

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 27, 2024

## OVERVIEW

Quality improvement continues to be a focus at Marianhill. In 2023 Marianhill completed the Qmentum Long-Term Care accreditation process with Accreditation Canada receiving the Accredited with Exemplary Standard designation. This was a very proud achievement coming out of the pandemic and simultaneously beginning a \$59M redevelopment project.

As with many healthcare organizations the reliance on Agency staff has impacted on the provision of care at Marianhill. One of our goals this past year was to improve the consistency of the PSW's providing care during the week to our residents. We are very happy to report that we have successfully eliminated the need for Agency PSW staff at Marianhill. This was primarily done utilizing internationally trained nurses to work as PSW's while encouraging them to complete their qualification for nursing in Ontario.

Marianhill partnered with the Eastern Ontario Catholic District School Board and operated a Living Classroom with 15 PSW's graduating. Of these 5 were hired as full-time PSW's.

Avoidable ED visits continue to be high. Previous work included education with the registered staff, residents and families. While this will continue Marianhill is excited about investigating and implementing PreviewED which has shown success in providing a resident-centred approach to ED visits.

Staffing, avoidable ED visits and redevelopment will continue to be the main focus areas of work at Marianhill. Success in these areas will help ensure that the right care is being provided in the right place and the right time.

## ACCESS AND FLOW

As noted in the overview providing qualified staff, avoiding ED visits and the redevelopment of our Home are the priorities that will help ensure residents are receiving the right care in the right place.

## EQUITY AND INDIGENOUS HEALTH

Marianhill will be developing an Equity, Inclusion, Diversity and Antiracism workplan taking into consideration aspects already in place with respect to providing French Language Services and Indigenous Cultural Safety. Assessment and education of the members of the management team will be the initial projects this year in this area.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Each year Marianhill completes a Resident Experience Survey and Family Member Experience Survey. Results are used to help develop processes and activities to improve the quality of life for the residents.

While the survey is important, reviewing the Quality Care Concerns reports, Resident Council meeting minutes and Family Council meeting minutes practical timely suggestions are received and acted upon. Most recently suggestions regarding entrance to the building and communication via signage was implemented.

We will continue to utilize the survey results and meeting info going forward in 2024/2025.

## PROVIDER EXPERIENCE

It continues to be a challenging time for Marianhill with unprecedented shortages in staff in all departments. Some of the innovations implemented over the past 2 years are giving good results – we recently hired a RN who had arrived at Marianhill under the International Nurses recruitment program we had initiated to obtain PSW support. We hope this continues.

Work continues with both CUPE Locals to help recruit and retain staff.

Our robust Employee Family Assistance Program provides access to many resources helpful to staff and their families.

## **SAFETY**

Marianhill's approach to resident safety and incident analysis continues to be grounded in an organizational "Just Culture" that recognizes the importance of fairly balancing system failures with professional accountability so that staff feel safe to report safety concerns without fear of blame and can trust that concerns will be acted upon.

Preventable safety incidents are seen as opportunities for learning and changes are made as a result. Incident trending and analysis is achieved through internal risk management reports, critical incident reporting, and committee reports (i.e. PAC, CQI). Risk-based findings are reported at monthly management meetings.

Investigation outcomes and results of incident analysis are communicated at the individual level via direct post-incident follow-up with residents or family/caregivers, care conferences, and medication error and safety incident review staff members involved. Identified system-level failures, trends, and incidents representing learning opportunity are communicated at the organizational level through internal memo's, policy updates and at monthly staff meetings.

## **POPULATION HEALTH APPROACH**

Marianhill is located on a campus of care which includes Marianhill Long-Term Care Home, Dementia Respite and Hospice together with the Pembroke Regional Hospital. Both organizations were founded by the Grey Sister with Marianhill opening in the original hospital building in 1954. In 2024 we will be celebrating our 70th anniversary as the oldest home in Renfrew County.

We continue to work closely with the hospital as well as other partners in the Ottawa Valley Ontario Health Team. Marianhill is participating both as a LTC home and as a Community Support Services Provider. The OVOHT is actively working to help people living within our area.

## **CONTACT INFORMATION/DESIGNATED LEAD**

Linda M. Tracey, CEO  
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## OTHER

This plan highlights the priority areas we are reporting on for 2024/2025. We continue to recruit for a full time Nurse Practitioner as well as Registered Staff. Our Medical Director is expected to retire in August 2024 and we are actively recruiting for this role as well. Because of these HHR issues we have decided to focus on the areas outlined herein. Our internal teams will also continue to monitor and address wound care, falls, the use of antipsychotics, and end of life conversations. As a stand alone home in the province the we are working to develop processes that ensure we meet the requirements of the Fixing Long-Term Care Homes Act while continuing with Building Care (building the new facility and building the team) that will provide the care to our residents in the future.

## 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 26, 2024

*Frank Trzebiatowski*

Board Chair

Board Chair / Licensee or delegate

*Linda M. Tracy*

CEO

Administrator / Executive Director

*Linda M. Tracy*

CEO

Quality Committee Chair or delegate

Other leadership as appropriate