

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, Chelsey Park 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. We conduct resident and family satisfaction surveys annually to assess satisfaction with the care and services provided and we make the appropriate changes to continually improve satisfaction with the quality of care and services we provide.

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 Chelsey Park.

Here are just some of the highlights from the 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 priority areas of focus for improvement, 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.
 - ✓ 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
 - ✓ Achieved a rate of worsening pain of 8% in December 2024, significantly below the provincial average of 9.6%.
 - ✓ Maintained a restraint utilization rate of 0%, significantly below the provincial average of 2.2%.
 - ✓ Improved Resident overall satisfaction with the services they receive from 83.8% in 2023 to 87.6% in 2024.
 - ✓ Improved Family overall satisfaction from 69.07% in 2023 to 84.75% in 2024 and overall satisfaction with care for the residents from 73% in 2023 to 85% in 2024.
 - ✓ Focused on improved collection and documentation of each resident's goals of care in support of our palliative approach to care.
 - ✓ Increased 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.

Palliative Care

In 2024, our home enhanced the current palliative care program with the implementation of our new Palliative Care policies and procedures, as well as, through participation in our Palliative Care forum, which brings all Southbridge homes together to share new palliative care best practices they have implemented in their homes and learn about new research and emerging palliative care best practices in the sector. Our palliative care philosophy of care policies and procedures were reviewed and revised

based on feedback received during the palliative care forums, as well as, from Resident and Family Council meeting feedback.

Our home has implemented the following palliative care policies and procedures to enhance the provision of palliative care:

- Palliative Approach to Care
- Advance Care Planning
- End of Life Care and Therapeutic Nutrition
- Pronouncing Death
- Care of the Body Following Death, and
- Medical Assistance in Dying.
- Pain policies and change in resident status notification policies
- Standard Operating Procedures to guide staff in the completion of various clinical procedures such as initiating hypodermoclysis, suctioning, etc.
- Palliative and End of Life Nutrition policy
- And a number of policies and appendices in the Resident Focused Recreation and Volunteer manual, including Resident Focused Program Planning and the Multi-faith Religious and Spiritual Programs which includes the Spiritual and Religious Care Assessment Tool

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 fully supporting those goals whenever 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. Our home also participates in LTC+ which provides onsite support, diagnosis and treatment by Community Paramedical professionals, helping to further reduce available emergency department transfers.

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 by the survey results below:

Overall Satisfaction with the Care and Services Provided:	2024 Results:
Residents	85.36%
Family	83.73%

Based on the 2024 Resident Satisfaction Survey results, the top five areas of improvement identified were:

Opportunities:	Change Ideas:	Person Responsible:	Target Date
<p>Laundry, Cleaning, and Maintenance Services <i>“I am satisfied with the laundry services for personal clothing was rated at 73.21%.”</i></p>	<p>Encourage residents to report any issues with laundry services for personal clothing immediately to charge staff for follow-up.</p> <p>Encourage residents to attend Residents’ Council meetings and voice concerns; helping to identify if there is an issue with a particular floor vs. individual issues.</p>	Environmental Services Manager	<p>June 2025</p> <p>Ongoing</p>

	Encourage residents to fill out missing laundry form on floor for any personal clothing concerns with missing items.		
Care Services <i>"I am satisfied with the quality of care from Physio therapist/occupational therapist was rated at 73.05%."</i>	<p>Encourage residents to voice any concerns with PT/OT staff to registered staff or nursing leadership team and make changes based on the feedback received, as feasible.</p> <p>Physio Therapist Assistants to invite all floors cognitive residents at least twice monthly for their group exercise participation interest.</p> <p>The physio team will review monthly highly involved residents seen by part-time Physio Therapist Assistants to ensure they are consistently seen additionally by other assistants to meet targeted treatment frequency 2-3x per week.</p>	<p>Director of Care</p> <p>Physiotherapist</p> <p>Occupational Therapist</p>	<p>June 2025</p> <p>Ongoing</p>
Continance Care Products: <i>"Overall, I am satisfied with the continance care products used in the home was rated at 71.64%."</i>	<p>Continance Care lead to attend Residents' Council meeting with councils' approval to review the program with the residents and answer any questions or concerns</p> <p>Encourage residents to bring concerns forward to charge staff; referral can be completed with follow-up and feedback</p>	<p>Director of Care</p> <p>Continance Care Lead</p>	<p>June 2025</p> <p>Ongoing</p>
Dining Services <i>"I am satisfied with the temperature of my food and beverages was rated at 71.63%."</i>	<p>Review at Food Advisory meeting - Encourage residents to speak with the Food Services manager or supervisor right away with concerns related to food temperature.</p> <p>Complete audits on temperature logs for meal services on all floors.</p> <p>New food delivery protocol implemented when in outbreak; ½ home area completed at a time to maintain temperatures.</p> <p>Table rotation updated to include serving 1 table inside the dining room and then serve 1 table in the lounge.</p>	<p>Food Service Manager</p> <p>Food Service Staff</p>	<p>June 2025</p> <p>Ongoing</p>

<p>Contenance Care Products <i>"I have a good choice of continence care products was rated at 71.59%."</i></p>	<p>Contenance Care lead to attend Residents' Council meeting to review the program with the residents and answer any questions or concerns. Make the appropriate changes based on the feedback received.</p>	<p>Programs Manager Director of Care Contenance Care Lead</p>	<p>June 2025 Ongoing</p>
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Based on the results of our 2024 Family Satisfaction survey, our top five opportunities for improvement are:

Opportunities	Change Ideas:	Person Responsible:	Target Date:
<p>Recreation & Spiritual Care Services: <i>"I am satisfied with the timing and schedule of spiritual care services was rated at 79.79%."</i></p>	<p>Encourage families to participate in the Family Council and provide input into Religious/Spiritual activities and support. Elicit feedback related to the improvements that the families would like to see implemented and make these changes as appropriate.</p> <p>Recreation team and Chaplain to utilize new Spiritual and Religious Care Needs assessment tool and update resident's recreation profiles to capture time preferences of individuals. Review of current timings vs. resident preferences and make changes as feasible.</p>	<p>Programs Manager Chaplain</p>	<p>June 2025</p>
<p>Care Services: <i>"I am satisfied with the quality of care from the dietitian was rated at 79.77%."</i></p>	<p>Encourage families to bring forward any concerns with the dietitian to the Food Services Manager. Implement improvements as appropriate based on the feedback received.</p>	<p>June 2025</p>	<p>Executive Director Registered Dietitian Food Services Manager</p>
<p>Recreation & Spiritual Care Services: <i>"I am satisfied with the variety of spiritual care services was rated at 79.70%."</i></p>	<p>Encourage families to participate in the Family Council and provide any feedback to the Recreation Manager on Spiritual Services. Makes the necessary changes based on the feedback received as feasible.</p> <p>Provide families with resources for additional spiritual care services in the community, information to be presented to the Family Council and included in the Family Binder.</p> <p>Recreation team and Chaplain to utilize new Spiritual and Religious Care Needs assessment tool to understand the current spiritual and religious needs of the home.</p>	<p>Programs Manager Chaplain</p>	<p>June 2025</p>
<p>Dining Services:</p>	<p>Encourage families to participate in the Family Council and provide any feedback on ways to</p>	<p>Food Services Manager</p>	<p>June 2025</p>

<p><i>“The resident enjoys eating meals in the dining room was rated at 78.94%.”</i></p>	<p>improve the dining room atmosphere for pleasurable dining. Implement changes based on the feedback received, as feasible.</p> <p>As of September 2024, families can purchase Meal Tickets to dine with a resident for lunch or dinner outside of the dining room.</p>	<p>Executive Director</p>	
<p>Care Services: <i>“I am satisfied with the quality of care from physiotherapist / occupational therapist was rated at 76.67%.”</i></p>	<p>Encourage families to bring forward any concerns to floor charge staff, or nursing leadership team. Implement improvements based on the feedback received.</p> <p>Families/POA can request a referral to be made to the designated care service provider (PT/OT) for follow-up communication.</p>	<p>Director of Care</p> <p>Physiotherapist /Occupational Therapist</p>	<p>June 2025</p>

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 Councils 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, individuals 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 Safe Lift and Transfer.

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 individuals who would like to provide feedback on or have questions related to this Quality Improvement Plan to contact our Executive Director at 519-432-1855 ext. 225.

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

Administrator /Executive Director _____ (signature)

Quality Committee Chair or delegate _____ (signature)

Other leadership as appropriate _____ (signature)