

Let's Make Healthy  
Change Happen.



## Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



**SOUTHBRIDGE**<sup>®</sup>  
— HEALTH CARE LP —

3/1/2025

### Overview

In our continued efforts to facilitate the Southbridge vision to bring lives together with meaning and purpose, Errinrung Long Term Care will be continuing to focus on four areas of quality in this 2025/2026 QIP plan; namely Operational Excellence, Risk Reduction, Resident-Focus and building on our Safety Culture. This Quality

Improvement Plan (QIP) aligns with the requirements of the Fixing Long-Term Care Act, Ontario Health Quality Standards, and other applicable legislation to enhance the quality of life, safety, and care for our residents.

### **OPERATIONAL EXCELLENCE:**

We continue to strive for operational excellence by implementing evidence-based practices, continuous process improvements, and technology integration to ensure timely, accurate, and cost-effective service delivery. Our goals include optimizing resource allocation, enhancing workflow efficiencies, and achieving high satisfaction among residents, families, and stakeholders.

### **RISK REDUCTION:**

Risk reduction is paramount in our approach to care and services. We utilize validated risk assessment tools, implement proactive interventions, and maintain compliance with safety standards to minimize hazards. Our multidisciplinary teams engage in regular reviews of incident reports and safety audits to identify trends and implement corrective actions promptly.

### **RESIDENT-FOCUS:**

Our philosophy of care places residents at the center of every decision. We ensure individualized care plans that respect each resident's preferences, cultural values, and life-long habits. We actively involve residents and their families in care planning and decision-making to enhance the quality of life and satisfaction.

### **SAFETY CULTURE:**

Our commitment to safety culture is unwavering. We maintain transparent communication, provide ongoing education on safety practices, and encourage staff and residents to voice safety concerns without fear of retaliation. Regular safety drills, emergency preparedness training, and safety-focused performance evaluations ensure a safe living and working environment.

In 2024 we had many quality improvement achievements and successes to celebrate. These successes can be attributed to the hard work and dedication of our multidisciplinary team, the collaboration with our residents, families, and stakeholders as we all share the common goal of improving the care, service, experience and life for all that live, visit and work at Errinrung.

Here are just some of the highlights from the last year that we are proud to announce:

- ✓ Decreased usage of agency dietitians.
- ✓ Implemented our own corporate menus.
- ✓ Recruitment of internationally trained nurses enhancing the home's commitment to diversity, equity and inclusion and allowing us to provide care to our residents in many different languages
- ✓ Implemented measures and processes to mitigate actual and potential risk, as listed below:
  - Quality Forums are held monthly to review key performance indicators and rate them against corporate benchmarks. These quality forums are an opportunity for our homes to review key performance indicators, such as potentially avoidable emergency department visits, and discuss, implement and measure various interventions to ensure that all negative trends are addressed and action plans for improvement implemented.
  - Ensured our Medical Director has achieved the required Ministry certification
- ✓ Developed new home scorecards and HOOPS.
- ✓ Implemented the following improvement initiatives in collaboration with our Pharmacy provider and our interdisciplinary teams:

- Integrated Medication Management program;
- Spasticity program - a program that helps improve mobility and quality of life for seniors with spasticity. The program includes assessments, injections, and ongoing support.
- Scanning technology to improve the accuracy of medication order communication between the home and the pharmacy. This technology replaced the digital pen to further enhance the safe and secure transmission of Prescribers' orders, including an improvement in staff workflow.
- ✓ Developed standardized Terms of Reference and agenda templates for all committees with a focus on best practice implementation and risk mitigation
- ✓ Created new program checklists and tracking logs to enhance regulatory compliance and best practice implementation including a PRN pain tracking among others.
- ✓ Developed and implemented a Proactive Inspection Guide to ensure quality of care for our residents and regulatory compliance
- ✓ Developed and implemented new PointClickCare Assessments and Care plan library to align with best practice
- ✓ Successfully launched Project Amplifi to ensure timely, efficient and secure communication of critical health information between our home and our local hospitals
- ✓ Improved overall resident satisfaction from 82.63% in 2023 to 85.36% in 2024 and improved overall family satisfaction from 80.5% in 2023 to 83.73% in 2024.
- ✓ Significantly improved family satisfaction with laundry, cleaning and maintenance services from 77.65% in 2023 to 82.66% in 2024.
- ✓ Significantly improved resident satisfaction with meal, beverage and dining services from 80% in 2023 to 86.49% in 2024.
- ✓ Significantly improved resident satisfaction with continence care products from 65% in 2023 to 88.54% in 2024.
- ✓ Focused on improved collection and documentation of each resident's goals of care in support of our palliative approach to care Increased the availability of Social Service/Social Worker, BSO, Nurse Practitioner and ET Wound Nurse support in our home
- ✓ Implemented a Pain and Palliative Care monthly meeting to continually monitor and measure the effectiveness of our program and develop action plans to address all opportunities for improvement
- ✓ Implemented new Resident Focused policies and procedures aimed at enhancing quality, compliance and implementation of evidence-based best practice throughout all departments in the home
- ✓ Implemented our new Emergency Preparedness program to ensure all staff, residents, volunteers, and students are educated on how to respond in an emergency situation

## Access and Flow

Our home is committed to optimizing system capacity, timely access to care, and enhancing patient flow to improve outcomes and quality of care for patients, clients, and residents. As part of this important initiative, we work in partnership with our community partners, including Behaviour Supports Ontario and the Regional Psychogeriatric Consultants, among others, on implementing strategies and treatment plans to avoid unnecessary visits to emergency departments through new models of care and by ensuring timely access to primary care providers. We place a strong emphasis on understanding each resident's goals of care and supporting those goals to the fullest extent possible in our home through proactive identification and management of resident's health issues and maximizing the scope of practice of our Nurse Practitioners and clinical staff to manage health challenges on-site as much as possible. In addition, our home has been actively involved with the Ministry of Long-Term Care and Point Click Care and has successfully implemented Project

AMPLIFI, aimed at Improving the continuity of care for Ontario Long-Term Care residents by streamlining transitions between care institutions, leading to safer care for patients, and more efficient workflows for providers.

## **Palliative Care**

In 2024, our home enhanced the current palliative care program with the implementation of our new Palliative Care policies and procedures, as well as, through participation in our Palliative Care forum, which brings all Southbridge homes together to share new palliative care best practices they have implemented in their homes and learn about new research and emerging palliative care best practices in the sector. Our palliative care philosophy of care policies and procedures were reviewed and revised based on feedback received during the palliative care forums, as well as, from Resident and Family Council meeting feedback.

Our home has implemented the following palliative care policies and procedures to enhance the provision of palliative care:

- Palliative Approach to Care
- Advance Care Planning
- End of Life Care and Therapeutic Nutrition
- Pronouncing Death
- Care of the Body Following Death, and
- Medical Assistance in Dying.
- Pain policies and change in resident status notification policies
- Standard Operating Procedures to guide staff in the completion of various clinical procedures such as initiating hypodermoclysis, suctioning, etc.
- Palliative and End of Life Nutrition policy
- And a number of policies and appendices in the Resident Focused Recreation and Volunteer manual, including Resident Focused Program Planning and the Multi-faith Religious and Spiritual Programs which includes the Spiritual and Religious Care Assessment Tool

## **Equity and Indigenous Health**

Our home promotes equity, diversity and inclusion for all our residents and staff and has implemented our new Workforce Equity, Diversity and Inclusion and Equal Opportunity Employment policies in 2024. As part of the implementation of these policies, Southbridge continues to actively recruit internationally trained nurses and staff from a wide range of ethnic, religious and cultural backgrounds and our staff speak many different languages. We strongly value this diversity and believe that this enhances the care provided to our residents as we strive to provide care to our residents in their native language whenever possible. All staff receive annual mandatory education on cultural competency, Indigenous Cultural Safety, as well as the Standards of Employee Conduct which clearly outlines our priorities around non-discrimination, zero tolerance for abuse, neglect and unlawful conduct, ethics, professionalism and the promotion of caring and compassion in all we do. All staff receive training on Accessibility for Ontarians with Disabilities Act requirements, as well as education on how to provide excellent customer service to those with various disabilities.

## **Patient/client/resident experience**

Performance monitoring is a key part of assessing our resident's experience and driving our performance and includes, but is not limited to, the following:

- Monitoring key quality indicators
- Internal audits

- External audits
- Program evaluations
- Resident satisfaction surveys

Southbridge Care Homes measures and monitors quality initiatives by ensuring effective data collection and accuracy, extensive auditing initiatives and quality indicator score cards. Our home collects, monitors and analyzes all the data we collect to continually improve the care and services we provide for our residents.

With this in mind, we put considerable effort into regularly and actively engaging residents and families for their insights and feedback, provide channels for open dialogue, and share ongoing progress through regular updates, collaborative face-to-face meetings, townhall sessions and experience surveys. Our ongoing goal is to continue to build on our existing approaches to resident and family engagement and continue to evolve our approaches to resident and family Partnership.

Resident and Family Satisfaction surveys were conducted in October 2024 and largely reflected both resident and family overall satisfaction with the care and services provided by our home, as illustrated below:

Overall Satisfaction with the Care and Services Provided:	2024 Results:
Residents:	85.36%
Family:	83.73%

Based on the results of our 2024 Resident Satisfaction Survey, the top five (5) opportunities for improvement were identified as:

Improvement Opportunity: Resident Satisfaction Question and Rating:	Change Ideas:	Person Responsible:	Target Date:
"I am satisfied with the quality of: Laundry services for personal clothing" was rated at 72.06%	• Add to agenda for next residents' council meeting to gather further information	Laundry Lead	February 11 2025
	• Ensure the home follows the missing clothing policy-add to staff meeting agenda	All departmental leads	Feb 28, 2025
	• Make staff aware of the missing clothing policy	Laundry Staff	Feb 28, 2025
	• Utilization of a lost and found	Director of Care	
	• Inform residents and family of lost and found as well as	Nursing Staff	March 15, 2025

	<ul style="list-style-type: none"> <li>• Ensure families and residents are aware of the need for labeling new clothing via newsletter</li> </ul>		
<p>"I am satisfied with the temperature of my food and beverages." was rated at 71.47%</p>	<ul style="list-style-type: none"> <li>• Add to agenda for next residents' council meeting to gather further information</li> <li>• Using regular dishes during outbreak</li> <li>• Communicate with residents that if they would like their food warmer then can request from staff to re-heat</li> <li>• Purchase microwave for the South dining room</li> <li>• Schedule regular food committee meeting for resident feedback</li> </ul>	<p>Programs Manager</p> <p>Executive Director</p> <p>Food Services Manager</p> <p>Dietary Aids</p>	<p>Feb 11, 2025</p> <p>Jan 22, 2025 Feb 11, 2025</p> <p>Feb 1, 2025</p> <p>Feb 11, 2025</p>
<p>"I am satisfied with the quality of care from: Dietitian" was rated at 68.18%</p>	<ul style="list-style-type: none"> <li>• Add to agenda for next residents' council meeting to gather further information</li> <li>• Ensure residents understand who the Dietician is and feature in the staff spotlight</li> <li>• Add information regarding dietician to the monthly newsletter <ul style="list-style-type: none"> <li>• Add as an item to the food committee</li> </ul> </li> </ul>	<p>Registered Dietitian</p> <p>Executive Director</p> <p>Director of Care</p>	<p>Feb 11, 2025</p> <p>March 1, 2025</p> <p>Feb 1, 2025</p> <p>Feb 11, 2025</p>
<p>"Overall, I am satisfied with the meal, beverage, and dining services." was rated at 66.18%.</p>	<ul style="list-style-type: none"> <li>• Add to agenda for next residents' council meeting to gather further information</li> <li>• Schedule regular food committee meeting for resident feedback</li> <li>• Ensure a variety of snacks are available on the snack carts</li> <li>• Ensure "Always Available Menu" is operational each day</li> </ul>	<p>Food Services Manager</p> <p>Executive Director</p> <p>Dietary Aids</p>	<p>Feb 11, 2025</p> <p>Feb 11, 2025</p> <p>Feb 1, 2025</p> <p>Feb 1, 2025</p>
<p>"I am satisfied with the quality of care from: Social Worker/Social Service Worker" was rated at 50%.</p>	<ul style="list-style-type: none"> <li>• Add to agenda for next residents' council meeting to gather further information</li> <li>• Recruit and onboard new Social Worker</li> <li>• Create a staff spotlight so residents in the home are aware of the new SW</li> <li>• Recommend inviting to the RC meeting for resident awareness</li> </ul>	<p>Executive Director</p> <p>Social Worker (once hired)</p>	<p>Feb 11, 2025</p> <p>Feb 15, 2025 April 1, 2025</p> <p>Feb 11, 2025</p>

Based on the results of our 2024 Family Satisfaction Survey, the top five (5) opportunities for improvement were identified as:

Improvement Opportunity: Family Satisfaction Question and Rating:	Change Ideas:	Person Responsible:	Target Date:
"The resident can choose what time they go to bed." was rated at 77.97%.	<ul style="list-style-type: none"> <li>• Add to agenda of next Family Council/Residents Council for further details</li> <li>• Add to PSW staff meeting the importance of resident rights and providing all care as per the resident's care plan</li> <li>• Ensure each resident care plan is reflective of residents bed time preference</li> </ul>	Director of Care  Associate Director of Care  Education Lead  Registered Staff  Personal Support Workers	Jan 17, 2025  March 1, 2025  May 1, 2025
"I am satisfied with the timing and schedule of spiritual care services" was rated at 75%	<ul style="list-style-type: none"> <li>• Add to agenda of next Family Council for further details</li> <li>• Reviewing the services available with Family Council and the schedule; obtain feedback on timing and scheduling of spiritual care services and adjust as necessary</li> <li>• Ongoing recruitment of other denominational services</li> <li>• Feature the homes Chaplain in the monthly newsletter</li> <li>• Complete the re-opening of the Chapel</li> </ul>	Executive Director  Chaplain	Jan 17, 2025  Feb 11, 2025  Ongoing  June 1, 2024  July 2, 2025
"I am satisfied with the variety of spiritual care services" was rated at 72.5%.	<ul style="list-style-type: none"> <li>• Add to agenda of next Family Council for further details</li> <li>• Ongoing recruitment of other denominational services</li> <li>• Continue with mindful moments for non-denominations services</li> <li>• Add to newsletter information related to religious programming, including the schedule and request feedback and recommendations</li> </ul>	Executive Director  Programs Manager  Chaplain	Jan 17, 2025  Ongoing  Ongoing  Feb 1, 2025
"I am aware of the spiritual care services offered in the home." was rated at 72.5%.	<ul style="list-style-type: none"> <li>• Add to agenda of next Family Council for further details</li> <li>• Ongoing recruitment of other denominational services</li> <li>• Continue with mindful moments for non-denominations services</li> </ul>	Executive Director  Programs Manager  Chaplain	Jan 17, 2025  Ongoing  Ongoing

	<ul style="list-style-type: none"> <li>Add to newsletter information related to religious programming, including the schedule and request feedback and recommendations</li> </ul>		Feb 1 2025
<p>"I am satisfied with the quality of care from doctors" was rated at 71.43%.</p>	<ul style="list-style-type: none"> <li>Add to agenda of next Family Council for further details</li> <li>Share information with Families via newsletter and Family Council regarding services available to the home from doctors, including names and schedule</li> <li>Inform families of the role of the NP, as she supports much of the medical services in the home 3x per week</li> <li>Ensure families and residents are aware of the days the physician is available in the home <ul style="list-style-type: none"> <li>Facilitate meetings with the attending physician as appropriate if families have specific concerns they would like to discuss</li> </ul> </li> </ul>	<p>Executive Director</p> <p>Director of Care</p> <p>Medical Director</p> <p>Attending Physicians</p> <p>Nurse Practitioner</p>	<p>Jan 17, 2025</p> <p>Feb 1, 2025</p> <p>Feb 1, 2025</p>

The results of both the Resident and Family Satisfaction surveys, as well as the action plans for improvement were reviewed with Resident Council and Family Council and additional input and feedback was requested on these improvement plans from both Councils. In addition, both our Resident and Family Council was provided with an opportunity to suggest additional areas of improvement they would like our home to work on over the coming year. We also elicit as much feedback as possible related to our care and services on an ongoing basis via our Town Hall meetings which are open to all residents, families, visitors and interested community members and stakeholders. Additionally, all residents and families are always encouraged to provide any feedback, concerns or suggestions they have at any time, to any member of our management team or, if they prefer, individual can email our Corporate Head Office directly at [contact@southbridgecare.com](mailto:contact@southbridgecare.com).

We post our resident and family satisfaction survey results as well as the action plans for improvement on the Resident and Family Information board as part of our commitment to transparency and shared learning. Fostering trust, engagement, and continuous improvement is paramount for our home. By openly communicating feedback, we demonstrate accountability and a commitment to growth. This approach encourages collaboration, allowing us to learn from both successes and challenges, leading to better decision-making and service enhancements. Additionally, sharing insights promotes a culture of openness, where stakeholders feel heard and valued, ultimately driving higher satisfaction and engagement.

**Provider experience**

At Southbridge, we believe our staff are our greatest resource and as such, we are continually engaging them in evaluating the care and services we provide, getting their feedback on improvement plans, including this QIP, as well as other quality improvement initiatives in the home. Staff are engaged and their feedback is sought throughout the change management process whenever new policies, programs, equipment, and/or services are developed. Staff satisfaction surveys are conducted and analyzed, and improvement plans developed based on



the results of these surveys. Our staff have access to a wide range of educational opportunities and also incentive programs such as, “Perkopolis” which is Canada's leading provider of fully managed perk programs.

As healthcare organizations face unprecedented human resources challenges, Southbridge is committed to enhancing the staff experience and effectively managing these hurdles. We've implemented various initiatives to achieve these goals, including utilizing government grants and incentives to support our workforce development efforts. Additionally, we've embarked on international recruitment endeavors to address staffing shortages and foster diversity within our workforce. Collaborating with educational institutions, we're building talent pipelines to ensure a steady influx of skilled professionals. Moreover, we regularly conduct employee engagement surveys to gather feedback and identify areas for improvement. These surveys enable us to take actionable steps, such as implementing training programs and refining policies and procedures, to create a supportive and fulfilling work environment for our staff. We also prioritize professional development opportunities by providing ongoing training and development opportunities to enhance staff skills, support career advancement, and foster continuous growth. Furthermore, our commitment to continuous quality improvement fosters a culture where staff are empowered to identify areas for enhancement and actively participate in initiatives to improve the care and services provided to our residents. Through these comprehensive efforts, we aim not only to attract and retain top talent but also to cultivate a culture of excellence and resilience within our organization.

## Safety

Our home prioritizes safety for all our residents, staff, families and visitors because we know that residents can not enjoy a living environment where they don't feel safe, nor can our employees provide excellent care in an environment which does not prioritize safety. As such, safety is embedded in all our policies, processes and workflows to ensure we provide our customers and employees with a safe environment to live, work or visit. Staff and residents receive education annually on many safety related topics to ensure that everyone is aware of current best practices related to safety and hold safety as a top priority in their daily activities. Continuous learning is always encouraged in our homes and we offer training on many safety-related topics, including body mechanics, lifts and transfers, ergonomics, safe resident bathing and showering practices, prevention, identification and management of heat and cold related illnesses, prevention of pressure injuries, non-violent crisis intervention as well as, a comprehensive education program centered on Emergency Preparedness.

Our home maintains our ongoing affiliation with Accreditation Canada which demonstrates our organization's determination and commitment to ongoing quality improvement. Our leadership, staff, and accreditation team members are in full support with their efforts and dedication to the provision of safe, quality care and the highest standards. Our Home's continuing affiliation with CareRx for the BOOMR (Better Coordinated Cross-Sectional Medication Reconciliation) projects where the primary goal is to improve safety and quality care of our residents during transitions of care in streamlining the medication process, save nursing time, and reduce unnecessary follow-up is another demonstration of our home's commitment to safe, quality care.

## Population Health Approach

Our home is a reflection of the community in which we operate and as such, we work hard to ensure the unique needs of our residents and staff are reflected in the care and services we provide. We are committed to providing service in a manner that respects the dignity and independence of all people, addressing unique populations and striving to meet the needs of those that require our care and services, each and every day. As an early adopter of the Amplifi project, our home is currently working with our community partners to improve patient transitions, ensuring their health information follows them as they move from local hospitals to our

home and vice versa. This has been a focus of continued work to ensure safe, effective and timely discharge from hospital for our residents.

### **Contact information/designated lead**

In support of our commitment to a culture of transparency and shared learning, we invite all individuals who would like to provide input on or have questions related to this Quality Improvement Plan to contact our Executive Director at 519-599-2737 X 5.