



Golden Plough Lodge Continuous Quality Improvement – Annual Report

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Golden Plough Lodge has developed Quality Improvement Plans (QIPs) as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQP) each year. During the Pandemic, QIP submissions were on pause while organizations did the necessary work to manage the COVID-19 pandemic. Post pandemic, GPL is actively working on quality improvement through the QIP requirements. Quality Improvement (QI) is an effective way to enhance care and safety for all our residents we serve. The goal is to identify opportunities to optimize, streamline, develop, and test processes. Quality Improvement is an ongoing continuous process and plays a vital role as part of everyone's work, regardless of role or position within an organization.

QIP Planning Cycle and Priority Setting for 2025/26

Golden Plough Lodge's Quality Improvement Plans and our ongoing commitment to quality resident care are constructed supporting the Eden Philosophy of Care and our Mission, Vision, and Values.

Mission

We are committed to supporting the individual in maintaining a life with purpose, choice dignity and respect

Vision

We Strive to establish close, continuous, and meaningful relationships among our residents, families and members of the community

Values

Accountability, Ethical Behaviour, Professional Integrity, Compassion and Companionship, Mutual Trust, and Confidence.

Golden Plough Lodge's QIP planning for 2025/26 continues with our Continuous Quality Improvement Committee completed quarterly at a minimum. The meetings include the following:

- progress achieved in the previous 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)

The Continuous Quality Improvement Committee is comprised of the Senior Leadership Team, Medical Directors, RN, RPN and PSW staff, residents, and resident council. Preliminary priorities are presented and discussed to establish multidisciplinary priorities to enhance resident care. This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP targets are identified and confirmed.

Golden Plough Lodge's 2025/26 QIP is aligned with our Quality Framework, based on the Quadruple Aim framework adopted by Ontario Health. The high-level priorities for the 2025/26 QIP will be informed by the quality and safety aims under the various pillars of the framework, as determined by Golden Plough Lodge's Continuous Quality Improvement Committee.

Quality Improvement Initiatives Completed in from 2020-2024

Nursing Program

- Enhanced recruitment practices to improve staffing levels and ready for move into new build
- Creation of nurse educator positions
- Re-establishing nursing priorities and duties among senior leadership
- Established a new system for Critical Incident reporting to the Ministry of Long-Term Care
- Auditing program initiated for Resident Care Plan reviews
- New, enhanced and comprehensive nursing training developed and offered annually

IPAC Program

- Launch of HealthConnex electronic auditing and IPAC monitoring system
- Implementation of ID Now COVID-19 analyzer for in-house COVID-19 PCR testing underway

- Ongoing infection prevention and control risk management policy implementation including introduction of auditing for resident shared equipment to reduce risk of possible cross-contamination
- Routine vaccine clinics to provide primary prevention from infection for residents and staff

Maintenance

- Education by Certified Service Providers provided to enhance skill sets and build team confidence. E.g. Boiler Daily Checks/Working at Heights/Bed Entrapment
- 3rd Party Qualified Service Provider Inspections e.g. Annual Lift inspections completed with failed lifts pulled from circulation.
- Implemented use of Certified Logbooks as required.
- Paint Program tracking introduced to ensure frequent repainting and upkeeping of Home
- Parking lot lines repainted with no parking signage added to receiving areas.
- Exterior Fire hydrants identified and verified by Service providers for proper flow rates.
- Internal Courtyard refreshed with increased accessibility with cleared overgrown paths.
- Portable a/c's installed in all resident rooms with proper air temperature monitoring procedures in place.
- Areas served by generator verified as required for regulation needs.
- Departmental realignment with policies and procedures completed with education provided to all Team members.
- Enhanced new Team member orientation into department.
- Enhanced departmental coverage with additional f/t Maintenance Team Member

Laundry

- Introduced measures to limit Lost and found items e.g. quarterly Lost and Found days scheduled for resident and Families to review and claim any lost items.
- Reviewed admission processes to identify gaps for resident personals being received into the Home.
- Monthly Laundry room operation audits performed with any identified deficiencies corrected.
- Audits developed for laundry shift outside of regular scheduled shifts e.g. EMS Laundry services.

- Processes for Completed EMS laundry being received from outside emergency services reviewed with external stakeholders for increased performance of services offered.
- Laundry equipment contracts reviewed and verified to ensure responding service providers for repairs are timely and responsive to Homes immediate needs.
- Continuing education for laundry best practices and Ministry of LTC compliance requirements.
- Departmental realignment with policies and procedures completed with education provided to all Team members.
- Enhanced new Team member orientation into department.

Housekeeping

- Introduction of the use of flat mops with frequent change out
- Departmental realignment with policies and procedures completed with education provided to all Team members.
- Color coded industry standard rags introduced into department with education on color uses e.g. blue for glass.
- Monthly audits introduced and completed for resident home areas inclusive of high touch disinfection.
- Continuing education for housekeeping best practices e.g.. chemical titration checks
- Review of chemicals to ensure new techniques used to address offensive odors, opposed to old technologies e.g. live enzyme cleaner's vs strong scented masking deodorizers.
- Increased cleaning opportunities with added housekeeping lines 2 x p/t
- Reviewed HA workloads for equal distribution.
- Reviewed and updated staffing contingency plans
- Reviewed Housekeeping procedures to ensure limited to no potential cross contamination between Home Areas

Dietary

- Re-Introduced a 3-week menu cycle to avoid repetition.
- Residents held several taste tastings to choose a new coffee for the home.
- In the process of updating Dietary Policies and Procedures.
- Providing more resident choice meal days and working on a resident recipe binder.

- Held quarterly food committee meetings – residents' approval of meals and snack choice 84.7%
- Introducing a new electronic auditing system with easier tracking and reporting.
- Continuing to plan for new home move in.
- Switched to IPAC approved single use food safe table wipes in all dining rooms.
- Added fresh produce vendor to supplement food orders.

Resident and Family Services

- Full Time Spiritual Care Advisor position filled. Fulsome Spiritual Care program including home area specific spiritual services and weekly spiritual social gatherings. Community churches continue to provide weekly Sunday service.
- Addition of three new weekly volunteers for a total of 21 active volunteers, recruitment ongoing.
- Introduction of weekly intergenerational program in collaboration with EarlyON.
- Resident Council continues as a monthly meeting with active membership. Managers take turns attending to be available for updates and any questions. Resident Council president is active on new build initiatives, ongoing.

Conclusion

Golden Plough Lodge will continue to plan continuous quality improvement strategies utilizing our four strategic pillars; Provide Excellence In Care, Actively Support and Develop GPL Staff, Work Within a Community of Partnerships, and Modernize Our Infrastructure and Facilities.

Golden Plough Lodge continues to engage in collaborative practice and consultation with our Community Partners including the Ministry of Health and Long-Term Care, Haliburton Kawartha Pine Ridge District Public Health Unit, Northumberland Hills Hospital, Ontario Health and Ontario Health at Home, as well as Northumberland County.