

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 5, 2023



OVERVIEW

Sandfield Place is very family oriented. We are a small privately-run home with only 39 residents. We love getting to know our residents and their families. We want to ensure that all our residents are satisfied and happy where they live. Since we are a smaller home, we can get to know the residents very well, and get to know what they like and follow their preferences accordingly. We put their wants and needs into a plan of care, which is all different according to the resident. We strive to ensure resident and family satisfaction based on the resident's unique needs. Resident and family satisfaction is very important to our home. With our small home, we can make a connection with our residents and their family members, and ensure they are happy within the facility.

Sandfield Place prides itself for its high quality of care for our residents. One of the biggest factors we want for our residents is to ensure they are happy and comfortable. In doing so, we want to make sure the resident's pain is controlled. Every resident is different. Some have different diagnoses, different histories, and therefore have different pain and how it is controlled. Sandfield Place realizes this and wants to ensure the most comfort for the residents.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

From our last QIP, we are still trying to reduce the amount of avoidable ER visits there can be, and reducing anti-psychotics in LTC as much as possible. A few of our goals from last year was also to reduce the number of falls and UTIs available. We were having regular meetings to discuss each fall and how it occurred and what we can do to prevent the next fall. We speak about what interventions were effective and what were not based on the resident's plan of care. We recognized that one area we had issues with involved those residents who were new admissions, and were seeing a lot of residents who just moved to the facility having falls. When we implemented fall prevention precautions as soon as the residents have moved in, we saw a reducing rate for the resident falls.

For the UTI rates, we also spoke about these at regular meetings and tried to figure out what was causing them. We established that peri-care is an extremely important factor and want to make sure that the direct care staff performed peri-care appropriately. We had several in-services on all shifts to speak of peri-care and to give tips and hints about proper peri-care. We also designated a different colour cloth, instead of the white cloths, that would be used for peri-care specifically and using white cloths for other areas of washing (face, hands, etc.)

Overall, these interventions seemed to work well. We are still implementing different techniques and trying to reduce our falls rates and UTI rate as much as possible.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Sandfield Place wants to ensure the residents and families have input into their or their loved ones plan of care. We always say "This is the resident's home". We want to accommodate as much as possible in the resident's home. We value our resident's suggestions and try to input it in our practice as much as possible. One of these include our residents' council and family council. We try to gather input there as much as possible and see where we can grow.

One of the inputs that were brought forth to our QIP meetings from a resident was establishing a pain control method. This resident experienced a lot of pain and wants to ensure that pain control is a priority for us. Although pharmacological interventions are important, one of the examples of the initiative includes non-pharmacological interventions. The importance of physiotherapy and hot packs are examples of pain control methods that we are reviewing and keeping these initiatives met.

PROVIDER EXPERIENCE

Sandfield Place is lucky to be a small facility and we are able to get to know our residents well. One of the struggles we have been dealing with is the lack of health care workers. Although this is prominent all over Ontario, we are very proud to say we have not used any agency staff as of yet. We recognize that the agency staff may have a big load, and may not know the residents very well as they go to many different facilities. Our staff who work here know the residents very well and we want to continue this “home-y” environment.

During the pandemic, one of the stressors included staff burnout, especially when we are in outbreak situations. When in an outbreak, the staff were not able to come to work as they were sick, and other staff members had to work overtime shifts to help out. We are very fortunate to have direct care staff who truly care about the residents and want to help out; however, it can get very tiring for them. We have implemented a service on a weekly basis from our social worker for “Mindfulness” to try to help our staff not to develop any type of burnout. We also have EAP services we encourage the staff to use for counselling support of work-related issues or even personal issues.

WORKPLACE VIOLENCE PREVENTION

Sandfield Place does not tolerate workplace violence and wants the environment at the facility to be a positive atmosphere. Mandatory education is provided yearly to all the staff at the facility regarding workplace violence and what it is. Sandfield Place wants all staff to be aware of what workplace violence is in the hopes of eliminating it as much as possible. Besides the mandatory education piece, we also have mandatory in-services provided by a outside speaker to speak about workplace violence, abuse and other topics relevant to the population. Most of our staff is very interested in learning from the speaker and usually takes the speaker’s suggestions into their own practice.

For this year, we will continue the mandatory education piece, and bring in an outside speaker if this is possible to do education on workplace violence. As we are a smaller facility, the interactions between the staff become recurrent for them, which may cause tension between the employees. We always have an “open-door” policy where the employees can speak to the management staff about any concerns they may have. Supervisors and managers take what the employee says very seriously and always find a solution to what has occurred. We continue to measure the workplace violence by the complaints we receive which is reviewed and brought up at the QIP meetings. Offering support and education to the employees will help the prevention of workplace violence.

PATIENT SAFETY

Resident Safety is a priority to Sandfield Place. Some instances that may occur would be if a resident has a fall and injures themselves or if a medication incident was made. In those type of circumstances they are followed up with by the management team. The management team will audit these and see what was the cause of the fall, or the incident and implement interventions so this does not occur again. We will speak to the team members by utilization of our communication boards, the communication book, huddles and monthly staff meetings. The RN supervisor, or nurse-in-charge will follow up with the team to ensure the interventions are being done accordingly.

Care conferences and care plan team meetings are a great way to get input from the residents and their families. They may tell us stories about falls or instances that occurred at home, and what they've done to prevent these incidents. If appropriate, we can implement it into our practice. For example, we've had care conferences where we were told at night, the resident tries to get up by themselves and use the bathroom. So we may try different interventions during the night, such as a bed alarm, and ensuring the resident is being toileted, and may have to be toileted more frequently during the night.

Overall, we try to obtain information from the whole team, including the resident and family to ensure the care plan is accurate according to the resident's needs.

HEALTH EQUITY

Sandfield Place does not judge anyone based on their diverse populations. Instead, we want to get to know our residents and try to implement their beliefs into our practice when possible. Our process upon admission, is that we ask the family and residents a "get to know you" form that we have at the facility. This asks a lot of questions, such as their beliefs, their history, their family, their preferences, etc. Once we get this information, we can see what they enjoy and what they believe and see what we are able to implement based on what we have at the facility. The care conferences, which we have 6 weeks after the resident moves to the facility, and annually, is a great way for us to ask the residents and their families questions about their beliefs and cultures and implement it accordingly. For example, for those residents who speak the French language, we try to ensure the staff who perform their care are those staff who speak French whenever possible.

CONTACT INFORMATION/DESIGNATED LEAD

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OTHER

Overall, Sandfield Place is a small facility which is family-oriented. Our strongest strength is that we truly care about our residents and want to ensure they are happy and safe within the facility. All of the interventions we do, is to maintain this priority within our home.

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 **February 28, 2023**

Samantha Below, Board Chair / Licensee or delegate

Stephanie Kinnear, Administrator /Executive Director

Samantha Below, Quality Committee Chair or delegate

Darren Stinson, Other leadership as appropriate
