Grace Manor Family Council Meeting MINUTES

Date:	**Tuesday, October 11, 2022**
Time:	**14:00-15:00**
Location:	**Virtual - ZOOM Meeting**

In Attendance	Representing
Michelle van Beusekom	FC Chair
Maria Tandoc	FC Co-Chair
Angie McCrea	FC Secretary
Justine Dudziak	HCH Administrator, Grace Manor
Albert Armah	HCH Director of Resident Care
Jody Clarke	HCH Director, Programs & Services
Audrey Schreuders	Fundraising & Friend of FC
Catherine Jotautas	Member
Elizabeth Stepanic	Member
Fred Benedikt	Member
Gwen Veenstra	Member
Hank Kuntz	Member
Joe Schuringa	Member
Johnna Lee Tait	Member
Lori West	GM Resident Council Representative
Marc van Beusekom	Member
Prakash Dannie	Member
Rocio Alvarez	Member
Sue Bailey	Member
Susan Bland	Member
Teresa Ponsen	Member
Terry Puglielli	Member
Tina Whittle	Member

Minutes Items

Welcome and chaired by Michelle van Beusekom

OLD BUSINESS

- Minutes approval (Sep 13, 2022): motioned by: Audrey and seconded by: Fred
- UPDATES:
    - Who Am I – Update
        - 20 posters completed by Gwen
        - Awaiting confirmation of how many posters have been completed by GM staff
        - Jody, Ashley & Gwen to connect with each other to confirm workflow on other posters that still need to be completed. Gwen has offered to lead on completing remaining posters but needs GM staff to share relevant information and family contact info.
        - Laminated 11x17 format to be implemented for all posters
    - Murals Project - Update
        - Design contractor will be Dave Desmarais (Deziner Wallz)

Minutes Items

- Next steps – Jody or Maria to contact Dave to confirm his successful bid and lock down timelines for work to be done

- <u>CQI (Continuous Quality Improvement) - Understanding how Grace Manor establishes priorities for areas to improve</u>
  - Loraine (CQI lead for Grace Manor) unable to attend the meeting and Justine recommend postponing to next meeting for further discussion
  - Fred presented the following overview in preparation for the November discussion with Loraine:
    - Current Quality Improvement Plan report – recapped the priorities listed as Focused Actions and Moderate Actions under the 6 Quality Objectives for 2022/23 - see Appendix A
      - Questions to GM Administration – how are these objectives and priorities determined and how do they relate back to the daily lives of residents? Can Family Council have input into helping determine the next round of CQI objectives/priorities?
      - Answer: Questions will be held for Loraine to respond to at next meeting
    - 2021 Satisfaction Survey & Action Plan – see Appendix B – 2021 Long Term Care Resident / Family Satisfaction Survey Results
      - Areas needing improvement identified in the 2021 survey include Food Services, and Overall Satisfaction. Some areas of concern identified in comments section include dental hygiene, placement of hearing aids, floor staff seeming rushed, task-oriented approach to work.
      - Questions: How are these concerns being addressed and how are they progressing?
      - Answers: Justine responded that concerns shared in comment section surveys (where a contact name was provided) were followed up and addressed individually. Areas of common concern are addressed through staff training.
      - As previously discussed, 2022 survey will use a 5 point response scale and will be distributed electronically to help improve response rate and quality of information gathered.
    - Discussion of process for creating 2023 Action Plan (based on 2022 survey results) will be postponed to next meeting with Loraine. Questions for Loraine:
      - Is there an opportunity for FC to provide input for the next action plan?
      - Justine confirmed that all outcomes (survey results) are presented and shared with FC for group discussion.

Minutes Items

NEW BUSINESS

Administrator's Update & Discussion

- General Update
  - **Palliative Care:** Albert addressed the new palliative care measures and consent process (implemented as part of the Fixing Long Term Care Act):
    - Some family members flagged that the process has not been explained to them and that staff tasked with gathering consent forms do not seem to be well informed about the policy and what the consent form is for exactly. Some family members also had questions about the "palliative care plan" that is supposed to be created for each resident and how/when this will be done.
    - Albert will provide a more robust overview of the new policy and the process for creating the individual palliative care plans at our next meeting.
  - **Resident and Family Information Night:** will take place on October 19th; an in-person drop-in at Horizon Hall
  - **Outbreak Status:** Grace Manor declared officially out of outbreak by Peel Public Health on October 14th
  - **Annual Policy Review:** Justine asked if anyone had questions or needed clarification on the policies listed below (part of an annual review process to ensure families are aware of core policies aimed at protecting residents from abuse or neglect). Copies of policies were shared with Family Council members in September:
    - Zero tolerance of resident abuse and neglect
    - Mandatory and Critical Incident Reporting
    - Concerns and Complaint Investigation and Reporting
  - **Renovations** have been almost completed; furniture is being put back in place in common areas
  - **BILL 7:** As part of new provincial legislation *(click on underlined words to go to the website)*, Isolation COVID beds have been removed and rooms will be put back into the booking inventory for admittance of new residents' including hospital transfers. See this article *(click on underlined words to go to the website)* for more information
  - **Municipal elections** will be held on October 24th from 2pm-4pm in the Atrium. Volunteers will be on hand to assist residents with voting.
  - **New covid protocols** (coming into effect as of October 14) were sent via email to all members
  - **Dining room changes** – beverages now being provided to residents at "point of service" (i.e., instead of pre-placing drinks on the table, residents can request what they would like to drink from a service cart)

Minutes Items

Family Council Business
• Annual Family Council Elections
  ○ Appreciation given to Maria (co-chair) and Angie (secretary) for all their work in supporting the Family Council Committee throughout the year; Maria & Angie will be stepping away as voting members but will continue to support the Council with administrative tasks
  ○ Received 2 nominations at the last meeting – Michelle van Beusekom as Chair and Marc van Beusekom as Co-Chair
  ○ No other nominations were announced, therefore, both Michelle and Marc are acclaimed to the respective positions of Chair and Co-Chair
  ○ Fred will continue to work closely with the executive committee
  ○ Angie to stay on as Recording Secretary until a new Secretary is appointed
 	
• Useful items – sharing information on useful items we have acquired for our loved ones that help improve their autonomy and quality of life – see samples in Appendix C
  ○ Gwen spoke about some items she has found very useful and encouraged others to contribute their suggestions so we can create an evolving list of items to share with families

FUNDRAISING / PROJECTS
• Fundraising activities
  ○ Garage and New Item sales event was a big success
  ○ Audrey & Anne are adding up all the receipts and a financial update will be provided at the next meeting
  ○ Donations given in memory of Gerard van Beusekom (Michelle & Marc's father) will be added to Grace Manor's Family Council account to help with initiatives that improve resident quality of life

CLOSING REMARKS/REMINDERS • Agenda suggestions, please email gracemanorbramptonfc@gmail.com • Next meeting: Tuesday, November 8, 2022 at 2:00pm by Virtual Zoom
MEETING ADJOURNMENT

APPENDIX A - HCH GM CQI Interim Report
APPENDIX B - 2021 Satisfaction Survey & Action Plan
APPENDIX C - Useful items list

APPENDIX A

Holland Christian Homes

HCH *Here to Care.*

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Continuous Quality Improvement – Interim Report for Grace Manor

Grace Manor is part of a larger continuum of care organization, Holland Christian Homes which is located in the City of Brampton and includes another Long-Term Care Home (Faith Manor) and six apartment towers. The mandate of Holland Christian Homes is to provide a supportive, caring, quality Christian environment in order to preserve dignity and enhance the quality of life for people who require long-term care from a team of qualified caregivers. In partnership with residents, caregivers and families, we provide a safe, professional and caring community for seniors based on traditional Christian values, offering a continuum of care and support while respecting their individuality and dignity. Our Quality Improvement Program includes in its scope, the annual development, implementation, monitoring, review, and evaluation of the following activities: Resident and Family Satisfaction Surveys, Accreditation Assessment, Results And Action Plans; Staff Satisfaction Survey And Action Plan; Department Goals/Audits/stats tracking; Funding Agreements, Funding Indicators And Grants; Formal Program Reviews; Advocacy Initiatives (Resident And Family Engagement) – Residents Council, Family Council, Food Committee, Internal Concern Resolution Process; Legislative Requirements / Inspection Reports And Findings; Education And Training.

QUALITY PRIORITIES FOR 2022/23

Grace Manor is pleased to share its 2022/23 Quality Improvement Priorities.

Our long-term strategic plan identifies "Creating a Centre of Excellence" as one of Holland Christian Homes' 4 key strategic pillars. In 2021, Holland Christian Homes' strategic plan was refreshed in response to several unprecedented factors which resulted in a fundamentally changed healthcare landscape. These factors included, amongst others, the ongoing impacts of the COVID-19 pandemic, persistent healthcare worker shortage and burnout, increased public attention on long-term care, and increased regulation of an already highly regulated environment. The core pillars of the long-term strategy remain relevant and are reflected in the refreshed strategy which outlines objectives and priorities for 2019-2022.

Grace Manor is currently working with the Holland Christian Homes Board of Directors on the creation of an updated Strategic Plan with new objectives to further enhance quality care outcomes for our residents for 2023-2026. Holland Christian Homes has engaged in Enterprise Risk Management Training for all senior leadership in preparation for the 2022/2023 Strategic Plan Refresh. The QIP is a roadmap to

achieving these objectives while navigating challenges and opportunities in our environment.

Grace Manor's QIP is aligned with our Quality Framework imbedded within Holland Christian Homes' Core Values, and Success Factors. The high-level priorities for this year's QIP are informed by the quality and safety aims under the various pillars of the framework, as determined by the Holland Christian Homes' Board of Directors:

- Safe- Keeping Residents Safe
- Effective- Keeping People Healthy
- Resident Centered
- Efficient
- Accessible- Access to Long-Term Care Homes and Community Support Services
- Appropriately Resourced- Staffing
- Priorities are divided into 3 categories based on the projected scope of work anticipated for the year – focused action, moderate action, and monitoring. Areas for action are included in this report.
- Our QIP Priorities are following Health Quality Ontario Performance Measures and Indicators
  1) Timely and Efficient Transitions
  2) Service Excellence
  3) Safe and Effective Care

QUALITY OBJECTIVES FOR 2022/23 ***(See full Quality Improvement Plan at the end of this document)***

Focused Action:

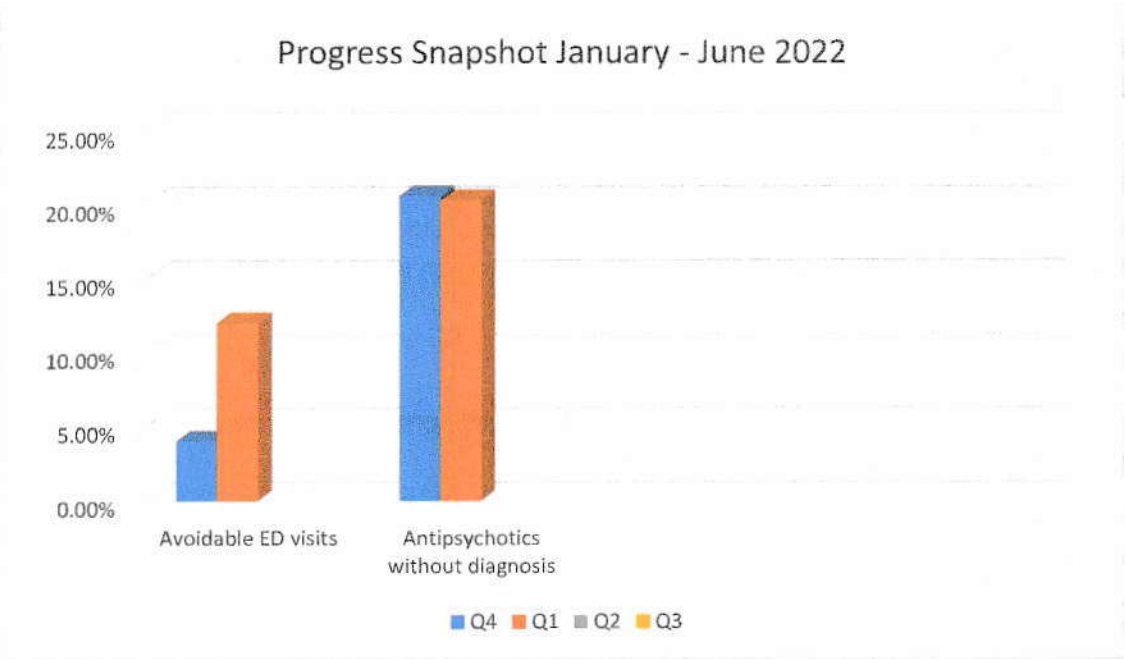
1. Continue to implement the Person-Centered Care Best Practice Guideline through the RNAO to implement our resident care philosophy statement of "Nothing About Me, Without Me".
2. Reduce the percentage of residents on antipsychotics without a diagnosis of psychosis, from 17.14% to 12.50 and continue to strive for improvement.

Moderate Action:

3. Ensure consistent use of the Palliative Care and End of Life Clinical Support Tools (by Think Research) to ensure optimal Palliative Care and End of Life Program Outcomes.
4. Continue to eliminate staff to resident abuse/neglect (continue to have zero substantiated incidents reported to the MLTC).
5. Reduce the percentage of ED visits from 10.37% to 9% that could be avoidable, PoET individualized form helps to ensure that decision-making is aligned with Ontario's Health Care Consent Act and Fixing Long Term Care Act- Residents Bill of Rights.

6. Enhance the resident quality of life as measured by our in-house Resident/Family Satisfaction Survey by focusing on the areas of Residents responding positively to being heard and expressing opinions without fear of consequences to maintain 95-100% overall satisfaction.

PROGRESS SNAPSHOT JANUARY-JUNE 2022



QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Grace Manor has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQO) every April (except in 2021 when this was paused due to the global COVID-19 pandemic). Grace Manor's QIP planning cycle typically begins in January, and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- resident, family, and staff experience survey results;
- emergent issues identified internally (trends in critical incidents) and/or externally;
- input from residents, families, staff, leaders, and external partners, including the MOLTC.
- mandated provincial improvement priorities (e.g. HQO)

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. These forums include the broader leadership team, Resident Council, Family Council, and the Care Committee of the Board of Directors. This is an interactive process with multiple touchpoints of engagement with different stakeholder groups as QIP targets and high-level change ideas are identified and confirmed. The final review of the QIP is completed by the Care Committee, which endorses the plan for approval by the Board of Directors.

GRACE MANOR'S APPROACH TO CQI (POLICIES, PROCEDURES, AND PROTOCOLS)

Every staff has a responsibility for CQI. Faith Manor's nursing, departmental, and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Interprofessional quality improvement teams, including resident and family advocates, work through the phases of the annual quality improvements.

DESIGNATED LEAD

We have employed a full-time CQI and Risk Mitigation Specialist for oversight of our risk management quality improvement activities:

Loraine Anderson, BN, RN
CQI and Risk Mitigation Specialist
Loraine.Anderson@hch.ca
905-463-7002 ext.5322

****We encourage all staff, residents and families to get involved, join a committee, make a suggestion. Contact Loraine for more information on how to make a difference!*

Comparative Databases, Benchmarks, Professional and Best Practice Standards:

Holland Christian Homes uses comparative data (such as but not limited to RAI-MDS, CIHI, HQO, and RNAO Best Practice Guidelines) (whenever available) to incorporate a process for continuous assessment with similar organizations, standards, and best practices. This assessment then leads to action for improvement as necessary.

Continuous Quality Improvement Processes and Methodology:

The Continuous Quality Improvement Plan is a framework for organized, ongoing, and systematic measurement, assessment, and performance improvement activities. The components of this plan include:

- A quick fix process will be used for problems that do not need a comprehensive approach to problem-solving and solution implementation (i.e. concern and suggestion forms).
- Quality assessment activities, such as quality of life resident/family satisfaction surveys and staff satisfaction surveys, infection control surveillance, utilization management, and medical record review.
- CQI Summary Report, which provides summary data about selected indicators, prepared for the Board, Continuous Quality Improvement Committee, and medical staff.
- Outside sources/comparative databases, such as RAI-MDS, CIHI, HQO, OLTCA, and AdvantAGE benchmarking, professional practice standards (RNAO, etc.), will be used to compare our outcomes and processes with others, identifying areas to focus on continuous quality improvement efforts.
- Central West Local Health Integrated Network (CWLHIN) designated quality Indicators as outlined in the L-SAA Funding Accountability Agreements (note: as the LHINs have now dissolved and cease to exist, Grace Manor will be signing a new funding accountability agreement with Ontario Health, to be effective April 1, 2023).
- Quality Improvement Teams consisting of departmental and established interdisciplinary in-house committees which look at particular issues to identify opportunities to improve processes and outcomes through the establishment of goals. Goals are acted upon, monitored, reported at, and evaluated by the

  applicable in-house committee and/or department(s). They are accountable to report goal outcomes annually to the CQI Committee.
- Establishment of high-level interdisciplinary priority improvement targets and initiatives to measure outcomes. This includes establishing the improvement initiative, methods, and results tracking. Such improvement targets and initiatives are measured against the previous year's actual outcome to the current year's improved targeted outcome.

The continuous quality improvement methodology used for acting on the high-level interdisciplinary priority improvement targets and initiatives is as follows:

Step One - SET STANDARDS

Standards are written statements outlining expectations, policies, procedures, and work rules related to a goal/improvement initiative. Each goal/improvement initiative will have a standard or a set of rules that tells everyone in Holland Christian Homes what to do, how to do it, and when. The standards determine the program and make it clear what is

expected - how, when and from whom. They also clarify what employees can expect from management.

Standards provide the 'bar' or 'starting point' against which we evaluate whether what we are trying to accomplish or achieve is working. Implementing clear, effective,

approved standards is an indication of the strong leadership that is essential for an effective and successful goal/improvement initiative.

Step Two - COMMUNICATE

Communicating standards means ensuring that all appropriate people in Holland Christian Homes have a clear understanding of what is expected of them as employees, and what they can expect from others regarding the goal/improvement initiative. Communication increases awareness of the goal/improvement initiative and encourages employees to give us feedback and tell us their observations about the goal/improvement initiative and how it can be improved.

What is communicated?

- Specific information, rules or workplace expectations that have been set for the goal/improvement initiative to appropriate people etc.
- Updates on improvements to meet the goal/improvement initiative.

How we communicate?

We use the most effective means of communication to ensure that everyone in Holland Christian Homes knows what is expected of them. This can mean notices on

bulletin boards, emails, meetings, newsletters, posters, pictures, memos, or guest speakers. We make sure that literacy and language issues are accommodated.

One of the best ways we communicate positive messages about a goal/improvement initiative is by getting people to actively participate in achieving the goal/improvement initiative. This shows that people value the effort put into achieving the goal/improvement initiative.

To whom we communicate?

We communicate to employees, families, residents, volunteers, and visitors as identified in our goal/improvement initiative standard. This may include all employees or a selection of them. We may need to communicate different information to employees and different information to residents and families. We think about what people need to know and when they need to know it and who needs to know it.

We make communication two-way

We give information and ask for feedback. We make adjustments when employees offer good suggestions and then show them how we used their suggestions.

- We formulate the information in a language and manner that people will understand, and deliver it at a time and place that will maximize their comprehension.
- We vary the ways that we communicate so that new information is noticed and does not become mundane.

Step Three - TRAIN

Training means that management, supervisors, and workers all attain the knowledge and skills appropriate for their jobs. For each goal/improvement initiative, we determine who needs what knowledge and skills, and how they will be developed. To meet the goal/improvement initiative requirements, training is completed, or verified, within each year (January 1 to December 31).

How training is done?

Workplace training can be delivered in various ways (i.e. In-services, webinars, outside training, etc.). What is important is that the knowledge and skills needed to achieve the goal/improvement initiative are learned and practiced.

Effective training:

- Follows adult learning principles.

- Is delivered in the way that allows employees/residents/families to benefit most. For example, classroom training works where group discussion and sharing of ideas are important.
- For specific training, practical one-to-one hands-on experience training using tools or equipment is needed.
- Computer-based training works where independent learning is needed. We include opportunities to practice and demonstrate what is learned.
- Training is relevant and applicable to the learner's duties.

What training is done?

Training on our standards for each goal/improvement initiative is provided to those who have responsibility and accountability for knowing and using the information. For example, orientation training is important for everyone when they are first hired, when they change locations or jobs, or after a long absence from Holland Christian Homes. Training or retraining in safe work procedures is ongoing. We keep written records of who was trained in what and when the training occurred.

- We vary the ways that we do training to help keep it interesting.
- We use visual aids and real-life case studies as tools for learning.
- We discuss our training needs with other managers to create opportunities to share resources or information.

- We consider train-the-trainer courses, so we can have a qualified trainer to deliver programs on-site.
- We provide a training checklist and sign-off sheet for the supervisor and workers so we are sure each topic is covered and acknowledged.
- We keep training records, meeting notes, sign-off sheets, attendance forms, certificates or record of training and training evaluation forms with our goal documentation.

Step Four - EVALUATE

Evaluating a goal/improvement initiative

Evaluating each goal/improvement initiative is an important process; it helps us make sure we are carrying out the standard, the goal/improvement initiative is properly communicated, and effective training has taken place. It is also an opportunity to see if the goal/improvement initiative is working — is it effective and up-to-date?

Evaluating our goal/improvement initiative helps us to see where the strengths and weaknesses are. We are then better able to make effective improvements with the feedback we receive.

Going through the process of evaluation also helps keep our goal/improvement initiative fresh and top-of-mind for residents, families, volunteers, workers and supervisors as we ask questions and check to see the status of the goal. This is a good time to give positive feedback, which will encourage more good work.

How and when do we evaluate?

Once Steps 1, 2, and 3 have been completed, the evaluation may begin. The evaluation step is completed during the calendar year. However, it may not be practical to evaluate our goal near the end of the year if it was very recently implemented. We follow our action plan and have it implemented no later than February 1st of the following year.

Ways we evaluate:

- Observing: walk around to see if a process or task is being completed according to the standard. This is done during our regular workplace inspections.
- Looking for trends: examine workplace records.
- Asking questions about the implementation of the standard: employees will often give the best feedback.
- Asking a third party: have them look at the work processes and give us feedback.

Some questions we ask:

- Has legislation changed? Are there new best practices in the industry?
- Is the goal/improvement initiative standard being implemented and met?
- Is communication about the standards, both to and from employees, clear and understood?
- Is training to the goal/improvement initiative standards being completed and are employees, residents, families, and volunteers benefiting from it?
- Are employees following the goal/improvement initiative?

Ways we evaluate our goal/improvement initiative:

- We use a program evaluation template and evaluate the goal/improvement initiative as part of an applicable or associated program review.
- We keep logbooks that we refer to at evaluation time. We record the good practices, as well as those needing improvement.
- We keep notes throughout the year. For example, if we do training, audits, inspections, or if there are incidents, then we write them down as we go so that when it is time to evaluate we can refer to your notes.
- We try to build confidence by keeping expectations reasonable. Standards, and ways to evaluate them, will be improved over time.
- We are not afraid of negative results. We cannot improve if we do not try different methods and approaches. We will take action aimed at improving the goal/improvement initiative, even if the evaluation results show problems.

Step Five - ACKNOWLEDGE SUCCESS AND MAKE IMPROVEMENTS

Based on the results of our evaluation, we look for opportunities for improvement and create a documented plan or recommendations to implement changes. When evaluation indicates a need for improvement, we use cooperative mechanisms to significantly improve our performance.

Our objectives include:

- Raise performance to Holland Christian Homes standards.
- Raise Holland Christian Homes standards and expectations.

We keep everyone informed of the plans for improving the goal/improvement initiative such as:

- Sending a letter from the Board of Directors/department heads congratulating all staff for their contribution to meeting the goal/improvement initiative.
- Run an article in the CQI newsletter or on the website highlighting successes.
- Include commendations in the minutes of the annual general meeting.
- Acknowledge and congratulate those who have contributed to our goal/improvement initiative. We do this by publicly recognizing Holland

Christian Home's overall performance and improvements and individual contributions to improved performance. We also explore employee recognition, incentive programs, and performance appraisals.

These 5 steps are used in a repeating cycle to allow continuous reflection and improvement of the care and services provided to our residents.

Communication:

The Continuous Quality Improvement Committee provides oversight and functions as the central clearing house for quality data and information collected throughout the home. The CQI Committee tracks, trends, and aggregates data from all sources to prepare reports for the Board of Directors and the medical staff. A quarterly CQI newsletter is published to update residents, tenants, families, staff, and volunteers.

Education:

All staff and volunteers are given the responsibility and authority to participate in our Continuous Quality Improvement Plan. To fully accomplish this, all volunteers and staff are provided with education regarding the CQI Plan during their initial orientation, and on an annual basis thereafter. This education will include a description of the CQI Plan and how they fit into the plan, based on their particular job or volunteer responsibilities. Education is also provided to contractors and agencies who are involved in resident care.

Evaluation (Monthly, Quarterly, Annual):

Our CQI Plan is evaluated monthly during our CQI committee working groups where all CQI activities for all programs and services offered within Faith Manor are benchmarked against our set goals and action plans are revised to ensure a focus on continuous improvement. Our established CQI Committee meets quarterly with identified key stakeholders, including representation from family/resident councils where Faith Manor reviews quarterly metrics and completes a comparative analysis of all action items and sets further action priorities. Our overall CQI Plan (and all associated activities, program matrices, benchmarks) is evaluated on an annual basis for effectiveness in achieving the goal of assuring that the most appropriate quality of care and services are being provided to our residents, tenants, and clients. This will be done following the Holland Christian Homes standard template provided for this purpose. A summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this CQI Plan, are compiled and maintained on file.

Documentation and Reporting:

A detailed summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this Quality Improvement Plan, are compiled and maintained on file. In addition to regular CQI updates, a detailed formal summary highlighting the quality improvement activities for

the year will be prepared and posted publicly within the home and on the Holland Christian Homes website.

RESIDENT AND FAMILY ANNUAL SURVEY *(Please see the results of the survey at the end of this document)*

A resident and family survey is completed annually at the end of the calendar year. An action plan is developed utilizing the results from the survey, including dates actions were implemented and the outcomes of the actions taken. The data from the survey and the action plan are shared with resident and family council as well as shared on the CQI board in each Manor for staff, families, and visitors to view.

DATE OF REVIEW OF SURVEY RESULTS BY FAMILY & RESIDENT COUNCIL:

Family Council: February 16, 2022

Resident Council: February 7, 2022

DATE OF THE ANNUAL EVALUATION AND WHO PARTICIPATED

Our 2021 Annual Programs Review and Evaluation occurred on **February 17, 2022**

The following people participated:

#	Name	Position
1.	Lisa Alcia	CEO
2.	Tracy Kamino	VP of Operations
3.	Justine Dudziak	Administrator
4.	Jenny Steward	ADRC
5.	Dr. Vu Kiet Tran	MD
6.	Jenna Shaddick	Nurse Practitioner
7.	Jody Clarke	Director of Programs & Services
8.	Puneet Gill	Rai Coordinator
9.	Altoia Burrell	BSL
10.	Sorin Dorobeti	LTC HK & laundry Manager
11.	Kristine Nielsen	Resident Advocate
12.	Sejal Mehta	Physiotherapist
13.	Carmen Tsin	Director of HR

14.	Robert Marcinkiewicz	Environmental Manager
15.	Pastor Bodini	Pastor
16.	Rohit Sharma	Dietary Manager
17.	Cyndi Nicoloff	BSO Rec Therapist
18.	Jessica Villella	BSO Rec Therapist
19.	Richard Sredzinski	Director of Finance
20.	Marlene Ragbir	Activation Staff
21.	Donya Germain	Board of Directors
22.	Urvashi Dhaliwal	Activation Staff
23.	Michelle Van Beusekom	Chair of Family Council
24.	Rita Lazet	President of Resident Council
25.	Loraine Anderson	CQI & Risk mitigation Specialist
26.	Parvinder Dheldy	IPAC Lead
27.	Chloe Turgeon	Registered Dietician
28.	Case Geleynse	Board Member
29.	Ralph DeWolf	Board Member
30.	Andre Maharaj	Emergency Preparedness Coordinator
31.	Omer Rodgers	Maintenance Manager
32.	Jessica Miedema	Board Member

Holland Christian Homes

OVERALL SUMMARY - PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

A key component of the sustainability plan is the collection and monitoring of the key project measures over time. Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or deterioration in performance. Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not. If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed. Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc.

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Posting on the Grace Manor Quality Improvement Boards, in common areas and in staff lounges
- Publishing stories and results on the website, on social media or via the CQI newsletter
- Direct email to staff and families and other stakeholders
- Handouts and one: one communication with residents
- Presentations at staff meetings, townhalls, Resident Councils, Family Councils
- Huddles at change of shift
- Use of Champions to communicate directly with peers

Holland Christian Homes

HCH Here to Care.

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2022/23 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"

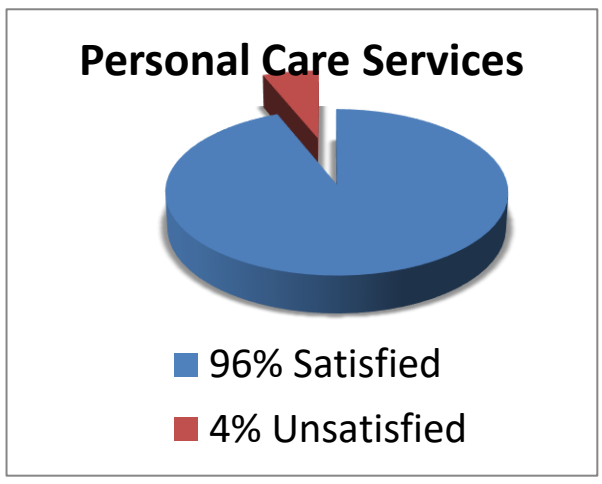
Grace Manor 45 KINGKNOLL DRIVE, Brampton, ON, L6Y5P2

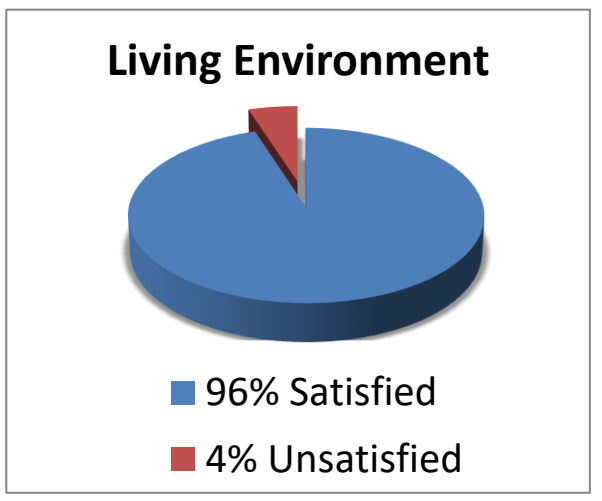
AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2020 - September 2021	54492*	10.37	9.00	The PoET individualized form helps ensure that decision-making		1)Participate in and implement the Prevention of error-based transfers "PoET" Project to reduce potentially avoidable ED	Collaborate with the William Olser Health Center (WOHC) PoET Team to develop and finalize the Holland Christian Homes(HCH) PoET (Individualized Summary) form. Provide training to registered staff and resident advocates to use the HCH PoET	The percentage of residents' ED visits that was potentially avoidable.	Aiming to reduce potentially avoidable ED visits from 10.37% to below 9%	Outcome Update ED Visit Results April-June 2022= July-Sept. 2022= Oct.-Dec. 2022=
Theme II: Service Excellence	Patient-centred	Percentage of residents responding positively to: "What number would you	P	% / LTC home residents	In house data, NHCAHPS survey / April 2021 - March 2022	54492*	90	100.00	Aiming to increase the percentage from 98% to 100% by March		1)Customer Service Training for all staff	Staff will utilize effective customer service skills to be rated 100% during the resident survey when asked "how well do staff listen to you?" Home will assign Customer Service Training: 5 modules with quiz on Surge Learning to be completed by all staff.	Percentage of residents responding positively to "what number will you use to rate how well the staff listens to you" during the resident survey. 100% of staff will complete customer service training by March 31, 2023.	Aiming to increase percentage from 98% to 100% by March 31, 2023.	
		Percentage of residents who responded positively to the statement: "I can	P	% / LTC home residents	In house data, interRAI survey / April 2021 - March 2022	54492*	95	100.00	Aiming to increase from 95 percent to 97 percent by March 31, 2023.		1)Residents will be provided with information about the new Fixing Long Term Care Act (FLTCA) Resident's Bill of Rights	Annual resident survey to collect, analyze, and review data to determine the percentage of residents who responded positively to express their opinions without fear of consequences. The new FLTC Resident's Bill of Rights will be reviewed with	Percentage of residents who responded positively to the statement" "I can express my opinion without fear of consequences. New Bill of Rights reviewed with 100% of cognitive residents by arch 31, 2023.	Aiming to increase the percentage from 95% to 97% by March 31, 2023.	
Theme III: Safe and Effective Care	Safe	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7	P	% / LTC home residents	CIHI CCRS / July - September 2021	54492*	17.14	12.50	The percentage of residents without psychosis who were given		1)Utilize an interdisciplinary team approach to reduce the percentage of residents' antipsychotic medication	The interdisciplinary team will include BSL, Pharmacy Consultant, MD, In-House NP, DRC, ADRC, and Registered Staff. The interdisciplinary team will develop a tool to review all residents prescribed antipsychotic medications without a diagnosis on	Percentage of residents receiving antipsychotic medications without a diagnosis of psychosis.	Aiming to reduce Antipsychotic use without a diagnosis by 5% from 17.4% to	Outcome Update Results April to June 2022= July to Sept. 2022= Oct. to Dec.

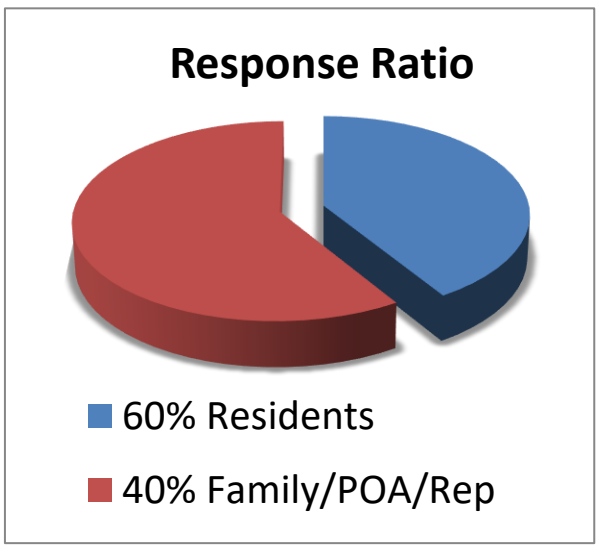
APPENDIX B

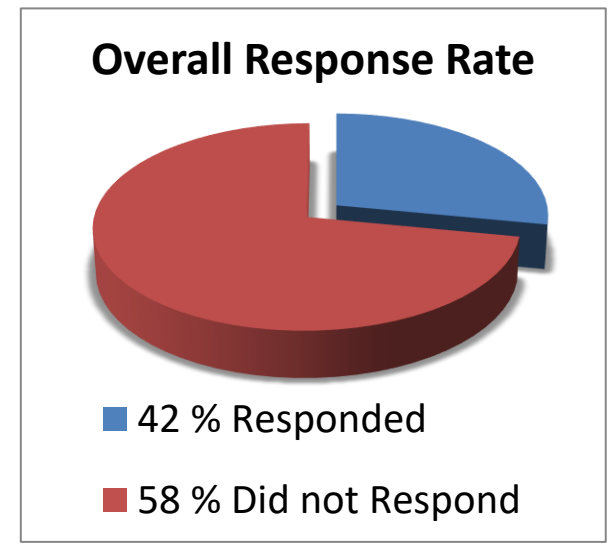
HOW ARE WE DOING AT GRACE MANOR?

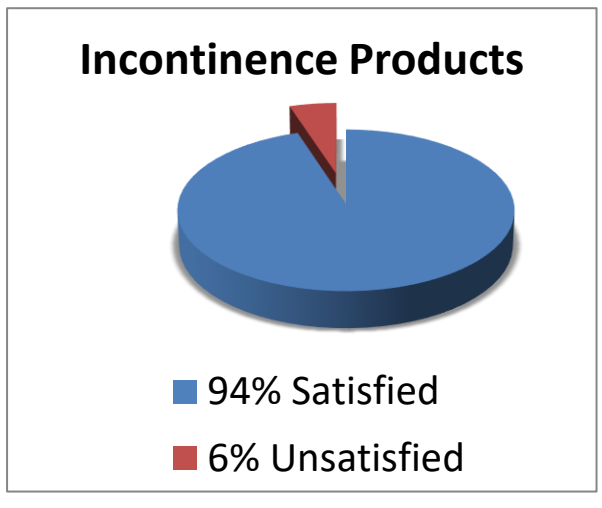
2021 LONG TERM CARE RESIDENT / FAMILY SATISFACTION SURVEY RESULTS

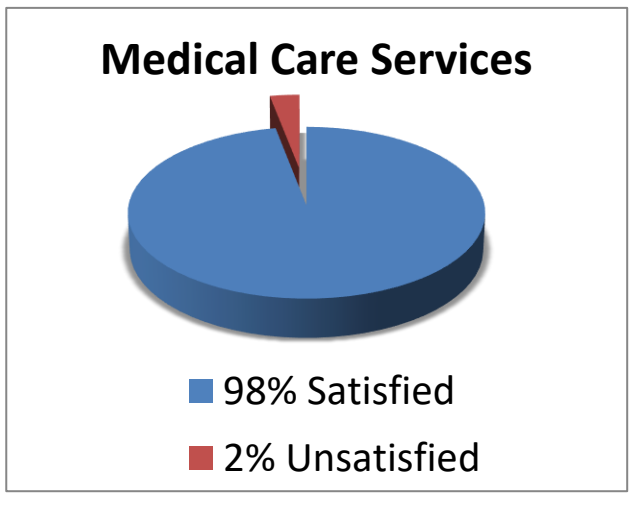


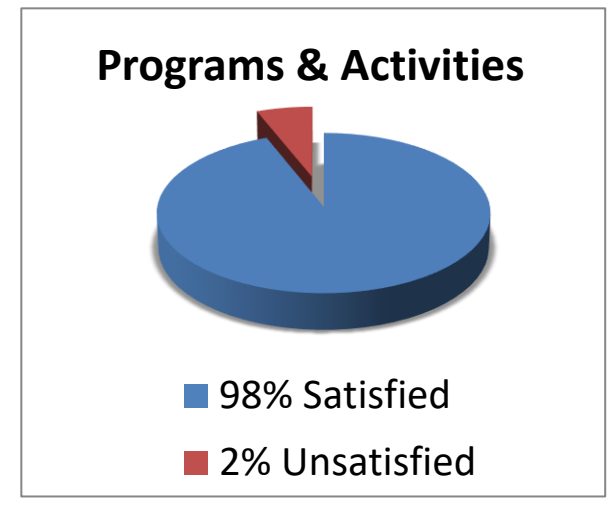












HQO Questions	Yes	No
Do staff listen to you?	98%	2%
Do you feel comfortable expressing your opinions without fear of reprisal?	100%	0%
Would you recommend our home to others?	90%	10%
Response Rate (Total # of Surveys Received)	40/96 (42%) 16 Families/SDM 24 Residents	

Other	Yes	No
Contracted and Volunteer Services	94%	3%
Communication	93%	7%
Participation	95%	5%

Area	Specific Comments
Personal Care and Services (Nursing)	-During our Zoom calls we notice that Mum is missing her glasses repeatedly. No one can tell us where they are. They have gone missing on several occasions, but always reappeared up until now. -More frequent checks on when patient needs to use the bathroom. -Dental hygiene needs improvement on a daily basis. Resident gained the weight and was not informed. -Fingers nails are not trimmed regularly; there is dirt under them. -W/c re-positioning is not happening all the time -Mostly new staff need more training regarding footwear, Compression stockings, etc. -Would appreciate more updates on care plan and like to have a written copy of her care plan and more frequent updates. -Communication is excellent by phone specially during pandemic. -Not every nurse but usually fairly good. -There is really no privacy, anyone can come in my door, even if I am not in. -Could be improved. -More time should be taken during bathing process so that the resident is more comfortable and calmer during the whole process. -Wound dressing should be maintained daily and if resident refuses, try at a later time. -We feel that mobility was not encouraged once our dad was put into a wheelchair. He only had physio once a week and was not encouraged to pull himself along the hallway. -Often staff are very rushed, during care (probably due to being short staffed). -There is no sharing of health information re: COVID and on outbreaks, restrictions, visiting etc. -I have noticed a big improvement very concerned staff. -Staff sometimes “don’t listen”. -Information not shared. -It varies staff to staff, many of times employees are less attentive. -Staff is mostly job oriented. -Staff should be made aware if a resident is legally blind and deaf and treat them accordingly. -No one take care of her dental needs.
Medical Care	-DR.V. will be missed! Kaitlin is always helpful and very responsive. -Dr. V is the best! We will miss him so much. -Have not seen a physician for a long time.
Activities and Spiritual Programs	-Most interaction with HCH is via Zoom calls so I cannot answer regarding activities. I do know that pre-COVID, both my parents were involved in many activities. (My Dad was over 100 per one month) -I’m not sure how much there is to do on weekends and evenings. Mom says she is often bored. -Sunroom TV should be on Ch 24 for residents + news + weather? Stimulation? -Evenings and weekend: After dinner, 10-12 chairs parked in the Big Lounge –often TV is not on and residents have nothing to watch. -Sundowning is common -Any music video would be an improvement—Rieu? -Staff to start/restart video during my many visits -NO attempt to entertain residents. – Short concert before or after meals? Great for her well-being and for all music lovers. -Reminder needed to put TV on Ch. 990 on Sunday mornings for church. -Staff have always encouraged my aunt to participate. -Due to Covid – have not attended much. Go to bed early. -Does not attend too many activities but enjoy the ones he does. -Staff going from full time to part time. Not happy about it. -More effort should have been made during COVID to engage residents instead of keeping them in their rooms. -Activities are “one size fits all”, not catered to individuals interests and needs. TV programs in common are often not suited to the residents, as well as the music in the dining room.
Contracted Services	-The dentist visit does not appear to involve any cleaning. -Did not like HCH dental service provider for teeth cleaning. -Hearing aids are “lost” and no one knows where they went – she never has them in; contributes to loss of quality of life. -2 pair of hearing aids lost or destroyed. Staff (esp. new or agency) need more training/ refresher on how to properly put hearing aids so they don’t fall out. -Telephone service terrible. -Internet service for zoom calls is very poor in grace manor. -Physio once or twice a week is not effective unless PSWs follow up with exercises. -Foot care comes and goes without residents being told. Please let us know when nails are being cut? -Foot care: The foot care payment should be involved in bill not extra payment, and they don’t come very often. -The quality of internet is not good mostly for you tube. -Didn’t see much volunteers on floor. Don’t know where they are.
Communication	-Responses from the home are based on the best case. Not all staff respond in a timely fashion. -Fellow residents are sometimes absent and we are not told why. Lack of human care!

	-A monthly newsletter with calendar of events would be helpful. -Communication improving. -Appreciate the phone calls to keep me posted on my brother's care. -The staff listen in certain ways – do not always take the time to listen. -Sometimes they just don't respond. Not everyone seems to know good English. - Communication is poor, needs improvement. - -Not felt informed.
Dietary/Food Service	-I cannot attest to the actual food taste and quality, but both my parents look "well fed". -Too much sugar and carbs…need freshly prepared foods. Too institutional. -Mushy veggies, tough meats, bones, cool soups and coffee. -I like that fluids are served often. When offering snacks, i.e. scone, please offer jam or something with it. -No information re: snacks. -Mom misses the Dutch style cookies. -It would be nice to have yogurt or a fruit cup more often. -Some veg & soups are tasteless. -Food is very bland and tasteless and so much goes to waste. meats should be cooked for tenderness -Meals are not seasoned good enough. -No taste. Not enough variety. -Needs improving. Meats well-cooked would be tastier. -Less gravy in stews, more vegetables and meat. -Not meetings the standards. -Hot food not hot. Mainly soup and coffee. -Snacks are very bland and unsatisfying. Only offered at certain times, otherwise unavailable. -Too many eggs and juice. -Dutch cuisines, hire somebody who can cook Dutch type. -Food given is not a good quality. Food provides in a hot temperature, not getting enough varieties of meals.
Living Environment (Housekeeping, laundry and maintenance)	-While marking all items as "satisfied", I wish the cleaning staff would not touch the screens on TVs and Laptops. -Last visit the flannel sheet on my mother's bed was soiled; I changed it myself. Not enough Face cloths or hand towels available in washroom. -The Sunroom requires painting. Grounds and building are fine. -Overall good but small things seem to get lost. -Handkerchiefs + socks, underwear + bras seem to go missing if repairs or tears or missing. -Laundry is not always coming back and goes missing and mixing the items (sink sheets, bed sheets). Items not properly matched, socks especially -Room sometimes too cold/too hot.
Participation	-I don't know about the Resident Bill of Rights. However, if I have questions or concerns, Jessica has been very responsive. -I don't know what is or what is not (services available) to my mom. I am not aware how or if I can be involved in decisions related to care (only know about medical care – what other decisions are there?) -Restore residents' meetings. -Do not know What is Resident's council and Family council. -There is a room for improvement.
Incontinence Products	-I don't have firsthand experience with the incontinent products other than they appear to work on mum and dad. They both appear well kept, groomed and fed when viewing the Zoom calls. -Needs to be changed more frequently. -Skin care trumps dignity!
Other Thoughts on ways GM can improve the care and environment it provides to residents	-From Resident: " I don't like it, I Love it. This is the best place I have ever lived." " I'm not lonely at all anymore." (Thanks to all amazing staff and volunteers) -Better internet for in room calls to family via Facetime. -Too expensive to pay for internet for 3-4 Facetime calls a month. -I hope that after Covid things become better and more friendly. -You are very short staffed and staff helps out in other areas. The staff is good and work hard. -Paint job! -Make sure PSWs have sufficient training in all areas! -Promote relationship building between residents and staff! -Try to have a better resident/staff ratio on the units. -Restore the activity room to its original use for residents.
Overall	-Well kept without foul smell and cleanliness of the floors. -GM is better than a lot of homes but there is a definite room for improvement. The atmosphere should be as a home rather than an institution.

Holland Christian Homes

Grace Manor 2021 Satisfaction Survey Action Plan

Areas to Improve	Action Plan (to be carried out in 2022)	Date Completed	Comments
Personal Care and Services (Nursing, Continence and Communication)	Continue with weekly care plan readings with interdisciplinary staff to maintain person centered care best practices, and to ensure plan of care meets residents individual care requirements and preferences. Administrator will continue scheduling family Town Halls and working in collaboration with Director of Communications with sharing important home updates through Cliniconex Platform and website updates. Educate staff on customer service by video via Surge Learning to improve resident and staff engagement. Distribute to all existing staff and quarterly to capture new staff.	Weekly as per audit schedule Town Halls minimum bi-annual as needed. Quarterly	
Programs, Activities, Spiritual, Participation	Dining room music to be refreshed with music preferences provided by Resident Council as a monthly standing agenda item.	Monthly	

	Provide weekly zoom calls for families that have special case by case requests as a 1:1 activity. Provide signage as a reminder for floor staff to put on channel 990 on Sundays and put into staff huddle messaging. Provide an updated devotions and prayer, laminate for each RHA.	December 2021 December 2021 December 2021	
Meal Service, Snacks and Dietitian	1) Low Carb drinks were introduced to cut down on sugar content 2) Vegetables and meats cooking method are modified from time to time based on the feedback from residents. 3) Snack menus are posted in each dining area for the week 4) Will introduce ethnic days to accommodate different cultures in the home, especially Dutch 5) Soups have improved after feedback from residents and residents like the soups now.	October 2021 Ongoing October 2021 Ongoing October 2021	

	6) New menu has a vast variety of food, snack and fluid items, nutritionally stable and is approved by RD. will be doing the resident's choice meals to incorporate more items in the current menu.	March 2022	
Accommodation **(Housekeeping, Laundry, Maintenance)**	Resident room cleaning audits to be completed as planned. All housekeepers to be audited weekly. Re train housekeeping aides regarding the chemicals to be used to clean the floors and washrooms. Re train housekeeping aides to avoid cleaning laptops and TV screens. New protocols to be implemented by June 2022. Minimize the loss of personal clothing. target zero: reduce the number of loss items to zero by June 30, 2022. Check the furniture in resident rooms and replace when peeling and creating some sharp edges.	Weekly. Permanent. Permanent. Permanent. During cleaning audits.	
Medical Services	The home has increased its medical services support with a total of 3 physicians and the ongoing support of a nurse practitioner (part-time split with FM) Updated medical services information sheet to go out to all families/residents and new admissions which outlines	January 1, 2022	

	the medical team and availability of medical services by January 31, 2022. The Nurse Practitioner and Medical Director will attend both a Resident Council and Family Council Meeting to educate residents and families regarding their roles as well as to respond to any questions, concerns about medical services by July 31, 2022.		
Contracted and Volunteer Services	New Volunteer Coordinator began in November 2021. Continuing to recruit and onboard new volunteers from our local community as well as our HCH community. Reached out to local churches and put new invitations in the Tie That Binds to encourage HCH tenants to volunteer.	Ongoing	

APPENDIX C – USEFUL ITEMS LIST

Ideas for useful products for seniors with dementia or physical challenges.

DIGITAL CLOCK

Purchased by Gwen for her mom a few years ago: "It is a wonderful help to folks struggling to remember what day it is or even if it is morning, afternoon or evening"

New Clock with Day and Date for Elderly - Big Digits, Calendar - 8" Screen Large Screen for Visually impaired or Seniors, Dementia or Elderly

Brand: Cirbic

4.5 out of 5 stars 34 ratings

$68.98

prime One-Day

Get 40% off when you shop using your TD Points. Activation required. Max discount $40. Limited-time offer, conditions apply.

Color Name: **White**

Brand	Cirbic
Colour	White

GEL CUSHION FOR COMFORTABLE SEATING + BACK PAIN

Also purchased by Gwen for her mom…

Gel Seat Cushion,Honeycomb Design Cushion Super Breathable Gel Cushion Body Pressure Distribution Portable Gel Seat Cushion for Back Pain Suitable for Home Office Chair Car …

Brand: SUPTEMPO

4.0 out of 5 stars 2,041 ratings

$26.99

prime One-Day

Get 40% off when you shop using your TD Points. Activation required. Max discount $40. Limited-time offer, conditions apply.

Color Name: **Light Blue**

Brand	SUPTEMPO

PHONE FOR SENIORS (BIG BUTTONS AND EXTRA LOUD)

Purchased by Gwen for her mom and Michelle for her dad. Big buttons, large display: oversized buttons and an easy-to-read display screen. Ringer is extra loud for the hard of hearing.

VTech SN5147 Dect_6.0 1-Handset Landline Telephone, White

Visit the VTech Store

4.4 out of 5 stars 687 ratings

-9% $129.99

List Price: $142.99

prime One-Day

May be available at a lower price from other sellers, potentially without free Prime shipping.

Shop on app and save 1 Applicable Promotion

Model: **SN5147**

SN5107 | SN5127 | **SN5147** | SN5307

SN7014 | SN7021 | SN7022

Style: **Telephone**