Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 22, 2024





OVERVIEW

At Gateway Haven the focus has been on reestablishing a solid foundation of best practices and updating our assessments to reflect those best practices and workflows. In doing so, we have applied the integrated quality management framework. Throughout the 2024 Quality Improvement Plan (QIP), our primary objective is to enhance resident safety through targeted initiatives. A few of these initiatives include reducing fall incidents, increasing the number of trained team members in the Gentle Persuasive Approach (GPA), and mitigating avoidable Emergency Department transfers.

Currently, a comprehensive review of policies and procedures is underway within the organization to provide guidance on best practices, legislation, consistency, risk management, and promotion of values and culture.

ACCESS AND FLOW

We recognize the critical role that timely communication plays in optimizing resident care outcomes, particularly in reducing avoidable emergency room visits and facilitating effective pain management. As such, we are committed to enhancing our communication practices with physicians to ensure prompt and efficient coordination of care.

We are pleased to have developed and plan to implement the Canadian Triage and Acuity Scale (CTAS) Reporting and Communication Protocol in collaboration with our frontline nursing staff and hospital partners. This protocol aims to streamline communication channels and ensure that physicians are promptly informed of pertinent resident updates at the appropriate times.

By adhering to the CTAS Reporting and Communication Protocol, we anticipate improved communication efficiencies, resulting in more informed medical decision-making, timely interventions, and ultimately, enhanced resident outcomes.

PROTOCOL: REPORTING AND COMMUNICATION

VIII-A-10.00 SBAR - Communicating with Interprofessional Team
Triage Using CTAS

	Level 1	 Critical (911) - Life-threatening conditions.
Q	Level 2	 Emergent - (Call MD or ER) Potential threat to life or limb. (If unable to reach MRP/NP within 5 min call ER)
	Level 3	 Urgent - Requiring emergency intervention. Call MD/NP If unable to reach MRP/NP within 90 min call ER
	Level 4	 Less urgent - Benefiting from intervention, (Fax MD - Expect a response within 24 hours, if there is no response telephone call the Physician) eg. Constipation, a small amount of rectal bleeding, potential dehydration.
	Level 5	Non-urgent - To be addressed during rounds. MD Book eg. Minor laceration, sore throat, bug bite.

PROTOCOL: REPORTING AND COMMUNICATION

VIII-A-10.00 SBAR - Communicating with Interprofessional Team Documentation



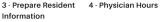
PROTOCOL: REPORTING AND COMMUNICATION

VIII-A-10.00 SBAR - Communicating with Interprofessional Team

1 - Assessment

2 - Chart Review

a



5 - SBAR process

Background:

· Assessment:

Recommendation:



- Inquire about any observed changes with other team members, if available (e.g., PSWs).

resident's condition.

- Current diagnoses.
- Recent progress
- Vital signs.
- Recent diagnostics.
- data:
- Electronic and paper chart information.
- Medical diagnosis. List of current medications.
- Allergies.
- o End of Life Health Care Wishes
- o Physician office hours:
 - Monday Friday: 0830 hrs - 1700 hrs.
 - After-hours and weekends:
 - Monday Friday (after hours): 1700 hrs -0830 hrs.
 - Saturday and Sunday: All day.

EQUITY AND INDIGENOUS HEALTH

Bruce County and Gateway Haven are currently immersed in a comprehensive Indigenous Reconciliation Planning Initiative. This initiative is structured to include a methodical approach, encompassing the phased delivery of training courses and the meticulous crafting of a Reconciliation Action Plan (RAP).

Gateway Haven has prioritized the education and training of its front-line staff, considering it a vital aspect of their operational agenda. The organization is dedicated in its commitment to ensuring that all full-time front-line staff members complete the required training by March 31, 2024. Through strategic investment in education and training, Bruce County aims to have an understanding of Indigenous cultures and bolster awareness throughout the whole organization. To accomplish this objective, the County is executing a phased educational strategy, whereby all staff members will partake in foundational Indigenous cultural awareness training.

The planning and engagement process will steer Bruce County towards nurturing restored relationships with Indigenous peoples and communities within the region, thereby propelling progress along the pathway to reconciliation.



Bruce County is committed to a meaningful truth and reconciliation process with Indigenous people and communities. We are actively engaged in advancing an Indigenous Reconciliation Planning Initiative. This initiative strives to promote a deeper understanding through education and training while developing and committing to an actionable plan, informed by collaboration, empowered through partnership. Our goal is to foster reconciliation and strengthen the relationships within our communities.

PATIENT/CLIENT/RESIDENT EXPERIENCE

This year, we are initiating a new approach to our Resident satisfaction survey, transitioning to the Inter-Rai Quality of Life Survey format. This evidence-based survey not only promises a comprehensive assessment but also signifies a shift in how we engage with our residents and their families. Our aim with this change is to enhance participation, ensuring a more robust understanding of their needs and preferences.

One significant adjustment lies in the administration of the survey. We are strategizing to optimize completion rates by aligning the survey timing with our annual care conference. This synchronization offers residents and their families an invaluable opportunity to reflect on the past year collectively. Moreover, we have scheduled bi-annual meetings with residents and families to reflect upon survey findings and actively engage in improvement strategies.

In addition to structured survey initiatives, we remain committed to gathering feedback from residents and families on an ongoing basis. Whether addressing concerns individually or facilitating discussions during council meetings, we prioritize open communication channels.

This integrated approach underscores our dedication to fostering a supportive environment where resident satisfaction and well-being remain paramount. We are confident that these initiatives will not only enrich our understanding but also foster a culture of continuous improvement within our community.

PROVIDER EXPERIENCE

At Gateway Haven, we've recognized the paramount importance of fostering a positive workplace culture, one that not only values the contributions of our staff but actively seeks to enhance their engagement and satisfaction. Therefore, we have established a dedicated Staff Engagement Committee, comprising representatives from various departments. This committee serves as a dynamic forum for brainstorming, implementing, and evaluating initiatives aimed at nurturing a supportive and inclusive environment. Through regular meetings and open dialogue, the committee harnesses the collective insights and perspectives of our workforce to identify areas for improvement. From organizing team-building activities to implementing feedback mechanisms and recognition programs, the committee is committed to fostering a culture where every member feels valued, empowered, and motivated to contribute their best.



SAFETY

At Gateway Haven, we are committed to continually enhancing the support and resources available to our front-line staff. In pursuit of this goal, we are excited to announce our plans for the upcoming year, which include the integration of cutting-edge technologies aimed at improving the quality of care provided to our residents.

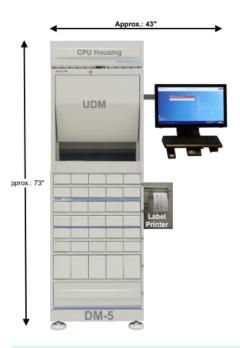
One significant initiative involves the implementation of Jubo Health Technology 2.0 VitalLink, a comprehensive vitals monitoring solution. This innovative tool empowers our care teams with the confidence to deliver superior care by streamlining workflow, ensuring data accuracy and compliance, and ultimately enhancing clinical health outcomes.

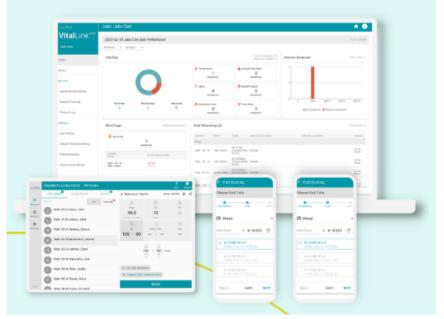
In addition to VitalLink, we are proud to introduce the Essity (Tena)

Smart Care Change Indicator and Identifi systems. The Smart Care Change Indicator technology revolutionizes our approach to resident care by providing real-time alerts regarding product changes, thereby minimizing unnecessary disturbances to residents with responsive behaviors. Likewise, Identifi offers a data-driven approach to voiding diaries, enabling our staff to develop truly individualized toileting schedules based on evidence-based information.

Furthermore, we have invested in the purchase of a 2-drawer medselect ArxIUm eBox, underscoring our unwavering commitment to safety and efficiency in medication management. The eBox enhances accuracy and efficiency for our nursing staff, minimizing medication errors and ensuring secure access control. With its integrated tracking and monitoring capabilities, we can seamlessly manage medication inventory, ensuring that critical supplies are never depleted due to oversight.

At Gateway Haven, we believe that by embracing these advanced technologies, we not only improve operational efficiency but also raise the standard of care for our residents. We look forward to the positive impact these initiatives will have on our community and remain dedicated to pioneering solutions that prioritize the well-being of those we serve.







POPULATION HEALTH APPROACH

At Gateway Haven, we maintain a collaborative relationship with our OHT (Ontario Health Team) to facilitate seamless transitions in care. Our approach involves proactive engagement to identify and address any obstacles hindering the delivery of care. Through constructive dialogue and strategic interventions, we strive to enhance the efficiency and accessibility of our healthcare services, ultimately ensuring optimized resident outcomes.

CONTACT INFORMATION/DESIGNATED LEAD

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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					