

POPULATION HEALTH APPROACH

The Home has made community partnerships with BSO, SMHO, Botox for spasticity, social work, dental hygiene, eye care, and podiatry. This in turn has allowed the Home to provide access to supportive care within its environment. These services have enhanced resident health and well-being.

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

Quality Improvement Plan (QIP)
Narrative for Health Care
Organizations in Ontario

March 22, 2024

OVERVIEW

Niagara Ina Grafton Gage Village is a not for profit campus of care setting- housing 500 seniors in long-term care, senior apartments, assisted living and life lease bungalows.

MISSION

Niagara Ina Grafton Gage Village is dedicated to fostering quality of life for our clients through the provision of services that address the needs of the individual.

VISION

We will strive to ensure that our services:

- Reflect the changing needs of our clients and the community;
- Adhere to the principles of quality;
- Are affordable; and
- Demonstrate leadership in the field of service for our clients.

VALUES

Our service is motivated by our concern and commitment to meet the needs of our clients.

This is demonstrated through our belief that:

- Individuals are unique, each has worth and is deserving of respect and dignity.

- Individuals have the right to maintain maximum independence.

- Individuals have complex physical, psychological, social, cultural, and spiritual needs.

- Individuals have the right to age in place when possible.

- Individuals are part of the decision making process that determines which services are appropriate.

Quality is integral to everything that we do.

Fiscal responsibility ensures the continued provision of services.

Our clients are our most valuable resource.

Our environment encourages flexibility, creativity, adaptability, and tolerance.

We are accountable to those we serve.

ACCESS AND FLOW

The Home has made strides to increase capacity and work in partnership with outside source providers to improve quality and resident-centered care. Over the last several years, residents have been staying in their homes longer. Once they reach long term care, individuals are requiring a substantially higher level of care with increased psycho-social, cognitive, and physical needs.

The Home has made community partnerships with BSO, SMHO, Botox for spasticity, social work, dental hygiene, eye care, and podiatry. This in turn has allowed the Home to provide access to supportive care within its environment. The NP continues to liaise with the Home and hospital to encourage educational growth of the staff and improve their skill set. The Home is looking to better facilitate in-house treatments such as IV Therapy and assessments including bladder scanning to reduce unnecessary catheterization of residents.

The Home is working to educate residents' families, POAs about unnecessary transfers to hospital and affects this could have on them, especially our residents with cognitive impairments. The goal is to ensure that the residents receive as much care possible within the home before transferring to acute care.

EQUITY AND INDIGENOUS HEALTH

The Home has the ability for inclusivity. We as a facility believe in having the capacity of having equity, inclusion, diversity, and anti-racism through stringent policies that prioritize the indigenous populace.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Niagara Ina Grafton staff work together with our residents and tenants in their homes, ensuring that they always receive quality care and live in a safe and secure environment. The Home uses a variety of communication tools to provide clients, families and the community with current up-to-date information.

Presentation at town hall meetings and satisfaction surveys are the way for us to provide this information and understand what we can do to improve things. Residents, tenants, and families have the opportunity to provide feedback and present any concerns they may have. They can do this through our "Speak Your Mind" tool.

All concerns are reviewed at weekly leadership meetings where resolutions and follow-ups are provided in a timely fashion. We continue to promote an open door policy which allows anyone to discuss concerns or ask questions in a friendly non-judgmental environment.

The Home also has platforms like Family and Resident Councils which are intended to help facilitate or provide ideas on how to improve care and services within the home.

PAC (Professional Advisory Committee) meetings occur quarterly for continuous quality improvement.

PROVIDER EXPERIENCE

As a health care facility, the Home does face challenges with human resources. The Home continues to utilize different strategies to manage the current work force challenges. The Home has formed partnerships with training and educational facilities to host student placements including PSW placements, SPEP (Supervised Practice Experience Partnerships)- specifically for RNs. This enables the Home to hire properly trained and qualified health care workers.

Ina Grafton has evaluated and weighed part-time positions and created more full-time opportunities. This is a major incentive which optimizes the permanency for staffing.

Cross training is done throughout the different entities within the Home's diversified communities. This creates the opportunity for staff to achieve and obtain full-time employment within the said communities.

SAFETY

Patient safety is a priority at Ina Grafton. We continue to focus on reducing injury from falls and creating a falls awareness and prevention program. Staff, Families, and residents all have a part to play in safety and through education. We are working to minimize falls and injury and to keep safety a strategic priority.

The Home has also increased education and hands-on training to improve IPAC practices as this has become a huge area of concern as evidenced during the COVID pandemic.

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of long-term care residents who fell in the last 30 days	C	Number / LTC home residents	Local data collection / Apr 2024-Mar 2025	CB	40.00	Implement strategies to reduce the number of falls.	

Change Ideas

Change Idea #1 To implement strategies to reduce frequency of falls monthly.

Methods	Process measures	Target for process measure	Comments
Implement falls tracking tool and analyze monthly to determine who are frequent fallers or high risk residents	Number of residents who fell in a 30-day period.	100% of the falls will be reviewed monthly. It will be reviewed and analyzed at PAC meetings quarterly.	Will hold monthly falls prevention program interdisciplinary meetings.

Change Idea #2 Post fall assessments to be completed to determine if individual falls prevention strategies are effective.

Methods	Process measures	Target for process measure	Comments
Post fall assessment. Look specifically at interventions in place to determine effectiveness. May need to reevaluate preventions in place.	Review of care plan interventions for high risk and frequent fallers.	Post fall review for all residents that have had falls.	

Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of potentially avoidable ED visits for long-term care residents	C	Number / All patients	EMR/Chart Review / Apr 2024-Mar 2025	CB	0.00	Reduction of avoidable visits to the ER	

Change Ideas

Change Idea #1 Track and evaluate all hospital transfers to determine if they were avoidable.

Methods	Process measures	Target for process measure	Comments
Review tracking tool data, liaise with staff and NP.	Analyze and track number of residents added each month.	100% of residents transferred to the ER will have a monthly analysis to determine reason for transfer.	Will seek suggestions from Physiotherapy, NP and Physician.

Equity

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	CB	All staff have received relevant equity, diversity, inclusion, and antiracism education.	

Change Ideas

Change Idea #1 All staff, including agency must receive this education annually and upon hire.

Methods	Process measures	Target for process measure	Comments
Develop and upload the specified education to the online training portal.	Annually review and ensure that all staff have completed the education/training.	100% of all staff including agency and new hires	
	New hires and agency staff must receive prior to start date.		

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Do residents feel they can speak up without fear of consequences?	C	% / LTC home residents	In house data, InterRAI survey, NHCAPPS survey / Apr 2024-Mar 2025	CB	40.00	100% of the residents will feel as though they can express their opinion without fear of consequence or retaliation.	

Change Ideas

Change Idea #1 Respond to all concerns and complaints in a timely fashion. Keep family members informed of all care issues as they arise. Track frequency and observe for trends in order to focus on continuous quality improvements for safety.

Methods	Process measures	Target for process measure	Comments
Maintain a complaints log tracking tool.	Analyze and trend for patterns.	100% of the complaints and concerns will be investigated and a plan put in place for improvement.	Follow up with complaints as per policy.
Review quarterly at PAC meeting.			

Change Idea #2 Monthly Resident Council meetings.

Methods	Process measures	Target for process measure	Comments
To promote and encourage increased participation for monthly meetings.	Number of actual concerns brought forward at these meetings.	Currently averaging 10 residents. Goal to increase this to 15 residents.	

Change Idea #3 Satisfaction surveys

Methods	Process measures	Target for process measure	Comments
Survey residents anonymously annually to determine areas for improvement	Analyze surveys submitted to determine commonalities and trends.	Increase the number of satisfaction surveys returned for analysis.	Increase promotion around the survey and the method of completion of the survey.