

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 27, 2025

OVERVIEW

E.J. McQuigge Lodge is dedicated to embedding quality and resident focus in our improvement plans. Through continued utilization of Accreditation standards, required organizational practices and quality improvement plans we are able to evaluate and improve on the care we provide.

As there are changes in legislation, we continue to adjust our policies, procedures and plans accordingly to ensure a safe environment for both residents and staff. We were awarded through Accreditation Canada, Accreditation with Commendation.

Our "Professional Advisory/Resident Care Team" meet quarterly as per our Continuous Quality Improvement Committee.

Our Administrator Anita Garland, R.N. is the Chairperson.

We have included a Resident Council Representative in our meetings.

Through surveys, discussions and website education, we have involved our families, volunteers and community in our Quality Improvement projects.

There have been major changes in all we do over the past few years as we have been emerging from the Long Term Care challenges identified during the COVID 19 Pandemic. We have decanted our 4-bed ward rooms and there are no more than 2 residents in a room. Our population of residents have changed from 57 to 41 residents. Health Human Resources have been a major challenge as we had to resort to the expensive cost of Agency staff. All our costs have increased and the threat of changing our Funding to actual beds will impact all aspects of our Home.

ACCESS AND FLOW

With access to our Nurse Practitioner onsite during the week and on-call weekends, we attempt to divert any unnecessary visits to the hospital. Our Medical Director is usually here weekly for thorough assessments and is on call 24/7 as required. We have contracted nursing services to provide IV therapy. Our home has also provided treatment such as IV therapy, G-tube feeding, to assist in providing care our Home instead of Hospital. These high intensity needs can be challenging as the costs are not always supported through the HINF. As we are a "C" Facility that has decanted residents from our 4-bed ward rooms to a maximum of 2 residents per room. We also require isolation rooms for residents that have been hospitalized or require close observation for isolation. We are presently applying for HINF for these circumstances. We have increased our use of technology as it relates to our external health care partners. We are able to monitor residents' conditions in hospital settings through the Clinical Viewer. Our Medical Director, Nurse Practitioner as well as Dietician have access to Scriberly to provide orders for residents remotely.

EQUITY AND INDIGENOUS HEALTH

We believe in fostering a diverse and inclusive environment where everyone feels safe, valued and respected. We are using Surge Learning for providing education to all staff regarding equity, diversity, inclusion, and anti-racism. Our home has worked with the Indigenous Studies Director at Loyalist College, to create a framework as we move through Truth and Reconciliation processes. Our Home is developing relationships with those involved in the Indigenous Studies to share Activities and events involving further knowledge of Indigenous life. WE have created our Land Acknowledgement that we share at our meetings as a grounding for this process.

PATIENT/CLIENT/RESIDENT EXPERIENCE

We continue to involve our residents and their families in our improvement initiatives. Residents have been involved with follow-up from our Satisfaction Survey through Resident Council. Residents have provided their input at Resident Council and through surveys on our Visitors' Policy. Residents are involved in our Health and Safety Committee as well as the standing Food Committee. WE have had family members involved with the Gentle Persuasive Approach Education with our Behavioural Team. Education opportunities and information is also shared through our website portal. Families and public have signed up for education and updates in our Home and Long Term Care in general. Presently we are setting up Hearing Assessment and Education at our Home February 2025. In responding to review of services, we have now a dental hygienist that is available here at the home on a monthly basis. Our Home also provides Advanced Foot Care to all residents free of cost.

PROVIDER EXPERIENCE

Our staff are provided education through Surge Learning platform that includes equity, diversity, inclusion and antiracism. Through Accreditation Canada we incorporated a Workplace Pulse Survey in our efforts to improve recruitment and retention strategies.

SAFETY

Our falls prevention Team which includes nursing, physiotherapy and exercise assistant, reviews and creates resident-focused plans to prevent falls meet weekly. All information is shared each shift through huddles with all staff to ensure this information is incorporated into residents daily plan of care. All information is also shared with resident and family during the planning process. All statistics are reviewed monthly. All reports are then reviewed at

Behavioural Support Team is another team that ensures overall resident safety. Again these assessment and plans are shared in huddles, with residents and families during assessments, meetings and follow-up conferences.

PALLIATIVE CARE

Our Home has provided Palliative Care Education to our residents families and staff. Information is provided in our Admission packages and reviewed during the Resident's initial Care Conference. Pamphlets such as "Advanced Directives Let My Wishes Be Known", Palliative Care Quality of Life, and Palliative Care End of Life are excellent resources. Tools are provided for decision making as to whether residents go to the hospital or stay in our Home. Our Resident Care Team including Doctor, Nurse Practitioner, Pharmacy, Dietician and care staff work with residents and families to ensure resident focused care.

POPULATION HEALTH MANAGEMENT

The acuity of our resident population remains high. Our Professional Advisory Committee assist with reviewing any issues that may arise so we can view the issues through an equity lens. As we are located near Tyendinaga, we have included indigenous residents in our improvement plan, reviews and have created our Land Acknowledgement. We continue to provide education through Surge Learning on Culture, Diversity, LGBTQ2+ awareness. Our documentation systems are much more integrated to allow all members of the team to be able to access remotely as needed.

CONTACT INFORMATION/DESIGNATED LEAD

Designated Lead is Anita Garland, R.N. Administrator

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 11, 2025

Ante Marbond

Board Chair / Licensee or delegate

Ante Marbond

Administrator / Executive Director

Ante Marbond

Quality Committee Chair or delegate

Brigitte Stegermann

Other leadership as appropriate

Resident Council