

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2023



REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Cassellholme has a long history of continuous quality improvement. We are proud of our teams' dedication to improvement. We participate in Annual Quality Improvement Planning with setting incremental performance improvement targets associated with change plans, process, and outcome measures. Annual Program Evaluations that contain annual improvement targets and activities; and milestones to achieve the targets. Annual resident and family/caregiver experience surveys that inform improvement plans with targeted improvements. Quarterly reviews of Canadian Institute of Health Information data trends for key long-term care home indicators.

Continuous Quality Improvement remained top of mind throughout the duration of the pandemic. Stringent infection control practices contributed to effective prevention of disease transmission through the duration of the pandemic. Cassellholme had high vaccination rates amongst team members and residents. We also conducted biweekly emails to families that were effective to maintain relationships and increase communication through times of reduced visits as well as implementing virtual visits to maintain resident connections.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Gathering feedback from residents and families is completed with Annual Satisfaction Surveys that are handed out to residents and family/POA's to review the quality of care and quality of life for residents at Cassellholme. Quantitative and qualitative data from Annual Satisfaction Surveys is reviewed and analyzed by a designated quality insurance leader to review patterns and themes in monthly quality meetings. The annual survey's results and feedback from resident council and family council included in decision making to improve quality.

Family Council and Resident Council monthly meetings are conducted giving an opportunity of open discussion and dialogue. This allows Cassellholme service leaders to be informed of the homes strengths and limitation and allow multiple teams to communicate and on analyze any service gaps and/or systemic barriers within Cassellholme.

PROVIDER EXPERIENCE

Health care providers have exemplified resilience beyond what could be imagined and yet the toll of the cumulative impact on this very extended pandemic is real and significant. Some of the ways that Cassellholme is helping identify burnout and assist our health care workers are Employee Family Assistance program through benefits, attendance management program, consistency of being on the unit managers do annual performance reviews with clinical staff, work with unions in supporting staff members, staff stat is a communication platform that texts or emails all staffs or filtered programs to send out mass information to staff members (use when residents pass, staff meeting reminders, notification of outbreaks, family events for workers, and send out zoom links for any zoom meetings), Safety 24/7 portal, surveys, policies and procedures, Ongoing staff training and staff positives efforts and teamwork are celebrated in the staff complements and staff shout outs

Cassellholme supports collaboratively partners with post secondary institutions with student from various educational backgrounds. Recent student backgrounds include, social service work, social work nursing and occupational therapy. All Unregulated staff are required to have criminal background checks, updated vaccination status and have a regulated staff member to following their involvement within Cassellholme.

All staff, students or volunteers are given orientation training in order to ensure Cassellholmes core values, and mission is consistent throughout all that work within the home.

WORKPLACE VIOLENCE PREVENTION

Cassellholme has a comprehensive workplace violence prevention

policy. This policy defines behaviour that constitutes workplace violence and harassment, and explains procedures for reporting and resolving such incidents. The success of our policy, safety practices and awareness education relies on our ability to identify all potential sources of such risk to eliminate or minimize them. We identify and manage risk by -

- Conducting risk assessments;
- Establishing clear responsibilities and communication channels;
- Providing employee training and support;
- Using effective surveillance systems; and
- Installing panic button technology in high risk areas or situations.

When incidents of workplace violence occur, and investigation is undertaken and preventative safety mechanisms or processes are implemented for the future. On a strategic level, our core values of Dignity, Accountability, Respect and Excellence serve as standards, guiding the choice or evaluation of people, actions, and events. They inform our decision-making and underscore our commitment to principles that define our work culture. Incidents of workplace violence are communicated to our Board of Directors through health and safety reporting mechanisms.

From an employee support perspective, we offer a confidential EAP service to provide counselling support, re-training and in some cases, re-deployment to alternate work areas and/or roles in the organization. We would also engage any other required community support services as required, for counselling, training or consultation as appropriate.

In 2023, we are focusing our efforts on violence against our health

care workers as risk assessments and incident statistics identify resident aggression and responsive behaviors to be an area of significant risk, particularly as the admission of residents possessing these attributes is increasing in our Home.

CONTACT INFORMATION/DESIGNATED LEAD

Designated lead for the continuous quality improvement initiative:
Jillian Marchand
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OTHER

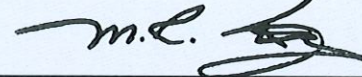
Membership of Continuous Quality Improvement Initiative

1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee of the Licensee who is a member of the regular nursing staff of the home.
8. At least one employee of the Licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52 of the regulation.
9. One member of the home's Residents' Council.
10. One member of the home's Family Council

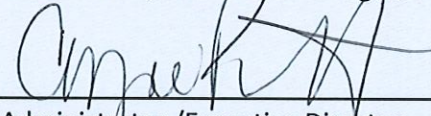
SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

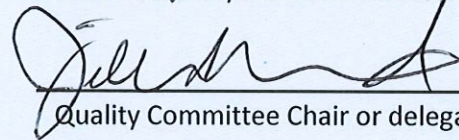
I have reviewed and approved our organization's Quality Improvement Plan on



Board Chair / Licensee or delegate



Administrator / Executive Director



Quality Committee Chair or delegate

Other leadership as appropriate