

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2023



OVERVIEW

Oxford County, operating as Woodingford Lodge, owns and operates 228 long-term care beds throughout the county, with 34 beds in the Town of Ingersoll, 34 beds in the Town of Tillsonburg, and 160 beds in the City of Woodstock.

Our history is as rich as our future. Woodingford Lodge first opened its doors in October of 1969 and has been committed to providing high quality accommodation and care every day since then.

The name comes from the original three municipalities who operated the facility- Woodstock, Ingersoll, and Oxford.

Woodingford operates as a not-for-profit long term care facility, with funding from long-term care residents, the County of Oxford, and the Province of Ontario.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

We continued to face the challenges of managing the COVID-19 throughout 2022, with Omicron being of concern as we began the year. Despite the challenges, our teams consistently rose to the occasion, remaining focused on providing high quality care for our residents. A full return to normalcy was not in the cards for 2022, however, teams managed to maintain a high level of care quality, while working away at ongoing improvement initiatives outlined in our 2022-23 Quality Improvement Plans.

April saw the release of the Fixing Long-Term Care Act (FLTCA, 2021) and the associated O. Reg. 246/22 with a focus on some welcome refinements to infection prevention and control, emergency management, and continuous quality improvement.

Woodingford used the release of the FLTCA as an opportunity to reflect not only on what we do well, but how we do it. Of significant importance in 2022, and for years to come, is Oxford County Council's investment in the establishment of a Continuous Quality Improvement (CQI) Team within our organizational structure. Ongoing investments are required to fully populate the team with the much-needed resources, however, the clearer lines of accountability for CQI initiatives will provide for the development of a more robust quality management system into 2023 and 2024.

In addition to County Council's investment in continuous quality improvement, 2022 also saw their approval to submit an application to the Province of Ontario's Long-Term Care Home Development Program, based on developing 160 new beds in the Town of Ingersoll. Although not specifically part of a quality improvement plan, it reinforces the need for a holistic approach to CQI for Oxford County. As an owner / operator of multiple homes in multiple geographic locations, we must continue to balance the needs of our individual homes with enterprise-wide organizational efficiencies.

2023-24 will see our continued focus on a parallel process of implementing specific quality improvement plans while simultaneously creating an enterprise-wide quality management system.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Early in 2022, Woodingford Lodge launched a priority initiative to become an accredited long-term care organization – pursuing accreditation through Accreditation Canada for all three of our homes. As of the writing of this narrative, we are approximately half-way through our journey toward the onsite survey in early 2024. It has been an incredibly valuable learning experience for us, especially through gaining a deeper understanding, we can improve our process of developing, and reporting on, quality improvements with meaningful input from a variety of audiences. Our residents and their families / caregivers are a deeply rich source of information and feedback during the design stages of improvements – whether to their individual care plans or to overall organizational quality elements. As such, 2023 will see our quality improvement efforts grow stronger, more sustainable methods of engaging residents and their families / caregivers. While not a Quality Improvement Plan in-and-of-itself, this effort will form a quality improvement plan through our accreditation process, lead by our multi-disciplinary accreditation project team.

This high-level, enterprise-wide initiative aside, we continue to maintain vibrant Resident Councils in all three of our homes, using regular scheduled meetings as ways to engage in two-way dialogue about opportunities and challenges brought forth by residents, families, and staff.

PROVIDER EXPERIENCE

Similar to the commentary in the Patient / Client / Resident Partnering and Relations above, we are using the accreditation initiative to increase the depth and breadth of our connections among staff members – connections between staff teams, between individual staff members, between frontline staff and leaders, and between employer and Union. Highlights of 2022 key efforts include:

- Collective bargaining, which resulted in both parties agreeing to a wholesale review of our scheduling system to provide a better experience for staff; this review project will be undertaken throughout 2023, with a target implementation date in early 2024
- Employee satisfaction survey, which yielded an industry-high 74% response rate (across all three Woodingford homes), and produced positive results, sparking the scheduling of 40, 'deep dive' focus groups during April and May 2024. Results from the focus group sessions will be used to develop action items for accreditation-related action plans, with a preliminary intent to establish 'provider experience' working teams moving forward
- Patient safety culture survey, as a requirement of accreditation, also yielded a high response rate (71% across all three Woodingford homes), of which the results will be used to develop action items for the accreditation action plans.

WORKPLACE VIOLENCE PREVENTION

Owned by Oxford County, operating as Woodingford Lodge, our three homes have adopted two of the County's key policies related to workplace violence prevention: (1) Harassment and Discrimination in the Workplace Policy, which specifically addresses workplace violence is prohibited and will not be tolerated, and (2) Workplace Violence Prevention, which also prohibits workplace

violence. Both policies have been recently reviewed and signed off in February 2023.

All workplace incidents are logged, tracked, and monitored in a newly implemented online tool, by a corporate health and safety resource.

All incidents as described in O. Reg. 246/22 as requiring to be reported to the Ministry are done so through the Critical Incident reporting system. All critical incident reports are reviewed by our Administrator to ensure appropriate follow-up is conducted.

As a part of the care services we provide, we have an embedded Behavioural Supports Team, including a full-time, permanent Social Service Worker that assists staff with residents who exhibit responsive behaviours, as well as providing support for staff experiencing the effects of working in an environment with residents who have been diagnosed with dementia(s).

We also have addition support from an external service provided for staff members – as individuals and as teams – who experience a workplace incident that could benefit from the support of professionals trained in dealing with trauma in the workplace. Staff members can access our external service provider on their own, however, as an employer we have accessed the service on a team's behalf to ensure a full range of supports is available when needed. As a follow-up to accessing the external service provider in the past, we will be exploring the opportunity to develop a peer-based crisis support group.

PATIENT SAFETY

Woodingford Lodge's three homes have active team members and robust care planning and care conference processes in place to ensure that resident safety is front-and-center as part of daily routines.

Our Nursing teams use structured daily huddles to ensure safety incidents, examples, and stories are shared in real-time, as much as possible. Supervisors of Resident Care (SRCs) and / or Directors of Nursing and Personal Care (DoNPC) ensure that information is shared between teams and shift changes.

As referenced in the Provider Experience section, we conducted a Patient Safety Culture survey in 2022 as part of our accreditation project. While we have yet to determine the specific improvement actions that will form our quality improvement action plan, the results represent a 71% participation rate in the survey and therefore provide us with sound evidence to base improvements on as we move forward. Action planning is scheduled to occur throughout the summer, with implementation in the fall of 2023.

HEALTH EQUITY

Oxford County has historically been represented by a very low proportion of visible minorities. We are encouraged by the significant increase in visible minorities between 2016 and 2021, as reported through StatsCan Census data for those years, respectively, from 3% to 9%. We recognize that health equity is about much more than the visible presence of a minority, however, the statistics reported by the federal Census, is representative of our residents in our three homes.

Our efforts to address the expanding diversity of our residents, and in anticipation of this to continue, our staff have embraced opportunities to learn more about our residents through "my life stories" that are developed prior to moving into one of our homes, creating an emotion-based narrative of the lives' of those we serve. While at this point an informal initiative, we look to continually enhance the implementation and 'spread' of the stories.

Our Nutrition Services Team has been introducing menus with ever-expanding cultural culinary items, hosting 'food fair'-like events for residents, families, and staff to provide input and feedback. Always a hit (anecdotally), the phasing out of COVID restrictions will allow us to expand our efforts in 2023.

To our benefit of being owned by Oxford County, the County hired a full-time, permanent Diversity, Equity and Inclusion Coordinator in 2022 to assist all County Departments with their respective learning journeys related to recognizing and reducing disparities of health outcomes, access, and experiences of diverse populations. In addition, the County has an enterprise-wide staff-driven DEI Committee, of which multiple Woodingford Lodge staff members sit on, to bring forth challenges and opportunities, as well as to learn from others. As a way to formally support a meaningful approach to inclusivity, we worked with our Union during recent bargaining to appoint a Unionized member on the County's corporate DEI Committee, so that we can walk this journey together.

CONTACT INFORMATION/DESIGNATED LEAD

Woodingford Lodge Ingersoll:
Caitlin Ward
Manager of Woodingford Lodge Ingersoll
Designated Quality Improvement Lead
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OTHER

2023 will see us strengthen our commitment to resident-centered care mainly through accreditation, but also by creating more formal, and explicit, opportunities for residents to shape the design of their experiences. While we have consistent history of residents reporting a high level of satisfaction with our services, we want to ensure that we can sustain this high level of satisfaction, especially with the potential of expanding our services to 160 new beds.

As an organization we have taken initial steps toward becoming a learning organization, and as such we are gaining a renewed appreciation for residents' and their families / caregivers' input at the design stage of quality improvement.

One our organizational keystone projects in 2023 is the development of a multi-year master plan, guided by a joint staff-Oxford County Council steering committee. Designed as a subset of County Council, the steering committee's mandate includes guiding the development of the master plan and the development of the new 160 beds in Ingersoll. As part of the master planning process, we will be engaging residents, families / caregivers, as well as potential residents / families / caregivers in a Voice of Customer exercise to ensure that our longer-term vision that guides us is built upon the experience that our current and future stakeholders are expecting

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
