

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 18, 2024



OVERVIEW

CAMA Woodlands (CAMA) is a 128 bed Charitable Long Term Care Home located in West Burlington ON. We are a vibrant member of Ontario Health West. CAMA has been providing Resident focused quality care in

Burlington since 1970. CAMA began with a 12 Resident facility and has continued to expand its services over time. CAMA was a part of the first phase of redevelopment in Ontario and expanded from 64 beds to 128 beds in 2014.

CAMA is owned and operated by the Central District of the Christian and Missionary Alliance Church in Canada and executes the mission, vision and values of this faith based charitable organization for the provision of care to the elderly.

A multidisciplinary approach has been applied to the creation of this

QIP Report that aligns with our Mission, Vision and Value statements. This report also supports the same tenets as expressed by Health Quality Ontario (HQO) and the Ministry of Long Term Care (MOLTC). This investment in time and effort reflects CAMA's commitment to Continuous Quality Improvement through evidence based data.

CAMA Woodlands has been designated a Registered Nursing Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO). BPSOs are health-care and academic organizations selected by the RNAO through a request for proposals process to implement and evaluate the RNAO's best practice guidelines. The guidelines we had chosen to implement are falls prevention, Person Centered Care and The 3 D's (delirium, depression and dementia).

The partnership between our home and the RNAO focuses on

making a positive impact on resident care through evidence-based practice.

CAMA Woodlands prides ourselves on our hard-working, innovative, dedicated front line workers and management team. We work together to bring quality care and enrichment to the residents who live here. We believe that education, innovation and change are essential in improving or maintaining quality care. The Home's Quality Improvement Program includes monthly and quarterly reviews of its QIP indicators as well as a year-end review of gains and lessons learned. At the year-end review of outcomes, interventions are added or removed, and targets adjusted to ensure maximum results for the new-year.



ACCESS AND FLOW

Improvements that support resident access to care in the right place at the right time are essential for optimizing healthcare delivery and ensuring that individuals receive timely and appropriate care.

Our Admissions Coordinator works closely with the local Home and Community Care to match potential residents in our community and in hospital.

We have two Nurse Practitioners on staff who work with the registered staff and Director of Resident Care to ensure smooth transitions, quality care, access to care and ED avoidance.

We use clinical connect as a valuable Health Information Exchange (HIE) System. HIE systems enable the electronic sharing of patients' health information among healthcare providers, regardless of location or organizational affiliation. By allowing seamless access to comprehensive medical records, HIEs enhance care coordination, reduce duplication of tests, and ensure that healthcare providers have the necessary information to make informed decisions, ultimately improving the quality and efficiency of care delivery.

We offer many Mobile Clinics and Outreach Service at CAMA. We offer Dental Care, Optician assessments, Chiropody, Hearing tests and hearing aid care as well as increased on-site Physiotherapy. These on site treatment services addresses disparities in healthcare access and reaching vulnerable populations who may face barriers to seeking care.

We also have our own mobility van that we purchased with fundraising dollars. We use this van not just for activities, we will

take residents to out-of-town appointments that they would not normally be able to attend.

By implementing these improvements and innovations, CAMA Woodlands can enhance access to care, promote patient-centered care delivery, and ultimately improve health outcomes for individuals across our population.



EQUITY AND INDIGENOUS HEALTH

Our organization, committed to advancing health equity and Indigenous health in Ontario, has implemented several quality improvement initiatives and Indigenous cultural safety programs.

One of our key initiatives focuses on enhancing cultural competency among healthcare providers through mandatory training modules on Diversity, Incivility and inclusion. These modules will cover topics such as historical trauma, cultural humility, and effective communication with diverse cultures.

In alignment with provincial priorities, our organization actively participates in the implementation of the Ontario Black Health Plan, the French Language Health Services Act, and the Accessibility for Ontarians with Disabilities Act. By incorporating these priorities into our Equity, Inclusion, Diversity, and Anti-Racism workplan, we are demonstrating our commitment to addressing health inequities across the province.

Through these efforts, we are working towards achieving meaningful and sustainable improvements in health outcomes for Indigenous peoples and other marginalized communities in Ontario. We recognize that driving health equity requires ongoing dedication and collaboration, and we remain committed to advancing this important work.



PATIENT/CLIENT/RESIDENT EXPERIENCE

CAMA Woodlands has made great strides in the area of Resident involvement in our quality improvement initiatives.

Top priorities of our QIP are related to Resident Satisfaction, Cultural and Spiritual needs of the residents.

Resident satisfaction surveys are done at least twice in the year. Resident's suggestions are recorded and many events planned related to their wants. Residents' council meets monthly and there is resident involvement

in the QIP planning. A Resident was elected to become the CAMA Ambassador. This resident welcomes new residents and provides them with information about the home. This ambassador also becomes a go-to person should they have questions.

Our activity department is working on a project this year to roll out cultural event days.

These days will highlight the many cultures and different foods each culture enjoys. Residents and staff will be able to sample the food from different nations.

Each event includes decorations, music, food and activities related to that culture.

This year, it is our goal to have a resident be involved in interviews with potential staff.



PROVIDER EXPERIENCE

In response to the ongoing human resources challenges in healthcare, our organization has prioritized several initiatives to enhance staff experience and effectively manage workforce challenges.

Firstly, we have implemented various measures to improve workplace culture, fostering an environment of collaboration, respect, and support. This includes regular communication channels for staff feedback, promoting work-life balance through flexible scheduling options, and recognizing and celebrating achievements to boost morale.

Additionally, we have introduced recruitment incentives to attract and retain talented healthcare professionals. These incentives may

include bonuses, relocation assistance, tuition reimbursement programs, and career advancement opportunities. By offering competitive compensation packages and benefits, we aim to not only attract new staff but also retain our existing workforce.

Furthermore, we are committed to optimizing staff to their full scope of practice. This involves providing ongoing training and professional development opportunities to ensure that employees can utilize their skills and knowledge to the fullest extent. By empowering staff to take on expanded roles and responsibilities, we can better meet the growing demands of our patient population while also enhancing job satisfaction among our team members.

In addressing current health workforce challenges, we are continually evaluating and adapting our practices to meet the evolving needs of our organization and staff. Through these efforts, we strive to create a positive and supportive work environment where healthcare professionals can thrive and deliver high-quality care to our patients.



SAFETY

Patient safety is paramount in healthcare organizations, and we prioritize learning from safety events to continuously improve our practices. At CAMA Woodlands, we have established a standardized process for analyzing and addressing patient safety incidents, drawing from the Patient Safety and Incident Management Toolkit provided by Healthcare Excellence Canada. This toolkit equips us with a comprehensive set of resources and guidelines to effectively manage safety events, from initial reporting to implementing corrective actions.

One innovative approach we will implement this year is to share learnings with staff, residents, and their families by hosting educational sessions. These sessions will be designed to engage participants in discussions about specific safety events, their root causes, and the preventive measures put in place. By involving staff, residents and their families in these discussions, we aim to enhance their understanding of safety measures and empower them to actively participate in their care.

Additionally, we have an active Health and Safety Team, a collaborative forum where healthcare professionals across different areas of the home convene to exchange insights, discuss improvement opportunities, and share learnings from safety incidents. Our Health and Safety Chair stays informed about emerging best practices and innovative approaches to patient safety.

We are committed to fostering a culture of safety and continuous learning to prevent future occurrences and ensure the highest quality of care for our patients and residents.



POPULATION HEALTH APPROACH

Our organization, in collaboration with other health system providers and as part of an Ontario Health Team, is deeply committed to implementing population health-based approaches to address the unique needs of our community. We recognize the importance of a proactive stance in promoting health, preventing diseases, and supporting individuals in living well with their conditions.

One key aspect of our approach involves leveraging data and analytics to identify health trends and disparities within our population. By understanding the specific health needs and challenges faced by different demographics within our community, we can tailor our interventions and initiatives to address these issues effectively. This data-driven approach allows us to prioritize resources where they are most needed and ensure that our efforts have the greatest impact.

Additionally, we place a strong emphasis on community engagement and collaboration. We actively seek input from community members, local organizations, and other stakeholders to co-design and implement programs and services that are responsive to the needs and preferences of our population. Through partnerships with community-based organizations, schools, and businesses, we are able to reach individuals where they live, work, and play, making health promotion and disease prevention efforts more accessible and inclusive.

Furthermore, we are committed to integrating population health principles into every interaction within the health system. This includes promoting healthy behaviors and lifestyles, providing education and resources to empower individuals to take control of their health, and ensuring that care is coordinated and seamless across different providers and settings.

By adopting a population health-based approach, we are working collaboratively to improve the overall health and well-being of our community, with a focus on prevention, early intervention, and equitable access to care.



CONTACT INFORMATION/DESIGNATED LEAD

For more information you may contact us at:

Administrator and QIP Lead: Pat Cervoni
p.cervoni@camawoodlands.ca
905-681-6441 x 100

Clinical Manager and QIP co-lead: Darlene Birball
d.birball@camawoodlands.ca
905-681-6441 x 126



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 28, 2024**

Shane Gould, Board Chair / Licensee or delegate

Pat Cervoni, Administrator /Executive Director

Darlene Birball, Quality Committee Chair or delegate

Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	16.87	12.00	We will continue to work towards achieving this target.	

Change Ideas

Change Idea #1 Reviewing the transfers to ED monthly Record each transfer to hospital on tracking sheet that was developed.

Methods	Process measures	Target for process measure	Comments
Record each transfer to hospital on tracking sheet that was developed. Include the reason for transfer, who made the decision to transfer (ie- Family, MD/NP, Nurse).	All transfers to be recorded and reviewed by the Nurse Practitioners.	100% of all transfers will be recorded and reviewed each month.	

Change Idea #2 Staff Education to try to reduce the number of ED transfers.

Methods	Process measures	Target for process measure	Comments
Educate all registered staff on the importance of avoiding unnecessary transfers to hospital.	All registered staff will be educated on ED avoidable visits in 2024. A focus will be placed on registered staff's assessment skills with an emphasis on the availability of outside services ie. x-ray, ultrasound which can be done in the home.	100% compliance with education sessions by December 31/24.	

Change Idea #3 Information to be provided to residents and families on internal resources available to try to prevent ED transfers.

Methods	Process measures	Target for process measure	Comments
Information sheet to be created outlining the resources available to our residents so that avoidable ED visits do not have to happen.	Information sheets to be given to families and residents upon admission to our facility and to families of residents who currently live here.	Information about avoidable ED visits to be provided 100% of the time. Deadline for information sheet to be completed by September 2024. Sheets will be available in the facility and will be added to the admission packages.	

Measure - Dimension: Timely

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The proportion of residents with a progressive, life-limiting illness, that are identified to benefit from palliative care, who subsequently have their palliative care needs assessed using a comprehensive and holistic assessment.	C	Proportion / LTC home residents	Local data collection / April 2024- March 2025	100.00	100.00	We will continue to work at maintaining our target of 100%. We feel it is important that our residents receive the care they deserve.	

Change Ideas

Change Idea #1 All residents will have their palliative needs assessed.

Methods	Process measures	Target for process measure	Comments
Assessment tool (Interdisciplinary Assessment of Palliative Care Needs) to be completed in point click care. Data to be entered in care plan.	Assessment to be completed on admission, yearly or and when there is a change in residents health status.	100% of all residents will be assessed.	

Change Idea #2 Getting palliative care needs met.

Methods	Process measures	Target for process measure	Comments
1. Palliative care carts will be provided by the nurses for all residents at their end of life. Included on the cart are personal care items, reading materials for family members and a CD player for music. 2. A dove is placed on a resident's door to alert other residents and visitors that the resident and family would appreciate quiet time together.	Education for all direct care staff on palliative/end of life care.	100% of all residents will have their care needs met. 100% of staff will be educated by December 31/24.	

Equity

Measure - Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	100% of our management and staff will receive training in 2024.	

Change Ideas

Change Idea #1 All of our management staff will receive training on equity, diversity, inclusion and anti-racism in 2024.

Methods	Process measures	Target for process measure	Comments
Training will be provided to staff and management. Training will include the topics of equity, inclusion, diversity and anti-racism.	Ensure all staff receive the training, records will be kept to ensure everyone receives it.	100% of our management and staff will receive training by December 31st, 2024	

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHAHPS survey / Most recent consecutive 12-month period	81.48	94.00	Our goal is to achieve 94% or higher. We will educate all staff of resident rights and person and family centered care.	

Change Ideas

Change Idea #1 Customer Service Initiative

Methods	Process measures	Target for process measure	Comments
Educating staff on the importance of taking time to listen to residents.	Resident satisfaction surveys to be completed two times a year in March and September.	To ensure 100% of staff are trained are trained on GPA by December 31/24	Total Surveys Initiated: 27 Total LTCH Beds: 128

Change Idea #2 Improved Resident Satisfaction

Methods	Process measures	Target for process measure	Comments
Specific resident satisfaction survey to ask more in-depth questions to obtain clearer responses.	Survey with grading to measure satisfaction to be completed two times a year.	Results to be addressed at residents council and in family newsletter. Results will be posted on family bulletin board, Goal is to obtain a rating of 94% or higher.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	57.89	90.00	Our goal is to achieve 90% or higher. We will educate all staff of resident rights and person and family centered care.	

Change Ideas

Change Idea #1 Ensure residents are aware that they are in charge of their care and have a voice.

Methods	Process measures	Target for process measure	Comments
Educating staff on how important it is that residents can express their opinions without worrying about consequences.	In-house survey to be conducted two times a year in March and September.	Residents know their rights and are free to voice their opinions. To reach our target of 90%. 100% of staff to be trained by Dec 31/24. Education will be for all new hires and annually.	Total Surveys Initiated: 19 Total LTCH Beds: 128

Change Idea #2 Residents to be aware of their rights.

Methods	Process measures	Target for process measure	Comments
Ensure all residents and families are aware of resident rights.	In-house satisfaction survey to be conducted two times a year in March and September.	Rights to be addressed at residents council and in family newsletter. Results will be posted on family bulletin board, Goal is to achieve a rating of 90% or higher.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Polypharmacy, the overall average of the number of medications our residents are taking on a daily basis.	C	Other / Residents	Local data collection / April 2024-March 2025	15.10	9.00	We did not meet our target of 9, we will work on meeting our target this year.	

Change Ideas

Change Idea #1 To reduce the number of medications our residents are regularly taking.

Methods	Process measures	Target for process measure	Comments
Quarterly medication reviews completed by the Nurse Practitioners. Pharmacist review at quarterly PAC meetings.	Each medication is reviewed by the NP's to see if that medication is a benefit to that resident.	The MD/NP's will discontinue any medications that are not a benefit to the overall health of our residents.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve the admission process, to make it more of a smooth transition for new residents and their families.	C	% / LTC home residents	In house data collection / April 2024-March 2025	CB	90.00	To achieve a 90% or higher score. To be achieved by a short survey that will be given out to families and residents after the admission day.	

Change Ideas

Change Idea #1 To achieve a 90% or higher, families and residents that were happy with the admission process.

Methods	Process measures	Target for process measure	Comments
A short survey will be developed to be given to the families or resident (if capable) after the admission day.	Gather information from the survey to see what areas can be approved on.	To achieve a 90% or higher rating, happy with the admission process.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
3 day bowel and bladder diary to be completed on admission	C	% / LTC home residents	In-home audit / April 2024- March 2025	CB	100.00	Bowel and bladder diary will be completed on admission from now on, it has been changed from 3 weeks post-admission	

Change Ideas

Change Idea #1 3 day bowel and bladder diary to be completed and admission.

Methods	Process measures	Target for process measure	Comments
Admission nurse will give assessment to the floor nurse to initiate the assessment.	PSW's will complete 3 day diary on paper and hand in back to the NP's to review.	100% of all new residents will have a bowel and bladder diary completed.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	12.53	12.00	We beat our target of 13.0 so we have lowered our target to 12.0 and we will work towards achieving it.	

Change Ideas

Change Idea #1 Identify residents who are at high risk for falls.

Methods	Process measures	Target for process measure	Comments
Complete the falls risk assessment tool (FRAT) on all admissions and quarterly. Post-fall assessment/huddle to be completed by the nurse after each fall in PCC.	100% of assessments to be completed on PCC. All falls to be recorded in risk management will be reviewed and will be checked to ensure a post-fall/huddle assessment was completed before being signed off.	All residents to be assessed on admission and quarterly thereafter. 100% of the falls charted will have a post-fall assessment completed as well.	

Change Idea #2 Monthly Interdisciplinary Falls Meetings.

Methods	Process measures	Target for process measure	Comments
Daily tracking sheets implemented to record falls to be completed by PSW's. Weekly meetings on Wednesday to review falls, establish patterns and implement interventions. Review the previous months falls/ tracking sheets and ensure interventions are in place.	Meetings to be held every month.	100% compliance.	

Change Idea #3 Staff Education.

Methods	Process measures	Target for process measure	Comments
Falls prevention education to be assigned to all staff annually.	Completion of mandatory falls training.	100% compliance with mandatory training.	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	10.95	8.00	We will continue to work on this indicator this year. We will work towards meeting our target of 8%.	

Change Ideas

Change Idea #1 Identify all residents that are on anti-psychotic medication without a current appropriate diagnosis.

Methods	Process measures	Target for process measure	Comments
Medication reviews to be completed on all residents currently on anti-psychotic medications quarterly.	Compile a list of residents on anti-psychotic medications that do not have a diagnosis.	100% of residents on anti-psychotic medications will have a review to see if these medications are necessary.	

Change Idea #2 Ensure that the right diagnosis is captured in the RAI/MDS.

Methods	Process measures	Target for process measure	Comments
Quarterly reviews. Pharmacist review quarterly at PAC meeting.	Quarterly audits.	100% of residents with a psychiatric diagnosis are coded in RAI/MDS correctly.	