 79.66%.</p>	<ul style="list-style-type: none"> ○ Organize a resident forum and focus group to gather detailed feedback on current continence care products. ○ Conduct surveys to assess resident satisfaction and identify specific areas for improvement. <p>Conduct Regular Assessments</p> <ul style="list-style-type: none"> - Establish a Monthly Evaluation System: <ul style="list-style-type: none"> ▪ Review the performance of continence products and resident comfort every month. ▪ Create a standardized assessment form for consistency in evaluations. -Reassessment for New Residents: <ul style="list-style-type: none"> ▪ Implement an initial assessment for all new residents within their first week of arrival to tailor care plans and product selections based on their needs and preferences. ▪ Schedule a follow-up reassessment after the first month to ensure continued comfort and effectiveness. -Adjust Product Offerings and Care Plans: <ul style="list-style-type: none"> ▪ Utilize assessment results to make informed decisions on product adjustments and personalized care plans. ▪ Maintain an open feedback loop with residents for continuous input on their comfort and satisfaction. -Promote Engagement in Continence Care <ul style="list-style-type: none"> • Develop Educational Materials • Create and distribute comprehensive materials on continence care and product usage to residents and families upon admission. -Invite Continence Product Providers <ul style="list-style-type: none"> • Invite providers to resident council meetings for direct interaction, promoting transparency and addressing questions. -Host Informational Sessions <ul style="list-style-type: none"> • Organize quarterly sessions for residents to learn about continence products, incorporating expertise from providers and encouraging resident participation. -Monitor Progress and Feedback <ul style="list-style-type: none"> • Set up a feedback system for ongoing resident input regarding comfort and satisfaction with care plans and products. • Review feedback monthly to continue improving and ensuring resident needs are met. 		
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<p>Concerns addressed in a timely manner was rated at 79.50%.</p>	<p>Define Objectives and Scope of the Guidelines/Protocol Identify the protocol's specific goals, including improving response times, increasing resident satisfaction, and ensuring all concerns are documented and resolved effectively.</p> <p>Conduct Stakeholder Consultation Hold initial meetings with relevant stakeholders, including staff, residents, and family members, to gather input on common concerns and effective resolution practices. Provide information regarding the home's complaint and concern reporting, investigation, response and mitigation policy.</p> <p>Education Ensure all staff complete the annual mandatory education, which includes education on the complaint/concern policy and procedures.</p> <p>Establish a Monitoring and Evaluation System Monitor staff compliance with the policy and procedures and provide refresher training when necessary.</p>	<p>Executive Director All Management Education Lead All Staff</p>	<p>February 28, 2025</p>
<p>Quality of Laundry services for personal Clothing was rated at 77.56%</p>	<p>Assess the Current Laundry Process Conduct a comprehensive review of the existing laundry service workflow and staffing, identifying bottlenecks and areas for improvement.</p> <p>Enhance Turnaround Times Set specific turnaround time targets (delivery for personal clothing) and communicate these goals to staff.</p> <p>Improve Distribution Process Establish a streamlined process for returning laundered clothing to residents, ensuring timely and organized delivery.</p> <p>Monitor and Evaluate Performance Set key performance indicators (KPIs) to regularly assess laundry service effectiveness, including turnaround times and resident satisfaction ratings.</p>	<p>Environmental Services Manager</p>	<p>February 28, 2025</p>
<p>Staff members actively engage in conversations with residents was rated at 77.33%.</p>	<p>Assess Current Engagement Levels Conduct a survey to evaluate current staff engagement practices and identify barriers to effective conversations with residents.</p> <p>Define Engagement Expectations Develop clear guidelines outlining expectations for staff interactions with residents, emphasizing the importance of active listening, empathy, and rapport-building.</p> <p>Staff Training Program</p>	<p>Director of Care Director of Life Enrichment All Staff</p>	<p>February 28, 2025</p>

	<p>-Ensure all staff complete the annual mandatory education program which includes education related to customer service, active listening and effective communication techniques, as well as, Resident Rights. Create and implement home-level training program focused on enhancing effective communication skills, active listening techniques, and building resident relationships.</p> <p>Incorporate Engagement into Performance Reviews Include resident engagement and interaction quality as a measure of performance.</p> <p>Establish Regular Engagement Activities Organize regular events and informal gatherings (e.g., coffee mornings and game nights) to encourage staff-resident interactions in a relaxed setting.</p> <p>Create a Recognition Program Develop a recognition program to reward staff members who demonstrate exceptional engagement with residents, including monthly awards or shout-outs.</p> <p>Conduct Regular Team Meetings Hold monthly staff meetings to discuss engagement successes, share best practices, and brainstorm new ideas for resident interactions.</p>		
<p>Temperature of food and beverages was rated at 76.78%.</p>	<p>Assess Current Practices Conduct a comprehensive review of current food and beverage service protocols to identify temperature-related issues.</p> <p>Staff Re-training on Temperature Control Implement training sessions for dietary staff and PSW on food safety, temperature monitoring, and best practices for maintaining temperature during preparation, serving, and transportation. Ensure staff are compliant with the policies and procedures around Food Safety and Temperature monitoring, as well as, pleasure dining and table rotation.</p> <p>Conduct Regular Quality Checks and Meal Service Audits as per policy Leadership conducts MBWA and dining room audits to observe meal service and conduct random-sample food and beverage temperatures, ensuring standards are met.</p> <p>Enhance Serving Practices Review and improve serving practices to minimize temperature loss, such as using insulated containers and timely serving protocols as per policy.</p> <p>Gather Resident Feedback Implement regular feedback mechanisms (e.g., surveys, comment cards) specifically focused on food and</p>	<p>Food Service Manager</p> <p>All Management</p> <p>All Staff</p>	<p>February 28, 2025</p>

	beverage temperature to identify areas for improvement. Conduct Staff Meetings to Review Performance <ul style="list-style-type: none"> ○ Hold regular staff meetings to discuss temperature management performance, review feedback, and share best practices. 		
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Based on the results of our 2024 Family Satisfaction Survey, the top five (5) opportunities for improvement were identified as:

Improvement Opportunity: Family Satisfaction Question and Rating:	Change Ideas:	Person Responsible:	Target Date:
Variety of spiritual care services was rated at 77.26%.	<p>Outreach Initiatives Identify Key Spiritual Communities: Compile a list of local churches, temples, mosques, and other spiritual organizations that could provide diverse spiritual care options.</p> <p>Establish Partnerships: -Reach out to these organizations to form partnerships for resource sharing. -Collaborate on community events or programs that promote spiritual engagement.</p> <p>Regular Communication: Create an outreach schedule to maintain ongoing relationships and engagement with spiritual communities.</p> <p>Training and Education for Staff -Develop Training Programs: Design training for activity aides focused on: Biblical studies, devotions, meditation practices, and inclusive spiritual practices from various traditions. -Cultural competency to ensure understanding and sensitivity to different spiritual beliefs.</p> <p>Implement Training: Schedule regular training featuring guest speakers from various spiritual backgrounds to provide insights into different practices.</p> <p>Continuous Learning: Encourage staff to pursue ongoing education in spiritual care, through certifications or courses.</p> <p>Feedback Mechanisms Surveys and Focus Groups: -Conduct periodic surveys and focus groups with residents and family members to understand their spiritual needs and preferences better.</p>	Director of Life Enrichment Executive Director	February 15, 2025

	<p>-Adapt Services Based on Feedback: Use the collected data to adapt and refine services, ensuring they remain relevant and beneficial.</p> <p>Resource Development Create Resource Guides: Develop pamphlets or digital resources that outline available spiritual care services and how to access them.</p> <p>Diverse Spiritual Offerings: Establish a schedule for various spiritual care activities, such as:</p> <ul style="list-style-type: none"> ▪ Bible study groups ▪ Devotion times ▪ Meditation and mindfulness sessions ▪ Celebration of major religious holidays from different faiths. <p>Community Engagement Events -Host Interfaith Events: Organize events that invite members from different spiritual backgrounds, promoting dialogue and understanding. -Celebration of Spirituality: Plan regular events celebrating diverse spiritual practices, such as prayer vigils, music services, or art showcases.</p>		
<p>Timing and scheduling of spiritual care services was rated at 77.26%.</p>	<p>Resident Council Engagement Prepare the agenda: Include a dedicated segment on the timing of spiritual care services for discussion.</p> <p>Gather Feedback:</p> <ul style="list-style-type: none"> • Facilitate an open forum during the meeting for residents to share their preferred times for spiritual services. • Encourage residents to suggest specific activities they want to see centred around their availability. • Include questions about the types of services they are most interested in (e.g., bible study, meditation, prayer services) and any other suggestions. <p>Data Collection and Analysis -Compile Feedback: Collect and organize feedback from the Resident and Family Council and survey responses. -Analyze Preferences:</p> <ul style="list-style-type: none"> • Identify common themes and trends in the feedback regarding the timing of services. 	<p>Director of Life Enrichment</p>	<p>February 15, 2025</p>

	<ul style="list-style-type: none"> • Determine peak availability periods that can guide scheduling. <p>Scheduling Spiritual Care Services</p> <ul style="list-style-type: none"> • Draft a Schedule: Based on the feedback, create a draft schedule for spiritual care services that reflects residents’ preferences. • Consult with Staff: Share the draft schedule with staff involved in spiritual care to ensure feasibility and resource allocation. • Finalize the Schedule: Make adjustments as necessary, then finalize and communicate the new schedule to residents and families. <p>Implementation of New Schedule</p> <ul style="list-style-type: none"> • Promote Awareness: • Communicate the new schedule through resident newsletters, community boards, and direct communication to ensure everyone is informed. • Highlight specific services, their timing, and any changes to the format. • Provide Reminders: Regularly remind residents and families about upcoming spiritual services through announcements and reminders. <p>Ongoing Evaluation</p> <ul style="list-style-type: none"> • Monitor Participation: Keep track of attendance and engagement at spiritual care services following the new schedule. • Gather Feedback: After a designated period, conduct follow-up surveys or discussions to assess the effectiveness of the new timing. 		
<p>Quality of care from doctors was rated at 72.78%.</p>	<p>Reintroduce the Medical Services Team Highlight Roles and Responsibilities:</p> <ul style="list-style-type: none"> • In the next issue of the monthly newsletter, include a featured section that highlights the roles of the medical services team, particularly the nurse practitioners and their contributions to resident care. <p>Communicate Doctor Rounding Schedule</p>	<p>Director of Care Medical Director Attending Physician’s</p>	<p>February 15, 2025</p>

	<ul style="list-style-type: none"> • Include a clear communication about the doctors' rounding schedule in the monthly newsletter • Encourage and educate families about on-call options and virtual care alternatives. 		
Quality of care from Physiotherapist/occupational therapist was rated at 71.25%.	<p>Conduct a Comprehensive Needs Assessment</p> <ul style="list-style-type: none"> • Conduct focus groups and surveys to gather specific feedback from families regarding physiotherapy and occupational therapy services. • Identify common themes to address any areas of concern or improvement. <p>Enhance Communication of Services</p> <p>Service Promotion:</p> <ul style="list-style-type: none"> ▪ Create informative materials (e.g., brochures, flyers) outlining the services offered by physiotherapists and occupational therapists, including descriptions of therapies and their goals. <p>Regular Updates:</p> <ul style="list-style-type: none"> ▪ Include updates about available services in monthly newsletters or bulletin boards, focusing on new programs and schedule changes. 	<p>Director of Life Enrichment</p> <p>Director of Care</p> <p>Executive Director</p> <p>Physiotherapist</p>	February 15, 2025
Quality of care from Dietitian was rated at 68.89%.	<p>Conduct a Dietary Needs Assessment</p> <p>Focus Groups:</p> <p>Organize focus group discussions with the Family Council to gain qualitative insights into their dietary experiences and identify specific areas for improvement.</p> <p>Enhance Communication about Dietary Services</p> <p>Dietitian Introduction:</p> <p>Feature the dietitian in monthly newsletters, highlighting their role, qualifications, services offered, and availability to residents.</p> <p>Collaborate with Other Healthcare Providers</p> <p>Interdisciplinary Meetings:</p> <ul style="list-style-type: none"> • Foster collaboration between dietitians, doctors, and nursing staff to discuss residents' overall care plans and ensure 	<p>Food Services Manager</p> <p>Registered Dietitian</p>	February 15, 2025

	<p>dietary considerations align with medical recommendations.</p> <p>Integrated Care Approach:</p> <ul style="list-style-type: none"> The dietitian will participate in care conferences for residents with complex medical needs to offer dietary insights into their care. 		
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The results of both the Resident and Family Satisfaction surveys, as well as the action plans for improvement were reviewed with Resident Council and Family Council and additional input and feedback was requested on these improvement plans from both Councils. In addition, both our Resident and Family Council were provided with an opportunity to suggest additional areas of improvement they would like our home to work on over the coming year. We also elicit as much feedback as possible related to our care and services on an ongoing basis via our Town Hall meetings which are open to all residents, families, visitors and interested community members and stakeholders. Additionally, all residents and families are always encouraged to provide any feedback, concerns or suggestions they have at any time, to any member of our management team or, if they prefer, individual can email our Corporate Head Office directly at contact@southbridgecare.com.

We post our resident and family satisfaction survey results as well as the action plans for improvement on the Resident and Family Information board as part of our commitment to transparency and shared learning. Fostering trust, engagement, and continuous improvement is paramount for our home. By openly communicating feedback, we demonstrate accountability and a commitment to growth. This approach encourages collaboration, allowing us to learn from both successes and challenges, leading to better decision-making and service enhancements. Additionally, sharing insights promotes a culture of openness, where stakeholders feel heard and valued, ultimately driving higher satisfaction and engagement.

Provider experience

At Southbridge, we believe our staff are our greatest resource and as such, we are continually engaging them in evaluating the care and services we provide, getting their feedback on improvement plans, including this QIP, as well as other quality improvement initiatives in the home. Staff are engaged and their feedback is sought throughout the change management process whenever new policies, programs, equipment, and/or services are developed. Staff satisfaction surveys are conducted and analyzed, and improvement plans developed based on the results of these surveys. Our staff have access to a wide range of educational opportunities and also incentive programs such as, “Perkopolis” which is Canada’s leading provider of fully managed perk programs.

As healthcare organizations face unprecedented human resources challenges, Southbridge is committed to enhancing the staff experience and effectively managing these hurdles. We've implemented various initiatives to achieve these goals, including utilizing government grants and incentives to support our workforce development efforts. Additionally, we've embarked on international recruitment endeavors to address staffing shortages and foster diversity within our workforce. Collaborating with educational institutions, we're building talent pipelines to ensure a steady influx of skilled professionals. Moreover, we regularly conduct employee engagement surveys to gather feedback and identify areas for improvement. These surveys enable us to take actionable steps, such as implementing training programs and refining policies and procedures, to create a supportive and fulfilling work environment for our staff. We also prioritize professional development opportunities by providing ongoing training and development opportunities to enhance staff skills, support career advancement, and foster continuous growth. Furthermore, our commitment to continuous quality

improvement fosters a culture where staff are empowered to identify areas for enhancement and actively participate in initiatives to improve the care and services provided to our residents. Through these comprehensive efforts, we aim not only to attract and retain top talent but also to cultivate a culture of excellence and resilience within our organization.

Safety

Our home prioritizes safety for all our residents, staff, families and visitors because we know that residents can not enjoy a living environment where they don't feel safe, nor can our employees provide excellent care in an environment which does not prioritize safety. As such, safety is embedded in all our policies, processes and workflows to ensure we provide our customers and employees with a safe environment to live, work or visit. Staff and residents receive education annually on many safety related topics to ensure that everyone is aware of current best practices related to safety and hold safety as a top priority in their daily activities. Continuous learning is always encouraged in our homes and we offer training on many safety-related topics, including body mechanics, lifts and transfers, ergonomics, safe resident bathing and showering practices, prevention, identification and management of heat and cold related illnesses, prevention of pressure injuries, non-violent crisis intervention as well as, a comprehensive education program centered on Emergency Preparedness.

Our home maintains our ongoing affiliation with Accreditation Canada which demonstrates our organization's determination and commitment to ongoing quality improvement. Our leadership, staff, and accreditation team members are in full support with their efforts and dedication to the provision of safe, quality care and the highest standards. Our Home's continuing affiliation with CareRx for the BOOMR (Better Coordinated Cross-Sectional Medication Reconciliation) projects where the primary goal is to improve safety and quality care of our residents during transitions of care in streamlining the medication process, save nursing time, and reduce unnecessary follow-up is another demonstration of our home's commitment to safe, quality care.

Population Health Approach

Our home is a reflection of the community in which we operate and as such, we work hard to ensure the unique needs of our residents and staff are reflected in the care and services we provide. We are committed to providing service in a manner that respects the dignity and independence of all people, addressing unique populations and striving to meet the needs of those that require our care and services, each and every day. As an early adopter of the Amplifi project, our home is currently working with our community partners to improve patient transitions, ensuring their health information follows them as they move from local hospitals to our home and vice versa. This has been a focus of continued work to ensure safe, effective and timely discharge from hospital for our residents.

Contact information/designated lead

In support of our commitment to a culture of transparency and shared learning, we invite all interested individuals to contact our Executive Director at 613-938-9565 with any comments or questions related to this Quality Improvement Plan.