

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 27, 2024



## OVERVIEW

Glen Stor Dun Lodge (also known as "The Lodge") is a 132-bed non-profit home, offering long-term care and outreach services to the citizens of our community. The Lodge is a Municipal Long-Term care home, proudly owned and operated by the city of Cornwall and provides support to citizens of Cornwall and the United Counties of Stormont, Dundas and Glengarry.

The Lodge is a four-storey building where the ground floor consists of social amenities and community areas. The three upper floors are resident areas, with 108 private rooms, two of which are short-stay rooms, 12 semi-private rooms with two beds each, resident galleries, dining rooms, activity rooms and personal care areas.

The Lodge houses a special care unit with 44 residents, divided into male and female wings. A garden, with a raised vegetable bed for a gardening program, is available for the special care residents.

The Lodge also runs outreach programs, offering over 25,000 meals per year to the community through a Meals on Wheels program and over 60 seniors per week benefit from the Alzheimer and Senior Day Programs (English and French), and a Telephone Assurance Program.

Like many other long-term care homes in the sector, over the last year, the Glen Stor Dun Lodge has been faced with ongoing human resources challenges, inclusive of staff turnover and changes within its Leadership Team. As the home reaches greater stability, we continue to strive towards our vision of being leaders in personalized care and services. We are fully committed to Quality Improvement and using the Quality Improvement Plan as a tool to

help us assess our progress and how we can continue to make meaningful changes in the home.

This year's Quality Improvement Plan will help us focus on quality of life, by targeting Emergency Department avoidance, improved resident experiences and engagement, decreased antipsychotic medication utilization, while also prioritizing equity, diversity and inclusivity within our home. Our overall goal is to build on our successes and strive to maintain and exceed provincial averages by reviewing our Quality Improvement Plan goals on a quarterly basis.

We recognize the importance of education and training as we strive to be successful with meeting our targets. The Glen Stor Dun Lodge proudly promotes and provides staff with education through our onboarding process, along with ongoing on-the-job training and support to ensure consistency and high standards in our practice of care.

As we look ahead to 2024/2025, we are eager to enter into a new accreditation cycle, develop a new Organizational Action Plan, and re-vitalize many of the committee's where valuable CQI discussions are had. All of these exciting initiatives are in support of our mission, "to provide quality care and service to our community through a collaborative, compassionate and innovative approach."

Overall, the Glen Stor Dun Lodge is confident that with our continued focus towards modernizing processes and auditing procedures, we will be able to effectively work towards our goal of meeting provincial averages surrounding resident care.

## ACCESS AND FLOW

The Glen Stor Dun Lodge recognizes the importance of providing the necessary care for our residents within the home and avoid unnecessary hospital visits.

Our home also recognizes the important role a Nurse Practitioner plays in elevated level of patient care by diagnosing, treating, and managing acute and chronic illnesses. They also assist with ordering and interpreting diagnostic tests. For several months throughout the previous QIP period, the Glen Stor Dun Lodge was without a Nurse Practitioner. This has had a factor in our ability to mitigate and avoid residents being unnecessarily transferred to the hospital. We are pleased to report that in the last quarter of 2023, our home was able to successfully recruit a Nurse Practitioner in a part-time capacity, which has assisted with offering a link between the hospital, our medical director and our frontline staff. We continue to strive to maintain this important position to best serve our residents and support our families.

In 2024, the Glen Stor Dun Lodge will be investing in a bladder scanner to offer better diagnostic capabilities within the home and mitigate having to send residents to the hospital. This is in addition to an ECG, D Dimer Machine and doppler scanner, to name a few.

The Glen Stor Dun Lodge has noted that our staff are often faced with concerned families who insist on their loved one being sent to the hospital; even when it may not be clinically warranted. The addition of the new equipment in our home should bring greater reassurance to the families of our home, along with associated education and training for our staff, to be able to have the ability to complete accurate diagnoses in-house and avoid transfers to the hospital when not necessary.

We are grateful for the support of the diagnostic and training equipment funding provided through Ontario Health, through Ontario Health East, to help support the purchase of various diagnostic equipment that will help us enhance our diagnostic capabilities and avoid unnecessary hospital visits.

## **EQUITY AND INDIGENOUS HEALTH**

The Glen Stor Dun Lodge, in alignment with the Corporation of the City of Cornwall, is committed to the prioritization of equity, diversity and inclusion. We are fortunate to be geographically located within close proximity to our Indigenous neighbours in Akwesasne. In 2024, our home has plans to engage with Akwesasne and welcome them to attend our home and share their culture, traditions and art with our residents and staff.

In 2024, the Glen Stor Dun Lodge will be seeking out training to advance our employee's awareness of equity, diversity and inclusion, along with its importance within our home when serving our residents and their families. We are proud to be a part of a corporation that recognizes National Day of Truth and Reconciliation. We are continuing to strive to raise awareness surrounding the painful history of our Indigenous neighbours, along with the ongoing impacts of residential schools. Participation in events surrounding National Day of Truth and Reconciliation are promoted and staff are encouraged to attend.

The Glen Stor Dun Lodge currently has two employees who sit on the municipality's Equity, Diversity and Inclusion Committee. This has been a great asset with information sharing, enlightening our representatives of upcoming education sessions, events and

resources that can be brought back to our staff and shared. In 2024, we are hoping to further optimize our staff's presence on the committee and develop consistent information sharing practices, such as featuring highlights from the committee in our monthly newsletters.

In 2023, the Glen Stor Dun Lodge proudly took part in the Cornwall Pride Parade. Recreationists and our Social Worker accompanied residents in our home's vehicle to enable these residents to celebrate and take part in the festivities.

One of the Glen Stor Dun Lodge's strategies for advancing equity, diversity and inclusion within our home will be to complete an employee census. We feel this will enable us to have a better understanding of our own employees and their unique backgrounds and experiences, to assist us with ensuring we provide the necessary supports and resources to ensure an inclusive workplace.

Further to the efforts above, the Glen Stor Dun Lodge will also be reviewing our current materials and publications to ensure they are available in both, English and French, when possible. We will also be reviewing the level of accessibility of our documents and forms for residents and visitors of the home to fill out to ensure they meet accessibility requirements.



## PATIENT/CLIENT/RESIDENT EXPERIENCE

Over the last year, the Glen Stor Dun Lodge has continued to promote the Resident/Caregiver Survey in order to gather feedback about resident experiences and their feelings surrounding the care offered in our home.

Our home is always looking for new and innovative ways for our home to engage with our residents and receive their feedback. Over the next year, we will be looking to increase the number of surveys returned to us from residents. We want to support our residents with the completion of the survey, while also making it easily accessible and easy to complete. We are reviewing how our team can be of greater assistance in helping residents complete the survey, while also looking at how surveys and input from families can be more easily attained. We are looking into electronic

platforms for soliciting feedback, as well as using Care Conferences to help promote survey completion.

One of the ways we have attempted to streamline how we receive input from our residents is through our complaints process. We wanted to ensure our complaints process enables staff to look into allegations quicker in order to resolve them and ensure the safety and well-being of residents. Through this new process, residents have the ability to confidentially submit a complaint, enabling them to have greater confidence and trust with the process, while freely being able to express themselves.

The Glen Stor Dun Lodge also gauges input from our Resident Council and Family Council. Both of these council's allow information surrounding concerns or opportunities for improvements to flow from our Social Worker to the appropriate member of the Leadership Team for follow-up.

In 2023, our home began initiating quarterly meet and greets with family members of our home. This platform provides family members with an opportunity to drop in and meet with members of the Leadership team, hear about updates, as well as ask questions of the administration. This has been a productive way to engage families with formal and informal conversations, and associate a face to members of our Leadership team.

As we continue to review and develop innovative ways to engage with our residents, we are committed to promoting resident-centered care, where residents can feel empowered, openly communicate and be a part of shared-decision making.

## PROVIDER EXPERIENCE

The Glen Stor Dun Lodge, despite ongoing human resource challenges, has continued to forage ahead and develop strategies to continue to support and invest in our employees.

In 2023, the Glen Stor Dun Lodge hired a third-party consultant to complete a Service Delivery Review on staffing at our home, and determine where staffing levels would need to be prioritized to meet legislated hours of direct care by 2025. The review will result in the onboarding of additional staff and added support for our frontline employees.

The Glen Stor Dun Lodge is further committed to investing in our employees with growth and development opportunities. In 2023, we were successful with staff participation in the LEARN program, where these individuals have successfully transitioned from RCAs to PSWs and are actively working in our home. In order to continue to promote education subsidy programs, such as the LEARN program and BEGIN, the Glen Stor Dun Lodge has recently began hosting information sessions for staff to learn more about the programs available to them to develop their skillset and advance their careers while remaining employed within our home.

In an effort to further support our employees, over the next year the Glen Stor Dun Lodge will be looking for ways to improve employee awareness of our Employee Assistance Program. By providing education sessions and highlighting available supports from the Employee Assistance Program in partnership with the municipality's Occupational Health Nurses, we hope to reduce absenteeism and keep our employees resilient and supported in the workplace.

In order to mitigate the impacts of staff turnaround and shortages, the Glen Stor Dun Lodge continues to onboard employees from staffing agency's to ensure our employees have adequate support and coverage to assist them in caring for our residents. These agency staff members receive the same training as any new Glen Stor Dun Lodge employees and are only called to assist with coverage as a contingency for unplanned absences. With the additional hiring to take place in 2024 in support of the Service Delivery Review, we are hopeful to reduce the number of agency staff members required to work at the Glen Stor Dun Lodge, as internal staffing and coverage will become more stable.

In 2023, the Glen Stor Dun Lodge launched our "Unity Committee", which is made of a multidisciplinary team, inclusive of both frontline employees and members of the Leadership Team. The purpose of the committee is to develop strategies and provide recommendations for process improvements at the Lodge, aimed to benefit both, employees and residents. In late 2023, the Unity Committee developed a "Shooting Star Shout Out" award, where families and staff can recognize employees for their positive influence and dedication in the home. A different employee is selected and recognized on a monthly basis.

Finally, the Glen Stor Dun Lodge is frequently viewed as a top selection for students who are required to perform a placement in a long-term care setting. We are grateful to welcome a large pool of students each semester who receive important exposure to long-term care, earn valuable work experience, and potentially return to the home as an employee of the home following the completion of their schooling. The placement partnerships that the Glen Stor Dun Lodge is a part of further enables our own staff to take on a role as

a preceptor, giving them valuable opportunities to apply the skills they have learned in their careers and help transfer them while mentoring upcoming students in the sector.



## SAFETY

Throughout the last quarter of 2023 and into the early months of 2024, the Glen Stor Dun Lodge has been closely reviewing our fall prevention strategies in an effort to reduce the number of falls at our home. Some of these efforts have included conducting a thorough review of our Fall Prevention policy and implementing enhanced auditing practices. In 2023, the Glen Stor Dun Lodge introduced a new audit tool to be used by staff after a resident fall. This enables staff to reflect on the factors that could have enabled the fall to occur and propose interventions to ensure it does not happen again. The Head Injury Routine conducted by staff following an unwitnessed fall or fall where the head was observed to be

injured has also been closely reviewed and audited to ensure staff compliance with the process. This review has resulted in greater consistency in staff accurately completing the checks in alignment with policies, thus ensuring our residents are always receiving the necessary level of care.

In addition, the Glen Stor Dun Lodge holds a “Resident Safety Meeting” on a monthly basis, where a number of continuous quality improvement areas are discussed. Representatives include nursing leadership, RAI coordinator, physiotherapy, CQI, staff development, BSO, and Social Worker, to name a few. Meaningful discussions are held to assess whether or not staff have the resources available to ensure their safety in the home, or whether additional supports, such as fall mats, chair alarms, toileting schedules and/or updated care plans are necessary.

Staff education and training plays a critical role in our ability to prioritize safety in our home. In addition to annual mandatory re-training for all staff via our electronic learning database, the home also provided formal upgrade training in the Fall of 2023 for all registered staff. This training consisted of a review of policies and required response to resident falls, emergency drug supply, as well as the readmission process and medication reconciliation. In addition to our training efforts, the Glen Stor Dun Lodge is also prioritizing the review of our policies to ensure they align with best practices and reinforce safety within our home. Changes and updates to policies are further incorporated into our training procedures.

In 2024, through the support of the the LTC Medication Safety Technology Program, the Glen Stor Dun Lodge will be purchasing an

Automated Dispensing Cabinet. This will assist with the security and access to the home's emergency drug supply, reduce likelihood for a medication error to occur, and support greater integration with our pharmacy provider.

Finally, the prioritization of Infection, Prevention and Control (IPAC) measures continues to be an important means of promoting safety within our home. These evidence-based practices and procedures help us to prevent and/or reduce the risk of transmission of microorganisms to our staff, residents and visitors. Audits and application of best practices are conducted regularly, inclusive of staff education for how to keep themselves and the resident safe from contracting and spreading viruses.

We, as a home, continue to prioritize safety. The Glen Stor Dun Lodge is constantly looking for new and innovative ways to keep our home a safe place to live and work.

## **POPULATION HEALTH APPROACH**

The Glen Stor Dun Lodge has noted over the last year how the demography of our residents has changed, along with the unique needs and varying health conditions of our residents.

Over the last year, we have seen a greater population of residents requiring varying behavioural supports. The revitalization of a Responsive Behaviours Committee is well underway to support our home in reviewing the needs of these residents to properly assess what supports can be put in place. We further have sought to implement more one-on-one supports when PSW and Resident Care Aide resources are available. This has been helpful in providing residents with responsive behaviors with necessary attention and

support. We further want to enhance our staff's knowledge of responsive behaviours so that they have the confidence to effectively support our residents. In 2024, in addition to the mandatory annual retraining surrounding behavioural supports, the Glen Stor Dun Lodge will also be seeking opportunities to tap into the knowledge and expertise of our existing BSO staff members to assist with training and sharing their knowledge with other members of the clinical team.

The Glen Stor Dun Lodge has also recently welcomed new residents with varying medical conditions and developmental disabilities, inclusive of Autism. In early 2024, our home invited a guest speaker to provide training to our employees on how to be a quality support to any residents or visitors with Autism. We wish to continue to explore new training opportunities and guest speakers who can offer our staff with valuable takeaways and strategies for being able to support the varying needs and medical conditions of our residents. We want to diversify and expand our knowledge-base to be better equipped to offer the best care possible for these residents.

Over the last year, the Glen Stor Dun Lodge has further noted that there has been more residents requiring palliative care. A Palliative Care Committee has been formed to review and assess the supports being offered to residents and families experiencing this difficult transition while remaining focused on providing the highest quality of life for residents. Some of the initiatives generated from this committee share a multidisciplinary approach. The Nutrition Care Team has implemented Nutrition Palliative Care carts, to be provided to families, containing refreshments and non-perishable food items for families to choose from in the residents room. Efforts

such as this prioritize families having quality time with their loved one, without having the need to leave and seek food or refreshments. The Committee of Management has also allocated a quantity of funds to be used to support families with food costs and other supports associated to being there for their loved one who is palliative.

Under our Population Health Approach, the Glen Stor Dun Lodge further notes the importance of collaboration and partnerships. We are fortunate to partner with the Cornwall SDG Paramedics through the Community Paramedicine Program, in order to assist with offering various services and supports, such as vaccine clinics, for our residents.

A priority for 2024 will be to solidify representation from our home on the Ontario Health Team. We view the connection to the Ontario Health Team as an opportunity to work collaborative with our medical colleagues to broaden available services and access to care.

The changing demographic of the residents we serve has alerted our home for the need to be proactive in equipping our staff with the tools, training, and development of new skills, while working in partnership with the medical community, to offer the best care and support to our residents.

**CONTACT INFORMATION/DESIGNATED LEAD**

Stephanie MacRae,  
Interim Deputy Administrator - Operations  
(613) 933-3384 x 4215

**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 5, 2024



Board Chair / Licensee or delegate



Administrator /Executive Director



Quality Committee Chair or delegate

Other leadership as appropriate

**Access and Flow | Efficient | Priority Indicator**

	Last Year		This Year	
<b>Indicator #4</b>	<b>12.94</b>	<b>12.94</b>	<b>21.18</b>	<b>20.83</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Glen-Stor-Dun Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Analyze ED transfers for trends and determine training opportunities to reduce avoidable transfers

**Process measure**

- Quarterly Evaluation post training

**Target for process measure**

- Sustain or decrease ED visits reduction after training

**Lessons Learned**

ED Transfers are currently informally reviewed. Reviews at committee meetings will become an important platform to determine the causes and opportunities to prevent continuation of frequent transfers, along with streamlined training for staff.

**Change Idea #2**  Implemented  Not Implemented

Analyze individuals with frequent transfers to ED departments

**Process measure**

- Monthly trending of flagged residents

**Target for process measure**

- Sustain or reduce in individual resident transfers to ED

**Lessons Learned**

This has not been formally tracked, though staff and members of the medical team are aware of residents who are frequently transferred. Reviews at committee meetings will become an important platform to determine the causes and opportunities to prevent continuation of frequent transfers.

**Change Idea #3**  Implemented  Not Implemented

Educate POAs and family on the importance and benefits of avoiding ED visits

**Process measure**

- Gather throughout the year the number of family request to send a resident to the hospital

**Target for process measure**

- Sustain or reduce in family requesting to transfer residents to hospital

**Lessons Learned**

While the statistics surrounding family requests to send a resident to the hospital have not been formally tracked, the clinical team have regularly looked to informally reassure families and advise when a hospital transfer is not necessary. Upon our review, we have noticed that an opportunity exists to better utilize the care conferences as a platform to discuss this and provide reassurance to families.

Indicator #3	Last Year		This Year	
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Glen-Stor-Dun Lodge)	<b>CB</b> Performance (2023/24)	<b>CB</b> Target (2023/24)	<b>88.89</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Gather information to aid in improving current performance.

**Process measure**

- Review the number of surveys returned with explanations/comments. Meet with care teams to discuss the findings/themes and implement changes as necessary

**Target for process measure**

- Explanations/comments to be reviewed at the end of Q4 2023.

**Lessons Learned**

The survey compilation and data collection continues to be ongoing. It will become a standing item for review at Quarterly CQI meetings in 2024.

**Change Idea #2**  Implemented  Not Implemented

Educate resident/family council on the importance of each resident's voice.

**Process measure**

- Track responses and implement changes where required

**Target for process measure**

- A review of surveys will be done throughout the year and results will be concatenated in Q4 of 2023.

**Lessons Learned**

Resident & Family Councils continue to be a platform for residents to have a voice. It continues to be an ongoing strategy with continued promotion of resident use of this venue to express their opinions.

**Change Idea #3**  **Implemented**  **Not Implemented**

Increase the number of completed resident surveys

**Process measure**

- The number of care conferences and surveys returned will be measured.

**Target for process measure**

- Glen Stor Dun Lodge is striving for an 85% return rate between April 1, 2023 and December 31, 2023.

**Lessons Learned**

We were successful in having a representative quantity of surveys returned during the reporting period. This continues to be a priority, and we will continue to leverage care conferences as a setting to promote the survey and encourage completion.

	Last Year		This Year	
<b>Indicator #2</b>	<b>CB</b>	<b>CB</b>	<b>85.45</b>	<b>100</b>
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Glen-Stor-Dun Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  **Implemented**  **Not Implemented**

Gather information to aid in improving current performance.

**Process measure**

- Review constructive feedback from residents allowing Glen Stor Dun Lodge to evaluate areas of improvement and to continue positive interaction between staff and residents.

**Target for process measure**

- Comments to be reviewed at the end of Q4 2023.

**Lessons Learned**

A survey was successfully developed and implemented during the last QIP period. It had been readily distributed to residents.

During our team's review of this process, we noted the importance of proving residents with a forum to express their opinion without any barriers (such a complex survey questions, rating scales, etc.) when some of our residents may not have the literacy capabilities needed to express themselves through this method. In 2024, we will be looking for other ways to engage residents and seek their input in addition to the available survey and accompanying support for completing the survey.

**Change Idea #2**  **Implemented**  **Not Implemented**

Increase the number of completed resident surveys

**Process measure**

- The number of care conferences and surveys returned will be tracked and measured.

**Target for process measure**

- Glen Stor Dun Lodge is striving for an 85% return rate between April 1, 2023 and December 31, 2023.

**Lessons Learned**

During our progress review, it was noted that the care conferences could be better utilized as a platform for promoting survey completion. The Social Worker played an important role in assisting residents in completing the survey and hearing their input.

Since the surveys have been issued, the Glen Stor Dun Lodge has developed a process for compiling all of the data into an electronic format and will begin reviewing and analyzing the survey results as part of the quarterly CQI meetings in 2024.

**Safety | Safe | Priority Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>14.60</b>	<b>14.60</b>	<b>18.31</b>	<b>16</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Glen-Stor-Dun Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Work collaboratively towards reducing Antipsychotic medication use without diagnosis within GSDL.

**Process measure**

- Monthly assessment looking for trends

**Target for process measure**

- 100% of residents who were administered 2 or more antipsychotic medication are reviewed on a monthly basis by Q3 of 2023.

**Lessons Learned**

Medication reviews are regularly completed by the Medical Director and Nurse Practitioner. The Medical Director further regularly consults with the Royal Ottawa to discuss recommendations. The Pharmacy further provides consultation on appropriate medication to be used. Despite an increase in the performance rating for 2024/2025 from last year's QIP, the Glen Stor Dun Lodge remains under the provincial average and will continue to strive to reduce the percentage of residents without psychosis being provided antipsychotic medication.

**Change Idea #2**  Implemented  Not Implemented

Registered staff to educate non registered staff on steps to take prior to requesting antipsychotic medication.

**Process measure**

- Review monthly trends at resident safety committees.

**Target for process measure**

- Sustain our current success in antipsychotic medication usage for residents without psychosis.

**Lessons Learned**

Due to changes within the Leadership Team at the Glen Stor Dun Lodge, a thorough review of trends relating to this indicator have not been successfully analyzed or reviewed at the Resident Safety Committee meetings. In 2024, plans are underway to revitalize our committees and use this setting as a platform to review trends in order to better monitor practices and seek opportunities to improve and educate staff.

**Change Idea #3**  Implemented  Not Implemented

Educate multidisciplinary staff on negative resident behavior and review interventions

**Process measure**

- Review percentage of staff completing the training.

**Target for process measure**

- 100% of staff received training by end of Q4 2023

**Lessons Learned**

As part of the Annual Mandatory Training issued to all employees, staff are required to review the Responsive Behaviours policy, as well as a BSO DOS instructional video. The Glen Stor Dun Lodge continues to strive for a higher completion rate, and has identified opportunities to improve staff completion by enhancing accessibility of computers and tablets, while establishing deadlines for 2024.

Over the last reporting period, the Glen Stor Dun Lodge has further made use of our Resident Care Aide's to provided one-on-one support for residents who are experiencing responsive behaviours and in need of additional support. The BSO team have done a very good job of providing informal coaching and support to members of the clinical team in an effort to empower staff to have the knowledge and tools to appropriately care for the residents.

**Change Idea #4**  **Implemented**  **Not Implemented**

Analyze pharmacy utilization rates at all Professional Advisory Committee (PAC) meetings

**Process measure**

- The review will be conducted quarterly at each PAC meeting

**Target for process measure**

- This will be a continuing measure year after year.

**Lessons Learned**

The PAC meetings have been a successful platform to review and discuss pharmacy utilization rates. In mid-2023, the Glen Stor Dun Lodge changed pharmacy providers. Their active representation at the PAC meetings has been insightful and an asset in analyzing trends related to pharmacy utilization.

**Comment**

Despite an increase to the performance rate for 2024/2025 from last year, we are pleased to remain under the provincial average rate, though acknowledge that continued work is necessary.

During the review and discussions surrounding what has contributed to this increase, our multidisciplinary team has noted there are limitations to how psychotic episodes can be treated. We further note that many new admissions are entering the home, having already been placed on antipsychotic medication.

While we continue to actively consult with all stakeholders involved in this indicator, such as the Medical Director, Nurse Practitioner, Pharmacy, the Royal Ottawa, and the clinical nursing team, the review of the QIP has brought to light the importance of reviewing the data as a multidisciplinary team on a regular basis in order to identify trends and understand underlying factors that are contributing to trends. Quarterly CQI meetings will assist with giving the multidisciplinary team a setting to review and analyze these trends, in support of data generated out of the monthly Resident Safety Committee meetings.

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	21.18	20.83	The Glen Stor Dun Lodge is striving to reduce the rate of ED visits for ambulatory care-sensitive conditions and has set a target to align with provincial standards.	

### Change Ideas

Change Idea #1 Invest in diagnostic equipment to help support facilitating care within our home and avoid the need for transfers to hospital.

Methods	Process measures	Target for process measure	Comments
Using the funding provided by Ontario Health to support the purchase of diagnostic equipment, implement training and use of new devices (such as bladder scanner and ECG machines), to help support in-house diagnosis.	Number of new diagnostic pieces of equipment implemented.	100% of new equipment fully utilized by end of 2024.	

Change Idea #2 Provide reassurance and education to families who frequently request their loved one be transferred to the hospital when not necessary.

Methods	Process measures	Target for process measure	Comments
Social Worker and Multidisciplinary team to use care conferences to promote internal capabilities and enhanced diagnostic equipment to bring confidence and reassurance to available services and supports at the GSDL.	Number of families who receive support/education.	All families who frequently request hospital transfers receive support/education by end of 2024.	

Change Idea #3 Conduct quarterly evaluations of all ED transfers.

Methods	Process measures	Target for process measure	Comments
At quarterly CQI meetings, review trends related to ED transfers and assess opportunities to intervene and prevent reoccurrence.	Number ED transfers reviewed	Reduction in rate of ED visits by end of Q4.	

Change Idea #4 Enhance palliative care supports within our home

Methods	Process measures	Target for process measure	Comments
Continue to use the Palliative Care Committee as a resource for developing new and innovative ways to support palliative residents.	Number of new initiatives/supports generated surrounding palliative care.	A minimum of two new initiatives/supports generated by the end of 2024.	

## Equity

### Measure - Dimension: Equitable

Indicator #2	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	3.38	100.00	Though the Glen Stor Dun Lodge was not able to issue meaningful equity, diversity, inclusivity and anti-racism education over the last QIP period, we remain committed to reaching a 100% target, with all of our staff trained by the end of 2024.	

### Change Ideas

Change Idea #1 Provide all employees with meaningful Equity, Diversity and Inclusion training.

Methods	Process measures	Target for process measure	Comments
CQI Manager and Administrator to review training opportunities and determine most effective learning platform to be used (online, interactive, in-person, etc.).	Number of staff trained.	100% of staff receive training by end of 2024.	Total LTCH Beds: 132

## Change Idea #2 Issue voluntary census to be completed by all staff

Methods	Process measures	Target for process measure	Comments
CQI Manager and Administrator to lead in the distribution of a voluntary employee census, to help understand the unique make-up of the employees of the GSDL and understand how the diversity and unique needs of our employees can be supported.	Number of employee census' completed.	100% of census' completed would be ideal, to give a more accurate representation of the make-up of our workplace.	

## Change Idea #3 Seek out opportunities to enhance staff, resident and family awareness of topics under equity, diversity and inclusivity through communications and information sessions.

Methods	Process measures	Target for process measure	Comments
Corporate EDI Representative/Social Worker and CQI Manager to identify opportunities to highlight diverse events, such as through quarterly newsletters, and promote training sessions or invitations for guest speakers at the GSDL.	Number of initiatives launched/promoted to support staff, resident and family enhanced awareness.	A minimum of one initiative promoted per quarter.	

## Change Idea #4 Conduct a review of accessibility within the Glen Stor Dun Lodge documentation.

Methods	Process measures	Target for process measure	Comments
Operations Coordinator to review documents and forms to ensure alignment with accessibility standards and translate into French where possible.	Number of documents reviewed and updated to meet accessibility standards and/or translated.	All frequently used external forms/documents be reviewed by end of 2024.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	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	85.45	100.00	The Glen Stor Dun Lodge is striving to achieve a 100% rating for residents who feel they are well listened to by our staff. This is considered a theoretical best target, which would validate that all residents are provided with an inclusive space to speak up and feel heard by our staff. To do so, we recognize the need to promote and educate staff on resident-centered care, while also identifying any barriers that exist for residents to freely express themselves.	

### Change Ideas

## Change Idea #1 Educate employees on resident-centered care.

Methods	Process measures	Target for process measure	Comments
Ensure all employees receiving training on the different attributes of resident-centered care: empowerment, communication, and shared decision-making.	The number of staff who complete the training.	100% of employees complete the LTCO. Respecting and Promoting Resident Rights in Long-Term Care training.	Total Surveys Initiated: 55 Total LTCH Beds: 132 The Glen Stor Dun Lodge recognizes our employees are at the core of ensuring residents feel listened to and heard. By providing our employees with training in resident-centered care, staff will be able to establish relationships and empowering partnerships based on trust, sympathetic presence, and respect.

## Change Idea #2 Review and amend the survey to enhance quality of resident feedback.

Methods	Process measures	Target for process measure	Comments
CQI Manager to work with multidisciplinary team to review survey format, its accessibility and ensure there are areas for residents to elaborate on their opinion.	Number of enhancements made to survey.	Revised survey to be reviewed, revised and distributed to all residents by Q3 of 2024.	During a CQI consultation, it was discussed that the existing survey format may contain barriers, limiting residents' ability to truly elaborate on their feelings. By revising the survey and adding in additional open-ended questions, we hope to give residents a section to truly express their feelings and provide specific examples that can help our staff learn and make improvements.

Change Idea #3 Increase the number of completed resident surveys.

Methods	Process measures	Target for process measure	Comments
Social Worker and CQI Manager to assist with promotion of survey at Care Conferences, Resident & Family Council, Newsletters and other correspondence. Social Worker to also provide one-on-one support for residents requiring assistance with completing the survey.	Number of residents surveyed per month.	80% return rate on all surveys issued in 2024.	

### Measure - Dimension: Patient-centred

Indicator #4	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	88.89	100.00	We continue to strive to have a home where 100% of our residents feel they can express themselves without fear of consequences.	

### Change Ideas

## Change Idea #1 Promotion of Residents' Bill of Rights and GSDL Whistleblowing Policy

Methods	Process measures	Target for process measure	Comments
Members of the GSDL Leadership Team and Social Worker to promote education and awareness surrounding the Residents' Bill of Rights and GSDL Whistleblowing policy in order to encourage residents to express themselves without fear of consequences.	Number of formal communications/engagements with residents/families surrounding the Residents' Bill of Rights and Whistleblowing Policy.	100% of residents and their families receive education/communication about these items before the end of Q3 of 2024.	Total Surveys Initiated: 54 Total LTCH Beds: 132

## Change Idea #2 Modernize complaints process to ensure residents have a forum to express their concerns or complaints.

Methods	Process measures	Target for process measure	Comments
CQI Manager to re-develop Resident/Family Complaints form and review Complaints Policy to align with new streamlined procedures. Residents can request for a staff member or loved one to complete the form on their behalf, and it can be discretely submitted to a confidential mail slot.	Number of resident complaints received.	Increase in residents who feel they can express their opinion without fear of consequences.	

## Change Idea #3 Review Resident/Caregiver Survey results at quarterly CQI meetings.

Methods	Process measures	Target for process measure	Comments
CQI Manager to review survey results for each quarter and actively assess trends related to this indicator. CQI Committee to determine quarterly actions/follow-ups to react to resident feedback and strive for improvement over next quarter.	Number of surveys reviewed quarterly.	100% rate for residents who feel they can express their opinion without fear of consequences by end of 2024.	

Change Idea #4 Use of Resident and Family Council Meetings to promote survey participation and engagement between staff and residents.

Methods	Process measures	Target for process measure	Comments
Social Worker and members of the GSDL Leadership Team to use the Family and Resident Council meetings as an opportunity to promote survey completion, along with open discussion and education surrounding resident engagement and voicing opinions.	Number of resident-driven/initiated issues and opinions raised at these meetings.	100% of agendas for all Family and Resident Council Meetings contain resident-initiated items and feedback for discussion by end of 2024.	

## Safety

### Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	27.20	15.54	The Glen Stor Dun Lodge is aspiring to align with provincial targets as we continue to look to reduce the number of resident falls.	

### Change Ideas

Change Idea #1 Ensure that each resident has an individualized plan of care for fall prevention.

Methods	Process measures	Target for process measure	Comments
During monthly Resident Safety Meetings, multidisciplinary team/committee to review interventions that are specialized to the unique needs of the resident (i.e. toileting schedule, checking chair alarms, etc.).	Number of care plans updated	100% of residents who are newly added to falls safety checks to receive individualized update to care plan.	

Change Idea #2 Review new and innovative opportunities and technology to help support a reduction in falls.

Methods	Process measures	Target for process measure	Comments
Multidisciplinary team/Falls Committee to explore new interventions to trial within the home to help prevent falls.	Number of new interventions trialed.	Two new interventions trialed by end of 2024.	

Change Idea #3 Complete post-fall assessments to identify contributing factors and prevent reoccurrence.

Methods	Process measures	Target for process measure	Comments
DOC and multidisciplinary team to explore opportunities to modernize and enhance process for post-fall assessments and provide training to staff on completion.	Number of assessments completed.	100% of assessments completed following a resident fall by Q4 of 2024.	

Change Idea #4 Provide staff education and training on fall prevention

Methods	Process measures	Target for process measure	Comments
Provide annual re-training on fall prevention via GSDL online learning platform, in addition to on-the-job coaching and mentoring with fall prevention, post-fall auditing, and head injury routines.	Number of staff trained	100% completion rate for all fall prevention training by end of 2024.	

## Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.31	16.00	The Glen Stor Dun Lodge is striving to align with provincial averages in many of its target. We are pleased to see that our performance is currently under the provincial average, but note the need to continue to improve and reduce this rate. As such, we have set a target that would demonstrate a continued decrease, that remains beneath the provincial average.	

## Change Ideas

### Change Idea #1 Conduct reviews of residents on antipsychotic medications via the Responsive Behaviours Committee

Methods	Process measures	Target for process measure	Comments
Formalize the Responsive Behaviours Committee to review opportunities and strategies relating to responsive behaviours and interventions, as well as conduct a review of all residents receiving antipsychotic medications.	Number of residents reviewed at committee meetings.	100% of residents on antipsychotic medications without psychosis to be reviewed monthly.	

### Change Idea #2 Educate multidisciplinary team on responsive resident behaviours and review interventions.

Methods	Process measures	Target for process measure	Comments
Provide ongoing education to staff through the GSDL learning portal and ongoing mentoring by registered staff.	Number of education sessions completed in 2024.	100% completion rate of staff education related to responsible behaviours by end of 2024.	

### Change Idea #3 Conduct quarterly reviews of pharmacy utilization rates

Methods	Process measures	Target for process measure	Comments
Conduct quarterly reviews of pharmacy utilization rates at quarterly Professional Advisory Committee meetings, while analyzing the breakdown of antipsychotic use with the medical team.	Quarterly percentage rate of antipsychotics.	Quarterly reductions in antipsychotic use.	This has been an effective tool from the previous QIP that will continue to be reviewed at the quarterly PAC meetings.

Change Idea #4 Seek out new and innovative ways to assist with responsive behaviours to reduce the need for medication interventions.

Methods	Process measures	Target for process measure	Comments
CQI Manager, Social Worker, Nursing Supervisory Team and BSO Staff to develop new opportunities to trial equipment or programming to support responsive behaviours in support of reducing antipsychotic use.	Number of new initiatives to be trialed.	Two new initiatives to be trialed before the end of 2024.	Over the last year, the GSDL has looked for additional ways to support residents experiencing responsive behaviours. One of the ways has been to provide additional one-on-one support from Resident Care Aide's and PSWs when feasible. We would like to continue to explore new methods or forms of technology that can assist with supporting responsive behaviours.