

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 27, 2024



## OVERVIEW

St. Joseph's at Fleming is a 200-bed stand-alone, not-for-profit long-term care home. We are sponsored by the Catholic Health Sponsors Organization of Ontario. We serve a diverse, multi-denomination population with a streamlined focus involving behaviors, dementia, mental health & chronic care. We are situated on Mississauga lands and the traditional territory covered by the Williams Treaties in the heart of the Kawarthas.

St. Joseph's at Fleming is pleased to share its 2024/25 QIP, building on previously identified initiatives with a heightened focus on identified Priority Indicators. We continue to move forward, focusing on the future and strengthening our commitment to the challenges ahead. In keeping with our Strategic Plan, the Continuous Quality Improvement Committee aligns with the Board Quality Improvement Committee in ensuring identified initiatives are given priority to enhance care and improve performance.

For 2024/25, St. Joseph's at Fleming has patterned our QIP on the three themes identified by Ontario Health:

Theme 1: Timely and Efficient Transitions

Theme 2: Service Excellence

Theme 3: Safe and Effective Care

Based on the recommendations of the CQI committee, priority areas of focus will include:

- improve transitions of care between agencies,
- exploring strategies to reduce falls,
- improve resident and family experience

Monitoring progress through the QI journey will validate the Home's Goals of remaining a CARF® Accredited Person-Centered Long-Term Care Home, investing in our people, looking at funding opportunities, building community connections, and meeting the FLTC requirements. We will be CARF re-surveyed in April/May 2024.

2024/2025 continues to be a year for a continuation of rebuilding, promoting change and developing partnerships. We continue to gather information regarding Ontario Health Teams, focusing on the staffing situation to provide a safe environment, enhanced care, and supports for our residents, families, and our staff care team.

## ACCESS AND FLOW

We continue to promote better efficiency, ensuring safe effective care and we are doing this through,

- Supporting early recognition of residents at risk for ED visits and working to reduce avoidable transfers.
- Providing information on the benefits of in-house treatments where possible at Admission, Annual Care Conferences. Staff continue to identify goals of care for each resident on an ongoing basis.
- Continue to strengthen resident and family relations process through open communication between Resident and Family Councils.
- Reducing the current performance related to identification of residents receiving anti-psychotic medications in absence of psychosis.
- Continued monthly review of resident falls with a focus on residents at High Risk for falls. Information sharing of common issues are discussed at the in-home falls committee and CQI committee.

Note: Enclosed is a copy of what successes have been achieved at St. Joseph's at Fleming in 2023 for the 2024/25 QIP. See final section.

## EQUITY AND INDIGENOUS HEALTH

St. Joseph's at Fleming ensures that a Cultural plan is in place that

identifies and protects our residents and employees who may be singled out or overlooked due to socioeconomic, cultural and diversity differences. We have done this using the following check list ensuring diversity and culture in action:

- The Vision, Mission, and Values demonstrate what our organization is all about. Resident Bill of rights and the terms of reference for our stewardship meetings are our guide. We pride ourselves on being a diverse culturally focused organization promoting inclusion that is built into what we do and how we do it. Our Human Resource practices ensure equality, with an emphasis of provincial priorities through our hiring, orientation, advertising of jobs and dealing with contractual obligations.

- We ensure that all resident care policies and practices include; a cultural focus, annual care planning, education, and awareness training (Staff Development), culturally familiar foods, legal obligations (all governing legislation and regulations such as; Canadian Charter of Rights, Canadian Multi Culture Act, Canadian Human Rights Act, Ontario Human Rights Code, and the Accessibility Act).

We also submit the indigenous people and French language reports annually,

utilizing community supports available such as the:

- LGBTQ Community – Peterborough Aides Resource Network (PARN), Rainbow Support Group
- New Canadian Center
- Native Friendship Center
- Islamic Association
- Peterborough Police Service

- Community Living
- Canadian Hearing Society
- Canadian Institute for the Blind

Work will continue within this area, as will the collection of data to understand where disparities may exist within our organization.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

We continue with weekly stewardship meeting sharing ideas and what is working well and what is not working well. We have a family council and resident council who are very active in meeting and providing feedback for positive change.

The annual quality resident/ family survey provides opportunity for feedback and change. This information is shared at the staff, leadership, resident, family and Board of Director level.

Regular data collection provides the opportunity for review and adjustments in the home to how, when, why and where services are provided to our residents and family in dealing with situations specific.

We gather data and feedback through the additional areas listed below.

- Room Check Up Card (Regarding Environmental Services)
- Room Temperature Checks – Must be completed as per FLTCA May 15-Sept.15th daily.
- Call Bell Reports
- Physical Restraints
- Resident Falls
- Falls Resulting in Transfer to Emergency
- Urinary Tract Infections
- Hand Hygiene by Type of Indicators
- Stage 2-4 Pressure Ulcers Wounds
- Psychotropic Drugs Use
- Incident of Physical Aggression

## PROVIDER EXPERIENCE

St. Joseph's at Fleming, as have many Homes, continue to experience a loss of many of our long-term employees through retirement and general attrition. Our primary concern continues to

be regarding securing experienced registered staff. We have continued to provide an active Employee Assistance Program to help support staff when they require help. The Health and Safety Committee has identified prevention and support for understanding Mental Health concerns as an area of focus and have worked to provide awareness of available resources.

St. Joseph's at Fleming has moved to increase from two to four Home Area Managers to support residents and staff with consistence leadership and daily presence. This has provided evidence that the increased oversight is resulting in better compliance with identified expectations.

Each of the Required Programs has a Home Area Manager as lead with membership of the individual committees consisting of staff from all departments and levels. Input from residents and their families will be elicited as opportunities present during implementation of change initiatives and program goals.

Communication with Registered Staff has been a concern verbalized by this group over the past few years. The introduction of Secure Conversations through PointClickCare (PCC) to provide feedback and important information to this group has started to decrease this gap. Staff now can receive communications through a text portal when they log into the PCC system. With the additional Home Area Managers, the opportunity for enhanced communication with all staff has increased. In addition to improve communication within the home we have started daily nursing huddles twice a day.

This has proven successful when looking at the continuum of care for our residents.

Involving staff in appropriate committee work, seeking feedback and ideas. We have also taken a strong focus on moral building activities, staff feedback survey in order to maintain staffing and create a work environment promoting teamwork.

## **SAFETY**

Organizations are encouraged to use this section to share your approach or standardized process used to learn from patient safety events. It may be valuable to provide examples of any new innovations that you have used to share learnings about patient safety with your patients/residents/families to prevent future occurrences.

### **Resources**

The Patient Safety and Incident Management Toolkit from Healthcare Excellence Canada provides a set of resources that focuses on actions to take following patient safety incidents. Join the patient safety community of practice, a space for members to come together with peers across all health sectors to discuss improvement opportunities and share learnings from patient safety-related incidents.

For continued support in relation to the patient safety narrative question, please email [QualityandPatientSafety@ontariohealth.ca](mailto:QualityandPatientSafety@ontariohealth.ca).

Recommended length: 250 words

## **POPULATION HEALTH APPROACH**

Population health–based approaches involve a broadening focus to include being proactive in meeting the needs of an entire population. This includes providing proactive services to promote health, prevent disease, and help people live well with their conditions in every interaction with the health system. In this section, you are encouraged to share how your organization is working in partnership with other health system providers or for those who are part of an Ontario Health Team, on population health–based approaches to care for the unique needs of their community.

Recommended length: 250 words

## **CONTACT INFORMATION/DESIGNATED LEAD**

We encourage organizations to support a culture of transparency and shared learning. If you are open to having a member of the public or another organization contact you to learn more about the activities described in your QIP, please include your name and contact information. Please note that this is optional and that anything included in this field will be publicly posted along with your QIP.

## **OTHER**

St. Joseph's at Fleming Keeps Moving Forward!

Look at what we accomplished for 2023. There is no stopping us as we reflect on past year accomplishments and look ahead for 2024. Let's start with you, the employees of the home. To those who have stayed with the home throughout the pandemic and are assisting with the recovery The biggest thank you ever! For those of you who are new to St. Joseph's at Fleming Welcome you have

joined the best team.

#### A Year in Review - Looking at 2023:

- Outbreak was top on the list.
- Elevator Project completed.
- Pathway Balcony was repaired.
- We said goodbye to Dr. Miller as our medical director and welcomed Dr. Crane as our new medical director.
- Retirements – We had long time employees say goodbye to St. Joseph's at Fleming. The longest serving employee to leave us was Karen Kelly from housekeeping over 40 years' service to both Marycrest and SJF.
- The recreation team hosted many special events such "The King's Coronation event" and such events like this were highlighted in the "Advantage Bright Lights Newsletter that goes across the province".
- Staff Service awards and celebration of Health Care Worker's week. So many moments of recognition and thanks occurred over the year such as: Staff draws, pizza days, BBQs, & Bagel Days.
- The St. Joseph's at Fleming Resident Council held staff appreciation over the past year and hosted a smile cookie day for all residents.
- We welcomed many visitors who were enjoyed by the residents (such as critter visits, Concerts in Care, Tulip the Mini Horse, Author Matthew Flagler, and more!)
- SJF had its first Base Ball challenge day against Fleming's Flamingos.
- We had our staff first tug of war competition at SJF with our residents acting as our cheerleaders.
- We participated in the SJF Foundation Golf Tournament helping to raise over \$26,000! for THE RESIDENT'S HOME.
- The Foundation assisted the home with the purchase of a new

tabletop shuffleboard, an Obie, and our elevator project.

- St. Joseph's at Fleming completed the "New Donor Wall" that was announced during the summer.
- We welcome Susan Miles to the team as the new Director of Resident Care as well as two new Home Area Managers, and our Education Lead.
- Review of Nursing services
- The Foundation hosted its first fundraising yard sale in the auditorium. The residents, students and family absolutely loved it.
- We welcomed community members back into our home having guest speakers such as: Dr. Mikula, CEO PRHC and Jeff Leal, New Mayor of Peterborough, Leanne Quinn LCol, Ken Armstrong Col of the Regiment.
- We hosted our neighbor Long Term Care home for a lunch and visit to our home welcoming the New CEO Nancy Rooney, and Nacy Ross the New Director of Resident Care.
- We also welcomed Chantell Hart, our new nursing Practitioner.
- Family Council sponsored events such as Natalie McMaster and Daniel Leahy concert, Mary Brown's chicken dinner for our residents in cooperation with recreation and dietary teams.
- Remembrance Day Service we hosted such a meaningful tribute to our Veterans present and past. We were honored to have so many members of the community attend especially Peterborough Police, Royal Canadian Arm Cadets, Salvation Army and a representative from the Hasting and Prince Edward Regiment Pipe Band.
- The Foundation sponsored and is volunteering to offer the New and Improved Tuck Shop for residents and family which is now open for business. During outbreak periods, that's when inventory and updating equipment occurs.



- The Big craft sale was offered to residents, staff, and family members again this year.
- We entered the year end with Christmas activity for the residents such as the first Santa Clause parade special entertainment, Christmas crafts and movies, and lots of staff recognition events, Santa Sleigh program for staff, spirit committee & HR draws.

What are we looking forward to in 2024?

- We have started preparation for CARF to be re accredited for 2024 and have started preparations for Strategic Plan renewal for 2025.









## 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  
**March 27, 2024**

---

**Theresa Pagett**, Board Chair / Licensee or delegate

---

**Carolyn Rodd**, Administrator /Executive Director

---

**Janie McGee**, Quality Committee Chair or delegate

---

**Cindy Doris**, Other leadership as appropriate

---