Recommendation

1. That report LTCR-CM-13-18 regarding Quality Improvement Plans for Grey Gables, Lee Manor and Rockwood Terrace be received for information.

Executive Summary

Under the Excellent Care for All Act all health care organizations in the province are required to have a quality improvement plan (QIP) developed, publicly posted and submitted to Health Quality Ontario (HQO) by April 1 every year. HQO, the Local Health Integration Network and the Ministry of Health and Long Term Care set the quality objectives to reflect provincial health care priorities and home specific issues.

Background and Discussion

The QIP is a formal commitment to improve quality through a focused, organized approach. The homes strive to meet or exceed established targets that are set internally based on provincial averages and/or benchmarks.

The priorities for the 2018-2019 Long Term Care sector QIPs include:

- Resident experience
- Potentially avoidable emergency department visits
- Pressure Ulcers
- Falls
- Restraints
- Use of antipsychotic medications
Review of 2017/18

Internal teams and committees are in place that review risks and opportunities, implement change ideas and evaluate progress. The QIPs identify “big dot” items and do not capture many small improvements made on a daily, weekly or monthly basis.

While not all targets were met, improvements were made in a number of areas. Based on the outcome of the past QIP, staff will implement a variety of change ideas as they work towards improvements.

Grey Gables

In 2017 Grey Gables continued the journey of culture change to resident led care and service.

The focus on individuals, relationships and on the vision of "colouring it" during training and conversations around the home have had a very positive impact on how residents, family and staff feel about Grey Gables. 100% of staff participated in focused training regarding the resident experience and improving resident outcomes.

This journey continues to focus on change ideas leading to improved resident engagement and involvement in their own care decisions as well as care and service within the Home.

The outcome of the clinical indicators at Grey Gables are identified in the following table.

<table>
<thead>
<tr>
<th>Grey Gables Measure/ Indicator</th>
<th>17/18OIP</th>
<th>Target</th>
<th>Actual</th>
<th>Provincial Average</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotic Medications</td>
<td>18.08</td>
<td>17.0</td>
<td>18.65</td>
<td>20.4</td>
<td>To continue to provide alternative interventions to medication, monitor usage quarterly.</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>4.76</td>
<td>3.20</td>
<td>8.33</td>
<td>2.7</td>
<td>100% of Registered Staff participated in education specific to Skin and Wound Assessment and Management of Pressure Ulcers by Dec 31/17. 2018 will focus on continued education for Registered staff and PSWs.</td>
</tr>
</tbody>
</table>
Lee Manor

The Recreation Department’s commitment to “Colour It” and resident led programming was achieved through new program initiatives to better respond to the interests and needs of our residents. The change in approach allowed the development of “Neighbourhood Time” which provided staff the freedom to meet residents where they are in the moment, and provided more opportunities for resident choice. “Colour It” carts, equipped with various recreation resources, were created to support staff to deliver individualized programing and improve resident choice and engagement. The new method has proven to be more natural, less prescriptive and institutional than traditional programming, and promotes more quality visits where residents have control. Other departments have witnessed the benefits and are mirroring these strategies.

The results have been remarkable and lead the way to many more possibilities.

<table>
<thead>
<tr>
<th>Lee Manor Measure/ Indicator</th>
<th>17/18 OIP</th>
<th>Target</th>
<th>Actual</th>
<th>Provincial Average</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotic Medications</td>
<td>23.70</td>
<td>23.00</td>
<td>20.53</td>
<td>20.4</td>
<td>Focused on responsive behaviours related to pain. Staff initiated research of best practises and reviewed and revised policy and procedures. RNAO gap analysis related to pain completed.</td>
</tr>
</tbody>
</table>

The Lee Manor clinical indicators and outcomes for 2017/18 are listed below.

<table>
<thead>
<tr>
<th>Falls</th>
<th>14.22</th>
<th>13.00</th>
<th>14.68</th>
<th>15.8</th>
<th>Regularly scheduled exercise program effective. 100% of residents have their fall risk score and interventions identified on their care plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraints</td>
<td>5.24</td>
<td>4.50</td>
<td>5.14</td>
<td>5.1</td>
<td>100% of staff trained through SURGE Learning module on the minimization of restraints and alternatives to restraints. All physical restraints are reviewed monthly by the multidisciplinary team to ensure all devices being used are safe and appropriate.</td>
</tr>
</tbody>
</table>
Rockwood Terrace

Resident survey results were very positive - 98% of residents would recommend Rockwood Terrace to others.

Over the past year, two (2) Therapy Recreation staff members attended a horticulture workshop and returned from their training to create a garden room within Rockwood Terrace. Although the room houses plants year-round, it is particularly exciting in the spring when residents are busy growing seeds for planting outdoors. This Colour It opportunity supports residents to continue life interests and provides physical, mental and social stimulation.

Another area of great success at Rockwood Terrace, during the past year, was the journey to reduce the use of antipsychotics from 11.03 to 4.15%.

The home continues to make progress in reducing worsening pressure ulcers, restraints and falls and the clinical measures are outlined in the table below.

<table>
<thead>
<tr>
<th>Rockwood Terrace Measure/Indicator</th>
<th>17/18 IP</th>
<th>Target</th>
<th>Actual</th>
<th>Provincial Average</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotic</td>
<td>11.03</td>
<td>11.0</td>
<td>4.15</td>
<td>20.4</td>
<td>Goal exceeded</td>
</tr>
</tbody>
</table>
Legal and Legislated Requirements

A QIP is required under the Excellent Care for All Act and the Long Term Care Service Accountability Agreement.

By publicly posing the QIP, the organization is demonstrating transparency and accountability in their commitment to quality improvement priorities.

Relevant Consultation

☒ Internal Administrators- Grey Gables, Lee Manor, Rockwood Terrace.

☐ External (list)

Appendices and Attachments

Access the full version of each home’s Quality Improvement Plan in link below.

Health Quality Ontario - Quality Improvement Plans

Grey Gables QIP Narrative 18/19
Lee Manor QIP Narrative 18/19
Rockwood Terrace QIP Narrative 18/19

<table>
<thead>
<tr>
<th>Medications</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcers</td>
<td>8.76</td>
<td>5.00</td>
<td>7.92</td>
</tr>
<tr>
<td>Falls</td>
<td>16.62</td>
<td>15.60</td>
<td>17.43</td>
</tr>
<tr>
<td>Restraints</td>
<td>4.52</td>
<td>4.52</td>
<td>3.19</td>
</tr>
</tbody>
</table>

100% of Registered Nursing staff educated on early identification and best practices in wound care. Originally experienced an increase in numbers due to improved documentation. Starting to see decrease now with well-established Wound Care Champion and program enhancements in place.

Policy and procedure reviewed. Implementation of post fall huddles to improve analysis and communication.

Policy and procedure review, review quarterly, current restraints are due to family request.
This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance, and/or other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.
Overview
The key objective for the Grey Gables 2018/19 Quality Improvement Plan is focused on “Colour It”, resident led care. We strive to meet or exceed the established benchmarks and provincial averages as identified by the long term care indicators.

The vision of Grey County is to be the place where people feel “genuinely at home and naturally inspired”. The Corporate Strategic Plan outlines three key goals to guide the organization. The Grey Gables Quality Improvement Plan uses these goals as guiding principles for ensuring quality care and service. Specifically, the Quality Improvement Plan aligns with goal number two - “Support Healthy and Connected Communities” and goal number three - “Deliver Excellence in Governance and Service” of the County of Grey Strategic Plan. The 2018/19 Quality Improvement Plan also aligns with the Mission, Vision and Values of the home.

By monitoring indicators, implementing action plans and evaluating outcomes, we ensure that resident quality of life and safety will be supported. Our culture of resident led care using the “Colour It” values and promise, continues to guide the quality improvement journey.

Describe your organization’s greatest QI achievements from the past year
In 2017 Grey Gables continued our journey of culture change to resident led care and service. The Colour It Philosophy is incorporated into all that we do.

The focus on individuals, relationships and on the vision of “colouring it” during training and conversations around the home have had a very positive impact on how residents, family and staff feel about Grey Gables. 100% of staff participated in focused training regarding the resident experience and improving resident outcomes. The topics of education included interventions and strategies for approach to care for residents with responsive behaviours. The half day session ended with a facilitated conversation about what “colours it” at Grey Gables. Every staff member created a personalized tie dye t-shirt that represents what colour it means to them. Similar conversations happened with groups of residents, and each resident created a unique tie dye scarf. A celebration was held the following month to distribute the t-shirts to each staff member. Each team member received their t-shirt, made a commitment to the Colour It philosophy and was celebrated by residents and their co-workers. On any given day at Grey Gables visitors can find staff and residents proudly wearing their Colour It tie dye wear.

This journey continues to focus on change ideas leading to improved resident engagement and involvement in their own care decisions as well as care and service within the Home.

Resident, Patient, Client Engagement
Grey Gables has active Resident and Family Councils. Councils meet regularly where information is provided and received. The Councils are involved in providing feedback and input into the decision making process related to care and services within the Home.

Resident Quality of Life Surveys are conducted annually and provide valuable information that guides the development of quality improvement plans for the Home.

Family and Friend Experience Surveys are available annually for completion by family, friends and visitors of the Home. These results are also considered in the preparation of the Quality Improvement Plan.

A review of survey results from 2017, as well as a review and evaluation of complaints and concerns received in 2017 provide valuable information that guides the development of quality improvement for the Home.
Collaboration and Integration
Grey Gables actively works to build relationships with community partners to ensure residents receive the right care and services at the right place and the right time. Examples of such partnerships include:
* Behaviour Support Ontario- support safe resident care, and reduce emergency department transfers and hospital admissions;
* Physiotherapy and Occupational Therapy- support fall prevention and continence care programs;
* Wound Care Programs - assist in reducing worsening pressure ulcers;
* Physicians- assist to reduce emergency department transfers and unnecessary hospital admissions;
* Pharmacy provider is an active member of the multidisciplinary team
* A number of allied health professionals make up the care team to support residents' needs

Senior leaders are also actively involved in external committees and working groups that are both long term care specific and multi-sectorial.

Engagement of Clinicians, Leadership & Staff
The organization meets both formally and informally with front-line staff, leadership and clinicians to establish and review quality improvement goals. The Quality Improvement Plan for 2018/2019 outlines methods for achieving change ideas that include staff engagement, educational opportunities, satisfaction surveys and quality improvement tools. Internal teams and committees are in place that review risks and opportunities, identify and implement change ideas and evaluate the progress of set goals.

Population Health and Equity Considerations
We provide care and service primarily for the aging population. However, there has been a noted increase in admissions of younger adults with chronic debilitating conditions.

In our Home there is a higher population of residents exhibiting responsive behaviours. As a result partnerships to coordinate care include Behavioural Supports Ontario, the Home’s embedded Behavioural Support Team, Regional Geriatric Behavioural Response Team/Mental Health, Grey Bruce Health Services, Owen Sound, and territory centers.

Grey Gables is committed to educating team members in utilizing the equity lens in the development of quality improvement initiatives.

Through our Colour It Promise we promote and encourage resident led care and service for each person who calls Grey Gables home. This includes working closely with residents to support cultural preferences, meaningful cultural activities, food preferences and spiritual needs.

Access to the Right Level of Care - Addressing ALC
Grey Gables continues to work in partnership with Home and Community Care and the hospitals to ensure transition of residents from acute care sector into long term care beds where appropriate. Grey Gables is diligent in reporting vacancies and maintaining timely communications with Home and Community Care to ensure transition of individuals as quickly as possible. As a system partner we are committed to upgrading and maintaining staffs clinical skills as we believe it is our responsibility to have individuals in the right place at the right time, with the most effective utilization of health care dollars.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder
For treatment of pain, a pain assessment is completed upon admission, then with each change in condition. Non-pharmacological modalities are considered first.
including: referrals to Physiotherapy for ice/heat therapy, positioning, IENS, Behavioural Supports Ontario etc.

If pain persists, we proceed with Individualized Resident Care Orders that encompass the first step on the ladder of pain medication use. Use of non-opioid pain medications are maximized prior to considering opioids. Pain scales are used to determine effectiveness of each medication prior to moving conservatively on the ladder of non-opioid pain medications. The pain management program does include the use of opioids in acute pain, chronic non-cancer pain, cancer pain and end of life palliation. In palliative cases, LHN pain management resources are utilized.

If there is suspect opioid abuse, the issue is addressed by the attending physician with referral to specialist as necessary to rule out any acute condition that is contributing to the pain. If the acute condition is ruled out, we access the support of a local physician who has a focused practice in palliative care to consult on pain management with alternative approaches such as Methadone to address the addiction portion of pain management. Cannabis oil is also a consideration upon consultation with the Attending Physician and/or the Behavioural Supports Team. Social work support is available to assist with form completion etc.

Community supports including withdrawal management programs (detox) and addiction services are available within the County.

Workplace Violence Prevention
Grey Gables is committed to providing a safe work environment. An environmental risk assessments have been completed both internally and by a third party. The Workplace Violence and Harassment Prevention Program has been reviewed and revised based on information gathered through the assessments. Education is provided annually to all staff with a commitment to the integration of safe behaviour into day to day operations and to ensure prompt response into related complaints in an objective and sensitive manner.

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

Board Chair / Licensee or delegate ______________ (signature)
Administrator / Executive Director ______________ (signature)
Quality Committee Chair or delegate ______________ (signature)
Other leadership as appropriate ______________ (signature)
Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, the document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in this format described herein.
Overview

The key objective for the Lee Manor 2018/19 Quality Improvement Plan is focused on “Colour It”, resident led care. We strive to meet or exceed the established benchmarks and provincial averages as identified by the long term care indicators.

The vision of Grey County is to be the place where people feel "genuinely at home and naturally inspired”. The Corporate Strategic Plan outlines three key goals to guide the organization. The Lee Manor Quality Improvement Plan uses these goals as guiding principles for ensuring quality care and service. Specifically, the Quality Improvement Plan aligns with goal number two - “Support Healthy and Connected Communities” and goal number three - “Deliver Excellence in Governance and Service” of the County of Grey Strategic Plan. The 2018/19 Quality Improvement Plan also aligns with the Mission, Vision and Values of the home.

By monitoring indicators, implementing action plans and evaluating outcomes, we ensure that resident quality of life and safety will be supported. Our culture of resident led care using the “Colour It” values and promise, continues to guide the quality improvement journey.

Describe your organization’s greatest QI achievements from the past year

Commitment to “Colour It” Your Way

For several months the Recreation Department has been trialing new program initiatives to better respond to the interests and needs of our residents. The trial took place on the 3rd floor and after deeming the initial trial a success, it has expanded home wide. Our new approach encourages more general program titles such as “Neighbourhood Time” which provide staff the freedom to meet residents where they are in the moment, and provide more opportunities for resident choice. We created “Colour It” carts equipped with various recreation resources and are going room to room to engage residents. The new method has proven to be more natural, less prescriptive and institutional than traditional programming, and promotes more quality visits where residents have control. Other departments have witnessed the benefits and are mirroring these strategies on their own with residents. The results have been remarkable and lead the way to many more possibilities.

Resident, Patient, Client Engagement

Lee Manor's has active Resident and Family Councils. Councils meet regularly where information is provided and received. The Councils are involved in providing feedback and input into the decision making process related to care and services within the home.

Resident Quality of Life Surveys are conducted annually, and provide valuable information that guides the development of quality improvements plans for the home.

Family and Friend Experience Surveys are available annually for completion by family, friends and visitors of the home. These results are also considered in the preparation of the quality improvement plans.

A review of survey results, as well as, a review and evaluation of complaints and concerns received in 2017 provide valuable information that guides the development of quality improvement plans for the home.

Collaboration and Integration

Lee Manor actively works to build relationships with community partners to ensure residents receive the right care and services at the right place and the right time. Examples of such partnerships include:

- Behaviour Support Ontario - support safe resident care and reduce emergency department transfers and hospital admissions;
- Physiotherapy and Occupational Therapy - support fall prevention and continence care programs;
- Wound Care Program -
assist in reducing worsening pressure ulcers; Physicians and Family Health Teams—assist with reducing emergency department transfers and unnecessary hospital admissions; Pharmacy provider is an active member of the multidisciplinary team; A number of Allied Health Professionals make up the care team to support residents' needs.

Senior leaders are actively involved in external committees and working group that are both long term care specific and multi-sectoral.

**Engagement of Clinicians, Leadership & Staff**
The organization meets both formally and informally with frontline staff, leadership and clinicians to establish and review quality improvement goals. The Quality Improvement Plan for 2018/19 outlines methods for achieving change ideas that include staff engagement, educational opportunities, satisfaction surveys, and quality improvement tools. Internal teams/committees are in place to review risks and opportunities, identify and implement change ideas and evaluate the progress of set goals.

**Population Health and Equity Considerations**
The organization provides care and services primarily to the aging population; however there has been a noted increase in admissions of younger adults with chronic debilitating conditions.

In our home there is a higher population of residents exhibiting responsive behaviours. As a result, partnerships to coordinate care through Behavioural Supports Ontario; embedded Behavioural Support Team; Schedule-One Support Team; Regional Geriatric Behaviour Response Team/ Mental Health; Grey Bruce Health Services—Owen Sound and Tertiary centers.

Lee Manor is committed to educating team members in utilizing the equity lens in developing quality improvement initiatives. Through our "Colour It" promise we prompt and encourage resident led care and service for each person who calls Lee Manor home. This includes working closely with residents to support cultural preferences, meaningful cultural activities, food preferences, and spiritual needs.

**Access to the Right Level of Care - Addressing ALC**
Lee Manor continues to work in partnership and collaboration with Home and Community Care and the hospital to ensure the transition of residents from the acute care sector to long term care beds where appropriate. Lee Manor is diligent in reporting vacancies and maintaining timely communication with Home and Community Care to ensure transition of individuals as quickly as possible. As a system partner we are committed to upgrading and maintaining staff clinical skills as we believe it our responsibility to have individuals in the right place at the right time with the most effective utilization of health care dollars.

**Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**
For treatment of pain, a pain assessment is completed upon admission, then with each change in condition. Non-pharmacological modalities are considered first including: referrals to Physiotherapy for ice/hot therapy, positioning and TENS. Massage therapy and behavioural interventions through Behavioural Supports Ontario (BSo) are other interventions that may be effective in the treatment of pain. If pain persists, we proceed with Individualized Resident Care Orders that encompass the first step on the ladder of pain medication use. Use of non-opioid pain medications are maximized prior to considering opioids. Pain scales are used to determine effectiveness of each medication prior to moving conservatively on the ladder of non-opioid pain medications. The pain management program does include the use of opioids in acute pain, chronic non-cancer pain, cancer pain and end of life palliation. In palliative cases, LMich pain management resources are utilized. If there is suspect opioid abuse, the issue is addressed by the attending physician with referral to specialist as necessary to rule out any acute condition that is...
contributing to the pain. If the acute condition is ruled out, we access the support of a local physician who has a focused practice in palliative care to consult on pain management with alternative approaches such as Methadone to address the addiction portion of pain management. Cannabis oil is also a consideration upon consultation with the Attending Physician and/or the Behavioural Supports Team. Social Work support to assist with form completion, etc. Community supports including withdrawal management programs (detox) and addiction services are available within the County.

Workplace Violence Prevention
Lee Manor is committed to a safe work environment. Environmental risk assessments have been completed both internally and by a third party. The Workplace Violence and Harassment Prevent Program has been reviewed and revised based on information gathered through the assessments. Education is provided annually to all staff with a commitment to the integration of safe behaviour into day to day operations and to ensure prompt response to related complaints in an objective and sensitive manner.

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

Board Chair / Licence or delegate  _____________ (signature)
Administrator / Executive Director  _____________ (signature)
Quality Committee Chair or delegate  _____________ (signature)
Other leadership as appropriate  _____________ (signature)
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ontario.ca/excellentcare

Date: May 23, 2018
Overview
The Rockwood Terrace Quality Improvement Plan key objectives are focused on Resident Led Care and strive to meet or exceed the established benchmarks and provincial averages as identified by the long term care indicators.

The Vision of Grey County is to be the place where people feel genuinely at home and naturally inspired and the Corporate Strategic Plan outlines three key goals to guide the organization. The Rockwood Terrace Quality Improvement Plan uses these goals as principles for ensuring quality care and service. Specifically, the Quality Improvement Plan aligns with goal two - "Support Healthy Connected Communities" and goal three - "Deliver Excellence in Governance and Service" of the County of Grey Strategic Plan. The 2018/19 Quality Improvement Plan also aligns with the Mission, Vision and Values of the Home.

By monitoring indicators, implementing action plans and evaluating outcomes, resident quality of life and safety will be supported. Our culture of Resident Led Care using the "Colour It" values and promise continue to guide the quality improvement journey.

Describe your organization's greatest GI achievements from the past year
Over the past year, Rockwood Terrace was successful in meeting our goals in the following areas:

Continuing to reduce the use of antipsychotics without a diagnosis of psychosis from 11.03 to 9.2%.

We continue to make progress in reducing worsening pressure ulcers, restraints and falls.

Resident survey results were very positive—98% of residents would recommend this nursing home to others.

Resident, Patient, Client Engagement
Rockwood Terrace has active Resident and Family Councils. Councils meet regularly where information is provided and received. The Councils are involved in providing feedback and input into the decision making process related to care and services within the Home.

Resident Quality of Life surveys are conducted annually and provide valuable information that guides the development of quality improvement plans for the Home.

Family and Friend Experience Surveys are available annually for completion by family, friends and visitors of the Home. These results are also considered in the preparation of the Quality Improvement Plan.

A review of survey results from 2017 as well as a review and evaluation of complaints and concerns received in 2017 provide valuable information that guides the development of quality improvement plans for the Home.

Collaboration and Integration
Rockwood Terrace actively works to build relationships with community partners to ensure Resident’s receive the right care and service at the right place and time.

Examples of such partnerships include:
Behaviour Supports Ontario support safe resident care and reduce emergency department transfers and hospital admissions.

Physiotherapy and Occupational Therapy support fall prevention and continence care programs.

Wound Care Programs assist in reducing worsening pressure ulcers.

Pharmacy provider is an active member of the multi-disciplinary team.

Physicians and Family Health Teams assist with reducing emergency department transfers and unnecessary hospital admissions.

A number of allied health professionals make up the care team to support residents needs.

Senior Leaders are actively involved in external committees and working groups that are both long term care specific and multi-sectorial.

Engagement of Clinicians, Leadership & Staff

The organization meets both formally and informally with front line staff, leadership and clinicians to establish and review quality improvement goals.

The Quality improvement Plan outlines methods for achieving change ideas that includes staff engagement, educational opportunities, satisfaction surveys and quality improvement tools. Internal teams and committees are in place to review risks and opportunities, identify and implement change ideas and evaluate the progress of set goals.

Population Health and Equity Considerations

The organization provides care and service primarily to the aging population, however there has been a noted increase in admissions of younger adults with chronic debilitating conditions.

In our Home there is a high population of individuals exhibiting responsive behaviours. As a result, partnerships to coordinate care include: Behaviour Supports Ontario, the Home’s embedded Behavioural Support Team, the Regional Geriatric Behaviour Response Team/Mental Health, Grey Bruce Health Services Owen Sound and tertiary centres.

Rockwood Terrace is committed to educating team members in utilizing the equity lens in the development of quality improvement initiatives.

Through our “Colour It” promise, we promote and encourage resident led care and service for each person who calls Rockwood Terrace home. This includes working closely with residents to support cultural preferences, meaningful cultural activities, food preferences and spiritual needs.

Access to the Right Level of Care - Addressing ALC

Rockwood Terrace continues to work in partnership and collaboration with our local Home and Community Care and hospitals to ensure the transition of residents from the acute care sector to long term care beds where appropriate. We are diligent in reporting vacancies and maintaining timely communications with Home and Community Care to ensure transition of individuals as quickly as possible. As a system partner, we are committed to upgrading and maintaining staff’s clinical skills as
we believe it is our responsibility to have individuals in the right place at the right time with the most effective utilization of healthcare dollars.

**Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

For treatment of pain, a pain assessment is completed upon admission, then with each change in condition. Non-pharmacological modalities are considered first including: referrals to Physiotherapy for ice/heat therapy, TENS, positioning, Behavioural Supports Ontario etc.

If pain persists, we proceed with Individualized Resident Care Orders that encompass the first step on the ladder of pain medication use. Use of non-opioid pain medications are maximized prior to considering opioids. Pain scales are used to determine effectiveness of each medication prior to moving conservatively on the ladder of non-opioid pain medications. The pain management program does include the use of opioids in acute pain, chronic non-cancer pain, cancer pain and end of life palliation. In palliative cases, LHIN pain management resources are utilized. If there is suspect opioid abuse, the issue is addressed by the attending physician with referral to specialist as necessary to rule out any acute condition that is contributing to the pain. If the acute condition is ruled out, we access the support of a local physician who has a focused practise in palliative care to consult on pain management with alternative approaches such as Methadone to address the addiction portion of pain management. Cannabis oil is also a consideration upon consultation with the Attending Physician and/or the Behavioural Supports Team. Social work support is available to assist with form completion etc. Community supports including withdrawal management programs (detox) and addiction services are available within the County.

**Workplace Violence Prevention**

Rockwood Terrace is committed to a safe work environment. Environmental risk assessments have been completed both internally and by a third party. The workplace violence and harassment prevention program has been reviewed and revised based on information gathered through the assessments. Education is provided annually to all staff with a commitment to the integration of safe behaviour into day to day operations and to ensure prompt response to related complaints in an objective and sensitive manner.

**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

Board Chair / Licensee or delegate 
Administrator/Executive Director 
Quality Committee Chair or delegate

Other leadership as appropriate

(Select one or more)

(Select one or more)

(Select one or more)

(Select one or more)