

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2025

OVERVIEW

St. Joseph's Lifecare Centre Brantford (SJLCB) is the largest Long Term Care Home in Brantford & Brant County comprising of 205 beds, and proud partners of the St. Joseph's Health System which includes St. Joseph's Villa, Dundas; St. Mary's General Hospital, Kitchener; St. Joseph's Health Centre, Guelph; St. Joseph's Healthcare, Hamilton; and St. Joseph's Home Care, Hamilton. We are inspired by the legacy of our founders, the Sisters of St. Joseph, who are dedicated to compassionate, person-centred care. The quality management system is guided by the six quality dimensions- safe, timely, effective, efficient, equitable, and patient centered (STEEEP).

2024-25 has been a remarkable year for SJLCB achieving 42% improvement in avoidable Emergency Department visits and 10% improvement in Resident Experience. The indicator Do residents feel they can speak up without fear of consequences? has been added to the annual Resident Experience survey in 2024. SJLCB was invited to present at the Ontario Health QIP LTC Spotlight series in December 2024 to share avoidable ED visit insights and learnings with peers.

ACCESS AND FLOW

St. Joseph's Lifecare Centre (SJLC) has worked closely with the interdisciplinary team internally, and in the community to provide the right care, to the right resident, at the right time. SJLC partnered with McMaster University to implement the Strengthening Palliative Approach in Long Term Care approach. This has helped us to better understand our residents' wishes' if they have a change in status that may lead to a potential ED transfer. In partnership with the Nurse Practitioner from the Brantford General Hospital, who leads the Nurse Lead Outreach Team (NLOT), and our Nurse Practitioner at SJLC, we are also able to provide the residents with access to care here at SJLC and potentially avoiding ED visit. Through this partnership, we were able to train staff on identifying changes in status early, and starting interventions at SJLC before considering a transfer to the ED. In 2024/2025 we were able to significantly reduce the rate of potentially avoidable ED transfers from 13.87 (2023/24) to 7.92 (2024/25) and were highlighted at the Ontario Health Peer Learning Webinar in December 2024 for this great success.

EQUITY AND INDIGENOUS HEALTH

In keeping with the St Joseph's Health System direction, St. Joseph's Lifecare Centre Brantford strives to provide and advocate for compassionate care that respects the dignity of all. We are committed to continuing to foster a culture of Inclusion, Diversity, Equity, Accessibility and Indigenous Reconciliation (IDEA-IR). We recognize now more than ever before an urgent need for action to address health outcomes and access to healthcare for all equity seeking groups.

This year we will complete a comprehensive self assessment guided by the Brantford Brant Norfolk Ontario Health Team Equity, Inclusion, Diversity and Anti-Racism Framework. This assessment will provide a measurement of our organization's current state as it relates to Equity and Indigenous Health. The assessment involves two phases, the first which evaluates our position and identifies areas for improvement. The second phase involves creating recommendations and actions for advancing goals around (IDEA-IR).

In addition, we are making a conscious effort to ensure leaders and staff have completed relevant (IDEA-IR) training. By implementing new learning opportunities, we aim to build awareness around inclusive, and culturally safe care for all.

PATIENT/CLIENT/RESIDENT EXPERIENCE

SJLCB conducts Resident Experience Surveys annually in collaboration with the sister sites of the St. Joseph's Health System. The Experience priority issue indicator was introduced as a survey question in 2024: Do residents feel they can speak up without fear of consequences? The results of the survey are shared broadly with residents, family and staff, and action plans are implemented. Examples of improvements from 2024-25 include: facility upgrades that include new handrails and fresh paints for hallways and rooms, multidisciplinary Care Conferences, and varied menu options. The introduction of memory boxes has enhanced individualized care for residents based on items of importance and shared experiences.

SJLCB operates active Resident and Family Councils that provide feedback on care, services, and quality of life. Resident and Family Council executive members participate in Continuous Quality Improvement (CQI) training and contribute to the CQI Committee and QIP working group, ensuring initiatives reflect residents' lived experiences.

Through these efforts, SJHS SJLCB continues its commitment to person-centered care, ensuring residents have a voice in shaping a supportive and high-quality long-term care environment.

PROVIDER EXPERIENCE

In 2023, over 160 staff completed the Worklife Pulse Survey, a 21-item questionnaire providing a snapshot of health care organizations' Quality Work Life. A review of the Worklife Pulse Survey indicates areas of improvement regarding employee engagement. Significant areas are as follows:

- Improvement on communication and follow-through regarding feedback received from staff
- Improvement on staff recognition and feedback

In the Fall of 2023, a focus group was conducted with front line staff to gather more feedback.

As a result, SJLCB committed to the return of Long Service Recognition which commenced in 2024 and will occur annually to recognize staff.

In 2024, "Rounding for Outcomes" training commenced for leadership. Consistent and structured rounding on employees helps build relationships that can result in improved engagement, loyalty and satisfaction. This practice of rounding for outcomes helps employees feel they have purpose, are doing worthwhile work and are making a difference. Training is expected to be complete in 2025.

In 2023, Performance Appraisals and Enablement process and policy was completed. However, SJLCB recognized that more work needs to be done with regards to performance appraisals. In 2025, Human Resources will be working closely with individual managers to ensure that performance appraisals are completed in a timely fashion.

SAFETY

Following Accreditation in December 2023, it was pertinent to build a robust resident safety incident tracking system across the organization. With the help of IT support, an internal tracking system was developed. Training on the definition of harm was provided and staff were encouraged to report on Near Misses. Implementing a just culture encourages open, non-punitive reporting of errors, fostering learning and system improvements to enhance patient safety.

Quality Huddles was initiated in 2024, currently running on 5 out of the 8 units in long-term care as well as the Hospice. The quality board was designed by residents, family members, and staff of all departments as well as leaders. Huddles are held once a week on a predetermined day and time identified by the unit staff. They use standard work and improvement tickets to identify change ideas focusing on resident and staff safety. Huddles are led by Personal Support Workers and an evaluation form is completed at the end of the huddle. 60 change ideas have been identified so far. Residents and family are welcome to attend huddles and family often complement staff for their care and compassion.

PALLIATIVE CARE

At SJLC we emphasize the importance of having thorough and frequent goals of care discussions with our residents and their substitute decision makers (SDMs). We further strengthened our knowledge and understanding of the palliative care approach in 2023-2024 by participating in the 'SPA-LTC: Strengthening Palliative Care Approach in Long-Term Care' study with McMaster University. This study provided educational opportunities and toolkit resources for staff to effectively inquire about our resident's values, priorities, and wishes considering their life-limiting illnesses. The Clinicians and Registered staff act as a lead in these discussions to ensure the resident and their SDMs understand their diagnoses and disease trajectories. Three examples of activities that highlight this commitment include, 1) reviewing goals of care at post-admit and annual conferences, 2) providing continued education to staff with SPA-LTC resources and guides, 3) engaging resident and family council with education regarding palliation and end-of-life care. This study, and SJLC's emphasis on frequently reviewing our residents' goals, has helped the resident and/or SDM understand their health status and personal goals/wishes prior to a change in health status. SJLC will continue to develop on these strategies throughout QIP 2025-26, including reviewing and determining the best integration of the Palliative Performance Scale (PPS) scoring into our discussion with residents and their loved ones.

POPULATION HEALTH MANAGEMENT

At St. Joseph's Lifecare Centre Brantford, our population health approach to care is designed to improve quality of life for our residents and our community. We believe a holistic approach that supports the mental, physical, emotional, and psychosocial health of individuals improves quality of life, happiness, and wellbeing. Assessing the health and social impact of our policies, programs, and services allows us to improve health outcomes. We understand the positive impact compassionate care in a home like setting has on our residents and their families.

SJLCB has partnered with Brantford Brant Norfolk Ontario Health Team (BBNOHT) strengthening collaboration and building a connected health care system centred around patients, families and caregivers. The BBNOHT Strategic Plan 2023-26 was developed with the vision of Partnering for a healthier tomorrow for everyone. The establishment of the Equity, Diversity, and Inclusion Community of Practice aimed to identify and address barriers in health services, promoting equitable care. Also, the development of the Norfolk Seniors Resource Guide provides comprehensive information to support senior wellness in Norfolk County. These efforts reflect BBNOHT's commitment to creating a more connected and patient-centred healthcare system.

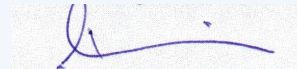
CONTACT INFORMATION/DESIGNATED LEAD

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SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

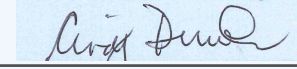
I have reviewed and approved our organization's Quality Improvement Plan on **March 27, 2025**



Trudi Collins, Board Chair / Licensee or delegate



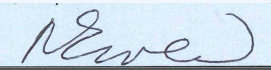
Matt Reniers, Board Chair



Cindy Perrodou, Administrator /Executive Director



Chitra Jacob, Quality Committee Chair or delegate



Mieke Ewen, Other leadership as appropriate
 Chief Operating Officer

Text