Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 29, 2025

EATONVILLE CARE CENTRE

Ontario Health

OVERVIEW

At Eatonville Care Centre, our vision is to create communities of trust and fulfillment for our team members and residents. What sets us apart is our innovative range of services, all delivered within a nurturing environment. As we approach the upcoming fiscal year, our unwavering commitment to providing the highest quality of care for all residents remains a guiding principle, anchored in our dedication to a person-centered care approach.

Integral to our Quality Improvement Plan, Eatonville Care Centre prioritizes resident safety and the ongoing enhancement of care quality. Our dedicated team diligently measures and evaluates current outcomes, striving for excellence in every initiative. In line with our commitment to improving health quality indicators, we have developed a comprehensive Risk Management Plan. Over the past year, we have revisited the Quality Improvement Plan, assessed our performance against provincial benchmarks, considered individual resident feedback, and conducted an in-depth analysis of the results from our annual survey, which gathered insights from residents, families, and staff.

Through collaborative efforts, our team has identified priorities that most effectively address the needs of our residents. Our Quality Improvement Plan for 2025 will focus on the following pivotal areas:

1.Emergency department transfers

2.The percentage of staff (executive-level, management, or all) who have completed relevant training in equity, diversity, inclusion, and anti-racism.

3.The percentage of residents responding positively to the question: "What number would you use to rate how well the staff listen to you?"

4.The percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences."

5.Incidence of falls

6.Use of antipsychotic medication without a formal diagnosis

7.Worsening of stage 2-4 pressure ulcers

8.Deterioration of mood with signs of depression

By focusing on these key areas, we aim to enhance the quality of care and ensure a supportive environment for all our residents.

In our Home, an interdisciplinary team plays a crucial role in ensuring residents receive comprehensive, person-centered care. This team typically includes professionals from various disciplines, such as doctors, nurses, social workers, physical therapists, occupational therapists, dietitians, and more, depending on the needs of the residents.

Each member of the team brings their expertise to address different aspects of a resident's health and well-being. Here are some key functions of an interdisciplinary team in long-term care:

Holistic Care Planning: By collaborating, the team creates care plans that address the physical, emotional, social, and spiritual needs of residents.

Improved Communication: Regular team meetings allow for open communication between disciplines, ensuring everyone is aligned on the resident's goals and care priorities.

Enhanced Quality of Life: By pooling their knowledge, the team can implement interventions that enhance residents' overall quality of life, from mobility programs to mental health support.

Early Issue Identification: Different perspectives help in identifying and addressing potential health issues or complications early.

Family Support: The team often works together to keep families informed and involved in the care process, providing education and emotional support.

This collaborative approach is key to achieving optimal outcomes for residents in our Home.

Interdisciplinary teams offer numerous benefits to our residents by leveraging the diverse skills and knowledge of professionals from various fields. Here are the key advantages:

Comprehensive Care: Residents benefit from a holistic approach to their health and well-being, as each team member addresses specific aspects—medical, psychological, social, and more.

Improved Outcomes: Collaborative efforts lead to well-coordinated

care plans that reduce errors, prevent complications, and improve recovery rates.

Personalized Treatment: Interdisciplinary teams can tailor interventions to meet individual resident needs, ensuring a more effective and person-centered approach.

Enhanced Communication: Residents experience streamlined care, as interdisciplinary team members share information and updates, minimizing confusion or redundancies.

Support for Complex Cases: For residents with multiple or complex health issues, the diverse expertise within the interdisciplinary team ensures all concerns are addressed.

Increased Resident Satisfaction: Residents often feel more confident and supported knowing their care is being managed by a coordinated team of experts.

These benefits ensure a higher quality of care and improved overall health outcomes for residents.

ACCESS AND FLOW

Eatonville Care Centre provides a comprehensive range of interprofessional health services accessible to residents. In addition to offering extensive primary care, our Home employs an in-house Nurse Practitioner who enhances continuity of care through effective collaboration, consultation, and referrals. This professional conducts person-centered assessments for residents at the time of admission and annually, which includes medication reconciliation during both admission and readmission, as well as quarterly medication reviews.

Moreover, our Nurse Practitioner fosters a work environment that prioritizes resident care, life safety, and quality of care while promoting collaboration within the nursing practice. They also design and implement strategies focused on integrating illness and injury prevention, health promotion, health maintenance, rehabilitation, and restorative care.

Eatonville Care Centre provides personalized care services, recognizing the unique needs of each resident. Our dedicated team is committed to fostering a culture of autonomy, diversity, and individual choice through the following services and programs:

Primary Care Services
1. Weekly visits from physician(s) and on-call services at all times
2. Registered nursing care 24 hours a day
3. Diagnostic imaging, lab, and pharmacy services
4. Infection prevention and control program
5. Social work services including supportive counseling, discussion groups, advocacy, and financial management support
6. On-site laundry services
7. Daily housekeeping services
8. Physiotherapy
9. Occupational Therapy
10. Nursing Restorative Therapy

In-Home Clinics
1. Dental/Dentures
2. Advanced Foot Care
3. Psychiatry

4. Mobility and Seating Assessments
5. Mobile Clothing Store

This ensures that all care and services are delivered in accordance with our philosophy.

EQUITY AND INDIGENOUS HEALTH

The Eatonville Care Centre's Diversity Policy aims to acknowledge and respect the diverse needs of all individuals it engages with, including those served, staff, families, caregivers, and other relevant stakeholders. This policy ensures that all personnel, families, caregivers, and stakeholders are treated with respect and dignity, regardless of their cultural or religious affiliations, socioeconomic status, sexual orientation, gender identity, or belief systems.

Furthermore, the Diversity Policy is designed to guarantee that when specific needs arise based on an individual's cultural, religious, socioeconomic, sexual orientation, gender, or belief system, all parties involved are informed and equipped to interact with culturally appropriate and competent skills. To support this initiative, a general education program on cultural competence and sensitivity in the workplace will be provided to all stakeholders, alongside tailored training specific to individual needs.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Each year, the Executive Director or their designated representative will present the Annual Summary of the Resident Satisfaction survey results with the Quality Improvement Lead, the Interdisciplinary Team, and both the Resident and Family Councils. This summary, which includes actions taken to address issues identified in the surveys, will be made available on January 31, 2025. An initial family satisfaction survey will be conducted with a chosen representative of a new resident soon after their arrival to evaluate the quality of care and services offered by the Home. A "designated person" is defined as either the verified legal Power of Attorney for Personal Care (POAPC) or, in their absence, the most responsible individual as specified in the Health Care Consent Act (HCCA).Our team conducted a resident satisfaction survey from August to September 2024 to identify areas for quality improvement within our facility.

Due to recent outbreaks and the webinar hosted by the Ontario Association of Residents' Councils (OARC) in February, the Resident Council meeting has been rescheduled to April 2, 2025. During this meeting, the results of the 2024 surveys will be shared with the Residents' Council and Family Council members. The survey results have already been communicated to the president of the Resident Council. Furthermore, we have summarized our quality improvement initiatives in an action plan that was developed collaboratively by residents, families, and the interdisciplinary team.

We are currently focused on three key initiatives concerning our Residents' satisfaction survey:

"I enjoy some of my favourite foods."

Objective: Ensure residents can enjoy some of their favourite foods.

Action Plan: Identify residents who have special requests for their favourite foods, whether during meal times or within the Recreational department. Review if these favourite foods are

primarily cultural and plan cultural meal days, setting the environment to support cultural themes.

"I can access my trust account whenever necessary."

Objective: Improve residents' ability to access their trust accounts whenever necessary.

Action Plan: Enhance communication with residents regarding the process for accessing money in trust at Eatonville Care Centre. Ensure staff are informed about how residents can access their trust accounts to guarantee residents can access their funds when needed.

"I have enjoyable things to do in the evenings and on weekends."

Objective: Provide enjoyable activities for residents in the evenings and on weekends.

Action Plan: Identify the types of activities residents would like to see during these times. Schedule these activities accordingly and hire additional staff to support the goal of increasing programming during evenings and weekends."

The role of a resident council typically revolves around serving as a bridge between residents and management, ensuring that residents' voices are heard, and fostering a sense of community. Here are some key responsibilities of a resident council:

Advocacy: Representing the interests and concerns of residents to management or governing bodies, and ensuring that their needs and preferences are considered in decision-making.

Communication: Acting as a channel of communication between residents and management by sharing updates, announcements, or policy changes in an organized and transparent manner.

Community Building: Organizing events, activities, and programs to enhance social interaction and strengthen community bonds among residents.

Problem-Solving: Addressing and resolving common issues or complaints raised by residents in collaboration with management or other relevant parties.

Policy Input: Providing feedback or suggestions on rules, policies, or improvements that may impact residents' quality of life within the community.

Education and Support: Educating residents about their rights and responsibilities and offering support for navigating resources or services available to them.

Resident councils are valuable for promoting collaboration, ensuring accountability, and fostering a positive living environment for all.

In our Home, a family council is an essential body that represents the interests of residents' families and supports the overall quality of care. Its role includes:

Advocacy: The family council serves as a collective voice to

advocate for residents' rights, safety, and well-being. It helps ensure that concerns are heard by the administration and addressed effectively.

Communication: It acts as a bridge between families and the management, facilitating open discussions about policies, procedures, and any changes that may impact the residents.

Support System: By bringing families together, the council provides emotional support, shared experiences, and advice, creating a sense of community among our staff and loved ones.

Feedback and Suggestions: The council works collaboratively with the Home to suggest improvements, review operational matters, and contribute ideas to enhance the residents' quality of life.

Education: It provides families with information and resources on healthcare topics, resident care standards, and their rights, helping them navigate the complexities of the Home.

PROVIDER EXPERIENCE

At Eatonville Care Centre, we remain steadfast in our commitment to excellence and service. As part of this mission, we are proud to introduce a referral program designed to reward our dedicated staff. Through this initiative, current team members are encouraged to refer their cherished family and friends to join our Home, with enticing incentives offered for successful referrals.

Additionally, we celebrate and appreciate each member of the Eatonville Care Centre family on their birthdays. Every celebration is marked with a handwritten card from our leadership team and a delightful box of treats, expressing our heartfelt gratitude.

Our Social Engagement Committee, comprising the Employee Engagement Specialist and select members of the front-line team, organizes monthly celebrations to enrich the communal spirit within the Home. These events focus on cultural festivities, paying tribute to the diverse backgrounds that our residents and staff represent.

To further support our employees and their families, we provide access to an Employee and Family Assistance Program (EFAP)—a confidential and voluntary service designed to address personal and work-related challenges. This program offers a range of valuable services, including:

Counseling: Professional support for mental health challenges, such as stress, anxiety, depression, and relationship concerns.

Work-Life Services: Guidance for legal, financial, and health-related matters, as well as child care and elder care resources.

Crisis Support: Immediate assistance for individuals facing distress or traumatic events.

Referrals: Connection to community resources for specialized or long-term support.

The EFAP reinforces our commitment to fostering the well-being of our employees, ensuring they feel supported both personally and professionally. All services provided through the program are confidential, available 24/7, and offered at no cost to employees.

SAFETY

The Home is guided by a comprehensive set of policies that prioritize the safety and well-being of its valued residents. With an unwavering zero-tolerance approach to abuse and neglect, this core principle is emphasized to all staff, volunteers, residents, and their appointed decision-makers. Staff members are assured protection from retaliation when they report, in good faith, any suspected or known violations of the Code of Conduct and Business Ethics.

Our committed team fosters an environment that celebrates inclusion, independence, and personal autonomy for each resident. By bringing together families, physiotherapists, social workers, recreation therapists, dieticians, doctors, and nurses, we collaboratively address the unique needs of every individual. Residents and their families consistently commend our staff for their exceptional expertise, kindness, and genuine compassion.

PALLIATIVE CARE

Palliative care is a philosophy that seeks to alleviate suffering and enhance the quality of life for individuals facing chronic progressive illnesses, as well as their families. This approach addresses a person's comprehensive needs—physical, psychosocial, and spiritual—at all stages of illness, emphasizing that it is not solely focused on end-of-life care. Rather, it represents a commitment to providing exemplary care throughout the illness trajectory.

The primary goal of palliative care is to alleviate suffering and enhance the quality of both life and death. It addresses the physical, psychological, social, spiritual, and practical challenges faced by patients and their families, alongside their expectations, needs, hopes, and fears. This comprehensive approach prepares individuals and their families for a self-determined end-of-life experience. It facilitates the management of the dying process and supports families in coping with loss and grief during the illness and bereavement phases.

Palliative care is not a diagnosis but rather a framework for good care. It involves treating existing issues, mitigating risk and managing new ones, and promoting meaningful experiences that foster personal and spiritual growth, as well as self-actualization. End-of-life care is a facet of the palliative care continuum, specifically concerning individuals who are expected to pass away in the near future and their families. This includes aiding in preparations for death, ensuring comfort, and supporting decision-making in alignment with the individual's prognosis and care goals.

Whenever a resident could benefit from a palliative care approach, our Pain and Palliative Care Lead participates in annual and quarterly care conferences or attends when significant health changes occur. This lead reviews the resident's expressed care wishes with either the resident or their Power of Attorney/ Substitute Decision Maker (SDM). Upon readmission from the hospital, charge nurses, physicians, and the palliative care lead examine discharge notes to understand treatments administered and recommendations provided by hospital staff.

To identify the need for palliative care, we assess various domains, including spiritual care, disease management, physical and psychological aspects, loss and grief, social dynamics, practical concerns, and end-of-life management. Our Social Services Coordinator collaborates with the Pain and Palliative Care Lead during Goals of Care discussions, assists in pre-arrangements for

funerals, and offers emotional support and resources to residents and their family members.

In instances where a resident or family struggles with the resident's condition or prognosis, particularly at the end of life, our Social Services Coordinator provides emotional support, literature, and access to our multidisciplinary team for further discussions, which may include physicians, community partners, and our recreation team focused on spiritual services. Pre-arrangements are encouraged, as this period can be overwhelming for families; providing resources and connecting them with community partners can alleviate worry, allowing families to concentrate on being present with their loved ones.

When a resident is actively dying, we place a butterfly symbol next to their name at the room entrance as a visual identifier. Instrumental music is played in their room, and aromatherapy is administered to enhance the environment. Light refreshments are offered to visiting family members, and we maintain a palliative cart stocked with supplies for mouth care, reading materials for families, a diffuser for aromatherapy, a CD player for music, and a butterfly as a visual identifier. A dignity blanket is provided, and a "Code Purple" announcement is made throughout the facility.

In recent years, we have shifted to using the main entrance for residents who pass away, honoring their dignity. Staff members gather at the main entrance to pay their respects to the deceased resident, creating a compassionate and respectful environment during difficult times.

We will be partnering with the Registered Nurses' Association of Ontario (RNAO) for the new Palliative Care & End of Life (EoL) Clinical Pathways. This initiative aims to introduce a new intervention for the early detection of care needs.The Registered Nurses' Association of Ontario (RNAO) has developed Clinical Pathways for Palliative Care and End of Life (EoL) as part of their best practice guidelines. These pathways are designed to provide a structured approach to care, ensuring that patients receive timely and appropriate interventions based on their individual needs.

The Clinical Pathways aim to improve the early detection of care needs by promoting a comprehensive assessment of patients' physical, psychological, social, spiritual, and practical challenges. This approach helps healthcare providers identify and address issues promptly, enhancing the overall quality of care for patients and their families.

The RNAO's Clinical Pathways are implemented in various healthcare settings, including long-term care homes, to ensure that residents receive high-quality, person-centered care. The pathways are based on evidence-based recommendations and are designed to support healthcare providers in delivering consistent and effective care

POPULATION HEALTH MANAGEMENT

Eatonville Care Centre is home to a diverse and vibrant community of residents, each with their own unique backgrounds, experiences, and preferences. Here are some aspects that highlight the uniqueness of the residents at Eatonville Care Centre:

Multicultural Community: Eatonville Care Centre serves a multicultural population, reflecting the rich diversity of the

surrounding community. This diversity is celebrated through various cultural and community events, ensuring that residents feel connected to their heritage and traditions.

Person-Centered Care: The care philosophy at Eatonville Care Centre emphasizes recognizing and valuing each resident as an individual with unique strengths and preferences. This approach ensures that residents receive personalized care that respects their dignity, autonomy, and individuality.

Engaging Programs: Residents at Eatonville Care Centre have access to a wide range of programs and activities that cater to their interests and abilities. These programs include fitness activities, music clubs, art and creative pursuits, horticultural programs, and more. The Java Music Club, for example, provides residents with the opportunity to share their life stories and experiences through music and mutual support.

Collaborative Environment: The care team at Eatonville Care Centre works collaboratively with residents, families, and external partners to create a supportive and inclusive environment. This collaborative approach ensures that residents' needs and preferences are at the forefront of care planning and decision-making.

Innovative Initiatives: Eatonville Care Centre is committed to continuous improvement and innovation in care. For example, they have implemented the QUIS (Quality of Interactions Schedule) to measure and improve the quality of interactions between team members and residents, enhancing the overall quality of life for residents.

These unique aspects contribute to a warm, welcoming, and supportive environment where residents can thrive and enjoy a high quality of life.

Our team is dedicated to implementing the principles of the Qualitative Interactions Schedule (QUIS) this year. We are currently refining our training curriculum to ensure it can be effectively delivered within the timeframe allotted for our staff's general orientation day.

QUIS serves as a robust observational tool designed to measure the culture of care within our organization. It promotes person-centered care and assesses the predominant lived experiences of our residents. By understanding individual life histories, we can offer emotionally enriching activities and thoughtfully arrange living spaces with meaningful items. The overarching objective is to enhance the quality of life for our residents while fostering a culture that prioritizes personalized care.

Key outcomes we aim to achieve include:

1. Shifting care from a task-oriented approach to one that emphasizes meaningful engagement.
2. Transforming our facility into a true home where residents find joy in their daily lives.
3. Ultimately, increasing the overall quality of life for all residents.

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 **March 24, 2025**

Kindera Living, Board Chair / Licensee or delegate

Janette West, Administrator /Executive Director

Danilo Rivera, Quality Committee Chair or delegate

Angel Baculio, Other leadership as appropriate
