

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2024



OVERVIEW

Hastings Manor is one of two homes operated by the County of Hastings in partnership with the Cities of Belleville and Quinte West. The home has a diverse, inclusive team of residents, families, team members, and community partners coming together to ensure our residents' have the best experience possible. Our Quality Improvement Plan (QIP) is guided by Hastings' County corporate mandate - Supporting People and Our Communities. Our residents are our first priority, our home will strive to be recognized as a leader in LTC supported by strong community partnerships.

Hastings Manor continues to focus on person centered care approaches. In 2024 through ongoing educational opportunities we continue on this journey, empowering our team members to be a driving force in this model of care. The importance of building authentic relationships with residents and families is a large part of our culture. We are committed to not only listening to our residents, but hearing what our residents want for their home, what makes a difference for them, and how we can ensure they have the best experience possible. Each resident is unique and our team is here to serve and support them.

In 2024, Hastings Manor will be working with RNAO as one of their Best Practice Spotlight organizations to implement and support best practices within the home. This will be three year project for the home.

ACCESS AND FLOW

Improvement in access to timely care has demonstrated improvement on outcomes for residents. It also improves overall resident and family experience and satisfaction with the care they're receiving.

Hastings Manor will be focusing on access and flow through reduction in emergency transfers including ongoing use of the NLOT program. Strengthening partnerships with external partners including a renewed relationship with portable xray services. The home will strive to ensure residents and families have access to preventative services including denturists, dental services, hearing and eye care services.

Ongoing education of the registered team also supports timely intervention for acutely ill residents within the home.

EQUITY AND INDIGENOUS HEALTH

At Hastings Manor our current demographic is primarily anglophone. Our care approach is person centered and we strive to ensure resident's receive individualized care. The home strives to work with newly admitted residents and their families to meet specific cultural or socio-economic needs as they arise.

An interdepartmental approach is used for all care conferences to ensure that the home remains focused on addressing the personalized wants and needs of each resident.

Team members will be required to completed equity, diversity and inclusion training in 2024.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Hastings Manor has been very fortunate to have an active Resident Council within the home. Our Resident Council takes pride in making suggestions/recommendations for areas of improvement and are active participants in fundraising for our home. Hastings Manor does not have an active Family Council, effective January 2022. Efforts are being made to educate families and engage them in forming a Family Council. The leadership team provides regular updates and information to families via email and newsletters. In the absence of a Family Council the home strives to host Town Hall Meetings that families are able to attend to hear updates about the home and voice concerns.

Our satisfaction survey is completed annually giving both Residents and Families an opportunity to share their thoughts on how our home is performing. The survey is reviewed annually to ensure the questions are meaningful and provide our residents with a voice to let us know how they see the home performing. The surveys are thoroughly reviewed and action items identified for the creation of improvement goals. The 2023 satisfaction survey was completed in November 2023. We had 110 residents (44%) and 60 families respond. Resident engagement had greatly improved in comparison to 2022 when only 30% of the resident population completed the survey. Resident council reviewed results in March 2024 and provided recommendations to leadership. The leadership team reviewed the surveys for actionable items that are also captured in our QIP workplan.

Most recently we have included resident representation on some committees including Pain and Palliative and Quality Improvement. This has been a valuable addition to our interdisciplinary

committees as they are able to offer feedback and suggestions to change ideas within their own home.

PROVIDER EXPERIENCE

Team member surveys have been initiated over the past two years to elicit feedback from team members on various topics. The data from these surveys is utilized to help plan within the home including areas of focus for team member education and home improvement.

Team Members have access to our free Employee Assistance Program. The Leadership Team shares this program with team members as needed. Hastings County also has a well developed Wellness Committee that shares information in regular newsletters for team members and plans events.

Hastings County has a monthly Cheers for Peers program where team members can nominate fellow team members for recognition. The draw is monthly and the team member is recognized with a certificate and gift card.

Residents Council has created an initiative for Residents to show appreciation for team members. They work with residents council for a certificate to be made and then presented to the team member(s).

Throughout the year team member appreciation events are held to celebrate the team and their contributions to resident care.

SAFETY

Creating a home that is safe and secure for our residents remains our priority. Transparency is key to progress and improvement. Incidents involving resident abuse of any type are investigated and reviewed by leadership. The need for changes in processes are identified and actioned. Debriefing with staff after an incident is also part of regular practice to identify triggers and areas for improvement.

Medication incident analysis and hypoglycemic incidents are also reviewed by nursing leadership to identify gaps and areas for growth. Hastings Manor participated in the Trailblazer program in 2023 to support best practices in Medication Safety.

Over the coming year, Hastings Manor will access resources from Healthcare Excellence Canada to further enhance our Incident Analysis.

Hastings Manor will also focus on fall rates and Antipsychotic Use on this years QIP plan with interdisciplinary change ideas that encourage a positive resident experience.

POPULATION HEALTH APPROACH

As the population of residents living in Long-Term Care broadens, Hastings Manor continues to be proactive in identifying services that will meet the needs of the diversity in residents. A culture of continuous improvement and education will ensure the home is able to meet the needs of its residents. The return to more in person education allows for team members to learn and discuss changes in practice.

Utilizing resident and family survey results to improve programming in the home, as well as a commitment to ongoing improvement through initiatives such as the RNAO BPSO will support the home to keep ahead of emerging trends.

CONTACT INFORMATION/DESIGNATED LEAD

Jennifer McCaw, Director of Nursing
mccawj@hastingscounty.com
613-968-6467 ext. 2227

Jessie Bloom, Assistant Director of Nursing, RPN, Training and Quality Improvement
bloomj@hastingscounty.com
613-968-6467 ext. 2297

Kristen Merritt, Administrator
merrittk@hastingscounty.com
613-968-6467 ext. 2232

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

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate
